

# County of Mendocino



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## MENTAL HEALTH SERVICES ACT

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

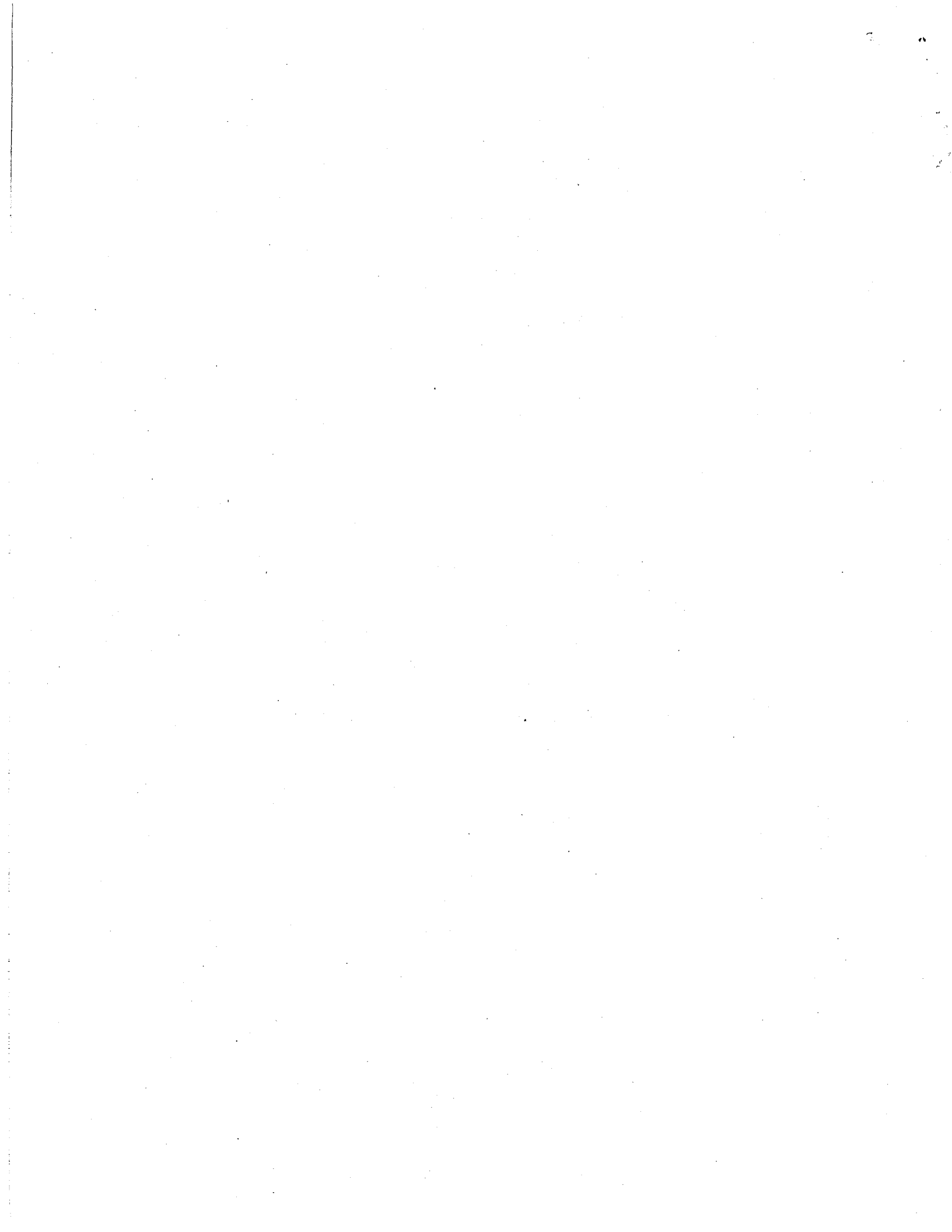
## COMPONENTS PLAN

MHSA Annual Plan for Fiscal Year 2015-2016

June 4, 2015

HEALTH AND HUMAN SERVICE AGENCY  
MENTAL HEALTH SERVICES BRANCH





<b>County Mental Health Director</b> Name: Tom Pinizzotto Telephone Number: (707) 472-2354 E-mail: pinizzottot@co.mendocino.ca.us	<b>Project Lead</b> Name: Jenine Miller, Deputy Director Telephone Number: (707) 472-2341 E-mail: millerje@co.mendocino.ca.us
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 and for said County and that the County has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this 3-Year Plan, including stakeholder participation and non-supplantation requirements.

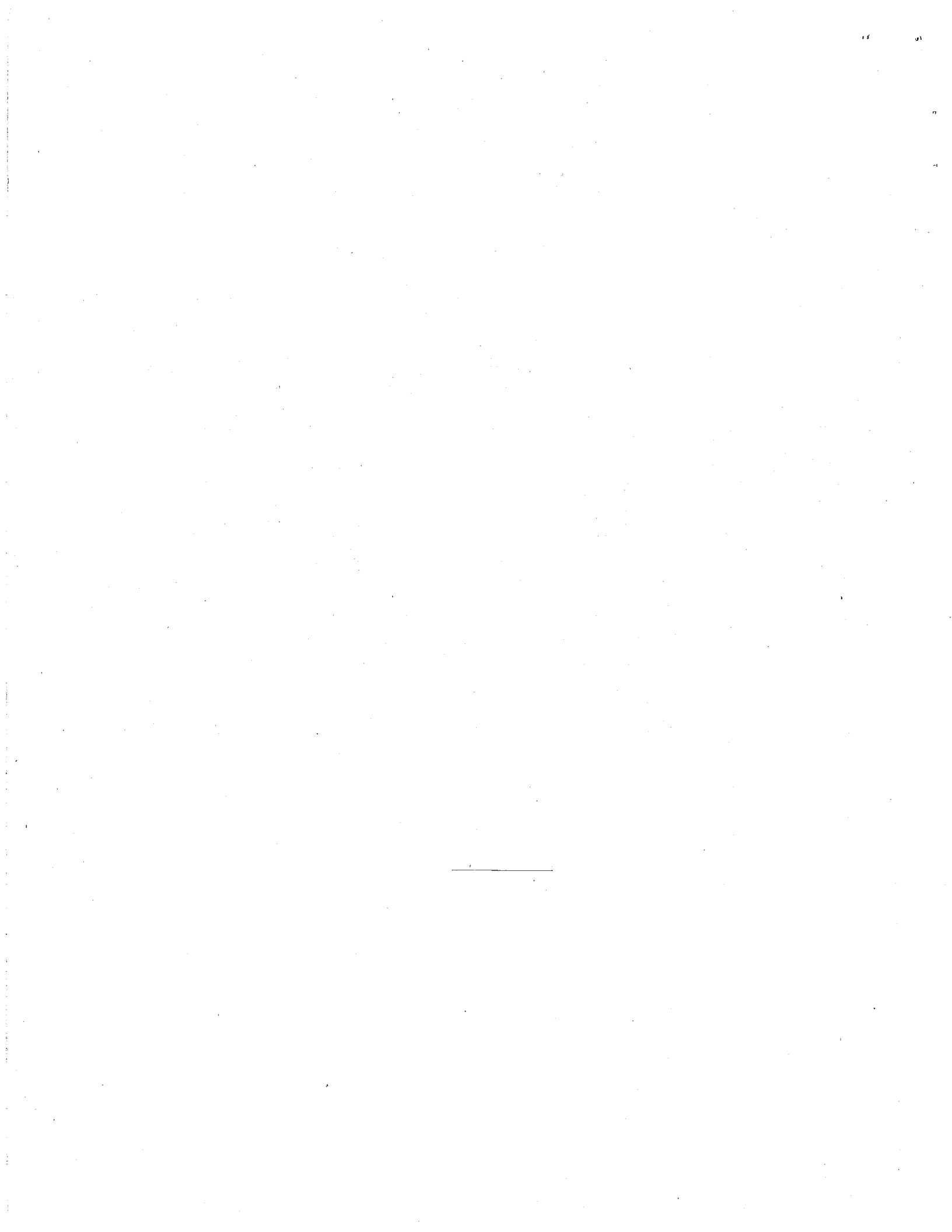
The 3-Year Plan has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft 3-Year Plan was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The 3-Year Program and Expenditure Plan, attached hereto, was adopted by the County Board of Supervisors on June 17, 2014.

Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations, Section 3410, Non-Supplant. All documents in the attached 3-Year Plan are true and correct.

Tom Pinizzotto  
Local Mental Health Director/Designee

Tom Pinizzotto 7/22/15  
Signature Date

County: Mendocino  
Date: 7/22/15

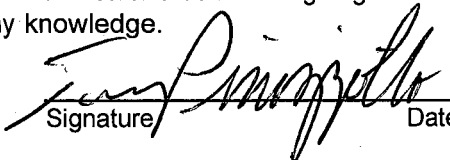


<b>County Mental Health Director</b> Name: Tom Pinizzotto Telephone Number: (707) 472-2354 E-mail: pinizzottot@co.mendocino.ca.us	<b>Project Lead</b> Name: Lloyd B. Weer, Auditor/Controller Telephone Number: (707) 234-6860 E-mail: <a href="mailto:weerl@co.mendocino.ca.us">weerl@co.mendocino.ca.us</a>
<b>Mailing Address:</b> Mendocino County Health and Human Services Agency Behavioral Health and Recovery Services 1120 S. Dora Street Ukiah, CA 95482	

I hereby certify that the Three-Year Program and Expenditure Plan, Annual Update or 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 an approved plan or update and that MHSA funds will only be used for programs specified in the Mental Health Services Act. Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a county which are not spent for their authorized purpose within the time period specified in WIC section 5892(h), shall revert to the state to be deposited into the fund and available for other counties in future years.

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

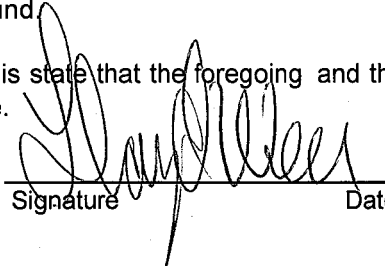
Tom Pinizzotto  
Local Mental Health Director/Designee

 7/22/15  
Signature Date

I hereby certify that for the fiscal year ended June 30, 2014, the County/City 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 8, 2014 for the fiscal year ended June 30, 2014. I further certify that for the fiscal year ended June 30, 2014, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

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

Lloyd Weer, Auditor/Controller  
County Auditor Controller / City Financial Officer (Print)

 7-27-15  
Signature Date

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

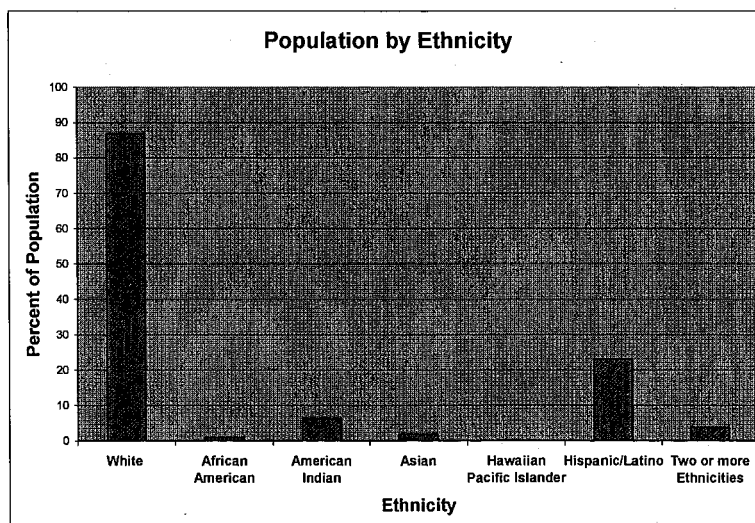


### County Demographics

Mendocino County is 3,509 square miles located in Northern California spanning 84 miles from north-to-south and 42 miles east-to-west. Mendocino County is the 15<sup>th</sup> largest of California’s 58 counties by area.<sup>1</sup> Mendocino County is situated north of Sonoma County, south of Humboldt and Trinity counties, and west of Lake, Glen, and Tehama counties. Mendocino County is bordered on the west by the Pacific Ocean.<sup>3</sup> Mendocino County’s terrain is mostly mountainous with elevations rising over 6,000 feet and containing redwood, pine, fir, and oak forest. The valleys are used for agricultural and urban uses including timber and fishing industries, viticulture, cattle & dairy farms, and visitation and recreation.<sup>1</sup>

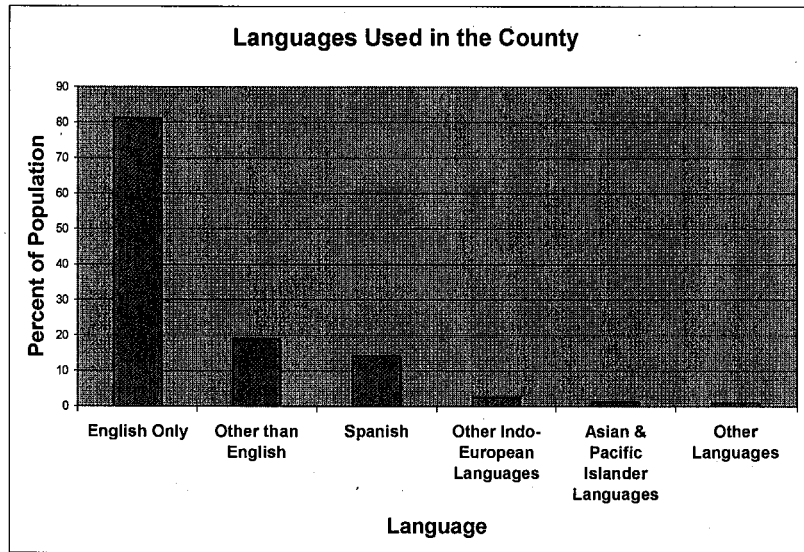
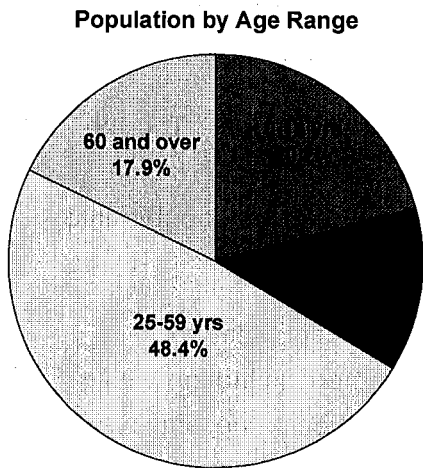
The US Census of 2010 provides the most current data on population trends. The US Census data of 2010 indicates that Mendocino County has a population of 87, 841 in 2010 with an estimated current population of 87,192 in 2013. Mendocino County ranks as 38<sup>th</sup> largest county by population of California’s 58 counties.<sup>2</sup>

The US Census data of 2012 shows that 86% of Mendocino County’s population identifies as White, 0.9% identifies as African American, 6.3 as American Indian, 1.9% as Asian, 0.2% as Native Hawaiian or Pacific Islander, 23% as Hispanic or Latino, and 3.8% as two or more ethnicities. Please note, that this exceeds 100% as the percentages overlap in some categories. The US Census data shows that 49.7% of the population is male and 50.3% of the population is female.<sup>2</sup> Additionally, Mendocino County has nine Indian reservations, the 4<sup>th</sup> most in California.<sup>3</sup>



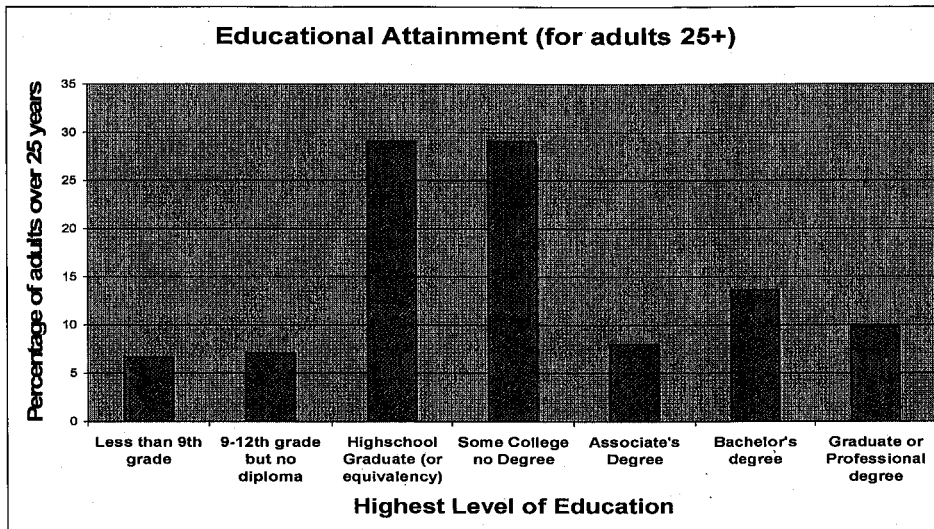
The Census data for age range does not break evenly into our Full Service Partnership

(FSP) age categories, but when broken out as closely as possible, census data shows that Mendocino County has 20.7% of children 0-14 years of age, 13% Transition Age Youth 15-24 years of age, 48.4% of Adults 25-59 years of age, and 17.9% of Older adults 60 and older. The majority of the population continues to speak English only at 81.1%. 18.9% speak languages other than English, with 14.1% speaking Spanish, 2.5% speaking other Indo-European Languages, 1.2% speaking Asian & Pacific Islander languages, and 1% speaking other languages.<sup>2</sup>

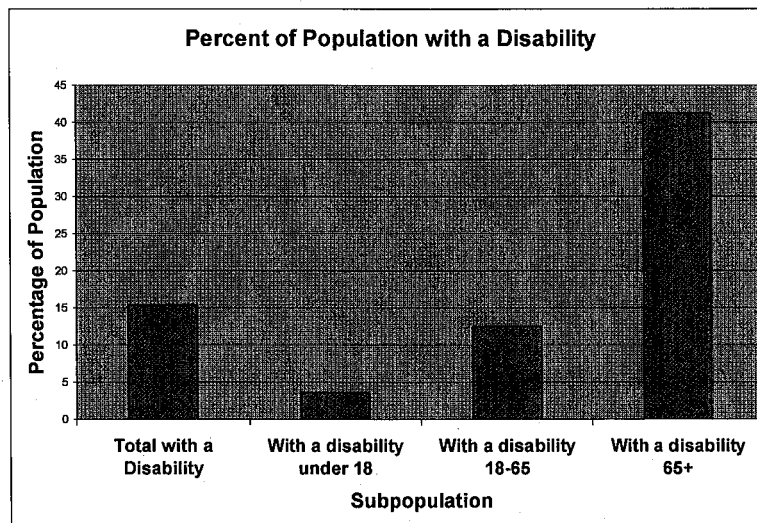


The US Census Bureau provides other indicators of interest in the socio-economic environment through the American Community Survey (ACS). The 2012 data indicates that Mendocino County's total Civilian Non-institutionalized population consists of 86,783 people, and that the percentage of those with a disability is 15.4%. The Percentage of civilian non institutionalized population under age 18 is 3.6%, between 18-65 years of age is 12.5%, and over 65 years of age is 41.2%.<sup>4</sup>





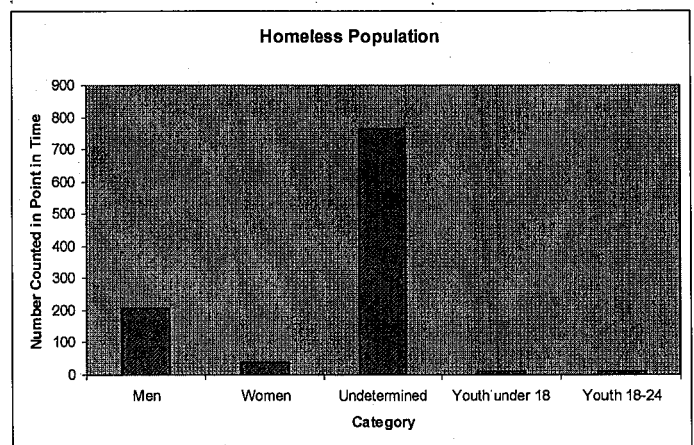
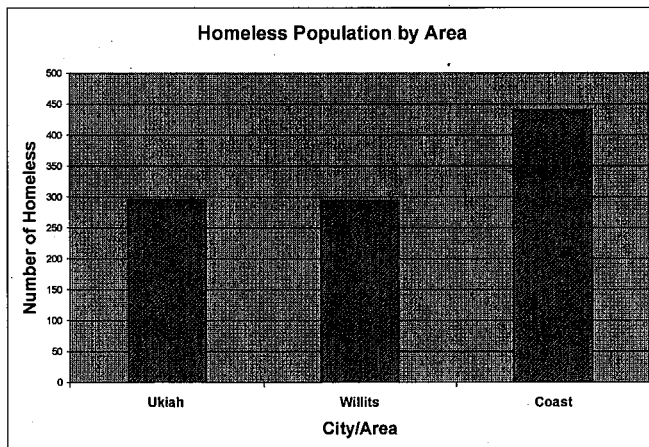
Additionally the US Census Bureau and ACS indicate that 2012 estimates for Mendocino County High school graduates or higher (among those 25 years of age and older) to be at 86.3% with 23.4% of the population having a bachelor's degree or higher. 6.7% of those 25 and older have less than a 9<sup>th</sup> grade education, 7.1% have a 9<sup>th</sup>-12<sup>th</sup> grade education but no diploma, 25.8% are high school graduates or equivalents, 8% have an associate's degree, 13.6% have a bachelor's degree and 9.8 of Mendocino County's 25 and older population have a graduate or professional degree.<sup>4</sup>



Mendocino County Continuum of Care for the Homeless (CoC), coordinated by the Homeless Services Planning Group (a collaborative of over thirty-one organizations) convened and facilitated by the Adult and Older Adult System of Care of the Mendocino County Health and Human Services Agency conducts a Point in Time Census and Survey of the Homeless annually. 2013 Census numbers show that on January 24, 2013 Mendocino County had a total of 206

County: Mendocino County MHSA Annual FY 2015-16

unsheltered men, 38 unsheltered Women, 765 unsheltered of undetermined Gender, 10 Unsheltered youth under the age of18, and 10 unsheltered youth age 18-24. Ukiah has 295 total unsheltered individuals, Willits has 294 total unsheltered individuals, and the Coast has 440 total unsheltered individuals. For a more detailed breakdown of the Homeless subpopulations in Mendocino County please visit: <http://www.co.mendocino.ca.us/hhsa/adult/coc.htm>.<sup>5</sup>



#### References:

1. Center for Economic Development, California State University, Chico. *Mendocino County Economic and Demographic Profile*. Chico Research Foundation, 2011. Web: 2 April 2014. < <http://edfc.org/wp-content/uploads/2013/12/MendocinoWebProfile02-11.pdf> >
2. United States Census Bureau. *Mendocino County, California QuickFacts*. U.S. Department of Commerce, 2010. Web: 2 April 2014. < <http://quickfacts.census.gov/qfd/states/06/06045.html> >
3. *Mendocino County, California*. Wikipedia the Free Encyclopedia, last modified 14 Feb 2014. Web: 2 April 2014. < [http://en.wikipedia.org/wiki/Mendocino\\_County,\\_California](http://en.wikipedia.org/wiki/Mendocino_County,_California) >
4. United States Census Bureau. *Mendocino County Selected Social Characteristics in the United States, 2012 American Community Survey 1-Year Estimates*. U.S. Department of Commerce, 2012. Web: 2 April 2014. < [http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS\\_12\\_1YR\\_CP02&prodType=table](http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_12_1YR_CP02&prodType=table) >
5. County of Mendocino, California Official County Government Online Resource. *Continuum of Care for the Homeless*. Health and Human Services Agency, 2014. Web: 2 April 2014. < <http://www.co.mendocino.ca.us/hhsa/adult/coc.htm> >

<b>FY 2013-2014 COST PER CLIENT/CONSUMER*</b>			
<b>COMMUNITY SERVICES AND SUPPORT</b>			
<b>FULL SERVICE PARTNERSHIPS</b>		<b>FIELD CAPABLE CLINICAL SERVICES</b>	
<b>Plan Name:</b>	Child - FSP	<b>Plan Name:</b>	Child - FCCS
<b>Unique Clients:</b>	2	<b>Unique Clients:</b>	117
<b>Cost:</b>	\$19,790.57	<b>Cost:</b>	\$11,974.38
<b>Average Cost:</b>	\$9,895.29	<b>Average Cost:</b>	\$102.35
<b>Plan Name:</b>	TAY - FSP	<b>Plan Name:</b>	TAY - FCCS
<b>Unique Clients:</b>	24	<b>Unique Clients:</b>	161
<b>Cost:</b>	\$136,251.44	<b>Cost:</b>	\$31,028.00
<b>Average Cost:</b>	\$5,677.14	<b>Average Cost:</b>	\$192.72
<b>Plan Name:</b>	Adult - FSP	<b>Plan Name:</b>	Adult - FCCS
<b>Unique Clients:</b>	36	<b>Unique Clients:</b>	713
<b>Cost:</b>	\$1,168,653.52	<b>Cost:</b>	\$326,751.29
<b>Average Cost:</b>	\$32,462.60	<b>Average Cost:</b>	\$458.28
<b>Plan Name:</b>	Older Adult - FSP	<b>Plan Name:</b>	Older Adult - FCCS
<b>Unique Clients:</b>	8	<b>Unique Clients:</b>	44
<b>Cost:</b>	\$105,962.25	<b>Cost:</b>	\$27,840.90
<b>Average Cost:</b>	\$13,245.28	<b>Average Cost:</b>	\$632.75
*Actual costs as defined by the Cost Report for FY 13/14. Calculation based on Mode 15 services, inclusive of Federal Financial Participation (FFP) and Early Periodic Screening, Diagnosis, and Treatment (EPSDT) program. Not inclusive of community outreach services or client supportive services expenditures.			
<b>FY 2013-2014 COST PER CLIENT/CONSUMER*</b>			
<b>PREVENTION AND EARLY INTERVENTION</b>			
<b>Plan Name:</b>	Child - PEI	<b>Plan Name:</b>	Adult - PEI
<b>Unique Clients:</b>	76	<b>Unique Clients:</b>	12
<b>Cost:</b>	\$114,906.22	<b>Cost:</b>	\$21,257.32
<b>Average Cost:</b>	\$1,511.92	<b>Average Cost:</b>	\$1,771.44
<b>Plan Name:</b>	TAY - PEI	<b>Plan Name:</b>	Older Adult - PEI
<b>Unique Clients:</b>	1,707	<b>Unique Clients:</b>	37
<b>Cost:</b>	\$255,286.46	<b>Cost:</b>	\$61,794.99
<b>Average Cost:</b>	\$149.55	<b>Average Cost:</b>	\$1,670.13
*Actual costs as defined by the Cost Report for FY 13/14. Calculation based on Mode 15 services, inclusive of Federal Financial Participation (FFP) and Early Periodic Screening, Diagnosis, and Treatment (EPSDT) program. Not inclusive of community outreach services or client supportive services expenditures.			

## **Community Program Planning**

Mendocino County's Community Planning Program (CPP) process for the development of the annual update plan for Fiscal Year (FY) 2015/2016 includes obtaining stakeholder input in a variety of ways. MHSa Forums, Stakeholder Committee Meetings, Program/Fiscal Management Group Meetings, Mental Health Board Meetings, Suggestion boxes at MHSa funded programs, and e-mailed suggestions through the MHSa website are all means of gathering stakeholder input.

### **Stakeholder Description**

Mendocino County Stakeholders are children, youth, adults and seniors with mental illness; 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 member, provider, and consumer interest in participation; concern about consumers receiving MHSa services; and desire to see change in the Mental Health Service delivery in our community. Some of our dedicated stakeholders include:

- Action Network
- Anderson Valley School District
- The Arbor
- Coast Wellness & Recovery Center
- Community Care/Area Agency on Aging
- Consolidated Tribal Health Project, Inc.
- Ford Street Project
- Hospitality House
- Integrated Care Management Services
- Interfaith Shelter Network
- Laytonville Healthy Start
- Love In Action
- Manzanita Services, Inc.
- Mendocino Community College
- Mendocino Coast Clinic
- Mendocino Coast Hospitality Center
- Mendocino Community Health Clinic
- Mendocino County AIDS/Viral Hepatitis Network (MCAVHN)
- Mendocino County Mental Health Board
- Mendocino County Office of Education
- Mendocino County Probation Department
- Mendocino County Public Health

- Mendocino County Sheriff's Department
- Mendocino County Youth Project
- NAMI Mendocino County
- Nuestra Alianza
- Ortner Management Group
- Pinoleville Band of Pomo Indians/Vocational Rehabilitation Program
- Project Sanctuary
- Raise and Shine Mendocino County/First Five Program
- Redwood Community Services
- Redwood Coast Regional Center
- Redwood Coast Senior Center
- Redwood Quality Management Company
- Round Valley Indian Health Center
- Safe Passage Family Resource Center
- Senior Peer Counseling
- Tapestry Family Services
- Ukiah Police Department
- Ukiah Senior Center
- Willits Community Center
- Willits High School
- Yuki Trails

### **Local Stakeholder Process**

Mendocino County has an ongoing continuous Community Planning Process. Mendocino County endeavors to approach and engage all stakeholders, taking special effort to engage those in rural areas and the underserved populations. In developing our MHSA Annual Plan for FY 2015-2016 we have included the following:

1. MHSA Forums to discuss services for Children (0-15), Transition Age Youth (16-25), Adults (26-59), and Older Adults (60 +)
2. MHSA Stakeholder Committee meetings
3. MHSA Program/Fiscal Management Group Meetings
4. Mental Health Board Meetings
5. County Mental Health MHSA website
6. Mental Health Board Public hearing on the 3- Year plan
7. Quality Improvement meetings monthly
8. Special Consumer feedback events

9. Public Posting of the Annual Plan through the 30 day local review process

**MHSA Forums**

MHSA forums are held monthly to bi monthly with time focused on the needs of each specialty population, children & families, transitional age youth, adults and older adults. The forum time, length, and location has been variable in response to the requests and needs of the stakeholders. This past year, forums were held in different locations throughout the county to improve access to remote stakeholders, and Mendocino County will continue to vary the location of the forums. The public is encouraged to attend and share their, and/or a family member's experience with accessing and receiving services. Service providers are invited to attend and to share their successes and any barriers working with their target population. Forums are advertized in local newspaper and radio media as well as via the MHSA website. Fliers are posted in MHSA funded programs and other popular stakeholder locations. Those who can't attend forums but would like to share their feedback are encouraged to email Mendocino County's MHSA team or their service provider to represent their thoughts to the group at the Forum. Incentives are offered for consumer participation in the Forum process. Participation in forums has a natural ebb and flow related to a number of factors. When Mendocino County recognizes an ebb 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. Wherever possible, suggestions from MHSA Forums are incorporated into MHSA programs as soon as they can be. Suggestions that can't be immediately responded to are compiled for incorporation into annual update planning.

**MHSA Stakeholder Committee Meetings**

The MHSA Stakeholder Committee meets as needed and provides input on the development of the MHSA Annual Updates and MHSA 3-Year Plans. The MHSA Stakeholder Committee is comprised of stakeholder representatives (e.g. consumers, consumer family members, service providers, County Mental Health Staff, community based organizations, Mental Health Board Members, and concerned citizens.) The Stakeholder Committee meets to review the progress of MHSA activities, gather input from those receiving and providing services, and to discuss methods for integrating the vision and values of the MHSA into the broader Mental Health Services spectrum provided by the County.

### **MHSA Program/Fiscal Management Group**

The MHSA Program/Fiscal Management Group is comprised of Health and Human Services Agency (HHS) staff that provides oversight to the delivery of MHSA services, the MHSA Coordinator, and Fiscal staff. This group meets regularly (at least twice a month) and is responsible for budget administration, plan development, implementation, and ongoing evaluation of the delivery of MHSA services. With the changes in service delivery of County Mental Health services, one meeting a month will include the Mental Health Plan Providers providing a majority of the MHSA services.

### **Mental Health Board Meetings**

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

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

The County Mental Health Services Act Website posts the schedules, agendas, minutes, and other announcements for each of the 6 MHSA components, as well as communicating other MHSA related news and events.

### **Quality Improvement Meetings**

Quality Improvement Meetings occur monthly regarding all Mental Health Services. The Quality Improvement/Quality Assurance 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.

### **Consumer Feedback Events**

Consumer Feedback Events are a new attempt to gain consumer feedback on the success of programs. Semi-annually Mendocino County will host an event to gather consumer and family member feedback in a low pressure, incentivized venue, such as a social event.

### **MHSA Issue Resolution Process**

In compliance with MHSA regulations, the Issue Resolution Process ensures that all stakeholders, consumers and family members have an opportunity to submit their

concerns regarding Mendocino Counties Mental Health Plan Providers, MHSA funded programs and services. MHSA Issue Resolution forms are available at each provider site or on the Mental Health Services Website.

**Public Review**

Mendocino County made a concerted effort to collect public comment and feedback in a variety of methods and incorporate that feedback into the Annual Plan.

**Incorporation of Recommendations from the MHB on the FY 2013/2014 Annual Update**

**Mendocino County Mental Health Board Recommendations from 2013/14 Resolutions**

Recommendation	Progress in FY 14/15
Increasing Psychiatric Services	iCMS and RCC Access Centers, expansion of SMI Integrated Care Coordination Service Model
Increasing Life Skills	Wellness and Resource Centers consumer driven curriculum focus, and expanded service locations
Utilizing Benchmarks & Outcome Measures	ANSA and CANS for CSS services
Incorporating Assisted Outpatient Treatment	Implementation of AOT scheduled for FY 15/16
Improving Peer to Peer involvement	Resource Centers and 11 o'clock Calendar
Establish Crisis Stabilization Unit/Psychiatric Hospital Facility	Wellness Grant Application
Improve Vocational Rehabilitation Services	Wellness Centers & Youth Resource Centers include vocational components including: Buckelew though Manzanita Voc. Rehab through Youth Resource Ctr.
Incorporate De-Stigmatization Programs	Know the Signs and Each Mind Matters Outreach and Engagement: significant



	expansion in FY 14/15
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All of the recommendations from the Mental Health Board have been incorporated, many with plans for expansion.

- 1. Increasing Psychiatric Services.** Psychiatry options were reviewed as requested and both the Child & Youth and Adult and Older Adult services are providing psychiatric services, and are working on expansion of those services. Adult and Older Adult services in particular have added the availability of urgent psychiatric services in Ukiah, with intent to expand. Services through the lifespan are improving care collaboration and links to primary care, as well as utilizing consulting psychiatrists.
- 2. Increasing Life Skills.** The Wellness Centers all provide a variety of Life Skills programs (YESS program, Good Eats, Positive Parenting, Anger Management, Men's Group, Laundry Assistance, Vocational Support Services, and Educational Support, Peer to Peer, Wellness Recovery Action Plan, Independent Living Skills Program and linkage with Department of Rehabilitation through the Arbor. Life Skills, Wellness Recovery Action Plan, (through Manzanita and Mendocino Coast Wellness Center). Full Service Partnerships continue to and intend to increase the focus on development and improvement of vocational and life skills. Changes to Wellness & Resource Center activities are one of the areas that Mental Health Plan Providers are able to be the most responsive. In FY 13/14, requests and suggestions related to child care support, life skills and vocational support needs were immediately integrated into the Youth Resource Center curriculum.
- 3. Utilizing Benchmarks & Outcome measures.** All County services measure improvement through use of ANSA (Adult Needs & Strengths Assessment) & CANS (Child & Adolescent Needs and Strength) assessments, and other outcome measurement tools implemented every six months. Full Service Partnerships track improvements through the reporting documents. Prevention & Early intervention programs use a screening tool.
- 4. Incorporating Assisted Outpatient Treatment.** (In particular law enforcement and family member referred) Full Service Partnership model of integrated care management, and outreach and engagement is offered to the four age populations. Additional outreach is offered through the Wellness Centers (Ft.

Bragg, Willits and Ukiah). Mendocino County is participating in the CiMH Care Coordination Collaborative, and plans to have a more assertive integrated approach to outpatient treatment. 11 O'clock Calendar Full Service Partnerships are exclusively referred by law enforcement and the court system.

5. **Improving Peer to Peer involvement.** All Wellness Centers utilize Peer Care managers and staff. Additionally the TAY program has Peer Mentors, 11 o'clock Calendar and the FSP's also use peer providers.
6. **Meeting Care Management Ratio Standards.** The current ratio is at or below industry standard.
7. **Establish Crisis Stabilization Unit/Psychiatric Hospital Facility.** Mendocino County is not able to pursue an inpatient unit at this time. We have increased our number of Access (Crisis) centers with the change in Outpatient service delivery. In FY 14/15 implementation of Mobile Prevention Services was initiated through integrated care coordination services. Crisis response includes offering 60 days post crisis follow up for safety and stabilization. The response in the Access centers has increased to include urgent services, respite, and expanded after crisis care services. There is intent to further expand these services in the 3-year plan. In FY 15/16 we will be applying for a Wellness Grant that if awarded may be implemented into a crisis residential treatment program.
8. **Improve Vocational Rehabilitation Services.** (Also Vocational Programs such as programs through Mendocino Community College) Rehabilitation services are offered through the Wellness Centers (see above description of life skills). Youth Wellness Centers include a contract with the Department of Rehabilitation to provide employment support as well as other Employment Support Programs. Additionally there is intent for a greater focus of vocational skills in the Full Service Partnership in the next 3 years. In FY 14/15 the Workforce Education & Training workgroup has been discussing programs and certification processes through Mendocino Community College.
9. **Incorporate De-Stigmatization programs.** In the past year Mendocino County and our MHSA service providers have offered de-stigmatization education & training in the schools, and through outreach programs. We have developed and implemented Outreach Fairs to distribute information and resources for Behavioral Health. In FY 14/15 we increased the number of Outreach Events we participated in, including a special Awareness event in May. We have

participated in the CalMHSA Know the Signs, Each Mind Matters & North Bay Suicide Prevention campaigns and have increased advertising of signs/symptoms, resources, and comfort level with discussing suicide. We have implemented an annual week long Suicide Awareness activities. We have implemented regular community trainings related to increasing awareness of and addressing signs and symptoms of suicide (QPR, ASIST, safeTALK, BASCIA Network Training). The Arbor (Youth Resource Center) has been a part of several de-stigmatization workshops and trainings with Mendocino County Office of Education (MCOE). There are plans for CIT trainings in the rural communities as well as other increased awareness and de-stigmatization events that are planned for the next 3-Year cycle. Additionally in FY 14/15, implementation of a Mobile Outreach and Prevention Services program was initiated through Specialty Mental Health Integrated Care Coordination Model to respond to the early needs of those in outlying areas to connect them with services and reduce the need for emergency intervention.

**Community Needs & Issues Identified through the Community Planning Process MHSA Forums throughout FY 2014/2015**

During the Community Planning Process, Stakeholder Participation Forums (MHSA Forums, Stakeholder Committee Meetings, and Special MHSA meeting) stakeholders are asked to provide feedback on the MHSA services currently being provided. They provide feedback on the success and challenges of existing programs and provide information on continuing needs in the community. Below is a compilation of the major community needs identified through FY 14/15 and Mendocino County's response to these needs. Where possible, existing MHSA programs incorporated the needs identified by the community into the programs best suited to fill those needs. Larger needs will be addressed throughout the 3 Year plan cycle for FY 14/15- FY16/17. As with other CSS programs listed above, the implementation of an outcome measure will be used to enhance decision making regarding program improvement

**MHSA Community Forums - Needs and Resolutions implemented during FY 14/15**

Identified Needs	Resolutions in FY 14/15
CIT Training for local Law Enforcement	OMG has had preliminary discussion with, and is in conversation with Law Enforcement

Assessing and Managing Suicide Risk in Primary Care settings	The MHSA Coordinator has been certified to perform this training and will begin to offer it in FY 15/16
Transitional Housing for adults and older adults returning from hospitalization	The MHSA Housing Program is expected to begin implementation during FY 14/15
Drug Treatment Programs	MCBHRS has a Substance Use Disorder Treatment Program
Transitional Housing for TAY	RQMC has two housing programs for TAY
Red Road SUDT programs for Native Americans	These programs are available throughout the county through Tribal Health Organizations
Educational opportunities for substance abuse counselors to become Mental Health Rehabilitation Specialists	WET is collaborating with Mendocino Community College to develop curriculum in this area
South Coastal students are having difficulty in transferring Medi-Cal services to Mendocino from Sonoma	Action Network and Anderson Valley provide MHSA services to that area, RQMC is in discussion with Sonoma County to remedy this situation
<b>Continuing Needs</b>	
Increased mental health services and outreach to Spanish speaking populations	Priority for WET stipend, scholarships and Loan Assumption awards
Nuestra Alianza needs funding for Spanish Speaking Therapists	To be explored in FY 15/16
Supportive contact for crisis clients at the hospitals	Some Peer providers are available for this
Transportation from rural communities for mental health services	Bus passes are available at resource centers
Housing for adults and older adults	MHSA Housing Program to begin during the FY 15-16
Improved collaboration between Tribal	Relationships have been strengthened with several tribal communities in the county,

services and MCBHRS	ongoing efforts to continue
Crisis Services and support in rural communities	Innovations Project – Targeted Crisis Response is in its development stage
Peer Counseling for youth and older adults in the North County	To be explored in the remainder of the three year cycle.
Training for local providers on the cultural needs of Native Americans	Annual training provided by Consolidated Tribal Health. Ongoing exploration for additional training options and resources.
Alternatives to pharmaceuticals for healing	
An improved referral system	During FY 14/15, development of comprehensive MHSA program lists, increased frequency and types of integrated care coordination services meetings.
Support for First 5 to early identification of Autism and other developmental needs	The ARC provides these services and serves the bilingual population
<b>Outreach and Education</b>	
De-stigmatization education for Landlords and community member regarding Mental Illness	The Youth Resource center does a housing acquisition training for youth-with a certificate of accomplishment
Dissemination of information regarding access to current mental health services	MHSA participates in a number of Outreach and Education activities, development of MHSA programs list.
Workforce Education and Training and mentoring for Native Americans and Latinos	WET is developing opportunities for Native Americans and Latinos to receive stipends or incentives when working for public mental health organizations
Phone tree for technical infrastructure for local community experts who are trained in Crisis Response and liaisons to provide safe spaces	Further development will take place in the development of the Innovations Project
Improve communication to encourage Native Americans and Latinos to participate in MHSA	This is an ongoing effort of MHSA, we hold our public forums in Native American venues/

Forums and other county assemblages	communities when possible
More outreach to community organizations that provide services and trainings (NAMI)	An ongoing effort of MHSA to continue to provide outreach and

**Children (0-15) & Family's Needs:**

1. Social & family problems
2. Services for children whose parents have a mental illness
3. Barriers to learning; improve IEP support for attaining and follow through with support services
4. Improved crisis response including mobile unit, tele-psychiatry, and bilingual response
5. After school suicide prevention class for parents (SafeTALK, ASIST, QPR)
6. Domestic Violence education & counseling (Resource Centers)
7. Programs to prevent bullying (specifically in Manchester School District): teach children about cyber & verbal bullying identify signs of parental neglect, identify signs of unstable home life/homelessness, and identify signs of trouble/lack of ability to focus.
8. Opportunities to collaborate with other entities to coordinate service programs to children such as nutrition education, school lunches, and other school-home – wellbeing issues.
9. Mental Health services for Spanish speaking families.

Mental Health Plan Providers provide programs in conjunction with schools to provide counseling, outreach, early intervention & screening, suicide prevention, de-stigmatization, bullying prevention, and domestic violence and neglect awareness. Full Service Partnerships provide outreach and wraparound services tailored to individual needs. It is the intention of Mendocino County Behavioral Health & Mental Health Plan Providers plan to expand these services in the next 3 Year cycle to increase crisis response for children and families to allow for post crisis linkage and support. Mendocino County has been utilizing CalMHSA supported North Bay Suicide Prevention Projects and intends to continue to provide training and education around suicide prevention, awareness, and de-stigmatization to all ages and all communities in particular North County and South Coast. It is the intention

of Mental Health Plan Providers to increase the screening and prevention services in schools to more South Coastal and North County Schools (in particular to have a clinician to cover the Manchester School District needs). There are bilingual and bicultural service providers available to South Coast and to inland children's services; however it is the intent to expand to include more providers available with these skills in the 3 Year cycle. The Mendocino County Health Plan Providers through the Multi Agency Children's Coalition (MACC) group provides collaborative team training and response to community counseling and therapeutic needs. Mental Health Plan Providers intend to expand the response to eating disorder and other specialized counseling needs.

**Transition Age Youth (TAY) (16-25) Needs:**

1. Homelessness
2. Stigma & Discrimination
3. Inability to manage independence, life skills classes with certification, cooking, nutrition, exercise, self esteem, medication & diagnosis education, socialization & relationship, classes & activities. Use of adult Mentors.
4. Inability to access gainful employment, apprenticeships, and certificate programs.
5. Driver training program, including access to cars to practice with, with priority to foster care youth.
6. Expand counseling services to South Coast and North County, in particular bilingual and culturally sensitive programs. Specialty counseling programs for Eating Disorders, Domestic Violence, and self harm.
7. Educational support including help to cover GED testing, books and fees for college.
8. Child care for TAY parents, & more programs for young families with their children, including special needs education.
9. Improved communication between appropriate service providers for 8-24 year olds, attention to de-stigmatizing 18-20 year olds receiving services from "children's providers". Improve Wellness Center/Youth Resources center communication and seamless transition of care.

10. Drug Abuse prevention classes, Assertive practice on how to say "no" to drugs and prostitution.
11. Drug testing, education, and support groups for those in the TAY Wellness program to reduce substance use and safety concerns. Include healthy alternatives such as educational, social, fun, creative, life affirming drug free alternative activities. Domestic Violence groups and classes for both parties.

Mental Health Plan Providers provide program services such as counseling, suicide prevention, de-stigmatization, life skills training, and housing support. Mental Health Plan Providers have a transitional housing program available to TAY Full Service Partners which includes integrated life, job, and education skills training. Full Service Partnerships provide wrap around services tailored to individual client needs. It is the intent of Mental Health Plan Providers to expand these programs to more North County and South Coast communities in the 3 Year cycle. The Youth Resource Center provides drop in, outreach center and support with peer counseling, child care support, suicide survivor groups, parenting education, anger management, outreach services, peer and adult mentoring, transportation support and assistance, cooking & nutrition classes, exercise programs self esteem, job skills, life skills, housing support; and it intends to incorporate the certificate programs to life and job skills programs. The Youth Resource Center was able to immediately incorporate the suggestions for a parenting class and to address child care needs for teen parents, as well as adapt life skills, educational, and vocational programs to the requests initiated at forums. The Youth Resource Center has begun to develop a program to connect youth in need in connection to vehicles and training support for driver's education. The Youth Resource Center has begun to research and plans to offer services related to substance use treatment for minors and those not court mandated. It is the intent to expand the Youth Resource Center to have a Coastal location during this 3 Year cycle.

**Adult (26-59) Needs:**

1. Homelessness - transitional, permanent, step down from higher level of care, roommate finder assistance. Emergency Youth Shelter.



2. Outreach to persons resistant to seeking or receiving services, including Assertive Outreach Program.
3. Inability to manage independence; Life skills classes with certification, cooking, nutrition, exercise, self esteem, dual diagnosis, classes & activities. Access to health supplements, dental care.
4. Inability to access employment: Paid peer positions, job skills classes with certification. Support with the actual gaining of paid employment and tracking of employment successes. Reach out to employers to de-stigmatize employing individuals with mental illness, and improve support for attaining and retaining employment.
5. Improved crisis response, in particular to rural areas when law enforcement can't respond in a timely manner.
6. Expand care management service delivery to South Coast and North County.
7. Tribal Community Representatives on the Mental Health Board.
8. Continuity of treatment providers, Patient Navigation Program expanded to the Coast.
9. Substance Use Treatment that is culturally sensitive to Native Americans.
10. Substance Use Treatment: Improved access for those on psychotropic medications, increased knowledge of dual diagnosis among providers.
11. Transportation: increased Coastal frequency, support for all clients to attend appointments, in particular in North County and South Coast. Improve access to bus passes.
12. Way to track and prioritize danger and risk factors to improve services to outlying rural areas.

Mental Health Plan Providers provide 24 hour crisis response, assessment for services, outreach & engagement at the Wellness Centers, patient navigation, collaboration with primary care providers, and Full Service Partnership care management including wraparound and services tailored to individual client needs in particular around addressing co-occurring disorders and whole person strengths

based care. Mendocino County has applied for the SB 82 grant to expand crisis response to a mobile response capacity in particular to respond to remote areas, and in FY 14/15 began implementing mobile outreach and prevention services. It is the intent of Mental Health Plan Providers to expand service location for counseling and care management to include more South Coast and North County locations in the 3-year cycle, in FY 14/15 Family Resource Center services were expanded to North County and Senior Peer Counseling services were initiated in South Coast. Wellness Centers intend to increase job training, housing assistance, nutritional and exercise programs. These programs are offered based on consumer request, and will be offered again. Stipends and Incentives are being developed for implementation in FY 15/16 in the Workforce Education & Training subcommittee for peer providers and for culturally competent providers.

**Older Adult (60 +) Needs:**

1. Grief and Depression
2. Isolation
3. Inability to manage independence- need for more outreach, more transportation resources
4. Reduce stigmatization
5. Education & support for senior caregivers to prevent harm and risk from younger potentially violent individuals receiving care

Mental Health Plan Providers provide 24 hour Crisis Response, assessment for services, patient navigation, collaboration with primary care providers and Full Service Partnerships to provide wraparound services tailored to individual needs to address ability to manage independence. Senior Peer Counseling services provide trained peer volunteers to provide in home peer counseling and support in maintaining independence and addressing grief and depression issues. The Peer Counseling model is designed to minimize and reduce stigma and isolation; common topics of Peer

Counseling are grief, depression, and isolation. It is the intent of Mental Health Plan Providers to increase provision of these services to South Coast and North County in the 3-Year Cycle; Senior Peer Counseling services were initiated in South Coast during FY 14/15. Senior Peer Counseling has incorporated new advertising and recruiting practices to include increased likelihood of bi-lingual, rural, and bicultural volunteers.

**Across the Life Span Needs**

- More bilingual/bicultural counselors needed in particular in Point Arena & Gualala (South Coast).
- Improved outreach in remote areas such as North County and South Coast.
- Communication skills to be taught to providers to decrease stigma (communicate with respect, diplomacy, especially in relation to Tribal Communities).
- Resource Booklet: Where, how and what to be aware of when requesting mental health services. (Action Network provides a Community Service Book, they need funding to continue to print.)
- Transportation. To and from appointments & wellness support, increased coastal access via public transportation, increased access to bus passes.
- Safe Passages would like support for more counselors.
- Several Family Resource Centers, (FRC) have requested the opportunity to expand prevention, education, and service provisions available at their locations, especially as they are “hubs” of isolated rural community activity.
- Improved, daily outreach, including peer to peer outreach to isolated and disengaged consumers.
- Education & training for family members and caregivers around emergency response, risk factors, and mental health concerns and special needs.
- Services to all family members and support people regardless of the difference in age between the support person and the age of the identified client.
- Improved health screening, testing, and coordinating with medical illness care and factors that contributes to symptoms (specifically nutrition and supplement information).

- Continued need to improve Peer and Family members in Forums & Planning Processes. Perhaps use peers to survey consumers about services.

Full Service Partnerships provide outreach and transportation support to severe and underserved populations. Transportation support is offered through most of the specialty care management services offered and Wellness Centers and Resource centers. Communication with the Mendocino County Counsel of Governments Transportation Planning Agency to request increased transport routes along the coast. Care management and wellness outreach are both scheduled to expand to more remote areas during this 3 Year cycle. All Mental Health Plan Providers continue to incentivize and recruit for bilingual and bicultural counselors, especially those working in outlying areas. Mental Health Plan Providers developed relationships with Family Resource Centers (FRC) to building from existing FRC service provisions. We have added a new Community Program Planning Process, Consumer Feedback Events, specifically for consumers and family members to improve consumer feedback in a more social, informal and incentivized event.

### **30 Day Public Comment**

The MHSA Annual Update plan for FY 2015-16 was posted for over 30 days from April 24, 2015 to May 26, 2015. Comments were collected and consolidated following a Public Hearing.

### **County Mental Health MHSA Website**

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

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

Hard copies of the Annual Update plan are made available for public review at 18 locations across the County, which included key service delivery sites and mental health

clinics. MHSA funded programs were asked to review and open dialogue with consumers and family members during meetings/groups/client counsel activities. A hard copy and electronic version of the 3-Year plan and the Annual Update was distributed to all members of the Mental Health Board, Mental Health and Human Services Leadership Team, MHSA Stakeholder Committee, and community partners.

### **Public Hearing & Stakeholder Committee Meeting**

Mendocino County held a public hearing to obtain input from interested stakeholders. The public hearing was held on May 26, 2015.

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

#### **Questions:**

1. Is there any intention to include Laura's Law in the MHSA plan?

**Answer:** Yes. Please Refer to Page 51 of the Annual Update in CSS, Programs that Cross the Lifespan: number 5: AB 1421 Assisted Outpatient (a.k.a. Laura's Law). Assisted Outpatient Treatment is the treatment model that includes wraparound services, crisis support, linkage to counseling, medical appointments and other support services, transitional/permanent housing resources, and other life skills, educational finances and support needs to minimize risk for incarceration, hospitalization, and other forms of institutionalization. The Assisted Outpatient Treatment will be provided through Full Service Partnership designations.

2. How will Laura's Law be funded without defunding or affecting current MHSA programs?

**Answer:** AB 1421 (a.k.a Laura's Law) will be funded from the CSS MHSA Fiscal Year 15/16 funds. No other programs will be defunded or affected.

3. Why does MHSA keep ignoring the Latino population especially in adult services?

**Answer:** MHSA has repeatedly reached out to Latino organizations over the past several years in an attempt to improve services to the Latino Community. We have moved several of our Community Planning Process Meetings to outlying communities to make it easier for all stakeholders from those areas to have their voices heard. Targeted outreach attempts include inviting Latino agency leads to

MHSA meetings, attending Latino service agency board meetings, and offering Promotora and El Rotofolio trainings to targeted Latino service agencies in Spanish. The Mental Health Plan also provides all brochures, signs and forms in Spanish. Mendocino County Behavioral Health and Recovery Services and Mental Health Plan Providers recruitment for staff that are bilingual and/or bi-cultural. The Mental Health Plan has several providers who are bilingual and provide services to Latino consumers.

4. Why is the public hearing held after the draft instead of incorporating the public comments into development of the draft?

**Answer:** The Annual Update is a review and adjustment to the three year plan structure. The intent of the Community Planning Process is that information contributing to the plan is collected from MHSA stakeholders throughout the year through a number of Community Planning Processes, such as MHSA Forums (See pages 9-13 for a complete list).

5. Regarding Transitional Age Youth – Why wasn't there more money added to Children's Services when [the Administrative Service Organizations service ages] switched to [from 0-21 to 0-25] TAY? It seems there should have been since this is such a difficult population to work with.

**Answer:** Additional MHSA funds and other funding were given to the Children Administrative Service Organization for TAY.

6. Regarding: Pg. 53, Workforce Education & Training please clarify on each bullet point:

**Answer:** The Workforce Education and Training Component is regularly discussed, specifically how funds are to be expended, with the WET Subcommittee/workgroup. This component is constantly refined by that group. The language in the 3 year plan and this annual update is the overarching framework and guidelines from which the subcommittee works. The language is generalized in order to allow for flexibility to respond to stakeholder input throughout the year(s).

- Regarding: "Provide treatment, prevention and early intervention services that are culturally and linguistically responsive to diverse and dynamic needs." How many people are you going to treat?

**Answer:** This will depend on how the subcommittee/workgroup decides to divide the funds available, and how many people we can serve with those funds.

- Regarding: "Promote wellness and recovery and resilience and other positive behavioral health, mental health, substance use, and primary care outcomes." How will you measure these?

**Answer:** This will depend on what the subcommittee/workgroup decides is the appropriate measurement tool.

- Regarding: "Work collaboratively to deliver individualized, strengths-based, consumer and family driven services. " What are you considering evidence based practices and measurements?

**Answer:** This will depend on what the subcommittee/workgroup decides are the appropriate evidence based practices.

- Regarding: "Use effective, innovative, community identified and evidence based practices.-Consistently." Please describe how evidence is measured and with whom you are collaborating with?

**Answer:** The measurement tool will be determined by the subcommittee/work group. The WET subcommittee/workgroup is made up of interested MHSA stakeholders. The MHSA team has reached out to several employment, educational, and other stakeholders including but not limited to: Mendocino Community College, Ukiah Valley Association for Habilitation (UVAH), Mendocino Private Industry Council (MPIC), SELPA, Mendocino Community Office of Education, various Mendocino County School Districts, Nuestra Casa, Nuestra Alianza, Round Valley Tribal Health, Pinoleville Vocational Rehabilitation, Consolidated Tribal Health Project, Redwood Valley Little River Band of Pomo Indians, First 5, Action Network, Redwood Quality Management Company, Ortner Management Group, Mendocino County Youth Project, etc.

- Regarding: "Conduct outreach to and engagement with un-served, underserved, and inappropriately served populations." Regarding the underserved, how is this measured, and identify who these people are?

**Answer:** The underserved are defined in broad terms by MHSA, and in more specific terms for our county by the feedback collected during the various Community Planning Process activities such as MHSA forums (see pages 9-13 for a complete list).

- Regarding: "Promote inter-professional care by working across disciplines."  
How will this be done and which of the disciplines will be used?

**Answer:** This will depend on what the subcommittee/workgroup determines the primary workforce areas that are addressed with our WET funds.

7. Regarding Pg. 54, please clarify Workforce Education & Training Coordination & Support "Objective" numeric points:

**Answer:** The Workforce Education and Training Component is regularly discussed, specifically how funds are to be expended, with the WET Subcommittee/workgroup. This component is being constantly refined by that group. The language in the 3 year plan and this annual update is the overarching framework and guidelines from which the subcommittee works.

Regarding: 1. "Provide ongoing development and operation of workforce programs. Please specify the measurement and development?"

**Answer:** The WET subcommittee meets regularly; one of the topics of discussion is what programs and the type of development, on which to expend WET funds.

Regarding: 2. "Promote the integration of wellness, recovery, and resiliency concepts throughout the mental health delivery systems at all levels of service." How will this be measured?

**Answer:** The WET subcommittee meets regularly, and one of the topics of discussion is what measurement tools will be used.

Regarding: 3. "Develop cultural competence of staff throughout the mental health system." What do you mean by this?

**Answer:** Throughout our MHSA plan and annual update the term cultural competence refers to an increased capacity to respond to cultural and linguistic differences, in particular but not exclusively, of the groups that have been identified in our Cultural Competency Plan as having been underserved or having health care disparities.

Regarding: 4. "Increase capacity and capability for the provision of clinical supervision (mentoring, coaching, etc.)" Are you going to be hiring bilingual and bicultural staff to supervise this staff?



**Answer:** Mendocino County Mental Health Plan Providers recruit for bilingual and bicultural staff members in all positions.

Regarding: 5. "Improve coordination of training efforts through the mental health system."

How will this be done and how will it be measured?

**Answer:** The WET subcommittee meets regularly to discuss outcomes, measurement tools, types of training and development on which to expend WET funds.

Regarding: 6. "Coordinate continuing education and ongoing training opportunities for workforce to ensure professional skills, in particular with Mendocino County Schools and educational programs." Please describe how many trainings and what the trainings will be?

**Answer:** The WET subcommittee meets regularly and one of the topics is the type of training and development on which to expend WET funds. There are no fixed trainings at this time other than the Cultural Competence Training Facilitated by Consolidated Tribal Health. The types and number of trainings will be influenced by the prioritizations of the WET subcommittee.

Regarding: 8. "Provide outreach to high school and community college students regarding available mental health careers, educational requirements and resources, and 4-year university transfer requirements." How would outreach to high school and community college students regarding available mental health career, educational requirements and resources, and 4-year university transfer requirements be done? Shouldn't it be done by counselors in schools and colleges?

**Answer:** Some of the outreach will be done to counselors in the schools, both high school and college levels. Some of the outreach may be directly to students and teachers.

Regarding 16: "Oversee all activities of Workforce Development Program and Scholarship program." How are you going to oversee all activities of Workforce Development Program and Scholarship Program?

**Answer:** By meeting regularly with the WET Subcommittee, the MHSA team will continue to gather stakeholder input on WET programs and scholarships. The MHSA team will oversee, in coordination with the subcommittee, the distribution of

WET funds and the administration of measurement and outcome tools.

8. Regarding Pg. 56, Work Force Education & Training Cultural Competency and Sensitivity: Please expand on the outreach efforts to effectively recruit culturally and linguistically diverse individuals.

**Answer:** Outreach efforts have included expanding notification of recruitments to both smaller local communities and larger further communities in an attempt to increase the number of qualified bilingual and bicultural applicants. Most MHSA providers offer a pay differential for bilingual providers that use their language skills in the course of their duties. All MHSA providers recruit for bilingual and bicultural staff in all positions.

Regarding: "a.) Please expand on the curricula to improve cross cultural communication, including self-awareness." How do you develop curriculum if you are not part of the school district?

**Answer:** The curriculum referenced here would pertain to Workforce Education and Training efforts. This would include Trainings provided by WET, as well as collaborative efforts with local schools and colleges. The WET stakeholder group includes a representative from Mendocino Community College, and discussions about creating curriculum that address specific cultural groups needs have already begun.

Regarding: b. Please expand on "the curricula to improve cross cultural communication, including self-awareness. How do you develop curriculum if you are not part of the school districts?"

**Answer:** The curriculum referenced here would pertain to Workforce Education and Training efforts. This would include trainings provided by WET, as well as collaborative efforts with local schools and colleges. The WET stakeholder group includes a representative from Mendocino Community College and discussions about creating curriculum that address specific cultural group needs have already begun.

Regarding: "c. Issues related to Special populations" – Can you include consumers with mental health issues?

**Answer:** We are happy to add consumers with mental health issues as a special population into the examples provided.

Regarding: "d. Spirituality Initiative." – What did you mean by this?

**Answer:** The Spirituality Initiative is a California Institute for Behavioral Health Solutions (CIBHS) initiative launched in 2008 with the goal of increasing awareness of the role of spirituality in mental health recovery and multicultural competency, as well as encouraging collaboration among faith-based organizations, and mental health service providers and other stakeholders in combating stigma and reducing disparities. The inclusion of the Spirituality Initiative is for the purpose of ensuring that WET education and training includes spirituality and faith-based resources as one of the education and training objectives.

9. Regarding Pg. 17, Under "Continuing Needs – Transportation from rural communities for mental health services." Are bus passes the only resource being considered for therapy in the outlying areas for Latinos?

**Answer:** No. Individuals that are participating in MHSa supported programs have a number of transportation resources available to them such as transportation via a care manager or other supports, attempting to expand service delivery to rural communities (through MHSa and other services such as the Mobile Outreach and Prevention Services project), and bus passes. We have also communicated with the Mendocino Transit Authority around transportation issues.

10. Regarding Pg. 18, Under "Continuing Needs – Peer Counseling for youth and older adults in the North County is stated 'to be explored'." What does this mean? How does the County plan to meet the needs of the Latinos in the outlying districts?

**Answer:** Senior Peer Counseling has expanded to Gualala in the last fiscal year. There have been discussions with the Senior Peer Counselor providers about expanding north beyond Willits. Action Network and Redwood Community Services provide MHSa services to individuals within the Pt. Arena and Gualala area. Laytonville Health Start provides MHSa services to individuals in Laytonville. Tapestry Family Services provides MHSa services in Covelo. Additionally, the Transitional Aged Youth Resource Center has been working on an expansion to Fort Bragg. The MHSa plan is generalized so that there is room for flexibility to meet the needs of stakeholder input throughout the year(s).

11. Nuestra Alianza submitted a revised proposal today requesting MHSa funds, (thought that Stacey Cryer has a copy). Will this proposal be evaluated at this time?

**Answer:** Yes this proposal will be evaluated.

12. Regarding Pg. 25, Middle population "All mental health providers continue to recruit...." This is not something I am aware of. How is recruiting happening? Is it happening?

**Answer:** Yes. Recruitments happen when there are vacancies for a position.

Mendocino County positions recruit with a pay differential for qualified candidates that are bilingual and will be using their language skills in the course of their duties. Mendocino County advertises positions in the local newspapers, other newspapers like the Press Democrat, and on the County Website. The Administrative Service Organizations advertise positions in the local newspapers, other newspapers, online and on their websites.

13. The Latino population is growing faster than the needs are being met.  
What is the rate of improvement of serving Latino needs from 5 years ago to current?

**Answer:** In 2010 11.68% (248) of the clients served identified themselves as Hispanic.

As of June 4, 2015 for fiscal year 14/15 clients served who identified themselves as Hispanic are as follows:

Behavioral Health and Recovery Services: 8.99% (39)

Ortner Management Group: 5.33% (29)

Redwood Quality Management Company: 25.72% (249)

14. How come we don't want to serve Latinos?

**Answer:** It is always a goal of MHSA programs to serve underserved populations, in particular those underserved cultural groups that have been noted to have behavioral health care disparities in our community. The following MHSA agencies provide services to Latinos: Action Network, Redwood Community Services, Mendocino County Youth Project, Tapestry Family Services, Arbor Youth Resource Center, Manzanita Services, Mendocino Coast Hospitality Center, Mendocino County AIDS/Viral Hepatitis Network, Laytonville Healthy Start Family Resource Center, Integrated Care Management Solutions, Redwood Creek, Senior Peer Counseling, and Mendocino County Behavioral Health and Recovery Services.

15. Why is this document in draft form?

**Answer:** The MHSA Plan and Annual Updates are in draft form until they have gone through the approval process which includes the 30 day public review and public comment, approval of the Mental Health Advisory Board, and finally the Board of Supervisors. Changes that need to be made following those reviews are incorporated before the document is finalized and submitted to the Mental Health

Services Oversight and Accountability Commission.

16. What is the next phase after this public comment hearing?

**Answer:** The questions and comments will be written and responded to. The draft will be reviewed by the Mental Health Advisory Board. If approved, it will be submitted to the Board of Supervisors. If approved, it will be submitted to the Mental Health Services Oversight and Accountability Commission. If at any point substantive changes need to be made to the plan, it will be put forth in an additional Public Review and Public Comment Process, and the approval process will begin again.

17. What is the MHSA relationship with the school districts?

**Answer:** MHSA Service Providers through Prevention and Early Intervention have relationships with various School Districts (See Prevention Collaboration Pages 54-55.) Additionally, the Workforce Education and Training subcommittee has invited and plans to develop relationships with school districts around education and training and career opportunities in the mental health field. Finally, Prevention and Early Intervention have also offered suicide prevention trainings to the school districts through our Suicide Prevention Collaboration.

18. Please clarify in regards to the proposed budget by Nuestra Alianza that Tom Woodhouse encouraged them to resubmit due to Grant funding disappearing, thus the agency will disappear or be significantly diminished if not support by MHSA. Will the increased proposed budget be considered?

**Answer:** The increased proposed budget from Nuestra Alianza will be reviewed and considered.

**Comments:**

1. Pg. 9 Mendocino College should be listed as a stakeholder.
2. Pg. 18 Needs: "outreach and education" The college is funding a training for Native Americans and Latinos through a HRSA grant for the Human Service Worker Program.
3. Pg. 28. "Recovery Oriented Consumer driven Services, maybe there should be an objective to increase the capacity/skills of peers to work with one another effectively.

4. Pg. 5, Population by age categories does not add up. The total states it adds up to 18.8, but actual calculation is 18.9.
5. Workforce Education & Training – point 12. “Ensure that consumers, family members and underserved and underrepresented populations are included as both trainers and participants.” The statement seems to repeat number 8. Provide outreach to high school and community college students regarding available mental health careers, educational requirements and resources, and 4-year university transfer requirements.
6. Workforce Education & Training – point 13. “Enhance collaboration with community based organizations (CBO).” The statement seems to repeat number 7. Partner with outside community organizations on workforce development opportunities.
7. The plan feels vague and redundant throughout.
8. Nuestra Alianza/Willits has provided 42,747 in services last year, and has been in existence for 15 years. Supporters: Gerry Gonzalez, Willits Unified School District, Tom Woodhouse, Madstrong Strong and Hollis Madrigal. Nuestra Alianza grows to find ways to provide services for Latino community in Willits. They have provided culturally competent bilingual counseling services for 6 years, but that funding is now gone. If they are not funded by MHSa that service will no longer be provided. The county will not be able to use these services to meet their mandates if not funded by MHSa. They are ready to increase services with the help of MHSa funding. They are aware that we need to provide those services in a culturally appropriate way and in Spanish and they can accommodate that. They would like to work together with us.
9. Nuestra Alianza did submit a proposal earlier this year, however, they are resubmitting a new one today, (thought that Stacy Cryer has a copy).
10. Working as a therapist the past 25 years in all settings and agencies noticed the Latino population covers 20% of Willits and 50% of Anderson Valley. The need for bilingual services has increased and needs have increased.
11. Regarding the Willits, Covelo and Laytonville Latino needs: the population has never been clearly defined.
12. In the report it states repeatedly that we are aware that we are underserving and that access to services is a problem. It makes sense to place more of the help where the population is located. The goal on pg. 61 makes sense to provide services where the need is.

13. I want to state, the Latino population is underserved. But, finding those services in Latino Agencies is minimal or nil. There is a contradiction between the need documented and where funding is spent.
14. Thank you for holding this public comment hearing.
15. I think that part of the reason we are not reaching Latinos is the difference in their culture, and that it is difficult for Latinos to ask for help, and it is 10 times as hard when you don't understand the language, especially if you have to travel to services.
16. I would like to point out the difference between bilingual and bicultural. Bilingual can be just translation. Bicultural is really about an understanding of where people are coming from.
17. My son is the coach of the Willits Soccer team for the last 10 years and has his raised awareness of that Latino community. It is heartbreaking that we are not able to help them more.
18. Focusing here on Latino needs, but there are also needs for Native Americans who have similar challenges and needs with a longer history, and to learn the lesson from both of those cultures.
19. A couple of years ago a focus group with Nuestra Casa was held. The focus group showed: A lot of people don't know about mental illness and are willing to learn about it. Acculturation is going to have a huge impact on this community as young people come of age.
20. I would hope that the Workforce Education & Training program could be expanded effectively with young people as that would address mental health needs of having self-worth and life skills.

## **Community Services and Supports Plan**

Mendocino County continues to make significant changes and improvements in its ability to provide specialized services to its Full Service Partnership clients, as well as to outreach and engage underserved populations. In the last year, with the plan to continue in the next 3-Year cycle, the delivery of outpatient services has been increasingly specialized during Mendocino County's system transformation of Mental Health service delivery. Service delivery by age population is more integrated and is becoming increasingly integrated and coordinated in an Integrated Coordinated Care Model of Mental Health Services.

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

Outcome measurements must be utilized and monitored to improve and promote both the improved mental health and recovery of the consumer and the quality and efficiency of the service system. Mendocino County has developed a common set of outcome measures (ANSA for adults, and CANS for children as well as Consumer Satisfaction Surveys and or other outcome measures). The use of measurement tools will enhance services by allowing evidence based decision making when reviewing services, pre, during and post treatment. These measures will be used to assess program efficiency, quality, and consumer satisfaction. Mendocino County will continue to develop a methodology throughout the MHSA 3 –Year period to continually review and enhance quality of mental health services to all clientele based on the evidenced



based measures. Measurements and Outcomes will be reported at least annually by unduplicated CSS Age group categories (Children, TAY, Adult, and Older Adult).

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

The purpose of the Integrated Care Coordination Service Model is to better serve consumers with severe mental illness and severe emotional disturbances. The system transformation and restructuring strategies will promote focused system integration of comprehensive services across the Mental Health continuum. The integration of all programs including Community Services and Supports promote long term sustainability and leveraging of existing resources to make the entire system more efficient, integrated, and coordinated. Priority focus of the integrated Care Coordination model will be on reducing high risk factors and behaviors to minimize higher levels of care need including hospitalization and other forms of long term care.

Underpinning the Focused Integrated Mental Health Services Model must be outcomes promoting both the improved mental health and recovery of the consumer and the quality and efficiency of the service system. In partnership with the community stakeholders, Mendocino County will continue to develop a common set of outcome measures, recognizing that they will vary among age groups. These measures will be used to assess program efficiency, quality, and consumer satisfaction. Measurements and Outcomes will be reported at least annually by unduplicated CSS Age group categories (Children, TAY, Adult, and Older Adult).

### **Goals for the MHSA 3-Year Plan for FY 14/15-FY 16/17**

- Create a service delivery system that provides a health care home which treats/coordinates care for the entire person.
- Integrate primary care with behavioral health.
- Participate in pilot projects through Mental Health Plan Providers designed to improve outcome measures, consumer satisfaction, and improved coordinated

care.

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

The Integrated Care Coordination Mental Health Service Model's key elements are based on collaborative and coordinated planning and include:

**Recovery Oriented Consumer driven services**

- Recovery is defined as a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. Recovery is a strengths based process that includes: consumer driven goals, integrated team based problem solving, and consumer determined meaningful and productive life standard.
- Closely work with the consumer to address their mental and physical health needs in a coordinated and integrated manner.
- Promote shared decision making, problems solving, and treatment planning.
- Maintenance and promotion of linkages to family & support members (as defined by the consumer) and the community.

- Maintenance and promotion of Drop-In/Wellness Centers that focus on Wellness & Recovery services that support a return to everyday life; promote resiliency & independence; utilize Peer support and mentoring, patient navigation; and offer training for consumers to meet, retain, and sustain educational, employment, advocacy, and meaningful life goals.

#### **Integrated Intensive Care Management**

- Decrease out of County placements and increase the percentage of mental health consumers living independently within our community.
- Ensure timely follow up of contact within an average goal of 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**

- Further develop and implement integrated crisis services with Urgent Care.
- Fully 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.
- Patient navigation through Wellness Centers use care integration with identification of the medical home.

#### **Quality Improvement**

- Ensure that all contracts have scope of services that include outcome measures and efficient standards to drive cost effectiveness of services. Reports for

outcome measures, services provided shall be delivered by Full Service Partnership age categories (Child, TAY, Adult, and Older Adult). Mendocino County Mental Health Plan Providers use internal reviews and oversight to monitor improvement measures, and additionally there are external Quality Assurance/Quality Improvement processes that review improvement measures.

- Productivity - utilizes data reports to monitor and support staff productivity goals.
- Continue the retooling of the Quality Improvement Committee emphasizing data driven solutions to improve access in quality of services.
- Continue the process of moving mental health records to a fully electronic record system.
- Develop a training program for County staff and Mental Health Plan Providers for best practices (especially for children and geriatric services), customer service and cultural sensitivity.

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

- Forensic Treatment - develop collaboration with local law enforcement and Parole office to establish forensic services and a re-entry program that reduces the recidivism rate and ensures community re-entry. Through Mental Health Plan Providers, coordinate the referral of consumers to a medical facility for medication support. Refer consumers to treatment services, community services, housing, and other resources. Provide treatment plan, follow up transportation and care management services.
- Integration with Primary Care Centers - Mendocino County Health Plan providers will continue to develop collaboration with medical care and primary care services providing integrated and coordinated services that increasingly collaborate regarding treatment planning and care goals with identified medical

home model of care, with “no wrong door” bidirectional referrals. Work toward improving health outcomes and life expectancies for the target populations.

- Improve coordination and communication with the community around programs, activities, events and resources available
- Establish relationships and interface with natural leaders and influential community members among the more isolated and underserved groups in our community to promote expansion of services in those areas, understanding of needs, improved communication about services and awareness, and to encourage trust among the members of the community

### **Community Services and Supports Programs**

#### **Children and Family Services Program**

For the MHSA Annual Update Plan for FY 2015/16, the Children and Family Services Program includes services to children of all ages, 0-14, with a focus on the underserved 0-5 age group, a focus on the underserved Latino and Native American children. Services offered are broad screening and assessment of very young children, family respite services, Full Service Partnerships, and therapeutic services to children and families; in particular Tribal and Latino Communities are the primary services. This population of the CSS program will include the implementation of an outcome measure (for example; CANS and/or other outcome measure tools), for all Mental Health Plan Providers. The use of outcome measure tools will allow for evidence based decision making and the review of treatment services, as well as identifying areas for improvement.

1. **Full Service Partnerships (FSP):** 5 FSP receive an array of services to support the recovery from serious emotional disturbance (SED). Services include crisis & post crisis support, linkage to individual/family counseling and other services to

support the health, well-being and stability of the client/family and minimize risk for incarceration, hospitalization, and other forms of institutionalization. These services are provided by a network of Mental Health Plan Providers and are reviewed by the Mendocino County Mental Health administrative team. These services are provided by Mental Health Plan Providers dedicated to working with Severe and Persistent Mental Illness (SPMI) population with priority for the underserved Native American and Latino communities; helping to bridge some of the gaps identified within these communities. Outreach and Engagement will be utilized where needed, again with a priority for bilingual and bicultural awareness and competency.

2. **Parent Partner Program:** Mendocino's Parent Partner Program provides services through Family Resource Centers in rural communities since FY 2010/2011. Bicultural/bilingual parent partners link with our Family Resource Centers, Tribal Communities, and other resources to provide services to families in remote areas.
3. **Broad Screening and Assessment of Very Young Children (ages 0-5):** In partnership with Mental Health Plan Providers Mendocino County continues to implement a screening and assessment program for all 0-5 year olds. Children referred for mental health services that do not have insurance or private resources may be eligible for MHSA funding for treatment.

### **Transition Age Youth Program**

For the MHSA Annual Update Plan for FY 2015-16, the Transition Age Youth (TAY) 16-25 up to the 26<sup>th</sup> birthday. Program provides services to build resiliency and promote independence and recovery in the transition age youth population. Services include Full Service Partnerships, the TAY Wellness program (which includes supported housing and wraparound components), therapeutic and clinical services for the County's bicultural,

bilingual, and remotely located community through Mental Health Plan Providers. This segment of the CSS program will include the implementations of an outcome measure (for example ANSA or CANS depending on age and/or other outcome measure tools) for all Mental Health Plan Providers to allow for evidenced based decision making and review of treatment services, as well as identifying areas for improvement.

- 1. Full Service Partnerships (FSP):** Through Mental Health Plan Providers and review by the Mendocino County Behavioral Health department administrative team. During FY 2013-14, 30 FSP consumers were identified and offered an array of services to support the recovery from serious emotional disturbance (SED) and severe and persistent mental illness (SPMI). Services include crisis and post crisis support, linkage to individual/family counseling and other services to support the health, well-being and stability of the client/family and minimize risk for incarceration, hospitalization, and other forms of institutionalization. TAY FSP consumers are eligible for the TAY Wellness Program. These services are provided by Mental Health Plan Providers dedicated to working with SPMI Population with priority for the underserved Native American and Latino Communities; helping to bridge some of the gaps identified within these communities. Outreach and Engagement will be utilized where needed, again with a priority for bilingual and bicultural awareness and competency
- 2. TAY Wellness Program:** Transition Age Youth (16-25), FSP are eligible for a supported housing and wraparound program designed to develop healthy relationships, improve access to education and vocational development, support life skills and finance management, secure and maintain clean productive housing environments, access mental and physical health care, and learn healthy strategies for coping with stress and setbacks. The program is designed to promote independence, improve resiliency and recovery, and to develop healthy relationships and healthy and strong social networks. In FY 15/16 this will also include a Transitional & Respite housing resources.

3. **Youth Resource Centers:** Transition Age Youth are eligible to utilize the Youth Resource Centers, currently in Ukiah and Laytonville and during the FY 15/16 it is the intention to open a new center in Fort Bragg. The Resource Center provides groups, classes, and workshops designed to promote life skills, independent living, vocational skills, educational skills, managing health care needs, self esteem building, family and parenting skills, addressing substance use issues, developing healthy social skills and other topics as need arises from the youth. The Center also provides a safe environment to promote healthy appropriate social relationships, peer support, and advocacy. The Youth Resource Center is available to all youth falling in the TAY range, and so serves as an Outreach and Engagement support as well as providing Prevention and Education services.
4. **Therapeutic and Clinical Services:** Therapeutic services to FSP's and other designated consumers are provided by Mental Health Plan providers often through Family Resource Centers. Priority is given to underserved cultural and linguistic populations, and consumers in remote areas of the community. Services should emphasize consumer strengths and natural supports.

#### **Adult Services Program**

The MHSA Annual Update Plan for FY 2015-16 Adult Services Program focuses on providing services for adults 26-59, to ensure consumers receive an array of services to support their recovery from severe and persistent mental illness (SPMI), build resiliency, and promote independence. Services include Full Service Partnerships, Wellness and Recovery Centers, Integration with Primary Care, therapeutic and clinical services for the county's bicultural, bilingual, remotely located, and other underserved populations. This segment of the CSS program will include the implementation of outcome measures (for example ANSA, and/or other outcome measure tools) for all Mental Health Plan Providers to allow for evidenced based decision making and review of treatment services, as well as identifying areas for improvement.



- 1. Full Service Partnerships (FSP):** 40 FSP are identified by Mental Health Plan Providers and Mendocino County BHRS Administrative team. Services include crisis support, transportation to medical appointments, linkage to counseling and other supportive services, access to temporary housing/food, support for life skills development, support for education, support for managing finances, and other appropriate integrated services according to individual client needs and minimize risk for incarceration, hospitalization, and other forms of institutionalization. This program will have fluid and transitional services working most intensively with those most at risk, and when participants become lower risk, they will be transitioned to other outpatient services. These services are provided by Mental Health Plan Providers dedicated to working with SPMI Population with priority for the underserved Native American and Latino Communities; helping to bridge some of the gaps identified within these communities. Outreach and Engagement will be utilized where needed, again with a priority for bilingual and bicultural awareness and competency.
- 2. Integration with Primary Care Centers:** In addition to the Wellness & Recovery Centers, Mendocino County will continue to focus on integrating and coordinating care with Primary Care services, providing linkage to primary care, providing patient navigation programs outreach services, substance abuse services, and peer support and recovery programs from program consumers. Included in the provision of primary care services, Mendocino County will develop an integrated treatment plan that is critical to ensure that the overall needs of the client are known and addressed by all providers. This is an integral component of the patient centered health home model of care. Mendocino County will look at the most effective and efficient resources to develop and maintain the integrated treatment plan and bidirectional referrals. Additionally, we will utilize a consultant to build the appropriate interface and information exchanges between the BHRS record systems and the clinic electronic health record system.

### **Older Adult Services Program**

The MHSa Annual Update Plan for FY 2015-16 will focus on the Older Adult Services Program, 60 and older, continuing to provide services for the improvement of the aging population's quality of life, resiliency, and independence. These services are provided by a network of Mental Health Plan Providers. Bicultural and bilingual outreach and engagement will be among the highest priorities of services to be provided to older adult consumers. This segment of the CSS program will include the implementation of an outcome measure (for example ANSA, and/or other outcome measure tools), for all Mental Health Plan Providers, to allow for evidence based decision making and review of treatment services. In addition, the outcome measure will allow for identification of areas for improvement.

- 1. Full Service Partnerships (FSP):** 14 FSP are identified as Older Adult Partnerships. They receive an array of services to support their recovery from severe and persistent mental illness (SPMI). Services include crisis support, transportation to medical appointments, and linkage to counseling, access to temporary housing, food, and support for life skills development, managing finances, and other appropriate services according to individual client needs and minimize risk for incarceration, hospitalization, and other forms of institutionalization. These services are provided by Mental Health Plan Providers dedicated to working with SPMI Population with priority for the underserved Native American and Latino Communities; helping to bridge some of the gaps identified within these communities. Outreach and Engagement will be utilized where needed, again with a priority for bilingual and bicultural awareness and competency.

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

- 1. Outreach and Engagement Program:** Mendocino County Mental Health Plan Providers will attempt to reach out to, identify, and engage un-served &

underserved populations of all ages, in the community that may be suffering from severe emotional disturbance or severe and persistent mental illness, but may be unable or unwilling to seek out services and support. The outreach and engagement program of CSS will seek to develop rapport and engagement from these consumers that without special outreach would likely continue to be un-served or underserved, or without intervention would likely end up placed in a higher level of care such as jail, hospitalization, or long term placement. This program will develop rapport and engagement in order to determine appropriate services for client and refer and support consumer in engaging with appropriate services that support recovery, independence, resiliency, and reduce risk factors for higher institutionalization, homelessness, and serious harm to the consumer. These services may include psychiatric services to those with no other funding until Full Service Partnership can be established. Priority will be given to those clients that are underserved due to language or cultural barriers. Mental Health Plan Providers will track the clients served, and will use outcome measures & reporting by Full Service Partnership Age categories (Child, TAY, Adult, Older Adult) to allow for evidenced based decision making and review of treatment services, as well as identifying areas for improvement.

2. **11 O'clock Court Calendar:** 6/10 individuals (TAY, Adult, and Older Adult) that are incarcerated, on supervised release, on parole or probation, or at risk of incarceration are eligible for the Thursday 11 O'clock Court Calendar. The individuals are identified as Full Service Partners (FSP). High priority is given to the homeless or those at risk of becoming homeless. The object of this program is to keep eligible individuals with mental illness from moving further into the criminal justice system by using a Full Service Partnership model of integrated care management. This program will have fluid services working for those most at risk for incarceration, and when participants become lower risk, they will be transitioned to other outpatient services. Thursday 11 O'clock Court hopes to reduce arrests, the

number of days in jail, and the number of days in psychiatric hospitals for the individuals who participate. This program was new in the last annual update, and has proven to have a very high need. During the next 3-Year cycle we intend to expand this program and improve our ability to measure, track, and incorporate changes and improvements experienced by these individuals. Mental Health Plan Providers will use outcome measures & reporting by Full Service Partnership Age categories (Child, TAY, Adult, Older Adult) to allow for evidenced based decision making and review of treatment services, as well as identifying areas for improvement.

3. **MHSA Housing Program:** The MHSA Housing Program is in its development stage. The County is currently seeking a qualified firm to acquire/develop and operate permanent, supportive housing for implementation within the remainder of this 3 year cycle. The MHSA Housing Program will serve adults & older adults with severe and persistent mental illness who are homeless or are at risk of becoming homeless, or are coming back home to Mendocino County from higher levels of care (hospitals and out-of-County Board and Care). A secondary component of the housing support program is for provision of Medi-Cal funded supportive services for the tenants. Support services will be provided by a Mental Health Plan Providers. Mental Health Plan Providers will use outcome measures and reporting by Full Service Partnership Age categories (Child, TAY, Adult, Older Adult) to allow for evidenced based decision making and review of treatment services, as well as identifying areas for improvement
4. **Dual Diagnosis Program:** During this 3 Year plan Mendocino County will develop a program to provide Substance Use Disorder Treatment (SUDT) for those with severe emotional disturbance and severe and persistent mental illness. The program will be designed to assist the client in substance use education and prevention and to overcome abuse and dependence issues that may be impediments to social and vocational rehabilitation. Priority will be given to Full Service Partners and

consumers from underserved populations. Individual and group treatment will be offered to consumers and sessions may be focused on assessment, treatment planning, crisis prevention & intervention, collateral sessions with family and support people, and ultimately, discharge planning. The Dual Diagnosis Program will endeavor to help consumers create and maintain a healthy, balanced lifestyle, free of alcohol and other drug abuse in relation to the consumers mental health needs. Dual Diagnosis Program Providers will use outcome measures to allow for evidenced based decision making and review of treatment services, as well as identifying areas for improvement and will report service delivery and outcomes by Full Service Partnership Age categories (Child, TAY, Adult, and Older Adult).

5. **Therapeutic Services to Tribal and Latino Communities:** Bilingual and bicultural services to our remote, Tribal and Latino communities are provided through Mental Health Plan Providers. A clinical team provides services to tribal members and families throughout the county. This team also provides services to individuals and groups incarcerated at out county jail.
  
6. **Adult Wellness and Recovery Centers:** These are centers currently located in Ukiah, Willits, Fort Bragg, and during the FY 13-14 Resource Centers have been made available in Laytonville and Gualala, thus covering most of the County. The centers provide services for Full Service Partners and other Adults and Older Adults with serious and persistent mental illness (SPMI). The centers also provide Outreach and Engagement and some Prevention and Early intervention services for those not already identified and engaged in services for the SPMI population. Services include linkage to counseling and other support services, life skills training, nutritional and exercise education and support, finance management support, patient navigation, dual diagnosis support, vocational education, educational support, health management support, self-esteem building and developing healthy social relationships. The Wellness Centers provide a safe environment that promotes peer support, self-advocacy, and personalized recovery.

7. **AB 1421 Assisted Outpatient Treatment:** Implementation for Laura's Law is planned in Mendocino County during FY 15/16. Four (4) Full Service Partnerships will be designated as Assisted Outpatient Treatment (AOT). Candidates for this program will be for those over 18, with Severe and Persistent Mental Illness (SMPI), and that meet other criteria. Services include wrap around services, crisis support, transportation to medical appointments, linkage to counseling and other supportive services, access to immediate, transitional, permanent housing or a combination of these, food, support for life skills development, support for education, support for managing finances, and other appropriate integrated services according to individual client needs and minimize risk for incarceration, hospitalization, and other forms of institutionalization. This program will have fluid and transitional services working most intensively with those most at risk, and when participants become lower risk, they will be transitioned to other outpatient services.
8. **Mental Health Wellness Grant** During FY 2015-16, Mendocino County BHRS has proposed a Crisis Residential Treatment (CRT) facility to be funded primarily through the Wellness grant. If these funds are awarded to Mendocino County, they would support the establishment of a CRT facility that would be supported in part by MHSA/CSS and Medi-Cal reimbursement. The CRT facility will be a therapeutic milieu for consumers in crisis who have a major mental health diagnosis and may also have co-occurring substance abuse and/ or physical health challenges. Each consumer in the program will participate in an initial assessment period to evaluate ongoing need for crisis residential services, with emphasis on: Reducing inpatient hospitalization, reducing emergency psychiatric services, reducing emergency room visits, reducing the amount of time in the emergency room, reducing recidivism for Crisis Residential Services.
9. **Adult Supported Recovery Housing and Services:** (Proposed for implementation in FY 2015/16.) Adults and Older Adult FSPs will be eligible for the supported housing and recovery services program designed as a peer driven service, fostering healthy,

independent living, while recognizing consumer preferences, promoting community integration and increasing the length of overall health and recovery, while decreasing the risk of relapse and homelessness.

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

Mendocino County MHSA services seek to serve un-served and underserved consumers of all ages who have a serious emotional disturbance, a serious and persistent mental illness, or have acute symptoms that may necessitate use of higher levels of care. Specialized services target the age groups of Children (0-14) and their families, Transition Age Youth (16-25), Adults (ages 26-59), and Older Adults (60 and older). Some programs serve clients spanning two or more of these age groups and are identified as Programs that cross the lifespan, but they will report services and outcome measures by the above groups (Child, TAY, Adult, and Older Adult). Services will be provided to all ethnicities, with an emphasis on reaching out to Latino and Native Americans as identified as underserved populations in Mendocino County. Mental Health Plan Providers will utilize bilingual and biculturally trained individuals to outreach to the Latino and Native American communities. Written documentation for all services are made available in English and Spanish, our two threshold languages. Translation services are available in Spanish for our monolingual consumers and their families, when bilingual providers are not available. Services encompassing the lifespan will be integrated with all types of service provision and include care coordination to address medical health home and whole health needs.

The Integrated Care Coordination Model Mental Health Services includes potential resource of last resort funding for a number of positions in the spectrum of MHSA services.

## **Mendocino County Mental Health Service Act Workforce Education and Training Plan**

The Workforce Education and Training (WET) component plan will be approved with this MHSA Annual Update Plan for Fiscal Year 2015-16. Mendocino County's Workforce Education and Training component of the 3 Year Program and Expenditure Plan address the shortage of qualified individuals who provide services in this County's Public Mental Health System. This includes community based organizations and individuals in solo or small group practices who provide publicly funded mental health services to the degree they comprise this County's Public Mental Health System workforce.

This Workforce and Education Training component is consistent with, and supportive of, the vision, values, mission, goals and objectives of the County's current MHSA Community Services and Supports component, incorporating and including stakeholder development. Actions to be funded in this WET component supplement state administered workforce programs. Core values of the WET component are to develop a licensed and non-licensed professional workforce that includes diverse racial, ethnic, and cultural community members underrepresented in the public mental health system, and mental health consumers and family/caregivers with the skill to:

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



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

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

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

**Workforce Education and Training (WET) Coordination and Support**

**Description:** Funds from this action will coordinate the planning and development of the WET component, including implementation of Actions in the WET Plan, reporting requirements, and evaluation of impact of workforce Actions on identified needs.

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

1. Provide ongoing development and operation of workforce programs.
2. Promote the integration of wellness, recovery, and resiliency concepts throughout the mental health delivery systems at all levels of service.
3. Develop cultural competence of staff throughout the mental health system.
4. Increase capacity and capability for the provision of clinical supervision (mentoring, coaching, etc).
5. Improve coordination of training efforts through the mental health system.
6. Coordinate continuing education and ongoing training opportunities for workforce to ensure professional skills, in particular with Mendocino County

Schools and educational programs.

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

**Workforce Development and Collaborative Partnership Training**

**Description:** Mendocino County will continue to provide consultant and training resources to improve the capacity of Mendocino County public mental health staff, consumer and family member partners, and partner agencies to better deliver services consistent with the fundamental principles of the Mental Health Services Act. These include expanding our capacity to provide services that support wellness, recovery, and resilience; that are culturally and linguistically competent, that are client and family

driven, that provide and integrated service experience for consumers and their family members, and that are delivered in a collaborative process with out partners. This action was prompted by our identified need to “grow our own” qualified and diverse staff with the capacity to respond to the community’s service needs.

The Workforce, Education and Training work group meets on a regular basis to insure that consumers, family members and all other stakeholders have an opportunity to participate in developing a WET plan that supports the goal of developing a “grow our own” level of education, recruitment and retention of qualified individuals to provide Behavioral Health services.

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

**1. Consumer/Family Member Driven Services**

- a. Development of peer support programs.
- b. Accessing training resources through e-learning websites.
- c. Expand financial incentive programs for the public mental health system workforce to include underrepresented, underserved, and inappropriately served populations and meet the needs of those populations.

**2. Cultural Competency and sensitivity**

- a. Expand awareness and outreach efforts to effectively recruit culturally and linguistically diverse individuals.
- b. Enhance curricula to improve cross cultural communication, including self awareness.
- c. Issues related to all special populations (e.g. LGBTQ, rural poor, older

adults, TAY, ethnic minorities).

d. Spirituality Initiative.

### **3. Community Partnerships and Collaborations**

a. First Responder training (e.g. Crisis Intervention Team).

b. Forensic services and collaboration with criminal justice.

c. Suicide prevention/risk identification.

d. Tarasoff, confidentiality, and mandated reporting.

e. Recognition of early onset mental health behavior in educational settings.

f. Develop career pathways, ladders, and lattices for individuals entering and advancing across professions in the public mental health system.

g. Develop and sustain new and existing collaborations and partnerships to strengthen recruitment, training, education and retention of the public mental health system workforce.

### **4. Wellness, Resiliency and Recovery**

a. Tools for effective care management (person in environment, Strengths based care planning).

b. Pre-Crisis recognition and intervention training.

c. Harm reduction.

### **5. Evidence Based Practices**

a. Interviewing techniques (e.g. motivational interviewing).

b. Co-occurring disorders.

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

d. Quality assurance support and technical assistance.

e. Increase retention of trained, skilled, and culturally responsive workforce.

**Scholarships and Loan Assumption in support of Education Related to Public Mental Health Services**

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

**Objectives:**

- Expand the public mental health system in a manner that supports the number of diverse, qualified individuals to remedy the shortage of providers.
- Enhance evaluation of mental health workforce, education and training efforts to identify best practices and systems change.
- Expand the involvement of consumers and family members, the promotion of staff from within the system, in a manner that supports cultural competency.

- Develop career pathways, ladders, and lattices for individuals entering and advancing across professions in the public mental health system.
- Develop and sustain new and existing collaborations and partnerships to strengthen recruitment, training, education and retention of the public mental health system workforce.
- Establish procedures for scholarship application, selection, payment, follow up, and tracking the fulfillment of student obligations.
- Provide outreach and publicity about scholarship availability including Committee and meetings to review.
- Provide assistance several students annually.

#### **Work Group and Subcommittees**

WET Coordinator will convene a regular work group meeting with community stakeholders and parties interested in mental health workforce development.

Coordinator will assist with the work group in identifying training priorities. The work group will establish subcommittee(s) to carry out each of the actions of the WET component plan explained below:

- Training for Co-Occurring Disorders: Subcommittee to initiate the planning of trainings related to the identified priority of training for the treatment of co-occurring disorders.
- Scholarship and Loan Assumption: Tasks of this subcommittee are to develop application and interview scoring, develop marketing and outreach plan to priority population of consumers/family members, persons of Latino/Native American descent, employees of public mental health systems including community partners; recruit screening panel and finalize approval process.

- **Electronic Resources:** Tasks of this subcommittee were to evaluate existing effectiveness of the County's MHSA webpage; establish objectives for providing web based WET information to consumers, community partners, and county staff and determine role of electronic learning for informational hub of the community.
  
- **Patient Navigator Program:** Continuation of the WET Plan supported training of a Patient Navigator Program which is focused on training for care coordination and co-occurring disorders.

## **Mendocino County Mental Health Services Act Prevention and Early Intervention Plan**

Mendocino County's PEI MHSA Annual Update Plan for Fiscal year 2015/16 was posted for a 30 day public review and comment period from April 24, 2015 to May 26, 2015 and was included with the Community Services and Supports (CSS), Workforce Education and Training (WET), Innovation (INN), and Capital Facilities and Technological Needs (CFTN) plans.

The goal of the PEI project for Mendocino County is to provide crucial preventative, educational and early intervention services for consumers across the lifespan with the intent of reducing the severity of impact of mental health issues by addressing early signs and symptoms, increasing awareness and increasing early support.

### **California Mental Health Services Authority (CalMHSA)**

Mendocino County recommends funding for the statewide prevention and early intervention projects. These projects promote mental health, reduce the risk of mental disorders, and diminish the severity and negative consequences associated with the onset of mental, emotional, and behavioral disorders in accordance with the statewide PEI Implementation Work plan, Phase 2.

### **North Bay Suicide Prevention Project**

Mendocino County is participating in the CalMHSA North Bay Suicide Prevention Project (NBSP), managed by Family Service Agency of Marin. The goal of the project is to actively engage the community to promote mental health, prevent suicide, and reduce stigma across the lifespan. A committee made up of County Mental Health staff, Mental Health Plan providers and other local stake holders meet monthly to determine the community's unique needs and develop action plans tailored to fit the needs of the community, with an emphasis on reaching out to the bilingual, culturally diverse and remote populations.



In the last fiscal year, Mendocino County has, in coordination with NBSP, provided an ASIST training that reached 13 different community agencies, including: TAY, Schools, Family Resource Centers, Native American, Latino, and Faith based services; and 5 different county cities were in attendance. Mendocino County, in coordination with Bay Area Suicide & Crisis Intervention Alliance (BASCIA) & NBSP, co-sponsored a Network Meeting around Suicide Prevention. 121 people attended, the second highest attendance, thus far, in BASCIA's meetings. The Network meeting provided training in QPR and motivational interviewing, as well as, allowing for networking and resource gathering. Specialty sessions were offered to address Suicide Survivor groups, Native Americans in Suicide Prevention, K-12 Prevention Education and Wellness Recovery Action Planning.

Mendocino County developed a "wearable business card" rubber bracelet through a community planning and stakeholder participation process, in coordination with CalMHSA Know the Signs Campaign (KTS) and North Bay Suicide Prevention Project (NBSP). The North Bay Suicide Prevention Committee discussed the bracelet idea and proposed the idea to teens in the community. The slogan, "Speak Against Silence" was developed by them and refined until it was verified that it was not trademarked. The color of the bracelets was also voted on by selected youth, and chosen to tie in with the NBSP and KTS marketing material colors. Many in the community have embraced these as a de-stigmatizing method to inform, educate, and raise awareness of suicide prevention, and many community and stakeholder youth have volunteered to more widely distribute the bracelets to community vendors and other youth hang outs.

In the next 3 Year cycle, Mendocino County will be taking over the facilitation of the project and its committee meetings from Family Service Agency of Marin. We intend to continue to provide Suicide Prevention trainings to the community and Mental Health Plan Providers, with an emphasis on bilingual and culturally underserved populations.

During FY 2014/15 the Mendocino County MHSA Coordinator has obtained the training

to continue to offer ASIST and safeTALK, evidenced based suicide intervention and prevention techniques to the community and workforce, and is committed to provide a minimum of three of each of these trainings per year during the three year cycle. In these training efforts we have made special efforts to invite and include linguistically and culturally diverse providers.

### **Children and Family Services Program and Transition Age Youth Program**

The goal of the PEI project for Children (0-15) & Transition Age Youth (0-25) in Mendocino County is to screen for symptoms of early onset of psychosis. The team developed a screening tool to be used as a guide for counselors and other health care providers to recognize prodromal symptoms and make early referrals to psychiatric care. The project funded psycho-educational groups in schools and trained group facilitators to recognize symptoms and make referrals. The program refers to and funds a psychiatrist working with a local health clinic to provide assessment and psychiatric care for youth who are uninsured or underinsured and determined to qualify by the screening tool.

### **Support Services**

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

### **Education, De-stigmatization and Peer Support**

The Education, De-stigmatization, and Peer Support program is a contracted service that

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

### **Prevention Collaboration**

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

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

### **Prevention Collaboration - Point Arena**

The Prevention Collaboration is a project of the Mendocino County Behavioral Health and Recovery Services in cooperation with a Mental Health Plan provider and the Point Arena School District (PASD) to provide prevention and early intervention services to students at PASD. Youth workers screen students and utilize the Brief Screening Survey developed by Mendocino County Behavioral Health and Recovery Services. Youth

workers provide services to students' one on one and /or in groups, on campus under the supervision of a Clinical Supervisor through PASD and the Program Director of the Mental Health Plan provider.

**Prevention Collaboration- Anderson Valley**

The Prevention Collaboration is a project of the Mendocino County Behavioral Health and Recovery Services and Anderson Valley Unified School District (AVUSD) to provide school based screening and prevention services, paraprofessional services on campus, mental health clinician services, and community based family support services.

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

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

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

**Community Based Family Support Services:** Assistance is provided by two Family Resource Centers (in Covelo and South Coast) with intent to expand to additional Family Resource Centers during this three year cycle. Services provided assist parents with applications for food stamps, Medi-Cal, Healthy Families, or other benefit programs and to provide information on community resources

**Education, De-stigmatization and Peer Support**

The Education, De-stigmatization and Peer Support Program provides prevention and

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

### **Support Services**

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

### **Katie A.**

The Katie A. Class Action Lawsuit, after over 11 years of negotiations, has been implemented in Mendocino County. It mandates Mental Health and Child Welfare Services (CWA) to work in collaboration to provide Mental Health services when a child qualifies for services based on the Katie A. subclass criteria. Mendocino County has redesigned the service delivery through collaboration with the Social Services Department, the Safety Organized Practices (SOP) Program. This redesign of the existing service expands and introduces a proactive component in the investigation, assessments, and care plan development of the Foster Care placement program. This is a key component that has been introduced by the Core Practice Model as required by Katie A. legislation.

With the introduction of the Katie A. requirements, it allows for the use of established best practices in mitigating a potential traumatic event that can occur through the

process of Foster Care placement by implementing the program during the investigative phase of the placement. The ability to provide these integrated services at the investigation phase puts the Mendocino County in a better position to offer help to the family rather than risking the family feeling intimidated as a result of more traditional approaches.

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

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

1. Expands use of Child and Family Teams (CFT).
2. Provides Integrated Care Coordination (ICC).
3. Offers Treatment Foster Care (TFC).
4. Offers Integrated Home Based Services (IHBS).
5. It is Outcome Focused with Accountability.

With a more positive engagement and the potential for real change, we have a better chance to avoid court and other aggressive tactics available in the foster care system. These improved tactics have a better chance to establish genuine engagement with families to improve the probability for real change and mitigate potential needs for Mental Health Services in the future.

**Child and Adolescent Substance Abuse Treatment Outreach** Mendocino County will facilitate outreach, prevention, intervention and counseling programs that enhance the internal strengths and resiliency of children and adolescents while addressing patterns of substance abuse. These programs will include prevention and education groups, individual and group counseling, and a variety of clean and sober health activities,

including community service projects.

### **Adult & Older Adult Services Program**

The goal of the Adult & Older Adult PEI Program is to work to decrease client risk factors and isolation, decreasing psychiatric hospitalizations, and to identify and appropriately respond to client indicators of suicide risk.

### **Education, De-stigmatization and Community Support**

The Education, De-stigmatization and Community support programs provide community education and support models for responding to urgent community mental health needs, crisis intervention, and other awareness about severe and persistent mental illness. Examples of Education, De-stigmatization, and Community support could include Mental Health First Aid Training, Crisis Intervention Training (CIT) to law enforcement and community members, Educational activities at Family Resource Centers or other community hubs. Emphasis is on improving communication, education, and collaboration with law enforcement, family, and natural supports to recognize risk factors and efficiently refer consumers at risk to prevention services.

### **Senior Peer Counseling**

Senior Peer Counseling program is a project to decrease client risk factors for depression, decrease isolation, decrease psychiatric hospitalizations, and identify and appropriately respond to client indicators of suicide risk through training and clinical supervision. Mendocino County Health Plan Providers provide these services inland and on the coast. Supervision and training is provided by licensed clinicians experienced in the Senior Peer Counseling model to at least 20 Senior Peer Counselors to recognize signs of self-neglect, elder abuse, substance abuse, medication misuse/non use, suicide risk, depression, anxiety, and other mental illness. Through the Peer support model the volunteer counselors can help the at risk seniors to over come barriers, reduce risk factors, and become more involved in self care and wellness. Currently there are Senior

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Peer Counselors serving Ukiah, Willits, and Fort Bragg area. During the Fiscal Year 14/15 Mendocino County Mental Health Plan Providers began planning for expansion of Sr. Peer Counseling to the South Coast through Coastal Seniors and will be implementing services in FY 15-16 through the Coastal Senior Center. Mendocino County plans to expand Senior Peer Counseling far North County in this 3 Year cycle. Supervision of Peer Counselors is provided by licensed clinicians experienced with the Senior Peer Counseling model who provide training and support.



## **Mendocino County Mental Health Services Act Innovation Plan**

In the FY 13/14 Mendocino County has initiated the Community Planning Process around suggesting, selecting, and implementing an Innovative Project. Mendocino County held seven Community Planning Meetings over the course of six months to discuss, brainstorm, and generate ideas for an Innovative Project. The meetings were held in different locations throughout the County (Ukiah, Willits, Fort Bragg, Point Arena, Booneville, Covelo, and Hopland), in consumer friendly environments in order to get the most community feedback. The ideas generated were ranked according to popularity, and then the top ten most popular ideas were sent out in an anonymous community wide survey. The top idea(s) selected by the survey will be further refined and plan presented for development by the MHSA team and interested stakeholders.

During the next 3 Year cycle Mendocino County will develop and implement the Innovative Plan. Mendocino County will use a Community Program Planning process to develop and implement the Innovative plan selected. Mendocino County will work in coordination and dialogue with the Oversight and Accountability Commission to develop a plan to its specifications.

### **Targeted Crisis Response Systems:**

During FY 13-14 Innovation stakeholders workgroup refined the Innovations Project to two proposals for Targeted Crisis Response Systems, to isolated rural populations heavily populated by underserved groups. Targeted Populations identified are in Covelo and Point Arena.

Mendocino County Behavioral Health and Recovery staff and Innovation Stakeholders are committed to identifying the most effective means of increasing access to Crisis Support Services for those who reside in the most rural communities of the county, in particular our underserved Latino and Native American Communities, using the Mental Health Services Act (MHSA) primary purposes of:

- increasing access to services
- increasing access to underserved groups
- promoting interagency collaboration, and
- improving the quality of services, including improved outcomes

Our goal is to learn how to increase access to Crisis Response Systems in these targeted rural communities and build on their community cultural strengths to create Crisis Response Systems in partnership with MCBHRS that meet the needs of each remote isolated community. Then we will evaluate the project's effectiveness; determine how to sustain the project and determine what recommendations could be made to other communities or counties wishing to initiate a similar project.

Our focus will be on:

1. Learning how to "grow our own" services to increase access to remote Latino and Native American communities, possibly, using the Peer Provider model.
2. Learning the best methods for reducing the trauma experienced by persons suffering from emotional crisis, when the situation requires contact with Law Enforcement, long drives to reach a hospital emergency room and the protracted assessment and placement process.
3. Determining the best methods to increase the number of trained Crisis Contacts in each community, thus reducing the reliance on Law Enforcement.
4. Learn whether the use of trained Peer Providers, to provide continued support to those needing further resources, will meet the needs of the community as a resource. If so, learn the needs of each community to recruit, support, train and employ the Peer Providers

Experience has taught us that, attempting to have staff or other resources commute from the more populated areas of the county, into these outlying areas has not been successful.

Historically, Crisis Services have been located in Ukiah, Willits and Ft. Bragg (the current locations of Emergency Departments and local Law Enforcement) making Crisis Services more easily accessed in the more populated areas. The small rural communities have fewer occurrences of Mental Health Crisis, thus, expansion to each of the rural areas has been prohibitive. This lack of access is the foundation of our Innovative Plan.

We intend to learn, through cooperation and collaboration with each of these underserved communities, how to best use the available resources of each community to improve trust and knowledge of and access to, and in collaboration with Crisis Response and referral support to other Behavioral Health Services.

If successful, this project will not only fill the substantial gaps in Crisis Response provision for very rural communities, but it will offer the County an opportunity to learn the strengths and strategies as well as, whether utilizing Peer Providers will improve services and outcomes for consumers and to build new, geographically and culturally sensitive resources from the Peer population.

## **Mendocino County Mental Health Services Act Capital Facilities and Technological Needs Plan**

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

This component proposal will provide an overview in the current technological needs of the mental health program that will be required to meet Meaningful Use Standards as set by the Goals of California HIT Executive Order.

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

During FY 14/15 a timeline for implantation was established and implementation of the Electronic Health Records (EHR) is in process.

### **Budget Narrative**

Mendocino County's Capital Facilities and Technological Needs (CFTN) MHS Act Annual Update Plan was posted for a 30 day public review and comment period from April 24, 2015 – May 26, 2015 and was included with the Community Services and Supports (CSS) Plan, Workforce Education and Training (WET) Plan, Prevention and Early Intervention (PEI) Plan and Innovation Plan.

The goal of the Capital Facilities and Technological Needs (CFTN) plan is to assess the

needs and issues facing the Mendocino County Behavioral Health and Recovery Services Program (BHRS). Allowing for all contingencies, for operating under the foreseeable future, this plan will relate to service provision and accommodating the potential awarded State Mental Health Plan Provider contracts or potential Mendocino County Mental Health Plan build up due to unsuccessful negotiations with the Request for Proposal (RFP) Awarded Parties.

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

However, the need may arise to change the system and transition to another certified Electronic Health Record (EHR) System. This evaluation will occur at the management level in determining the most proper fit in informational system transportation that will meet all proper Meaningful Use Standards set by the ONC-ATCB in certification of the new system.

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

Although the AVATAR billing system currently meets all ONC-ATCB Certification standards, BHRS has expanded the system requirements of these programs through the AVATAR billing system is poised to make great strides in all Meaningful Use Standards.

In the last Fiscal year we have progressed to meeting all Meaningful Use Standards will require the BHRS model to implement the current 2010 version of the AVATAR system; this will give the BHRS Agency the tools to satisfy the following American Recovery and Reinvestment Act (ARRA) Requirements:

1. Record Demographics
2. Record Smoking Status

3. Patient Clinical Summaries of Visit
4. Patient Electronic copy of HER-Authorization of disclosures of HER
5. Summary of Care at Transitions of Care
6. Active Medication Allergy List
7. Lab Test Results
8. Medication Reconciliation
9. Patient Specific Education
10. Problem List
11. Record Vital Signs
12. Patient Lists
13. Clinical Patient Summary
14. CMS Quality Measures
15. Patient Reminder List
16. Record Vital Signs

The following ARRA Requirements are available, but on hold pending the RFP process.

17. Exchange Clinical Information
18. E Prescribing

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

The system upgraded to RADplus 2011/myAvatar and Cache' 2010 during the past fiscal

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

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FY 2015/2016 MHA ANNUAL UPDATE FUNDING SUMMARY							
County: Mendocino		Date: 4/21/2015					
		MHA Funding					
		CSS	PEI	INN	WET	CFTN	Local Prudent Reserve
<b>A. Estimated FY 2014/2015 Funding</b>							0
1. Estimated Unspent Funds from Prior Fiscal Years		\$0	\$819,092	\$1,136,180	\$313,063	\$687,097	
2. Estimated Available FY 2015/16 Funding		\$2,871,629	\$717,970	\$188,873			
3. Transfer in FY 2015/16 a/		\$0			\$0	\$0	\$0
4. Access Local Prudent Reserve in FY 2015/16		\$0	\$0				\$0
5. Estimated Available Funding for FY 2015/16		\$2,871,629	\$1,537,062	\$1,325,053	\$313,063	\$687,097	
<b>B. Estimated FY 2015/2016 Expenditures</b>		\$2,641,985	\$706,197	\$546,987	\$247,516	\$687,097	
<b>C. Estimated FY 2015/2016 Contingency Funding</b>		\$229,644	\$830,865	\$778,066	\$65,547	\$-	
<small>*Per Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years.</small>							
<b>D. Estimated Local Prudent Reserve Balance</b>							
1. Estimated Local Prudent Reserve Balance on June 30, 2015				\$1,894,618			
2. Contributions to the Local Prudent Reserve in FY 2015/2016				\$0			
3. Distributions from Local Prudent Reserve in FY 2015/2016				\$0			
4. Estimated Local Prudent Reserve Balance on June 30, 2016				\$1,894,618			



FY 2015/16 Mental Health Services Act Annual Update						
Funding Summary						
County: Mendocino					Date:	5/6/15
	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
<b>A. Estimated FY 2015/16 Funding</b>						
1. Estimated Unspent Funds from Prior Fiscal Years	0	819,092	1,136,180	313,063	687,097	
2. Estimated New FY 2015/16 Funding	2,871,629	717,970	188,873			
3. Transfer in FY 2015/16 <sup>a/</sup>	0					
4. Access Local Prudent Reserve in FY 2015/16						0
5. Estimated Available Funding for FY 2015/16	2,871,629	1,537,062	1,325,053	313,063	687,097	
<b>B. Estimated FY 2015/16 MHSA Expenditures</b>	2,641,985	678,517	546,987	248,444	687,097	
<b>G. Estimated FY 2015/16 Unspent Fund Balance</b>	229,644	858,545	778,066	64,619	0	
<b>H. Estimated Local Prudent Reserve Balance</b>						
1. Estimated Local Prudent Reserve Balance on June 30, 2015		1,894,618				
2. Contributions to the Local Prudent Reserve in FY 2015/16		0				
3. Distributions from the Local Prudent Reserve in FY 2015/16		0				
4. Estimated Local Prudent Reserve Balance on June 30, 2016		1,894,618				
<small>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.</small>						

FY 2015/16 Mental Health Services Act Annual Update							
Community Services and Supports (CSS) Funding							
County:	Mendocino					Date: 5/6/15	
		Fiscal Year 2015/16					
		A	B	C	D	E	F
		Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>FSP Programs</b>							
1.	Child & Family Programs	56,108	32,500	23,608			
2.	Transition Age Youth	557,617	379,500	178,117			
3.	Adult Programs	289,586	72,000	217,586			
4.	Older Adult Programs	89,919	30,000	59,919			
5.	Programs that cross the life span	1,030,000	1,030,000				
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					
<b>Non-FSP Programs</b>							
1.	Child & Family Programs	3,906,230	19,250	3,886,980			
2.	Transition Age Youth	2,519,740	155,000	2,364,740			
3.	Adult Programs	63,227		63,227			
4.	Programs that cross the life span	702,848	702,848				
5.							
6.		0					
7.		0					
8.		0					
9.		0					
10.		0					
11.		0					
12.		0					
13.		0					
14.		0					
15.		0					
16.		0					
17.		0					
18.		0					
19.		0					
<b>CSS Administration</b>		220,887	220,887				
<b>CSS MHSA Housing Program Assigned Funds</b>		0					
<b>Total CSS Program Estimated Expenditures</b>		9,436,162	2,641,985	6,794,177	0	0	0
<b>FSP Programs as Percent of Total</b>		76.6%					

FY 2015/16 Mental Health Services Act Annual Update						
Prevention and Early Intervention (PEI) Funding						
County:	Mendocino				Date:	5/6/15
Fiscal Year 2015/16						
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>PEI Programs - Prevention</b>						
1.	Children & Family & TAY Programs	510,805	370,000	140,805		
2.	Adult & Older Adult Programs	0				
3.		0				
4.		0				
5.		0				
6.		0				
7.		0				
8.		0				
9.		0				
10.		0				
<b>PEI Programs - Early Intervention</b>						
11.	Children & Family & TAY Programs	238,163	159,770	78,393		
12.	Adult & Older Adult Programs	102,064	82,000	20,064		
13.		0				
14.		0				
15.		0				
16.		0				
17.		0				
18.		0				
19.		0				
20.		0				
<b>PEI Administration</b>		66,747	66,747			
<b>PEI Assigned Funds</b>		0				
<b>Total PEI Program Estimated Expenditures</b>		917,779	678,517	239,262	0	0

FY 2015/16 Mental Health Services Act Annual Update							
Innovations (INN) Funding							
County:	Mendocino					Date: 5/6/15	
		Fiscal Year 2015/16					
		A	B	C	D	E	F
		Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>INN Programs</b>							
1.	In Planning Process	0					
2.		0					
3.		0					
4.		0					
5.		0					
6.		0					
7.		0					
8.		0					
9.		0					
10.		0					
11.		0					
12.		0					
13.		0					
14.		0					
15.		0					
16.		0					
17.		0					
18.		0					
19.		0					
20.		0					
<b>INN Administration</b>		0					
<b>Total INN Program Estimated Expenditures</b>		0	0	0	0	0	0

FY 2015/16 Mental Health Services Act Annual Update						
Workforce, Education and Training (WET) Funding						
County:	Mendocino				Date:	5/6/15
Fiscal Year 2015/16						
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>WET Programs</b>						
1. Wet Coordination Support	25,610	25,610				
2. Workforce Development	111,417	111,417				
3. Scholarship Assistance	111,417	111,417				
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
<b>WET Administration</b>	0					
<b>Total WET Program Estimated Expenditures</b>	<b>248,444</b>	<b>248,444</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

County: Mendocino County MHSA Annual FY 2015-16

FY 2015/16 Mental Health Services Act Annual Update						
Capital Facilities/Technological Needs (CFTN) Funding						
County:	Mendocino				Date:	5/6/15
Fiscal Year 2015/16						
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>CFTN Programs - Capital Facilities Projects</b>						
1.	Structural Changeover & Special Expense	327,474	327,474			
2.		0				
3.		0				
4.		0				
5.		0				
6.		0				
7.		0				
8.		0				
9.		0				
10.		0				
<b>CFTN Programs - Technological Needs Projects</b>						
11.	Data Processing Services	176,460	176,460			
12.	Education & Training	75,000	75,000			
13.	Information Tec	108,163	108,163			
14.		0				
15.		0				
16.		0				
17.		0				
18.		0				
19.		0				
20.		0				
<b>CFTN Administration</b>						
		0				
<b>Total CFTN Program Estimated Expenditures</b>		687,097	687,097	0	0	0



**Mendocino County Health and Human Services Agency**

*"Healthy People, Healthy Communities"*

**Stacey Cryer, HHS Director**

**Tom Pinizzotto, HHS Assistant Director, Health Services**

**Jenine Miller, Deputy Director**



**Mental Health Advisory Board**

**John Wetzler ♦ Chair**

To: Mendocino County Board of Supervisors  
From: Mendocino County Mental Health Advisory Board  
Date: June 23, 2015.

Re: Recommendations on the Mendocino County MHSA annual update for FY 2015/2016.

On June 23, 2015 with 8 of the 13 voting members present and Supervisor Hamburg, the Mental Health Advisory Board (MHAB) at a Special Session Meeting, took up discussion of the proposed Plan. After reviewing the draft, MHAB voted 7-1 to approve the MHSA annual update. The motion also included the following recommendations:

1. Improved outreach to consumers on development and implementation of the MHSA plan.
2. Compare Mendocino County demographics and data with like size counties and State demographics.
3. The Mental Health Advisory Board request more phone calls and verbal communication with the MHSA team.
4. Revise format to clarify time sequence in paragraph structure, and to maintain subject matter of paragraphs.
5. Add to the criteria of Laura's Law, to include non-adherence to treatment and the suffering from anosognosia.
6. Expand the definition of co-occurring disorders to include developmental disabilities, substance use issues and medical concerns.
7. Establish and include a base line of measureable objectives and describe evidence based practices being used.
8. Increase outreach and engagement with Latino and other minority populations.
9. The MHAB request bi-annual progress reports to be presented to the Mental Health Advisory Board and included in future plans.

The MHAB voted to support the Plan and make recommendations to you with confidence that the Board of Supervisors and HHS/Behavioral Health and Recovery Services will recognize the importance and necessity of our recommendations to enhance the Plan

Respectfully submitted,

A handwritten signature in black ink, appearing to read "John Wetzler".

John Wetzler, Chair  
Mendocino County Mental Health Advisory Board

