MENDOCINO COUNTY BEHAVIORAL HEALTH ADVISORY BOARD

REGULAR MEETING

AGENDA

May 20, 2020
1:00 – 3:00 PM

Join Zoom Meeting:
https://mendocinocounty.zoom.us/j/93116002544
Meeting ID: 931 1600 2544

To join by phone:
1 (669) 900-9128 or 1 (346) 248-7799
Meeting ID: 931 1600 2544

Chairperson
Michelle Rich

Vice Chair
Meeka Ferretta

Secretary
Dina Ortiz

Treasurer
Richard Towle

BOS Supervisor
Carre Brown

1ST DISTRICT:	2ND DISTRICT:	3RD DISTRICT:	4TH DISTRICT:	5TH DISTRICT:
DENISE GORNY	DINA ORTIZ	MEEKA FERRETTA	EMILY STRACHAN	MARTIN MARTINEZ
LOIS LOCKART	MICHELLE RICH	AMY BUCKINGHAM	LYNN FINLEY	FLINDA BEHRINGER
RICHARD TOWLE	SERGIO FUENTES	VACANT	VACANT	VACANT

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

Item	Agenda Item / Description	Action
1. **5 minutes**	**Call to Order, Roll Call & Quorum Notice, Approve Agenda:**	Board Action:
2. **5 minutes**	**Minutes of the April 15, 2020 BHAB Regular Meeting:** *Review and possible board action.*	Board Action:
3. **10 minutes (Maximum)**	**Public Comments:** *Members of the public wishing to make comments to the BHAB will be recognized at this time. Any additional comments will have to be provided through email to bhboard@mendocinocounty.org.*	Board Action:
4. **30 minutes**	**Measure B Discussion and Possible Action:** A. Process of Communication B. Prudent Reserve C. Service Gap Analysis	Board Action:
5. **15 minutes**	**Mendocino County Report:** *Jenine Miller, BHRS Director* A. Director Report Questions B. COVID-19 Services Update C. Reopening County Offices to Public	Board Action:

6. **10 minutes**	**RQMC Report:** A. Data Dashboard Questions B. COVID-19 Services Update	Board Action:
7. **15 Minutes**	**Member Comments:**	Board Action:
8. **15 Minutes**	**Mental Health Services Act (MHSA) Round Valley Innovation Crisis Response: Extension Request:** *Public Hearing and possible board action.*	Board Action:
9. **15 Minutes**	**Mental Health Services Act (MHSA) Tech for Trauma Innovation Project Plan:** *Public Hearing and possible board action.*	Board Action:
10.	**Adjournment:** **Next meeting:** June 17, 2020	

AMERICANS WITH DISABLITIES ACT (ADA) COMPLIANCE

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

MENDOCINO COUNTY BEHAVIORAL HEALTH ADVISORY BOARD

REGULAR MEETING

MINUTES

April 15, 2020
1:00 p.m. to 3:00 p.m.

Join Zoom Meeting:
https://mendocinocounty.zoom.us/j/927780587
Meeting ID: 927 780 587

Call in:
+1(669) 900-9128 (San Jose)
+1(346) 248-7799 (Houston)
Meeting ID: 927 780 587

Find your local number:
https://mendocinocounty.zoom.us/u/acQchywdog

Chairperson
Michelle Rich

Vice Chair
Meeka Ferretta

Secretary
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Item	Agenda Item / Description	Action
1. **5 minutes**	**Call to Order, Roll Call & Quorum Notice, Approve Agenda:** • Meeting called to order by Chair Rich at 1:05 PM. • Quorum met. • Members present: Behringer, Buckingham, Ferretta, Finley, Gorny, Lockart, Martinez, Rich, Strachan, Towle, and Supervisor's Brown and Haschak. • Agenda approved as written.	Board Action: Motion made by Member Strachan, seconded by Member Gorny to approve the agenda as written. Motion passed unanimously.
2. **5 minutes**	**Minutes of the February 19, 2020 BHAB Regular Meeting:** *Review and possible board action.* • Minutes approved as written.	Board Action: Motion made by Member Finley, seconded by Member Strachan to approve the February 19, 2020

		minutes as written. Motion passed unanimously.
	Minutes of the March 6, 2020 BHAB Special Meeting: *Review and possible board action.* • Minutes approved as written.	Motion made by Member Gorny, seconded by Member Strachan to approve the March 6, 2020 Special BHAB meeting minutes. Motion passed.
3. **15 minutes (Maximum)**	**Public Comments:** *Members of the public wishing to make comments to the BHAB will be recognized at this time. Any additional comments will have to be provided through email to bhboard@mendocinocounty.org.* • No public comments.	Board Action:
4. **25 minutes**	**Measure B Discussion and Possible Action:** *Meeka Ferretta* A. Service Gap Analysis I. Kemper Report a. Discussion on whether or not the BHAB will be supporting the service gap recommendations provided in the Kemper Report. b. BHRS Director Miller explained that this Board's support would be in regards to the whole system of care, meaning all Mental Health in our community, not just specific to the Kemper Report. II. Mild to Moderate a. Discussion on possibly doing a recommendation to do an additional study to address the mild to moderate population. b. Chair Rich expressed that additional community input on this issue may be a good idea, since the report may not be comprehensive. Mild to moderate client data is not included in the Kemper report. c. Discussion on starting an Ad Hoc Committee to address service gap analysis in the Kemper report. d. The deliverables of this committee will be to take into account the current state of services and to consider future service needs and available resources, including the general County population. The committee will then bring back information to the BHAB and move forward to help support Measure B. e. Vice Chair Ferretta, and Members Towle, Lockart, and Strachan will form the Ad Hoc Committee. f. Vice Chair Ferretta expressed her appreciation towards Alyson Bailey and all the great work she has been doing as the new Measure B project	Motion made by Vice Chair Ferretta, seconded by Member Finley to establish an Ad Hoc Committee to address the service gap analysis requested by the Measure B Committee. Motion passed.

	manager. B. Introduction of Alyson Bailey, the new Measure B Project Manager. I. Alyson shared a little about her role as the Measure B Project manager and her background. a. The Measure B Project Manager supports the Measure B Committee with administrative and liaison services including facility remodel, operation oversight, data collection, and strategy development. II. Facility projects: a. CRT: The County is working with the architectural firm Nacht and Lewis for construction of the new CRT facility. The bid for construction will begin in August. III. Behavioral Health Training Center discussion a. Alyson shared that the building is in good shape other than a septic issue at the moment. b. Discussion on the possibility of the BHAB facilitating a training development plan for the County and Sheriff to advise the Measure B Committee. c. Discussion on implementing an Ad Hoc Committee to work on developing a training program.	Chair Rich and Vice Chair Ferretta will follow up and bring back a recommendation to the BHAB to vote on at next month's meeting.
5. **10 minutes**	**Follow Up from Board of Supervisors Meeting:** *Meeka Ferretta* A. RFP for Adult Service Provider I. At the BOS meeting on March 10, 2020 the BOS requested two things from the BHAB. They voted to assign the BHAB, to review the RFP before it goes out. The plan is to have the RFP go out July 1, 2020 for adult services.. II. Discussion on whether or not it is a good idea to establish an Ad Hoc Committee to review the RFP for adult services. The participants of this committee would have to have no conflict of interest. a. Member Finley and Member Strachan will form this committee. b. BHRS Director Miller will send the RFP to Member Finley and Member Strachan once it is ready for review. B. Data and Trend Analysis from RQMC I. Discussion on what additional data the BHAB would like on the data report from RQMC. One of the BHAB's goals this year is to have more outcome data added. a. Supervisor Brown commented that Supervisor Williams wants more data, trend analysis, and outcome measures. b. Further discussion on what the BOS wants vs what the reality of mental health successes and outcomes	Board Action: Motion made by Member Strachan, seconded by Member Lockart to form an Ad Hoc Committee to review the RFP for adult services. Motion passed unanimously.

	are. There are different ways to measure success. c. Discussion on the desire to gather data on how Mendocino County compares to other Counties, will also continue to work on that. d. The BOS wants the BHAB to say whether or not they have the information needed, or if more data is needed. II. Camille shared that she thought the March 10th BOS meeting was an overall good meeting. She explained that it is time to re-look at the data collected to tell the right story to our community. She thinks it is time to have direct deliverables; there may be reductions that can be made, etc.	The BHAB will follow up on this issue at the next in-person BHAB meeting.
6. **15 minutes**	**Mendocino County Report:** *Jenine Miller, BHRS Director* A. Director Report Questions I. BHRS Director Miller commented on the financial situation that the County may soon be facing. She wants everyone to be prepared for the potential impact COVID-19 might have on Behavioral Health Services. a. Regarding Mental Health Services Act, we know that the next three year plan will require a $400,000 reduction in CSS funds, this is not related to COVID-19, this was a projected change in funds availability. BHRS is still analyzing the impact to MHSA funds related to COVID-19. b. Vice Chair Ferretta asked if Measure B dollars can be used to support the system if Mental Health experiences a decrease in funding. BHRS Director Miller explained that Measure B dollars are for a specific use, and that would be up to the Measure B Committee, and if it met the Measure B requirements. B. COVID-19 Services Update I. The Warm Line's hours were expanded to 7 days a week from 7:30 AM – 6:00 PM. People are happy to have it, and are definitely needing additional support during this time. The Warm Line is also providing bilingual services. II. BHRS had to make changes over night to continue offering services by telephone and telehealth. III. SUDT services and drug testing are still being offered, and BHRS is doing as much telehealth and telephone services as possible. Alcohol use is on the rise during this time and there is a lot of relapse happening throughout the community	Board Action: BHRS Director Miller will have an agenda item to give a more detailed report on the expected financial projections at a future BHAB meeting. Future BHAB agenda item.
7. **10 minutes**	**RQMC Report:** A. Data Dashboard Questions I. Data Dashboard included in agenda packet. B. COVID-19 Services Update I. Crisis numbers are up after being down for a few weeks; keeping it up and running through tele-psychiatry.	Board Action:

	RQMC is doing their best to deal with technicalities to reach new clients throughout the pandemic. II. Member Gorny commented that if suicide rates go up in Mendocino County, it could be related to COVID-19 and not related to RCS. Discussion on recent suicides. RQMC continues to do outreach during this time, and to make sure that people know there are services to help them.	
8. **15 minutes**	**Member Comments:** A. Vice Chair Ferretta: thankful for Members joining today's meeting via Zoom, is hopeful that the Board can meet in person soon. B. Member Towle commented that he attended the MHSA Forum held on February 12 at Manzanita. There were 35 consumers and 5 providers present. Some of the needs that were raised included: dual diagnosis throughout the County, transportation help, and AA meetings at Willow Terrace. I. Adventist Health is closing their St. Helena inpatient Mental Health and Behavioral Health units in July, and opening more beds in Vallejo. C. Member Gorny commented she thinks the Board needs to make the best out of what we have, and that the board needs to be aware of the potential fiscal impacts to services and what services will look like in the future. D. Chair Rich expressed her appreciation towards BHRS staff and providers for all their work to connect with clients during this difficult time.	Board Action:
9. **20 Minutes**	**Mental Health Services Act (MHSA) Healthy Living Community Innovation Proposal:** *Public Hearing* A. Formal public comment hearing for the MHSA Healthy Living Community Innovation Proposal led by Karen Lovato, BHRS Acting Deputy Director. A copy of the proposal is included in the agenda packet. I. Every public comment will be documented and taken into consideration. II. Public comments can be emailed, mailed, etc. All information is posted on the BHRS website. III. The public hearing has been open since 3/19 and will close on 4/18. IV. Flyers and a summary of this project were provided to Willow Terrace residents. B. Wynd Novotny shared that she supports this innovation project and is looking forward to the deliverables and the possibility of this helping severe and persistent mental health clients. C. BHAB Members asked Karen for clarification on what this project is about. I. Karen explained that this project initiated as stakeholder feedback that came in through various venues where there were requests for social support above and beyond	Board Action:

	service delivery. This is trying to eliminate the gap in services to help recipients build social skills and peer relationships outside of provider settings. . BHRS looked to find other innovation projects that were approvable and to find specific needs. II. In particular with Willow Terrace, they were moving residents that had unique barriers to access services; BHRS looked to adapt a service delivery that was alike a social model and wellness center to bring into a home setting and build activities to develop independent living skills beyond what is normally seen in our specialty mental health services. III. Member Lockart commented that it is a good idea to add something to address exposure to childhood trauma and domestic violence. D. Any additional questions or comments can be sent directly to Colleen Gorman, MHSA Program Administrator, Rena Ford, MHSA Senior Program Specialist, and Karen Lovato, Acting Deputy Director, by email, voicemail, etc. no later than this Saturday to be added to document. E. Public hearing closed.	
10.	**Adjournment:** 3:07 PM **Next meeting:** May 20, 2020	Motion made by Member Strachan, seconded by Member Martinez, to adjourn the meeting at 3:07 PM.

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Behavioral Health Advisory Board Director's Report

May 2020

1. **Board of Supervisors:**
    a. Recently passed items or presentations:
        i. Mental Health:
            1. Approval of Agreement with Crestwood Behavioral Health, Inc. to Provide Residential Care to Mendocino County Lanterman-Petris-Short Clients, for the Period of July 1, 2020 through June 30, 2021
        ii. Substance Use Disorders Treatment:
            1. None
    b. Future BOS Items or Presentations:
        i. Mental Health
            1. Approval of Agreement with Canyon Manor to Provide Residential Care to Mendocino County Lanterman-Petris-Short Clients for the Period of July 1, 2020 through June 30, 2021
            2. Discussion and Possible Action Including Acceptance of Informational Presentation Regarding the Current Provision of Mental Health Services in Mendocino County
        ii. Substance Use Disorder Treatment:
            1. None
2. **Staffing Updates for December:**
    a. New Hires:
    Mental Health: None
    Substance Use Disorders Treatment: None
    b. Promotions:
    Mental Health: Administrative Services Manager II
    Substance Use Disorders Treatment: None
    c. Departures:
    Mental Health: None
    Substance Use Disorders Treatment: Staff Assistant III, SR Substance Abuse Counselor

3. **Audits/Site Reviews:**

    a. Date occurred and report out of findings:
        i. Q3 Monthly Medication Management Review completed – reviewing results
        ii. Yearly Crisis Chart Audit Review completed – reviewing results
    b. Upcoming/Scheduled:
        i. SABG SUDT Site Visit – Scheduled 6/22-6/24/2020
        ii. SUDT internal Chart Audit Review
    c. Site Reviews:
        i. SUDT Site Monitoring – The Arbor Youth Resources Center – Scheduled
        ii. SUDT Site Monitoring – The Tule House Perinatal/Residential – Scheduled
    d. Audits:
        i. Outpatient Services Chart Audit – RQMC – Scheduled
        ii. Medication Services Chart Audit– Contacted Pharmacist – Scheduled

4. **Grievances/Appeals:**

    a. MHP Grievances: 4
    b. SUDT Grievances: 1
    c. MHSA Issue Resolutions: 0
    d. Second Opinion: 0
    e. Change of Provider Requests: 0
    f. Provider Appeals: 0
    g. Consumer Appeals: 0

5. **Meetings of Interest:**

    a. MHSA Forum/QIC Meeting: Wednesday, June 3, 2020 from 4pm-6pm – Will be video-conferenced via Zoom
    b. Round Valley Innovation Stakeholder Meeting – TBD

6. **Grant Opportunities:**

    a. SAMHSA Emergency COVID-19 Grants for Suicide Prevention

7. **Significant Projects/Brief Status:**

    a. Assisted Outpatient Treatment (AOT): AB 1421/Laura's Law
    b. Melinda Driggers, AOT Coordinator, is accepting and triaging referrals:
        i. Referrals to Date: 82
        ii. Did not meet AOT Criteria: 79
        iii. Currently in Investigation/Screening/Referral: 1
        iv. Settlement Agreement/Full AOT: 0
        v. Other (Pending Assessments to file Petition): 3

8. Educational Opportunities/Information:

a. Cultural Diversity Committee Meeting: TBD – Will be video-conferenced via Zoom.

9. Mental Health Services Act (MHSA):

a. MHSA Forum/QIC Meeting: Wednesday, June 3, 2020 from 4pm-6pm – Will be video-conferenced via Zoom
b. Public Comment Hearing for Tech for Trauma Innovation Project – May 20, 2020 held via Zoom

10. Lanterman Petris Short Conservatorships (LPS):

a. Number of individuals on LPS Conservatorships = 57

11. Substance Use Disorder Treatment Services:

a. Number of Substance Use Disorder Treatment Clients Served in March, 2020

i. Total number of clients served = 66
ii. Total number of services provided = 254
iii. Fort Bragg: 10 clients served for a total of 48 services provided
iv. Ukiah: 51 clients served for a total of 186 services provided
v. Willits: 5 clients served for a total of 20 services provided

12. Capital Facility Projects:

a. Orchard Project

i. CHFFA Board Meeting 12/5/19 - Milestone of securing funding met.
ii. CHFFA Board Meeting 1/30/2020 – New milestones were provided by CHFFA for completion of the Orchard Project

b. Willow Terrace Project

i. Vacancies filled through Coordinated Entry process as they come available.
ii. Some turnover in tenancy.

QI Work Plan - 3.D

Report - Appeals, Grievances, Change of Provider - March 2020

Provider Appeal (45 days)

Receipt Date	Provider Name	Reason	Results	Date Completed	Date Letter sent to Provider
Total	0				

Client Appeal (45 days)

Receipt Date	Provider Name	Reason	Results	Date Completed	Date Letter sent to Client
Total	0				

Issue Resolutions (60 Days)

Receipt Date	Provider Name	Reason	Results	Date Completed	Date Letter sent to Provider
Total	0				

SUDT Grievance (60 Days)

Receipt Date	Provider Name	Reason	Results	Date Completed	Date Letter sent to Provider
3/4/2020	BHRS SUDT	Client concern over Counselor disclosing personal information	Spoke with Couselor. Client content with outcome.	4/23/2020	4/23/2020
Total	1				

Client Grievance (60 Days)

Receipt Date	Provider	Reason	Results	Date Completed	Date Letter sent to Client
3/9/2020	Public Guardian and LPS Coordinator	Beneficiary states that their conservator is not working in their best interest and is giving contradicting information.	Spoke with conservator and LPS Coordinator regarding issue. Beneficiary expressed that they were content with the outcome.	4/27/2020	4/27/2020
3/12/2020	RQMC	Beneficiary of parent received information that if they did not respond to one of three confirmation calls their appointment could be cancelled. They requested that it be added to the policy so that beneficiaries are aware of the requirements.	RQMC updated their policy, copy of new policy sent to parent of beneficiary.	3/30/2020	3/30/2020
3/17/2020	RQMC	Beneficiary states that staff had been curt and abrassive towards them on two occasions.	Beneficiary requested complaint remain anonymous. Staff spoken to regarding proper conduct towards clients and complaint forwarded to management.	3/30/2020	3/30/2020
3/18/2020	RQMC	Beneficiary contested their diagnosis and requested to have medication management changed to a different nurse practioner.	Beneficiary's request completed.	3/19/2020	3/19/2020
Total	4				

Client Request for Change of Provider (10 Business Days)

Receipt Date	Provider	Reason	Results	Date Completed	Date Letter sent to Client
3/3/2020	Manzanita	Beneficiary requesting change of provider requesting services specific to their injuries.	Beneficiary assigned to new counselor.	3/17/2020	3/17/2020
3/24/2020	Manzanita	Unsatisfied with service.	Beneficiary assigned to new provider.	4/2/2020	4/2/2020
3/24/2020	Manzanita	Unsatisfied with service.	Beneficiary assigned to new provider.	4/6/2020	4/6/2020
3/30/2020	RCS	Parent of beneficiary requesting new counselor for child in services as needs not being met.	Parent of beneficairy offered options for new counselor.	4/23/2020	4/23/2020
Total	4				

0 Provider Appeals
0 Client Appeals
0 Issue Resolutions (Completed)
1 SUDT Grievances (Completed)
4 Grievance (Completed)
4 Request for Change of Provider (Completed)

Mendocino County Behavoiral Health and Recovery Services
Behavioral Health Advisory Board General Ledger
FY 19/20
April 30, 2020

ORG	OBJ	ACCOUNT DESCRIPTION	YR/PER/JNL	EFF DATE	AMOUNT	INVOICE #	CHECK #	VENDOR NAME	COMMENT
MHB	862080	FOOD	2020/03/000758	09/19/2019	81.71		P-Card		COSTCO WHSE#83830.8008/20/
MHB	862080	FOOD	2020/04/000227	10/10/2019	87.97	2018-9-07	4313266	SAFEWAY	2019 JULY
MHB	862080	FOOD	2020/04/000227	10/10/2019	103.75	2019 AUGUST	4313266	SAFEWAY	AUGUST 2019 ACCOUNT NUMBER
MHB	862080	FOOD	2020/04/001087	10/29/2019	69.43		P-Card		COSTCO WHSE#83830.0009/17/
MHB	862080	FOOD	2020/05/000068	11/07/2019	109.79	10122019	4314649	SAFEWAY	ACCOUNT NUMBER 85006
MHB	862080	FOOD	2020/05/000850	11/22/2019	52.32		P-Card		COSTCO WHSE#83830.0010/15/
MHB	862080	FOOD	2020/05/000850	11/22/2019	121.94		P-Card		MARINOS PIZZ83839.9410/15/
MHB	862080	FOOD	2020/06/000856	12/17/2019	54.91		P-Card		COSTCO WHSE#83830.0011/19/
MHB	862080	FOOD	2020/07/000069	01/03/2020	57.77	120719	4317415	SAFEWAY	ACCOUNT NUMBER 85006
MHB	862080	FOOD	2020/07/001166	01/30/2020	120.47	010420	4319151	SAFEWAY	ACCOUNT NUMBER 85006
MHB	862080	FOOD	2020/08/000875	02/27/2020	123.47	008180	4320660	SAFEWAY	ACCOUNT 85006
MHB	862080	FOOD	2020/09/000987	03/26/2020	157.35	008180	4322097	SAFEWAY	ACCOUNT 85006
		FOOD Total			**$1,140.88**				
MHB	862150	MEMBERSHIPS	2020/09/000589	03/19/2020	600.00	004763	4321491	CALBHB/C	2019-20 CALBHB/C MEMBERSHI
		MEMBERSHIPS TOTAL			**$600.00**				
MHB	862170	OFFICE EXPENSE	2020/04/001015	10/31/2019	39.03	1218381	4314268	FISHMAN SUPPLY COMP	15368.17 FY1920
MHB	862170	OFFICE EXPENSE	2020/07/000603	01/15/2020	54.38		P-Card		UKIAH TROPHY83834.4312/19/
MHB	862170	OFFICE EXPENSE	2020/08/000030	02/06/2020	39.03	041396	4,319,359	FISHMAN SUPPLY COMP	
MHB	862170	OFFICE EXPENSE	2020/08/000401	02/13/2020	107.27		P-Card		AMZN Mktp US83838.7401/29/
MHB	862170	OFFICE EXPENSE	2020/08/000401	02/13/2020	14.02		P-Card		AMZN Mktp US83831.1401/30/
MHB	862170	OFFICE EXPENSE	2020/10/000063	04/02/2020	39.03	1243844	4322289	FISHMAN SUPPLY COMP	15368.17
		OFFICE EXPENSE Total			**$292.76**				
MHB	862210	RNTS & LEASES BLD GRD							
		RNTS & LEASES BLD GRD Total			**$0.00**				
MHB	862250	TRNSPRTATION & TRAVEL	2020/02/000248	08/08/2019	17.40	7/17/19	4309179	BEHRINGER FLINDA	LOCAL 7/17/19 FY19
MHB	862250	TRNSPRTATION & TRAVEL	2020/02/000248	08/08/2019	71.92	7/3/19	4309514	STRACHAN EMILY	LOCAL 7/3/19 F
MHB	862250	TRNSPRTATION & TRAVEL	2020/02/000248	08/08/2019	21.46	7/17, 7/27/19	4309531	TOWLE RICHARD	LOCAL 7/17, 7/27/19 FY
MHB	862250	TRNSPRTATION & TRAVEL	2020/03/000340	09/12/2019	17.40	8/21/19	4311118	BEHRINGER FLINDA	LOCAL 8/21/19 FY
MHB	862250	TRNSPRTATION & TRAVEL	2020/03/000340	09/12/2019	98.60	8/1-8/21/19	4311410	TOWLE RICHARD	LOCAL 8/1-8/21/19 FY
MHB	862250	TRNSPRTATION & TRAVEL	2020/04/000665	10/18/2019	35.96	8/21/19	4313644	MCGOURTY JAN	LOCAL 8/21/19 FY
MHB	862250	TRNSPRTATION & TRAVEL	2020/04/000665	10/18/2019	22.04	8/21/19	4313777	STRACHAN EMILY	LOCAL 8/21/19 FY1
MHB	862250	TRNSPRTATION & TRAVEL	2020/04/000665	10/18/2019	92.51	9/16-9/25/19	4313787	TOWLE RICHARD	LOCAL 9/16-9/25/19 FY19
MHB	862250	TRNSPRTATION & TRAVEL	2020/05/000391	11/15/2019	86.42	10/01-10/22/19	4315154	TOWLE RICHARD	LOCAL 10/01-10/22/19 FY
MHB	862250	TRNSPRTATION & TRAVEL	2020/06/000491	12/12/2019	81.20	10/16/19	4316467	STRACHAN EMILY	LOCAL 10/16/19 FY
MHB	862250	TRNSPRTATION & TRAVEL	2020/06/000491	12/12/2019	62.64	NOV. 2019	4316481	TOWLE RICHARD	LOCAL NOV. 2019 FY1
MHB	862250	TRNSPRTATION & TRAVEL	2020/06/000026	12/05/2019	92.80	9/18-10/16/19	4315663	BEHRINGER FLINDA	LOCAL 9/18-10/16/19 FY1
MHB	862250	TRNSPRTATION & TRAVEL	2020/07/000626	01/16/2020	17.40	11/20/19	4317965	BEHRINGER FLINDA	LOCAL 11/20/19 FY1
MHB	862250	TRNSPRTATION & TRAVEL	2020/07/000626	01/16/2020	42.92	12/2-12/18/19	4318394	TOWLE RICHARD	LOCAL 12/2-12/18/19 FY1
MHB	862250	TRNSPRTATION & TRAVEL	2020/07/000907	01/24/2020	29.00	10/16/19	4318682	MARTINEZ MARTIN D	LOCAL 10/16/19 FY1
MHB	862250	TRNSPRTATION & TRAVEL	2020/07/001168	01/30/2020	86.08	10/01/19	4319057	MCGOURTY JAN	LOCAL 10/01/19 FY1
MHB	862250	TRNSPRTATION & TRAVEL	2020/07/001168	01/30/2020	32.83	10/07/19	4319057	MCGOURTY JAN	LOCAL 10/07/19 FY1
MHB	862250	TRNSPRTATION & TRAVEL	2020/07/001168	01/30/2020	9.98	10/16/19	4319057	MCGOURTY JAN	LOCAL 10/16/19 FY1
MHB	862250	TRNSPRTATION & TRAVEL	2020/07/001168	01/30/2020	78.30	11/25/19	4319057	MCGOURTY JAN	LOCAL 11/25/19 FY19
MHB	862250	TRNSPRTATION & TRAVEL	2020/07/001168	01/30/2020	86.08	86.08	4319057	MCGOURTY JAN	LOCAL
MHB	862250	TRNSPRTATION & TRAVEL	2020/07/001168	01/30/2020	36.31	12/18/19	4319057	MCGOURTY JAN	LOCAL 12/18/19 FY1
MHB	862250	TRNSPRTATION & TRAVEL	2020/08/000820	02/27/2020	74.24	11/14/19	4320687	STRACHAN EMILY	LOCAL 11/14/19 FY
MHB	862250	TRNSPRTATION & TRAVEL	2020/09/000130	03/05/2020	69.00	2/19/20	4320911	MARTINEZ MARTIN D	LOCAL 2/19/20 F
MHB	862250	TRNSPRTATION & TRAVEL	2020/09/000952	03/26/2020	54.05	03/06/20	4321849	BEHRINGER FLINDA	LOCAL 03/06/20 FY1
MHB	862250	TRNSPRTATION & TRAVEL	2020/09/000952	03/26/2020	89.70	2/5-2/19/20	4322140	TOWLE RICHARD	LOCAL 2/5-2/19/20 FY1
		TRNSPRTATION & TRAVEL Total			**$1,406.24**				
MHB	862253	TRAVEL & TRSP OUT OF COUNTY	2020/04/000665	10/18/2019	1,872.93	8/25-8/28/19	4313644	MCGOURTY JAN	SEATTLE 8/25-8/28/19 FY
MHB	862253	TRAVEL & TRSP OUT OF COUNTY	2020/07/001168	01/30/2020	180.41	12/05/19	4319057	MCGOURTY JAN	SACRAMENTO 12/05/19
		TRAVEL & TRSP OUT OF COUNTY Total			**$2,053.34**				
		Grand Total			**$5,493.22**				

Summary of Budget for FY 19/20

OBJ	ACCOUNT DESCRIPTION	Budget Amount	YTD Exp	Remaining Budget
862080	Food	1,800.00	1,140.88	659.12
862150	Memberships	600.00	600.00	0.00
862170	Office Expense	500.00	292.76	207.24
862210	Rents & Leases Bld	30.00	0.00	30.00
862250	In County Travel	5,800.00	1,406.24	4,393.76
862253	Out of County Travel	2,770.00	2,053.34	716.66
	Total Budget	$11,500.00	$5,493.22	$6,006.78

Behavioral Health Recovery Services
Mental Health FY 2019-2020 Budget Summary
Year to Date as of **April 30, 2020**

			EXPENDITURES						REVENUE					
	Program	FY 19/20 Approved Budget	Salaries & Benefits	Services & Supplies	Other Charges	Fixed Assets	Operating Transfers	Total Expenditures	2011 Realign	1991 Realign	Medi-Cal FFP	Other	Total Revenue	Total Net Cost
1	Mental Health (Overhead)	**(5,833,895)**	26,959	316,717	11,908,044		38,881	**12,290,602**	2,132,237	2,097,220	4,766,031	(39,478)	**8,956,010**	**3,334,592**
2	Administration	**1,448,778**	634,958	186,875			(55,399)	**766,434**				40,137	**40,137**	**726,297**
3	CalWorks	**98,355**	75,386	8,074				**83,460**				76,749	**76,749**	**6,711**
4	Mobile Outreach Program	**384,126**	135,209	67,256			(4,859)	**197,607**	(49,547)			29,104	**(20,443)**	**218,049**
5	Adult Services	**764,577**	521,866	51,043	81,388		(174,210)	**480,088**				150,320	**150,320**	**329,768**
6	Path Grant	**19,500**		11,508				**11,508**	14,721				**14,721**	**(3,213)**
7	SAMHSA Grant	**180,000**		100,250				**100,250**	62,751			0	**62,751**	**37,499**
8	Mental Health Board	**11,500**		5,493				**5,493**					**0**	**5,493**
9	Business Services	**624,295**	417,991	27,624				**445,615**				92,475	**92,475**	**353,140**
11	AB109	**135,197**	92,573	13,626				**106,199**	62,684				**62,684**	**43,515**
12	Conservatorship	**2,456,866**	37,322	181,234	2,201,132			**2,419,688**				98,321	**98,321**	**2,321,367**
13	No Place Like Home Grant	**0**						**0**				56,913	**56,913**	**(56,913)**
14	QA/QI	**450,568**	299,081	63,473				**362,554**				775	**775**	**361,778**
a	**Total YTD Expenditures & Revenue**		2,241,346	1,033,174	14,190,565	0	(195,586)	**17,269,497**	2,222,845	2,097,220	4,766,031	505,317	**9,591,413**	**7,678,084**
b	**FY 2019-2020 Adjusted Budget**	**739,867**	3,428,458	1,614,189	18,643,357	0	40,045	**23,726,049**	6,178,965	4,180,046	10,300,498	3,754,322	**24,413,831**	**(687,782)**
c	**Variance**		1,187,112	581,015	4,452,792	0	235,631	**6,456,552**	3,956,120	2,082,826	5,534,467	3,249,005	**14,822,418**	**(8,365,866)**

Behavorial Health Recovery Services
Mental Health Services Act (MHSA) FY 2019-2020 Budget Summary
Year to Date as of April 30, 2020

Program	FY 19/20 Approved Budget	Salaries & Benefits	Services & Supplies	Other Charges	Fixed Assets	Operating Transfers	Total Expenditures	Revenue Prop 63	Other-Revenue	Total Net Cost
Community Services & Support	508,437	248,145	71,563	1,764,211	28,400	(51,282)	**2,061,037**	**1,740,068**	**76,109**	**1,984,928**
Prevention & Early Intervention	787,607	25,466	387,252	79,368			**492,086**	**435,017**	**11,570**	**480,516**
Innovation	1,232,820		90,552				**90,552**	**114,478**		**90,552**
Workforce Education & Training	160,000		115,558				**115,558**			**115,558**
Capital Facilities & Tech Needs	407,925		228,911				**228,911**			**228,911**
Total YTD Expenditures & Revenue		273,611	893,835	1,843,579	28,400	(51,282)	**2,988,143**	**2,289,563**	**87,679**	**2,900,465**
FY 2019-2020 Approved Budget	3,096,789	337,730	7,066,811	0	137,000	392,080	**7,933,621**	**4,836,832**	**4,836,832**	**3,096,789**
Variance		64,119	6,172,976	(1,843,579)	108,600	443,362	**4,945,478**	**2,547,269**	**4,749,153**	**196,324**

Prudent Reserve Balance **1,894,618**

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

Behavioral Health Recovery Services
SUDT FY 2019-2020 Budget Summary
Year to Date as of **April 30, 2020**

			EXPENDITURES						REVENUE					
	Program	FY 19/20 Approved Budget	Salaries & Benefits	Services and Supplies	Other Charges	Fixed Assets	Operating Transfers	Total Expenditures	SAPT Block Grant and FDMC	2011 Realign	Medi-Cal FFP	Other	Total Revenue	Total Net Cost
1	SUDT Overhead	**0**	6,328	(58)			(6,328)	**(58)**	(114,052)			25,275	**(88,777)**	**88,719**
2	County Wide Services	**140,925**		16,486				**16,486**					**0**	**16,486**
3	Drug Court Services	**(1)**	100,983	40,821			(4,043)	**137,761**		80,531			**80,531**	**57,230**
4	Ukiah Adult Treatment Services	**(101)**	371,658	116,888			(94,721)	**393,826**		17,113	11,145	20,922	**49,180**	**344,646**
5	Women In Need of Drug Free Opportunties	**1**	77,204	24,965			(12,856)	**89,314**		55,739			**55,739**	**33,574**
6	Family Drug Court	**0**	170,117	8,295			(83,832)	**94,579**					**0**	**94,579**
8	Friday Night Live	**0**		4,683				**4,683**					**0**	**4,683**
9	Willits Adult Services	**0**	95,562	10,482			(41,345)	**64,699**					**0**	**64,699**
10	Fort Bragg Adult Services	**25,001**	246,644	58,902			(49,036)	**256,510**				4,349	**4,349**	**252,161**
11	Administration	**92,251**	343,890	242,793			(14,629)	**572,054**				17,819	**17,819**	**554,235**
12	Adolescent Services	**1**	113,996	4,422				**118,419**				11,233	**11,233**	**107,186**
13	Prevention Services	**0**	93,834	41,049			(4,017)	**130,866**				13,927	**13,927**	**116,939**
a	**Total YTD Expenditures & Revenue**		1,613,887	569,787	0	0	(304,477)	**1,879,139**	(114,052)	153,384	11,145	93,524	**144,001**	**1,735,138**
b	**FY 2019-2020 Budget**	**258,077**	2,855,889	780,132	70,000	0	(814,850)	**2,891,171**	1,101,794	647,920	50,000	833,380	**2,633,094**	**258,077**
c	**Variance**		1,242,002	210,345	70,000	0	(510,373)	**1,011,974**	1,215,846	494,536	38,855	739,856	**2,489,093**	

Redwood Quality Management Company

"Serving the Mental Health Needs of Mendocino County's Children and Youth"

376 E. Gobbi St. B, Ukiah Ca 95482

Report to the Behavioral Health Advisory Board
May 2020

1. Staffing
   Though staffing is an ongoing concern, agencies report relative stability and capacity in staffing at this time. Agencies have been creative with staffing patterns due to telehealth, shelter at home orders, and adjusted client needs. We are monitoring agencies' services to ensure clients are being checked in with frequently.
2. Audits
   We recently received the results of audits of crisis and meds management services. Both systems are functioning efficiently, though areas of improvement are being pursued.
3. Meetings of Interest
   Lots of meetings have been curtailed, postponed, or switched to zoom/conference call.
4. Grant opportunities
   No new opportunities have come to our attention. Agencies are the main entities that respond to grant opportunitities.
5. Significant Projects/brief status
   Adjustment have been made in service approaches to ensure clients' needs are being met during these very challenging times.
   Though there has been a slight drop offs of service volume, adjustments have allowed most services to establish work arounds or were moved to telehealth. So far we are able to keep up with demand, and have adjusted to helping children who are now homebound with tele-education instead of the routine of school attendance.
   One exception is that Crisis services have seen a significant uptick in adults experiencing a mental health emergency.
6. Educational Opportunities
   Lots of trainings are on hold. County is going to be hosting interpreter training for agency providers.
7. LPS Conservatorships
   We continue through RCS to provide and even expand housing options for conserved clients at the request of BJHRS. Negotiations for additional beds are going on.
8. We continue to monitor contracts and client services provided through each of our contract agencies.
9. Medication Support Services
   Medication management services are continuing despite the pandemic with mostly telehealth or phone sessions. Injection clinics continue in person with health precautions. Our medication management is superb and functioning collaboratively and efficiently. Thanks to all of the team, Leandra, Dr. Goodwin, Dr. Garrett, Larry, Dr. Timme, Cheri, Sandra, and our wonderful new nurse John, as well of their meds management support team.

Tim Schraeder MFT

Redwood Quality Management Company

Data Dashboard- March 2020 and 19/20 YTD

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

AGE OF PERSONS SERVED

	Children & Youth		*Young Adult*		*Adult & Older Adult System*			*RQMC*
	0-11	**12-17**	**18-21**	**22-24**	**25-40**	**41-64**	**65+**	**Total**
Persons Admitted to…								
Outpatient Services March	19	29	9	1	29	29	2	
Total	48		10		60			**118**
Crisis Services March	1	22	7	6	26	28	8	
Total	23		13		62			**98**
Unduplicated Persons…								
Served in March	244	257	67	47	248	408	73	
Total	501		114		729			**1,344**
Unduplicated Persons…								
Served Fiscal Year to Date	408	488	177	110	527	712	145	
Total	896		287		1,384			**2,567**
Identified As (YTD)…								
Male	456		152		680			**1,288**
Female	434		130		701			**1,265**
Non-Binary and Transgender	6		5		3			**14**
White	487		168		1059			**1,714**
Hispanic	217		53		88			**358**
American Indian	91		26		71			**188**
Asian	6		3		17			**26**
African American	25		15		29			**69**
Other/Undisclosed	70		22		120			**212**

YTD Persons by location…	
Ukiah Area	1424
Willits Area	365
North County	87
Anderson Valley	22
North Coast	533
South Coast	49
OOC/OOS	87

Homeless….

RQMC Medi-Cal providers have provided 567 billable services to 115 unduplicated homeless clients in March. Fiscal Year to Date the providers have provided 4147 billable services to 290 unduplicated homeless clients.

WPC has served 64 homeless in March and 125 Fiscal year to date.

RQMC Providers also serve the homeless population through Wellness Centers, Building Bridges, Full Service Partner, and other MHSA programs.

Total Number of…

	Children & Youth		*Young Adult*		*Adult & Older Adult System*			*RQMC*
	0-11	**12-17**	**18-21**	**22-24**	**25-40**	**41-64**	**65+**	**Total**
Crisis Line Contacts March	5	26	16	14	153	97	60	
Total	31		30		310			**371**
Crisis Line Contacts **YTD**	60	348	153	131	1,200	1,034	247	
Total	408		284		2,481			**3,173**

**There 37 were logged calls where age was not disclosed. Those have been added to the total.*

by reason for call YTD…	
Increase in Symptoms	1040
Phone Support	824
Information Only	443
Suicidal ideation/Threat	529
Self-Injurious Behavior	36
Access to Services	223
Aggression towards Others	31
Resources/Linkages	50

by time of day YTD…	
08:00am-05:00pm	2149
05:00pm-08:00am	1024

March Calls from Law Enforcement to Crisis		
TOTAL: 32		
MCSO: 9	CHP: 0	WPD: 3
FBPD: 5	Jail: 7	UPD: 8

YTD Calls from Law Enforcement to Crisis		
TOTAL: 284		
MCSO: 97	CHP: 1	WPD: 14
FBPD: 29	Jail: 85	UPD: 58

Total Number of…

Emergency Crisis Assessments March	3	21	13	12	57	60	12	
Total	24		25		129			**178**
Emergency Crisis Assessments **YTD**	49	282	130	115	524	559	131	
Total	331		245		1,214			**1,790**

YTD by location…	
Ukiah Valley Medical Center	762
Crisis Center-Walk Ins	434
Mendocino Coast District Hospital	232
Howard Memorial Hospital	210
Jail	54
Juvenile Hall	44
Schools	5
Community	37
FQHCs	12

YTD by insurance…	
Medi-Cal/Partnership	1176
Private	219
Medi/Medi	205
Medicare	93
Indigent	83
Consolidated	1
Private/Medi-Cal	2
VA	11

Total Number of…

	Children & Youth		*Young Adult*		*Adult & Older Adult System*			*RQMC*
	0-11	**12-17**	**18-21**	**22-24**	**25-40**	**41-64**	**65+**	**Total**
Inpatient Hospitalizations March	0	5	4	2	16	12	1	
Total	5		6		29			**40**
Inpatient Hospitalizations **YTD**	5	62	41	38	162	125	19	
Total	67		79		306			**452**

ReHospitalization within 30 days	Youth	Adult	0-2 days in the Hospital	Admits	% of total Admits
March	0	8	**March**	3	7.5%
YTD	11	39	**YTD**	40	8.8%

Days in the ER	0	1	2	3	4	5+	Unk
March	8	14	9	5	1	0	3
YTD	81	212	101	20	4	5	29
..by Hospital	**0**	**1**	**2**	**3**	**4**	**5+**	
AHUV	6	9	0	0	0	0	
Howard	2	4	2	4	1	0	
MCDH	0	1	3	1	0	0	

Number of hospitalition	1	2	3	4	5	6+
YTD Number of unduplicated clients	263	43	19	5	4	1

At Discharge	Discharged to Mendocino		Follow up Crisis Appt		Declined follow up Crisis appt	
Payor	**March**	**YTD**	**March**	**YTD**	**March**	**YTD**
Mendo Medi-cal	36	278	24	238	2	26
Indigent	3	27	3	24	0	3
Other Payor	3	34	1	22	2	15
YTD hospitalizations where discharge was out of county or unknown:						96
YTD number who Declined a follow up appt:						44

YTD hospitalizations by location…	
Aurora- Santa Rosa**	79
Restpadd Redding/RedBluff**	84
St. Helena Napa/ Vallejo**	188
Sierra Vista Sacramento**	4
John Muir Walnut Creek	6
St Francis San Francisco	33
St Marys San Francisco**	5
Marin General**	10
Heritage Oaks Sacramento**	11
VA: Sacramento / PaloAlto / Fairfield / San Francisco	1
Other**	31

YTD hospitalizations by criteria…	
Danger to Self	223
Gravely Disabled	142
Danger to Others	11
Combination	76

Total Number of…

Full Service Partners March	Youth	TAY	Adult	BHC	OA	Outreach	
Total	0	14	67	9	13	12	**115**

Total Number of…

Full Service Partners **YTD**	Youth	TAY	Adult	BHC	OA	Outreach	
Total	1	28	102	11	23	35	**200**

Contract Usage	Budgeted	
Medi-Cal in County Services (60% FFP)	$12,885,000.00	$10,066,780.00
Medi-Cal RQMC Out of County Contracts	$1,930,000.00	$983,612.00
MHSA	$1,591,450.00	$1,115,507.00
Indigent RQMC Out of County Contracts	$718,672.00	$344,611.00
Medication Management	$1,400,000.00	$923,466.00

Estimated Expected FFP	March	YTD
Expected FFP	$736,436.00	$7,184,314.80

Services Provided						
Whole System of Care	**March**	**March**	**March**	**YTD**	**YTD**	**YTD**
Count of Services Provided	**Youth**	**Y Adult**	**Adults**	**Youth**	**Y Adults**	**Adults**
**Assessment*	126	24	154	1080	252	1597
**Case Management*	402	152	1400	2481	1520	9621
**Collateral*	275	6	7	1546	27	31
**Crisis*	33	36	233	515	373	2078
**Family Therapy*	119		4	1279	8	21
**TFC*	58			457		
**Group Therapy*				1	2	24
**Group Rehab*	188	43	26	2927	270	341
**ICC*	434	7		3847	69	
**Individual Rehab*	362	125	484	3596	1008	4221
**Individual Therapy*	687	112	427	5927	1030	3274
**IHBS*	143	1		1513	8	
**Psychiatric Services*	78	38	365	579	291	2808
**Plan Development*	96	17	106	744	137	981
**TBS*	51			294		
Total	**3,052**	**561**	**3,206**	**26,786**	**4,995**	**24,997**
No Show Rate		**4.2%**			**7.5%**	
Average Cost Per Beneficiary	$1,021	$1,093	$811	$5,503	$4,071	$3,693

Count of Services by Area	**March**	**March**	**March**	**YTD**	**YTD**	**YTD**
	Youth	**Y Adult**	**Adults**	**Youth**	**Y Adults**	**Adults**
Anderson Valley	0	0		5	7	
South Coast	4	0		53	16	
North Coast	243	35	649	1,949	434	4,994
North County	130	2		1,090	3	
Ukiah	2,192	503	2,465	19,489	4,451	19,272
Willits	483	21	92	4,200	84	731

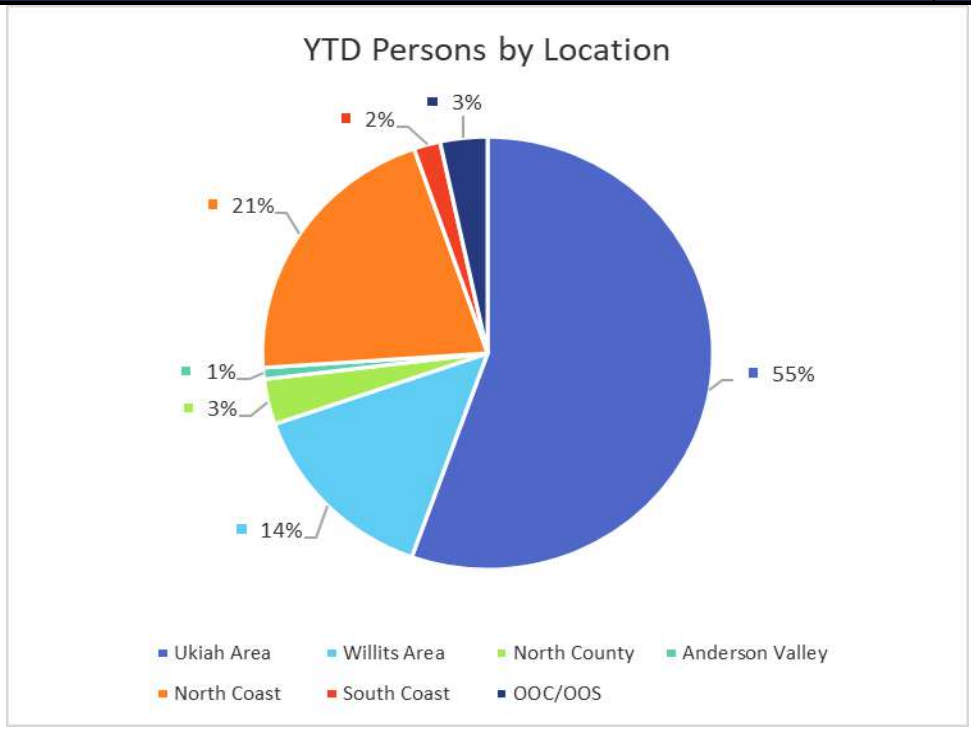
Meds Management	**March**	**March**	**March**	**YTD**	**YTD**	**YTD**
	Youth	**Y Adult**	**Adults**	**Youth**	**Y Adults**	**Adults**
Ukiah Unduplicated Clients	61	28	250	157	74	511
Fort Bragg Unduplicated Clients	3	6	70	13	16	152
Ukiah Services	108	40	394	790	302	3158
Fort Bragg Services	4	9	137	32	95	894

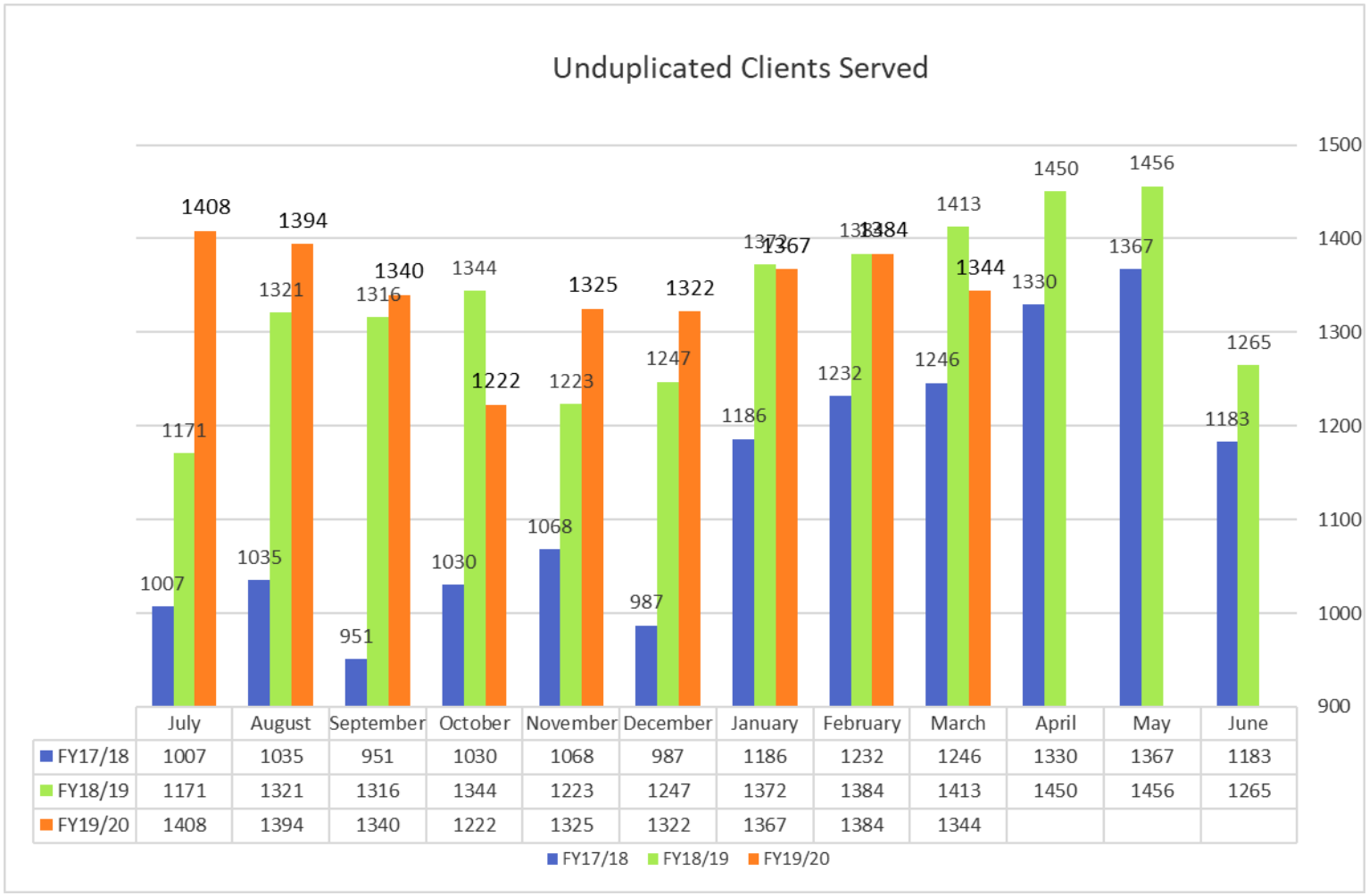
Redwood Quality Management Company

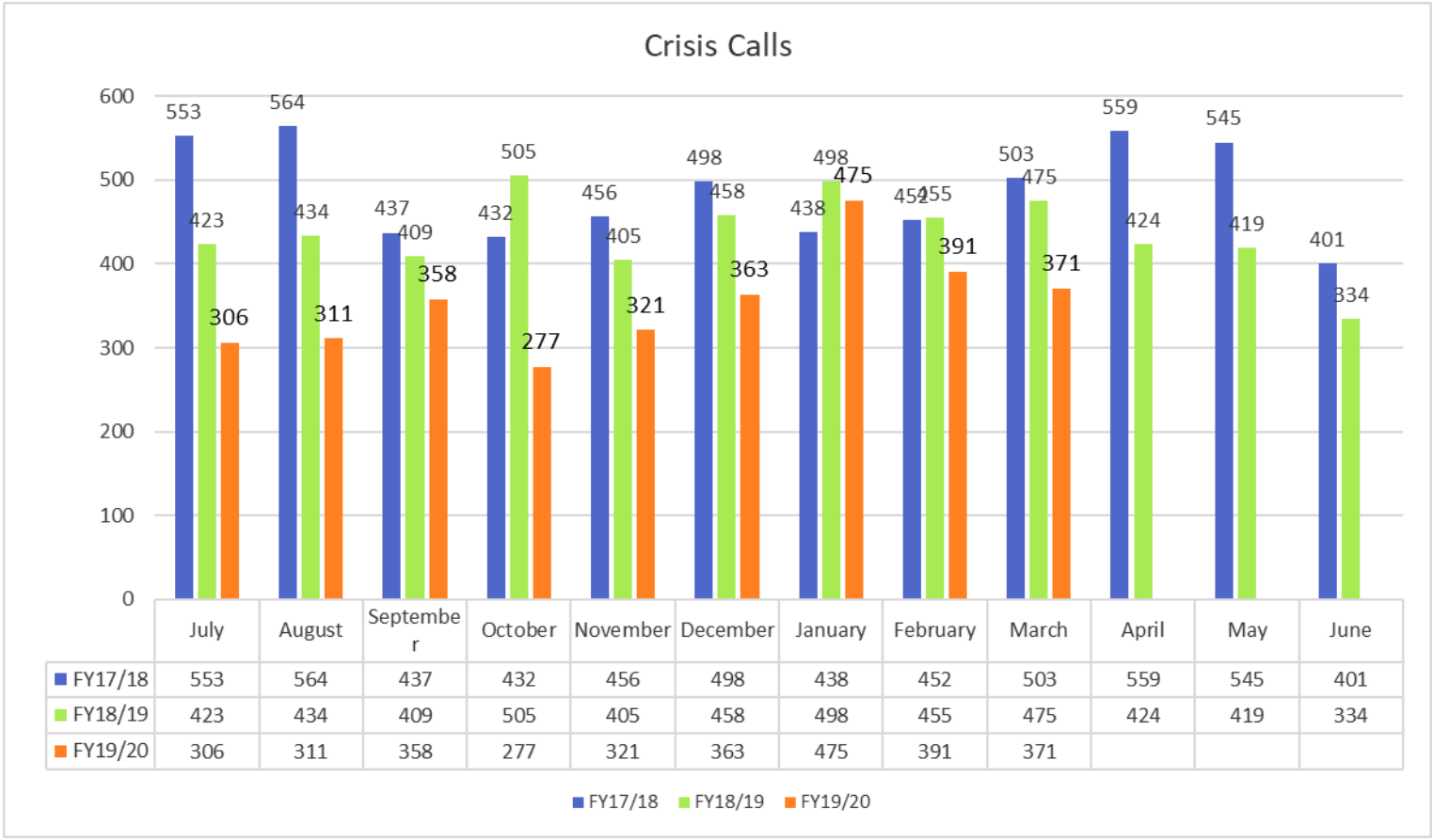
Phone: 707-472-0350 Fax: 707-472-0358

2019/2020 Trends and Year to Year Comparison

YTD Persons by location…	Count	%
Ukiah Area	1424	55%
Willits Area	365	14%
North County	87	3%
Anderson Valley	22	1%
North Coast	533	21%
South Coast	49	2%
OOC/OOS	87	3%




Unduplicated Clients Served
1500
1400
1300
1200
1100
1000
900
1408
1394
1340
1344
1325
1322
1367
1384
1413
1450
1456
1321
1316
1222
1223
1247
1372
1232
1246
1330
1367
1265
1171
1186
1183
1007
1035
951
1030
1068
987
July
August
September
October
November
December
January
February
March
April
May
June
FY17/18 1007 1035 951 1030 1068 987 1186 1232 1246 1330 1367 1183
FY18/19 1171 1321 1316 1344 1223 1247 1372 1384 1413 1450 1456 1265
FY19/20 1408 1394 1340 1222 1325 1322 1367 1384 1344
FY17/18
FY18/19
FY19/20

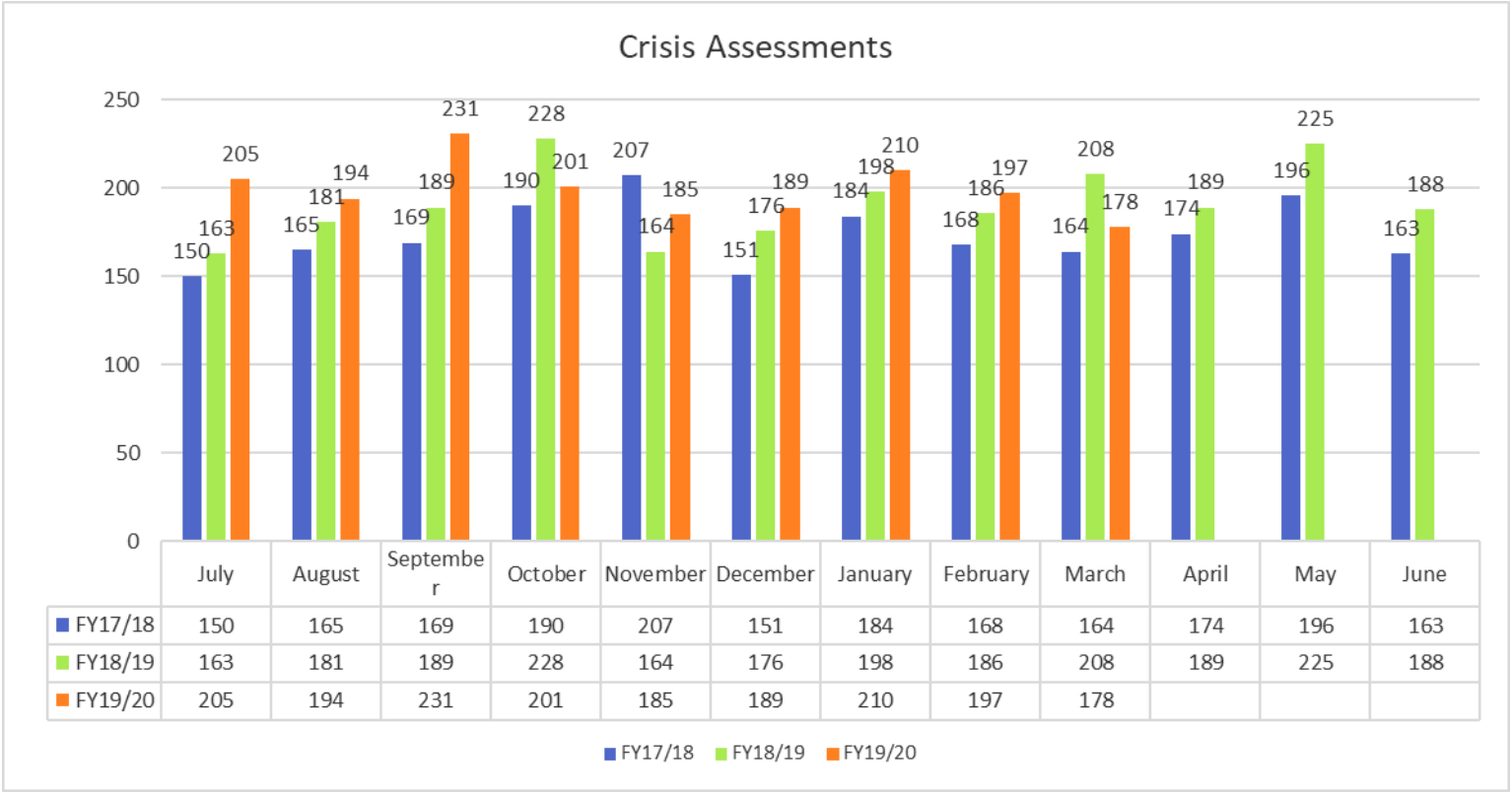


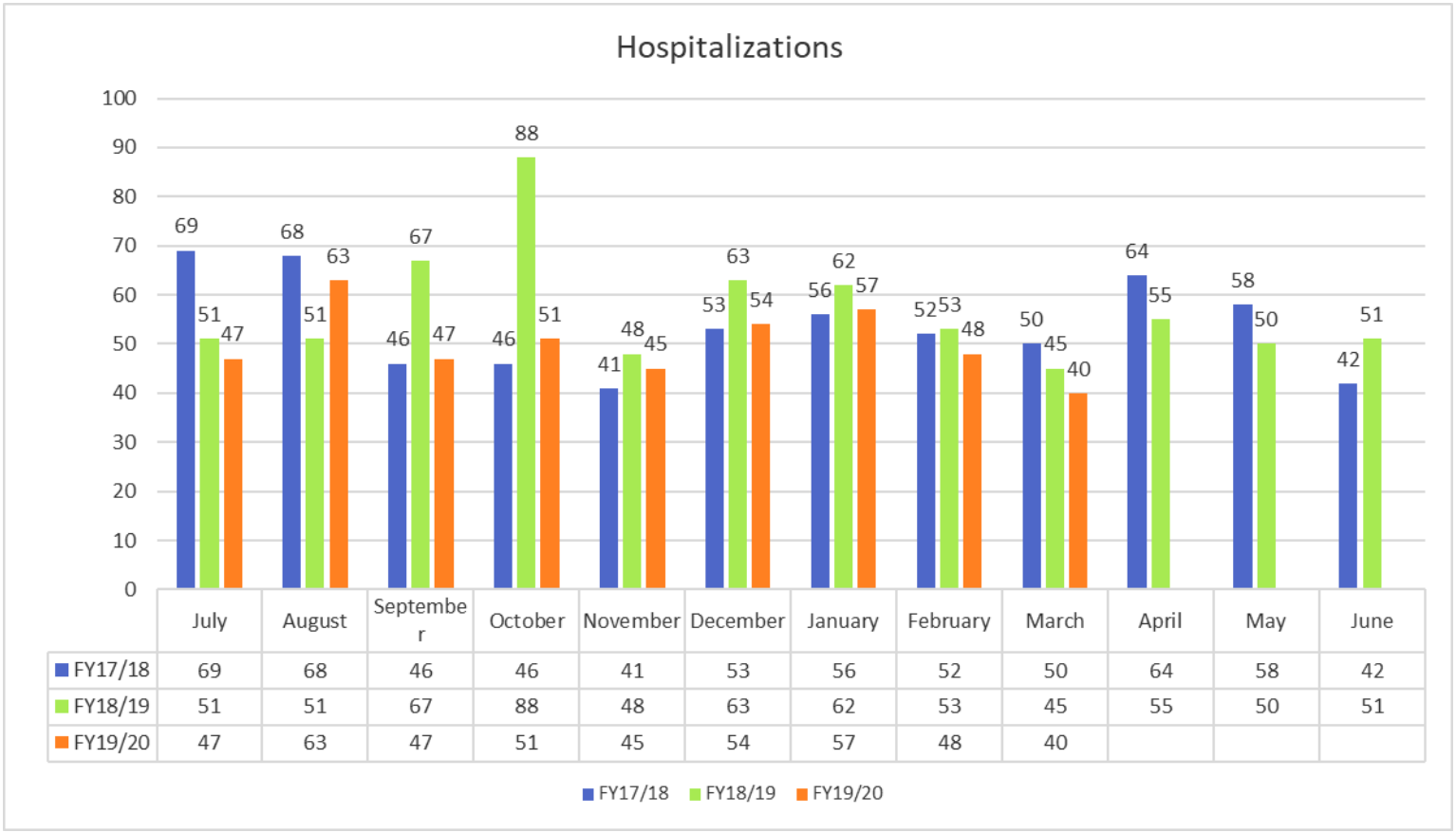
	July	August	September	October	November	December	January	February	March	April	May	June
FY17/18	553	564	437	432	456	498	438	452	503	559	545	401
FY18/19	423	434	409	505	405	458	498	455	475	424	419	334
FY19/20	306	311	358	277	321	363	475	391	371			

Redwood Quality Management Company

Phone: 707-472-0350 Fax: 707-472-0358

YTD Trends and Year to Year comparison through March 2020




Hospitalizations
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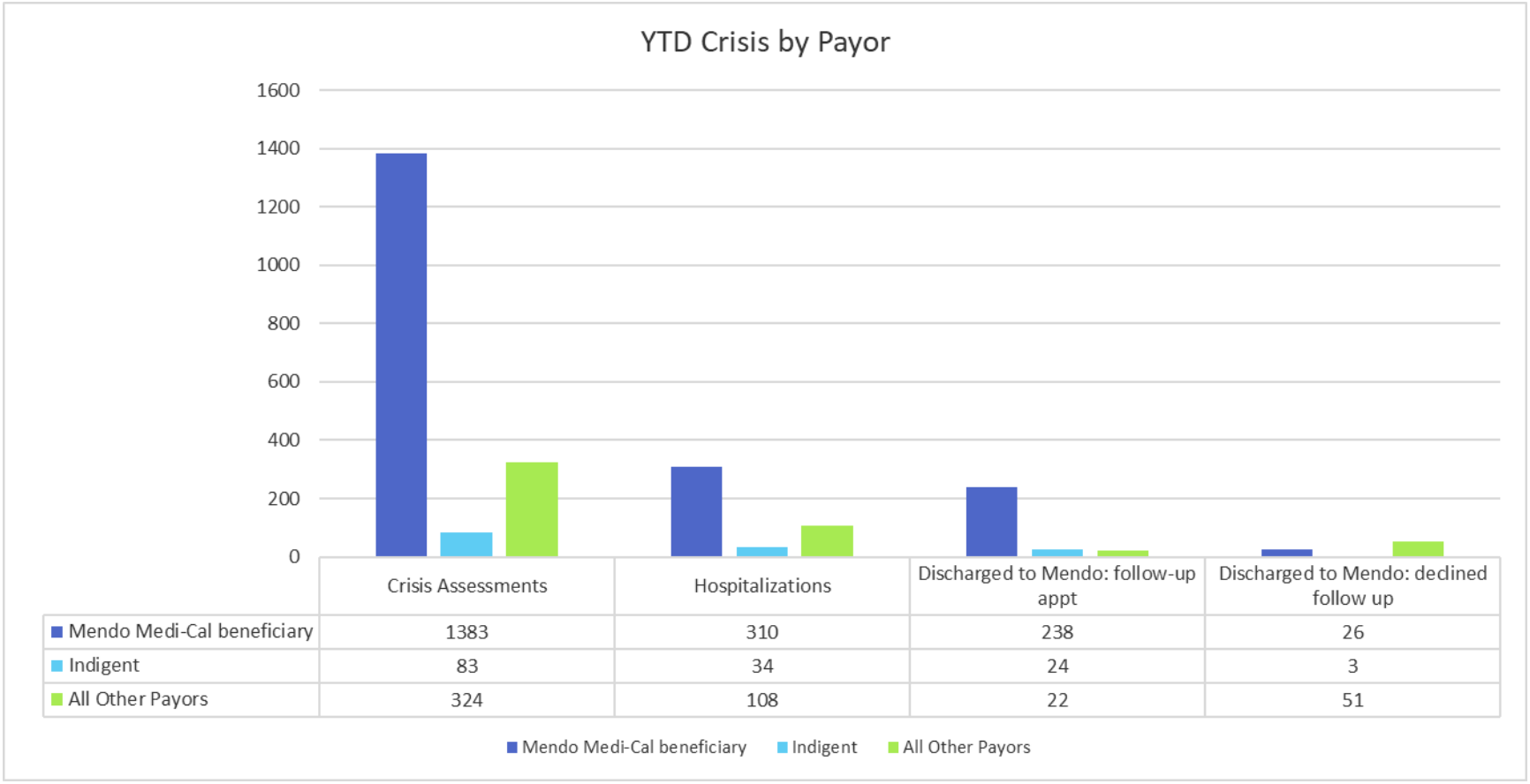

Mendocino County Health & Human Services Agency
Healthy People, Healthy Communities
Tammy Moss Chandler, Director
Jenine Miller, Psy.D., Behavioral Health Director
Behavioral Health and Recovery Services

May 4, 2020

Toby Ewing, Executive Director
Mental Health Services Oversight and Accountability Commission
1325 J Street, Suite 1700
Sacramento, CA 95418

Re: County of Mendocino Mental Health Services Act (MHSA) Innovation Project Extension Request

Dear Director Ewing,

Mendocino County Health and Human Services Agency Behavioral Health and Recovery Services (BHRS) would like to request an extension for the Round Valley Innovation Crisis Response project. The project was approved by MHSOAC on October 26, 2017 for $1,124,293. In January 2018, the County finalized a contract with collaborating agency, Round Valley Indian Health Center, and expenditures under the initial work plan commenced. The official start date for this project, based on first expenditure of INN Project dollars, is January 15, 2018. The current project is scheduled to end in January of 2021, we request to extend the project through June 30, 2022.

We are requesting an extension of time to complete the project's learning goals. There were some early barriers in implementing the plan, related to finding a suitable replacement following the departure of the former project lead, and the policy and procedure approval processes and hiring processes taking longer than anticipated. Even without the project lead, Round Valley Indian Health Center had been working with stakeholders and the County MHSA team to determine what level of crisis response was to be tested, and to establish additional feedback related to trust and communication.

The current project manager was hired by Round Valley Indian Health Center in November of 2018, and has begun testing early modalities of responding to referrals and clients in distress redirected from the clinic. From those early services, she has opened the Center of Healing Hearts, where she and two Peer Program Specialists provide a welcoming, homelike environment, and listening ears, which help determine what services are best utilized to respond to Round Valley Crisis needs. Early in the learning process, stakeholder feedback and community response indicated that use of the term "crisis" was a trigger for institutional distrust and historical trauma. The services that have been most useful are those that support protective factors; referral to resources, including counseling as well as providing a connection to traditional Native American healing practices and cultural skills. During this time, the program director has expanded community awareness of the project, strengthened involvement of local elders in the Innovation oversight group, and built connection with other local agencies that serve the community and are aware of crisis risk factors.

The extended time, will help us recover from the start up delays as well as further explore issues that have arisen during some of the initial learning related to trust and data collection. There is more to do to complete the learning goals originally proposed, both in terms of fully exploring the needs and

potentials for crisis response and crisis prevention in the community, and for discovering effective ways for building and maintaining trust, overcoming some of the ingrained impacts of a traumatic history. Because of the early delays, there are previously approved unspent funds that will be sufficient to support the project through the additional period requested. The initial plan was for three years, which would end in January of 2021. Our request is to continue through June 30, 2022.

We appreciate your consideration of this request. If you have any questions, please feel free to contact us.

Sincerely,

Karen Lovato, Acting Deputy Director
Behavioral Health and Recovery Services
Mendocino County Health and Human Services Agency
707-472-2342
lovatok@mendocinocounty.org.

cc: Wendy Desormeaux, MHSOAC Staff Mental Health Specialist
Jenine Miller,Psy.D., Mendocino County HHSA, Behavioral Health Director
James Russ, Executive Director, Round Valley Indian Health Center (RVIHC)
Gerrilyn Reeves, RVIHC Manager, Innovation Crisis Response, Center of Healing Hearts
Colleen Gorman, Mendocino County BHRS, MHSA Program Administrator
Rena Ford, Mendocino County BHRS, MHSA Program Specialist

County of Mendocino

MENTAL HEALTH SERVICES ACT

INNOVATION

COMPONENT WORK PLAN

A component of the MHSA Annual Plan
for Fiscal Years 2017-2018 through 2019-2020

Extension Request for Fiscal Years 2020-2022

September, 2017
Extension Request April 2020

HEALTH AND HUMAN SERVICES AGENCY
BEHAVIORAL HEALTH AND RECOVERY SERVICES

MENDOCINO COUNTY
hhsa
Health & Human Services Agency

MENDOCINO COUNTY INNOVATION WORK PLAN
Round Valley – Crisis Response Services
Mendocino County Innovation Plan #1, Extension Request

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

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

Phases Revised to Include Extension:

PHASE I: This particular Innovation Project idea began with targeted Project Planning Meetings to select a general need and focus for the Innovation Project from July 2013 to January 2014. General innovation project ideas were collected, discussed, and refined to a selection of the top 10 suggested broad project topics. These top ten community generated topics were voted on in a County wide survey which asked participants to rank each idea in highest priority. The general topic of crisis respite was selected as top priority, with second place as care management services to outlying areas.

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

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

PHASE 3: The Innovation task force selected the community of Covelo, as the community to learn in first. Innovation Task Force meetings were moved to Covelo/Round Valley. Focused planning sessions there included more local stakeholders and local community feedback to refine the learning objectives and project challenges. These meetings occurred from July 2015 through project approval in October 2017. (Current project development/stakeholder meetings continue to be held in Round Valley on a monthly basis.)

PHASE 4: Finalization of draft plan proposal, feedback on refinement, a 30-day public comment and hearing process in July-August 2017, approval by the Mendocino County Board of Supervisors on September 19, 2017, and MHSOAC approval on October 26, 2017.

PHASE 5: Project Development January 2018 – November 2018. Contract development and approval as well as renovation of facility occurred in 2018. Developed policies and procedures for the crisis center and job descriptions for staff positions, discussed concerns about safety and liability related to levels of crisis response, and emphasized protective policies and training. The Round Valley Indian Health Center Board created an oversight subcommittee for the project. Hired Project Manager for the newly named Center of Healing Hearts.

Phase 6: Project Implementation December 2018 – June 2022. Implement regular review and measurement by the community and all involved providers. Measurements will include trust by the stakeholders of providers, communication between providers, success of collaboration, success of models attempted, and awareness of the project in the community, and other feedback on how the community works with specialty mental health providers on this project. Expansion of staff and services available.

PHASE 7: Project Evaluation and Sustainability July 2021-June 2022. During this phase we will compile the results of the feedback and measurements obtained through project implementation. Community feedback will again be collected on the overall learning from the project, and things that could have made the project more successful. Depending on the success of the project, develop plans for sustainability, and begin either terminating or transitioning the project. Complete the final report to the MHSOAC.

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

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

Local Round Valley Organizations participating in the Innovation Planning Process

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

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

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

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

A Public Hearing was held on:

Date: May 23, 2016

Time: 10:30-12:00

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

A second 30 day Review and Public Comment Period for the review of the Mental Health Services Act, Innovation Plan update was held from: July 14 through August 13, 2017.

Public Hearings were held on:

Date: August 1, 2017

Time: 10:30 – 12:00

Place: 23000 Henderson Rd., Covelo, Yuki Trails Conference Room

And;

Date: August 7, 2017

Time: 10:30 – 12:00

Place: 1120 S. Dora St., Ukiah, CA, HHSA, Conference Room 1

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

- Electronic format: Mendocino County Behavioral Health and Recovery Services, Mental Health, MHSA website: www.co.mendocino.ca.us/hhsa
- Printed format: Behavioral Health and Recovery Services, 1120 S. Dora, Ukiah, CA 95482
- Fliers outlining Public Review and Comment details are mailed to locations throughout the county, including MHSA Programs, public libraries, health care clinics, tribal organizations, senior centers, and other public formats.
- Plans are e-mailed or mailed to anyone who requests a copy.
- All stakeholders are emailed a flier with information about obtaining a copy, where and how to make comments and the date and location of the Public Hearing.
- Announcements are placed in the local Newspapers with information regarding the plan's availability, where to obtain a copy, and where to make comments.

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

Insert info on new public comment period for Extension Request.

Mendocino County Innovation Work Plan Narrative

County: Mendocino **Date: 3/9/17** **Innovation Work Plan: 1**

Purpose of Proposed Innovation Project

X INCREASE ACCESS TO SERVICES

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

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

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

The Round Valley community is predominantly Native American, with a long history of cultural trauma. The community has a considerable lack of resources and high rates of poverty. There is no public transit within the community, which is remote and rural, and no public transportation to the larger community making access to services in larger communities almost impossible for those without transportation.

The American Indian and Alaska Native Population: 2010 a 2010 Census Brief issued in January of 2012, shows the 2015 Census data indicates that the Covelo

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

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

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

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

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

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

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

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

Mary Annette Pember, an editorial Journalist of the University of Wisconisn-Madison, explains that our endocrine system is "strongly influenced by experience." Consider the trauma experience of Native Americans: it has been and remains pervasive, it is historical and embedded in the contemporary culture of Native communities, it manifests as alcoholism, chronic excessive drug abuse, suicide rates higher than the national average, domestic violence and other mental health issues.
Today, trauma is thought to be directly linked to illness. It is enlightening to recognize that "American Indians have an adult trauma exposure rate of 62.4% to 69.8% to at least one traumatic event; a substantial proportion of these entail death of a loved one (Manson, Beals, Klein, Croy, & AI-SUPERPFP Team, 2005). There now exists a strong possibility that our genes may "switch on" adverse reactions and negative responses to stress and trauma. The now famous 1998 ACES study conducted by the Centers for Disease Control (CDC) and Kaiser Permanente showed that such adverse experiences could contribute to mental and physical illness. (Pember M. A., 2015). Considering the fact that "epigenetics is beginning to uncover scientific proof that intergenerational trauma is real. Historical trauma, therefore, can be seen as a contributing cause in the development of illnesses such as PTSD, depression…"

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

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

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

In Benjamin Madley's recently published, "*An American Genocide: The United States and the California Indian Catastrophe,*" (2016), he proclaims, "Between 1846 and 1873, perhaps 80% of all California Indians died…mass death silenced thousands of California Indian voices…" (pg.10). Round Valley Indian Tribes is a direct result of this well documented collective trauma. The Yuki people were nearly annihilated, as were many of the now member tribes that were subsequently relocated by forced marches to Round Valley. The tribal people of Round Valley suffered under intolerable physical and psychological conditions engendering a deep and pervasive historical trauma. This trauma remains a lingering corrosive wound that has historically preyed upon tribal families and their social structures, and a wound that still haunts the individual and collective psyche of the Valley. From the Gold Rush to approximately 1880, California Indian peoples suffered through a violent crescendo of brutal and relentless assaults upon their lifeways, bodies and mental states. Unparalleled loss of homeland, culture, of natural and human resources occurred throughout the Round Valley bioregion, resulting in devastated native populations. Throughout California, the native population experienced a decrease of 90% of the estimated population of 300,000 to approximately 15,000 at the turn of the century. Generations of Round Valley tribal people during these times and the subsequent century has simply endeavored to survive. Current expressions of historical trauma include depression, suicide,

alcoholism, domestic violence, chronic grief and loss, in addition to an even wider spectrum of mental health issues.

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

Works Cited:

Brave Heart, Maria Yellow Horse and Josephine A. Chase. "Historical Trauma Informed Clinical Intervention Research and Practice 2014." Historical Trauma and Community Based Participatory Research- Towards a Model of Participation for Tribal Colleges and Universities. 2014 American Indian Higher Education Consortium (AIHEC) Behavioral Health Institute.

Beals, J., Manson, S., Whitesell, N. Spicer, P., Novins, D. & Mitchell, C. (2005). "Prevalence of DSM-IV disorders and attendant help-seeking in 2 American Indian reservation populations." *Archives of General Psychiatry, 162,* 99-108.

Coyhis, Don. [Don Coyhis]. (2017, March 13). *The Wellbriety Journey to Forgiveness.* [Video file]. Retrieved fromhttps://www.youtube.com/watch?v=vZwF9NnQbWM
Pember, Mary Annette. "Trauma May Be Woven Into DNA of Native Americans." *Indian Country Media Network.* 28 May 2015. https://indiancountrymedianetwork.com/news/native-news/trauma-may-be-woven-into-dna-of-native-americans/

Madley, Benjamin. An American Genocide: The United States and the California Indian Catastrophe. 2016.

Covelo CDP, CA. 2015, U.S. Census Bureau. <www.census.gov>

Data Summary Sheet on Suicide Deaths and Nonfatal Self-Inflicted Injuries, Mendocino County. California Department of Mental Health Office of Suicide Prevention. 2009.

Substance Abuse and Mental Health Services Administration. (2014). Native Children: Trauma and Its Effects. Trauma Informed Care Fact Sheet. April 2014.

Learning Goals

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

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

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

Evaluation and demonstration of outcome measures:

The project will test and learn about:

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

The community members propose to explore whether it would improve outcomes to offer Social Model rehabilitation support opportunities to any and all persons who are in crisis, including Alcohol and Drug use related as a contributing factor in many crisis situations. The members of this community also would like to learn whether offering support to the native population in regard to healing from historical trauma by offering traditional healing practices and using “natural helpers” in the community might decrease the need for law enforcement, hospitalizations, and incarcerations. Among proposed models to build from is the “Wellbriety: Journey to Forgiveness” a movement facilitated by White Bison a charitable organization supporting wellness and recovery among Native American/Alaskan Native communities nationwide. White Bison wellness practices are used in the community as part of sobriety supports and in the context of anger management. This project, through the Center of Healing Hearts (CoHH), is exploring the possibility of offering White Bison classes at the Center that would meet identified needs of clients. The crisis adaptation originally envisioned has

not yet been pursued, as the center is focusing on preventative and protective approaches to crisis at this time.

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

The community and stakeholders were almost immediately resistant to the use of data collection tools in this project. Stakeholders referenced negative associations with data collection tools, in particular those asking for demographics that don't reflect the local community's identity. They stated that the use of such tools are a barrier to treatment and feel like a transaction when required before services are provided. While several of the tools referenced are used in the formal clinic activities, and can be cross-referenced for clients receiving both clinic and CoHH services, it is a small percentage of clients. The project has adapted alternate methods of collecting data in a narrative/interview format. We hope to look further at what changes to data tools would be more reflective of the community and meaningful for the community to participate in.

The updated timeline for this plan is as follows:

- 60 months for operational testing
- 12 months for assessment and evaluation and reporting to stakeholders

Key Milestones (revised to reflect progress to date, adding two years):

- 0-4 months: Consistent stakeholder participation, maintain core group and expand include more Round Valley residents
- 2-11 months: Gathering of community support, recruitment of Natural Helper expertise.
- 6-18 months: Planning, developing and training for Crisis response plan models. Development of policies and procedures.
- 11-18 months: Monitoring for consistent positive response of collaboration, local collaboration of core stakeholders, improved trust responses. Monitored at least once every six months. Recruitment of Project Manager.
- 12-24 months: Recruitment of natural helpers and development of natural helper handbook
- 12-60 months: Implementation and testing Crisis response modalities. Monitored at least once every six months.
- 48-60 months: Evaluation of crisis response modalities, resiliency models, ongoing training and education

- 48-60 months: Evaluation of Center of Healing Hearts sustainability with successful modalities

Proposed Questions & Strategies for Measuring Successful Collaboration

Identification of Community Crisis needs:

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

Progress to date:

Early data collected on trust ratings and mutual respect was lost in the process of staff turnover. Anecdotal information from meeting minutes, indicates that the community had a higher rating of trust the closer the relationship with the person or agency. Individuals seemed to have more trust with agencies they worked with, knew personally, or had a long history with. The further the distance or the more governmental the agency, the less trust existed. For example, a community member might express trust for the County staff person present at the meetings for the past several years, but not the County as an entity. Additionally, trust seemed to build from demonstrated reliability and actual progress towards goals. The Round Valley Indian Health Center Board subcommittee was reluctant to pursue development of policies until they were certain contracts were finalized and funding was dispensed.

Discussions in early meetings identified existing crisis resources in Round Valley as predominantly the compassion of the people. Stakeholders report that most “crises” are managed by friends and family members and seldom rise to the attention of 5150 assessment. The community identified Elders and “Aunties” as being a significant resource of trusted community leaders and guides. Stakeholders identified that these resources were predominantly compassion and energy for the community, and were very relationship based. Stakeholders identified that staff that would not typically qualify to hold a 5150

card. Based on the stakeholder input about community resources, the project lead reached out to various community leaders for additional stakeholder involvement.

Attendance at meetings has increased, with most identified local resources attending at least semi-regularly and many regularly. A small group of Elders has been the most consistent new group of attendees. It has been more difficult for representatives of resources (whether general human services, health services or specialty mental health resources) outside of Round Valley to attend on a regular basis; further development of strategies to invite and encourage attendance is needed.

Crisis services as usually defined by assessing or meeting 5150 criteria do not exist in Round Valley, beyond the extent to which Law Enforcement is able to place individuals on holds. Because of this, individuals in need of these services often do not seek services, as Law Enforcement, even Tribal Police, are institutions associated with trauma. Early discussions included the possibility of giving Round Valley Indian Health Center staff 5150 privileges. However, due to the limited resources including qualified staff, time, and transportation, lower acuity crisis response modalities were chosen for exploration first. In addition, stakeholders provided feedback that calling a service "crisis" was a barrier to treatment, as it had traumatic associations in the community.

An early stakeholder idea for the Center of Healing Hearts, was to partner with Round Valley Family Resource Center in developing the capacity to fully implement a Trauma Informed Care approach for Round Valley residents with emphasis on addressing historical and intergenerational trauma. A training was held with Round Valley Indian Health Center staff on historical trauma, in particular trauma related to Round Valley's unique history. The Thin Book of Trust, by Charles Feltman was purchase by Round Valley Indian Health Center for staff to work on shared language with which to discuss trust.

In addition to 5150 level crisis assessment and detention limitations, the early stakeholders identified a number of other resources lacking in Round Valley. Dominant among these is transportation to services that don't exist in the valley. Because of the remote isolation of Round Valley, if services are not available in the area, the round trip to the nearest large community of Willits, is 1.5 hours. For those services that are available in Round Valley, stakeholders identified limited after-hours services as another challenge related to crisis needs. The need for more culturally sensitive/relevant services with more of a relational/wraparound connection than most institutional agency style services. For example, stakeholders expressed a desire for follow-up calls after a counseling session, showing care and concern, and allowing the individual to talk for as long as they need to as opposed to only maintaining connection during scheduled appointments with rigid timeframes.

The group's early decision to engage the community through elders and other trusted community leaders has yielded regular ongoing participation and feedback from elders, helping to guide and shape the activities and services offered. These stakeholders have brought understanding of historical and intergenerational trauma, empathy for those suffering its effects, and the use of traditional cultural practices and arts for healing and building protective factors.

The CoHH Manager has continued to make personal contact with a variety of community resources, many of whom have become regular or occasional participants in monthly Innovation meetings.

Redwood Coast Regional Center has been identified as an agency that would be helpful to have involved (particularly in relation to responding to parents feeling stressed and in need of support in meeting needs of children with autism).

Communication:

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

Communications developments:

The stakeholder group has more recently adopted measures of trust they find more meaningful, such as: progress observed in achieving action items and qualitative "surveys" consisting of brief written words or phrases encapsulating participants' feelings at the end of each meeting.

The location for services has been named "Center of Healing Hearts". The choice not to use the word "crisis" reflects the reality that many in the community find the word triggers memories and associations of past trauma, and inspires avoidance rather than engagement.

Community members recently put forward a proposal to pursue a Policy, Systems & Environmental (PSE) approach to change in the remaining two years if extension is granted; the proposal envisions a collaborative process for developing and implementing a "tribal consultation policy". The process is seen as an opportunity for bridge-building and trust-building.

Request For Extension of Time To Complete Round Valley Crisis Response Innovation Project (Center Of Healing Hearts)

Initial Plan Approval:

The Mental Health Services Oversight and Accountability Commission (MHSOAC) commission approved the original plan on October 26, 2017. The Mendocino County Board of Supervisors approved the plan on September 19, 2017.

Learning Objectives and Target Population:

The learning objectives and targeted population of the project have not changed. The project aims to increase access to behavioral health services for residents of the geographically remote community of Round Valley, with particular focus on factors contributing to disparity in access to care for its Native American community members.

We continue to explore approaches to overcoming historical distrust, uncovering and addressing the many levels of trust, and finding effective ways of responding to the needs of those in crisis or needing pre-crisis intervention, in a way that makes use of local resources as fully as possible. The community identified barriers around use of the term "crisis" related to historical distrust, which influenced what the services would be called. In recognition of the limited local resources for providing crisis level services, and in response to expressed stakeholder preferences, interventions have shifted to strengthening protective factors and offering wellness, resiliency and prevention-oriented approaches, more than direct crisis response.

Community Planning Process for the Extension:

To give our stakeholders and the Round Valley Indian Health Center Board adequate time to be involved in the extension planning process, the first stakeholder meeting was held November 5, 2019 at the regular monthly Innovation meeting in Covelo. Additional meetings were held on December 10, 2019 and on February 4 and March 3, 2020. These meetings were attended by a diverse cross section of individuals including but not limited to law enforcement, tribal board members, local elders, health care service providers, substance use disorder providers, clients, community members, and family members of clients. The county sought direct feedback from the stakeholders by presenting the draft extension request (updated Work Plan) at the February 4 and March 3 meetings. These meetings are documented by Minutes and Sign-In sheets. Hard copies of the draft were made available at the February 4 meeting.

Progress to Date and Need for Additional Time:

There were unanticipated delays in finalizing the contract between the County and RVIHC, which in turn delayed funding needed to complete renovation of the building to

be used for the crisis response facility, and to hire a project manager. Start-up and implementation contracts were finalized in January and March of 2018, respectively. Implementation was further delayed by turnover in project staff, and difficulty in finding an individual with the desired combination of skills, experience and community and cultural understanding to fill the role of Project Manager. Without a manager in place, the renovation process was also delayed. A full time manager was hired in November of 2018 and has been filled since.

The project opened the doors of the Center of Healing Hearts (CoHH) in early December 2018. This was the beginning of "implementation and testing of crisis response," starting approximately 5 months later than the original July 2018 target date. Initially staffed solely by the newly hired manager, and with the RVIHC Board having advised starting small and building from success, the center was open for a couple of hours each weekday for drop-ins. Positive response led to establishing fixed hours of service of five hours per day in January of 2019. By then the CoHH had also created and distributed a brochure, and had begun accepting referrals from RVIHC's health care providers and from Yuki Trails, the behavioral health services division of RVIHC.

While basic services had begun, the achievement of other project milestones fell further behind schedule when review and approval processes took longer than anticipated. The RVIHC Board approved policies and procedures and additional job descriptions for the project in April of 2019, nine months after the July 2018 target date; formal recruitment of Natural Helpers was completed in May 2019, ten months after the July 2018 target date.

From December 2018 to present, the Center of Healing Hearts has provided services, and has seen a gradual increase in community awareness of the services and in the numbers of people referred or seeking services. Experience to date has given us some useful information in assessing the crisis response needs of Round Valley residents. However, there has not been sufficient operational time to fully explore the potentials and complete our learning tasks for the project.

Trust Learning

The approach of "starting small and building from success," was based both on safety concerns and also on the expectation that early success would help build trust and confidence in the project within the community. An early learning related to community trust entered into the decision for naming the center, and continues to guide how services are represented.

Discussions on naming the facility/services revealed that the word "crisis" itself brought up for many community members negative associations based on past experiences with government and historical trauma, many of which involved law enforcement, hospitals, detention and removal from the Valley. Analysis of the CoHH's service data and other feedback indicates a reticence to self-identify as being "in crisis", though

once a level of trust was established, information shared by participants would often reveal levels of distress that could be considered "pre-crisis."

It is expected additional time will be needed to establish a level of trust by community members and Center clients that will lead to a full and accurate assessment of the needs for crisis response and/or crisis prevention, and to discover the best modalities within local capacity, existing or enhanced, to address these needs. Some comments during meetings seeking stakeholder input on this Extension Request suggested that loss of the Center at this point, when people are just learning to trust that services will be there for them, would have a devastating impact on the trust that has been slowly built to date through this project.

There has been progress in learning about trust and its role in working together effectively. Through many discussions the stakeholder group struggled with defining trust and deciding how it could best be measured. They discussed concepts reflecting trust, including commitment, transparency, accountability, integrity, respect and follow-through. The group came to recognize there are numerous "levels" of trust involved, including that between Tribal and County entities (RVIHC and BHRS), between individuals, between the community and the project, between outside agencies and the project, between the community and RVIHC, between and among various boards and commissions and the project, and between the community and various boards and commissions.

An idea that has emerged more recently through stakeholder input is for RVIHC and the County team to coordinate on developing a "tribal consultation policy" that would go beyond the existing general MOU on communications between County and Tribal governments. The intent of the policy would be to ensure that when new program services designed or intended for the Native community are being developed and/or funded, there will be adequate opportunity for input by Native community members and program staff into the development of the proposed services. The process of collaboration and the hoped for implementation of such a local policy are expected to be trust-building, and may provide a model for use by other Native communities. This proposal is being explored.

With respect to measurement of trust, early attempts using surveys calling for numerical ratings after each Innovation group meeting did not always gain full participation. Discussions with stakeholders revealed a level of "survey fatigue" and distrust and negative associations related to use of surveys to collect data from Native American communities. After further exploratory discussions on what meeting participants saw as indications of trust/distrust, the group agreed to adopt more qualitative measures. Trust measures that were most meaningful to stakeholders include indicators of forward momentum of the project, action items completed, follow-through on tasks, the content of minutes, and collected words or phrases written by participants to encapsulate their feelings at the end of each meeting. If undertaken, the progress of the collaborative work toward adoption and implementation of a tribal consultation policy will offer another measure.

Crisis Response Learning

Within the past year the project has recruited, hired, oriented and trained two full-time Peer Support Specialists with "Natural Helper" capabilities who work directly with individuals who come to the Center.

Training for staff has included: Crisis Intervention Team training, Mental First Aid for Adults, and QPR (Question, Persuade, Refer) training for recognizing warning signs and responding to suicide crisis. Peer Support Specialists have also attended White Bison sponsored trainings incorporating Native American cultural perspectives and values (for example, Wellbriety and Celebrating Families). The project manager has completed a Trauma Informed Care training and remains current on Opioid Safety information and local coalition efforts. All staff continue to build their understanding, skills, and range of approaches for responding to individuals in crisis.

"Wellbriety: Journey to Forgiveness" and other White Bison programs have been and continue to be used within the community. CoHH staff are familiar with this approach to healing and recovery that is rooted in Native American spirituality and tradition, and have been able to use their understanding of this framework in supporting CoHH clients who have experience with this model. They plan to seek White Bison trainer certification in order to offer classes at the Center to meet identified needs. CoHH is now exploring additional approaches such as hosting a Positive Peer Parenting Support Group, Elder talking circles, and the potential for using storytelling as a healing practice.

Events and activities held at the Center have helped familiarize the community with the environment and services offered at CoHH. The Center has hosted a number of activities that have been sought by the community and that have been found to offer protective factors as well as cultural value. These have included weekly beading groups facilitated by local tribal Elders, integrating traditional crafts and sharing of experience as a potentially healing modality. The groups found to be most meaningful and well attended are those that support the furthering of cultural skills and traditions. Future plans along these lines include leatherworking and basket weaving in a supportive group environment. The Center continues to respond to the community's high priority on integration of Native traditions and healing practices.

Based on learning to date, the Center would like to increase involvement of community members who could serve as "Natural Teachers" (a term used by a local elder stakeholder) by sharing their experience and knowledge. Recent experience has also increased awareness of the need to provide support for those serving in Natural Helper and peer support roles, and this is an important focus as the project goes forward.

The project manager has begun exploring possibilities for coordination and reciprocal referrals with other local agencies, in particular those associated with the role of the family. Through this reaching out has come the awareness that some contacts with agencies that potentially involve family separation can be overwhelming and produce a sense of crisis, particularly for an individual lacking advocacy or support. The project

manager has identified an existing need of crisis support among TAY-aged young women, and the possibility of referrals from the Juvenile Justice Wellness Court and Youth Project. Going forward there will be additional attention given to adjusting protocols for referrals from the Round Valley Indian Health Center to the CoHH to increase the likelihood of follow-through. These efforts are expected to increase the overall numbers of people served, and will provide more information for assessing needs and the most effective response modalities.

The recently proposed Policy, Systems and Environment approach offers a promising avenue for clearer definition of the Center's role in serving crisis needs, in the context of other community resources. Many of the preferred approaches to crisis response are wellness and resiliency oriented. RVIHC currently has a Family Resource Center (FRC) that provides wellness and resiliency support services. The Center of Healing Heart's services share a wellness and resiliency orientation, and offer connection to traditional culture and healing practices as well as crisis counseling and other assistance. The proposal would have the CoHH and the FRC partner in implementing Trauma-Informed Care with emphasis on historical and intergenerational trauma. Through this partnering the Center could come to a clearer definition of its services, roles and purposes in relation to crisis needs and response, in a way that will distinguish it from and yet be complementary to and aligned with what the FRC provides. This learning will inform future sustainability plans for the Center.

With respect to outcome measures in relation to crisis response, one area that has presented difficulty in the learning process is the resistance to providing data. The community has expressed concerns that the collection of data is associated with exploitation. There is often-cited history of collection of data that results in no tangible benefit (e.g., funding for services) to the community. In addition to the aversion to providing data that is not meaningful to the participant, stakeholders expressed that being asked "twenty questions" before addressing the reason for the visit or current need, represents a barrier to seeking services. Stakeholders report a feeling of transaction associated with data collection in addition to the other reported barriers. There may exist a lack of distinction between demographic questions and those aimed at assessing one's sense of well-being, depression, stress level, satisfaction, before and after services are accessed. In response, the project is exploring what data this community is comfortable sharing in the process of accessing support services, and has begun modifying the timing of obtaining the various types of information.

The initial Work Plan listed Patient Health Questionnaires PHQ2 and PHQ9 as potential tools for measuring outcomes of crisis response. Round Valley Indian Health Center (RVIHC) uses these questionnaires for depression screening and assessment. A review of data on clients served by the Center to date shows approximately 20 percent were referred by RVIHC. Thus, the Health Questionnaire does not provide a rigorous baseline for Center of Healing Hearts participants. Aware of the expressed concerns about data collection as a barrier, the Center has opted for a staff-led survey using a conversational style, encouraging client's self-reporting on reason for visit, needs, services accessed and satisfaction. A separate Client Satisfaction Survey has been developed for use every few months to obtain a "snapshot" of the satisfaction of

Center service recipients. Going forward, the Innovation project team will continue to develop additional tools for data collection, analysis, and reporting within the bounds of community comfort.

Transportation Needs

Early in the project development process there was recognition of a need for transportation support for access to services within the Valley as well as for services only available outside of the Valley (involving 45 to 90 minute drives one way in good weather). The initial budget had only provided for maintenance costs and fuel for an existing vehicle, but would not support purchase of a separate vehicle dedicated to this project's purposes. The Center of Healing Hearts would now like to address the transportation issue by engaging stakeholders in planning to make regular use of a vehicle to facilitate access to health, mental health and supportive services. There are plans to explore providing after-hours on-call response services and possible overnight stays at the Center, and these would require regular availability of a reliable vehicle.

Summary

In Summary, following challenges with contracts and hiring, the project has made significant progress, but not enough to completely explore the possibilities or draw clear lessons regarding either of the learning goals. The process to date has led to additional coordination with other local resources, newly identified service needs, and strong interest in increasing Elder involvement and integration of traditional cultural practices into available crisis response/crisis prevention services. Moreover, the ideas recently brought forward by stakeholders (Policy, Systems and Environmental approach, and specifically work on tribal consultation policy for trust-building and coordination with the FRC on Trauma Informed Care) show promise for a more focused path toward completion of the project's learning goals. We are confident that once the current slowdown required in response to the COVID-19 pandemic is behind us, we can regain the forward momentum and bring the project to a successful conclusion within the additional two years requested.

No Request for Additional Funding:

Upon analyzing expenditures to date and anticipated costs through the requested two year extended period for the project, we have determined we will not need to request additional funds.

We overestimated our ability to utilize the funds for this project within the timeline of the original proposal. Implementation moved more slowly than anticipated, as indicated above. The initial underutilization of funds has led to a surplus that the project will be unable to utilize by June 30, 2020. Including a projection of the amount of funds that will be used for the remainder of FY 19-20, this project will have used approximately $481,765 of the $1,124,292 initially budgeted. We intend to fund the extension, if granted, with the remaining $642,527. A re-allocation of the budget funds is outlined

below in the budget narrative and an updated, 5-year, budget is included as an attachment.

UPDATED BUDGET NARRATIVE

Personnel Costs

Salaries for the first year of the project were budgeted at $215,568; however the delay in hiring the project manager led to underspending for personnel that year. Once the Center of Healing Hearts began to see clients in December 2018, the utilization of funds for staff went up, but still did not match the allotted budget amount of $226,346. Staffing for the current year, Fiscal Year 19-20, includes a 1.0 FTE Manager, 2.0 FTE Natural Helpers/Peer Specialists, and one 0.05 FTE psychiatrist. The projected cost for continued funding of personnel through FY 19-20 is around $118,000. However, with limitations on in-person services and elimination of group activities to protect against COVID-19 spread, some reductions in staff hours on this project may occur, reducing actual personnel expenditures.

Based on increased contacts and coordination with other community service agencies, it is expected that referrals will increase once the pandemic pause has passed. With the potential introduction of a vehicle to provide practical access to services, the Center would require at least one more full time Natural helper/Peer Specialist. Taken together these factors support an increase in the number of full time Natural Helpers from 2.0 FTE to 3.75 FTE. This staffing increase is reflected in the budget for FY 20-21 and FY 21-22. It is unlikely that new staff would be hired in the remainder of FY 19-20; however, funds are available to do so.

The indirect costs listed in Personnel include the salaries of administrative support staff, county employee time for administration, data analysis, and oversight. Indirect costs also includes administrative staff costs from the Round Valley Indian Health Center associated with oversight of the project.

Operating Costs

The operating costs for the Center of Healing Hearts include rent, utilities, insurance, vehicle maintenance (in 20-21 and 21-22), food, activities supplies, cleaning supplies for the Center of Healing Hearts, essential personal care products such as soap and toothpaste, printing and outreach materials, office supplies, as well as other maintenance costs (paint, grounds keeping, etc.). Indirect costs within the operating costs include administration and oversight of the program.

Consultant Costs

The Center of Healing Hearts contracts with a Native American traditional healer who is onsite for 3 – 4 days every two months, and works with individuals and groups by

appointment, using a variety of traditional medicine approaches. This category may also include costs associated with staff training and the final project evaluation.

Attachments Revised to Include Extension:

A. Proposed and Draft Measurement Tools
    i. Round Valley Kiosk Questionnaire Tool (p. 26)
    ii. PHQ2 (p. 27)
    iii. PHQ9 (English and Spanish) (p. 29)
    iv. Proposed Innovation Evaluation Survey (p.32)
B. Proposed Project Budget (p. 33)
C. Project Logic Models (p. 35)
D. Project Planning Tool (Provided by Deborah Lee) (p. 36)
E. Mendocino County Board of Supervisor Minutes Approving MHSA 3 Year Plan Annual Update program and expenditure plan (Agenda Item 5E) (p. 37)
F. Public Response to the MHSA Innovation Plan 30 day Public Comment Period (p. 46)
G. Mendocino County Behavioral Health Advisory Board Letter of Support (p. 52)
H. Mendocino County Board of Supervisor Minutes-September 19, 2017 Approving MHSA Round Valley Crisis Response Innovation Project (Agenda Item 4e) (p. 54)
I. Budget for Proposed Extended Period (p. 62)
J. Center of Healing Hearts Client Satisfaction Survey (P. 64)
K. Crisis Resources of Round Valley (p. 65)
L. Public Response to Extension Request 30-day Public Comment Period (p. 67)

Round Valley Kiosk Questionnaire Tool

ROUND VALLEY INDIAN HEALTH CENTER
HEALTH CARE MAINTENANCE SCREENING QUESTIONNAIRE

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

Depression Screen:

How often do you feel down, depressed or hopeless?
- ☐ I Hardly ever feel down or not at all
- ☐ Several days in the past week
- ☐ More than half the days in the past week
- ☐ Nearly every day

How many days a week do you have little interest in daily activities?
- ☐ This is not a problem for me.
- ☐ Several days in the past week.
- ☐ More than half the days in the past week.
- ☐ Nearly every day

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

Alcohol Screen:

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

_____

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

_____

Domestic Violence Screen:

	YES	NO
Are you presently a victim of domestic violence?	☐	☐
Have you been a victim of domestic violence in the past?	☐	☐
I do not wish to answer this question at this time ☐		

Patient Name _____ Date _____

Provider _____ Date _____

PHQ2

STABLE RESOURCE TOOLKIT

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

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

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

Clinical Utility

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

Scoring

A PHQ-2 score ranges from 0-6. The authors[1] identified a PHQ-2 cutoff score of 3 as the optimal cut point for screening purposes and stated that a cut point of 2 would enhance sensitivity, whereas a cut point of 4 would improve specificity.

Psychometric Properties[1]

Major Depressive Disorder (7% prevalence)				Any Depressive Disorder (18% prevalence)			
PHQ-2 Score	Sensitivity	Specificity	Positive Predictive Value (PPV*)	PHQ-2 Score	Sensitivity	Specificity	Positive Predictive Value (PPV*)
1	97.6	59.2	15.4	1	90.6	65.4	36.9
2	92.7	73.7	21.1	2	82.1	80.4	48.3
3	82.9	90.0	38.4	3	62.8	95.4	76.0
4	73.2	93.3	45.5	4	50.9	97.9	81.2
5	53.7	96.8	56.4	5	31.1	98.7	84.6
6	26.8	99.4	78.6	6	12.3	99.8	92.9

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

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

STABLE RESOURCE TOOLKIT

The Patient Health Questionnaire-2 (PHQ-2)

Patient Name _____ Date of Visit _____

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

PHQ9 (English and Spanish)

PHQ-9 Patient Depression Questionnaire

For initial diagnosis:

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

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

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

Note: Since the questionnaire relies on patient self-report, all responses should be verified by the clinician, and a definitive diagnosis is made on clinical grounds taking into account how well the patient understood the questionnaire, as well as other relevant information from the patient.
Diagnoses of Major Depressive Disorder or Other Depressive Disorder also require impairment of social, occupational, or other important areas of functioning (Question #10) and ruling out normal bereavement, a history of a Manic Episode (Bipolar Disorder), and a physical disorder, medication, or other drug as the biological cause of the depressive symptoms.

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

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

Scoring: add up all checked boxes on PHQ-9

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

Interpretation of Total Score

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

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PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME:_____ **DATE:**_____

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

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

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

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

A2663B 10-04-2005

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

Nombre_____ Médico_____Fecha De Hoy_____

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

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

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

☐ Nada en absoluto ☐ Algo difícil ☐ Muy difícil ☐ Extremadamente difícil

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

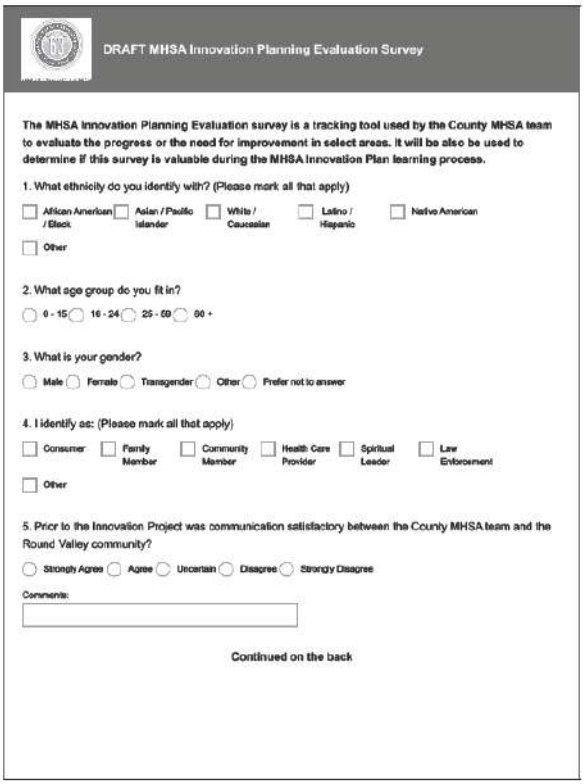
☐ Sí, he tenido dificultad con estos problemas por dos años o más.

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

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

Number of symptoms:_____ Total score:_____

Proposed Innovation Evaluation Survey



DRAFT MHSA Innovation Planning Evaluation Survey

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

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

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

2. What age group do you fit in?

◯ 0 - 15 ◯ 16 - 24 ◯ 25 - 59 ◯ 60 +

3. What is your gender?

◯ Male ◯ Female ◯ Transgender ◯ Other ◯ Prefer not to answer

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

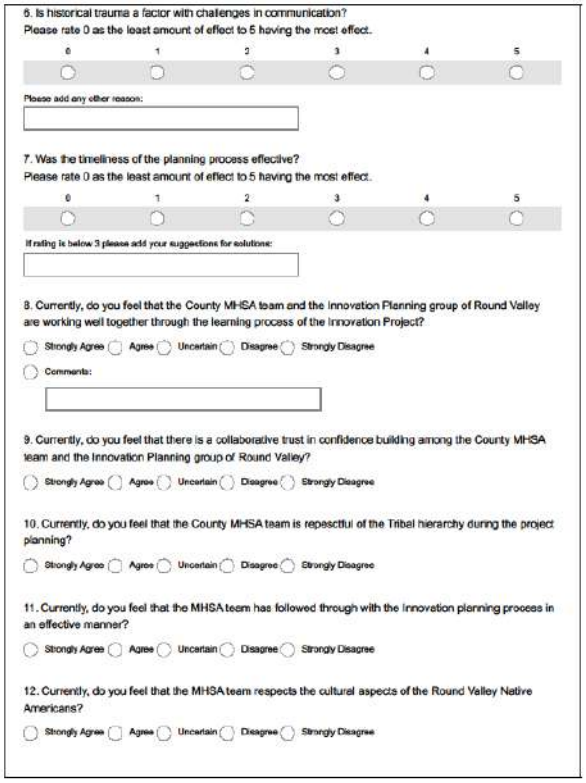
☐ Consumer ☐ Family Member ☐ Community Member ☐ Health Care Provider ☐ Spiritual Leader ☐ Law Enforcement ☐ Other

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

◯ Strongly Agree ◯ Agree ◯ Uncertain ◯ Disagree ◯ Strongly Disagree

Comments:

Continued on the back



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

0 1 2 3 4 5

Please add any other reason:

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

0 1 2 3 4 5

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

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

◯ Strongly Agree ◯ Agree ◯ Uncertain ◯ Disagree ◯ Strongly Disagree

◯ Comments:

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

◯ Strongly Agree ◯ Agree ◯ Uncertain ◯ Disagree ◯ Strongly Disagree

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

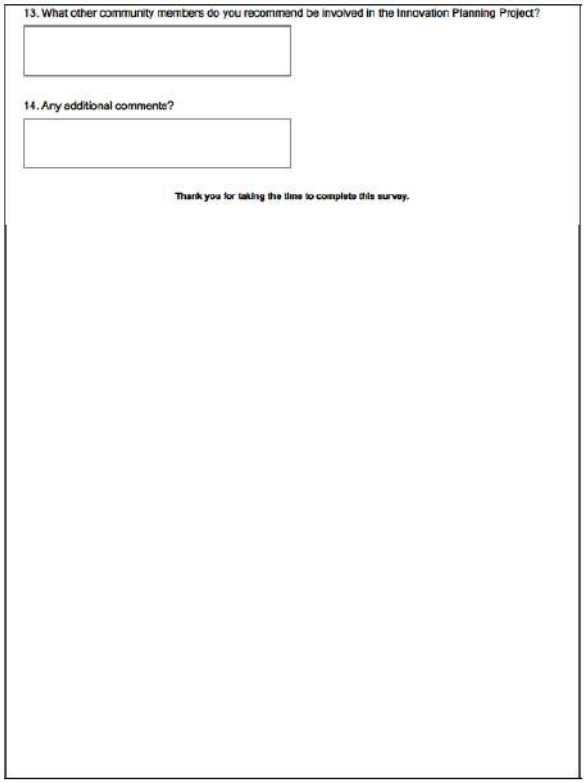
◯ Strongly Agree ◯ Agree ◯ Uncertain ◯ Disagree ◯ Strongly Disagree

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

◯ Strongly Agree ◯ Agree ◯ Uncertain ◯ Disagree ◯ Strongly Disagree

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

◯ Strongly Agree ◯ Agree ◯ Uncertain ◯ Disagree ◯ Strongly Disagree



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

14. Any additional comments?

Thank you for taking the time to complete this survey.

Proposed Project Budget

New Innovative Project Budget By FISCAL YEAR (FY 2017/18-2019/20)					
EXPENDITURES					
PERSONNEL COSTs (salaries, wages, benefits)		**FY 2017/18**	**FY 2018/19**	**FY 2019/20**	**Total**
1.	Salaries				
2.	Direct Costs	$ 215,568	$ 226,346	$ 237,664	$ 679,578
3.	Indirect Costs	$ 45,000	$ 47,250	$ 49,613	$ 141,863
4.	Total Personnel Costs	$ 260,568	$ 273,596	$ 287,277	$ 821,441
OPERATING COSTs		**FY 2017/18**	**FY 2018/19**	**FY 2019/20**	**Total**
5.	Direct Costs	$ 29,000	$ 31,900	$ 33,350	$ 94,250
6.	Indirect Costs	$ 45,600	$ 50,160	$ 52,440	$ 148,200
7.	Total Operating Costs	$ 74,600	$ 82,060	$ 85,790	$ 242,450

NON RECURRING COSTS (equipment, technology)		**FY 2017/18**	**FY 2018/19**	**FY 2019/20**	**Total**
8	Direct Costs	$ 3,500	$ -	$ -	$ 3,500
9.	Indirect Costs	$ 4,100	$ -	$ -	$ 4,100
10.	Total Non-recurring costs	$ 7,600	$ -	$ -	$ 7,600

CONSULTANT COSTS/CONTRACTS (clinical, training, facilitator, evaluation)		**FY 2017/18**	**FY 2018/19**	**FY 2019/20**	**Total**
11.	Direct Costs	$ 16,880	$ 17,745	$ 18,177	$ 52,802
12.	Indirect Costs				$ -
13.	Total Operating Costs	$ 16,880	$ 17,745	$ 18,177	$ 52,802

BUDGET TOTALS	**$ 359,648**	**$ 373,401**	**$ 391,244**	**$ 1,124,293**

Direct Costs (add lines 2, 5 and 11 from above)	$ 261,448	$ 275,991	$ 289,191	$ 826,630
Indirect Costs (add lines 3, 6 and 12 from above)	$ 90,600	$ 97,410	$ 102,053	$ 290,063
Non-recurring costs (line 10)	$ 7,600	$ -	$ -	$ 7,600
TOTAL INNOVATION BUDGET	**$ 359,648**	**$ 373,401**	**$ 391,244**	**$ 1,124,293**

Expenditures By Funding Source and FISCAL YEAR (FY 2017/18-2019/20)					
A.	**Estimated total Mental Health expenditures for ADMINISTRATION for the entire duration of this INN Project by FY & the following funding sources:**	**FY 2017/18**	**FY 2018/19**	**FY 2019/20**	**Total**
1.	Innovative MHSA Funds	$ 260,568	$ 273,596	$ 287,277	$ 821,441
3.	1991 Realignment				
5.	Other funding*				
6.	**Total Proposed Administration**	**$ 260,568**	**$ 273,596**	**$ 287,277**	**$ 821,441**
Evaluation:					
B.	**Estimated total mental health expenditures for EVALUATION for the entire duration of this INN Project by FY & the following funding sources:**	**FY 2017/18**	**FY 2018/19**	**FY 2019/20**	**Total**
1.	Innovative MHSA Funds	$ 99,080	$ 99,805	$ 103,967	$ 302,852
2.	Federal Financial Participation				
3.	1991 Realignment				
4.	Behavioral Health Subaccount				
5.	Other funding*				
6.	**Total Proposed Evaluation**				
TOTAL:					
C.	**Estimated TOTAL Mental Health expenditures (this sum to total funding requested) for the entire duration of this INN Project by FY & the following funding sources:**	**FY 2017/18**	**FY 2018/19**	**FY 2019/20**	**Total**
1.	Innovative MHSA Funds	$ 359,648	$ 373,401	$ 391,244	$ 1,124,293
2.	Federal Financial Participation				
3.	1991 Realignment				
4.	Behavioral Health Subaccount				
5.	Other funding*				
6.	**Total Proposed Expenditures**	**$ 359,648**	**$ 373,401**	**$ 391,244**	**$ 1,124,293**
*If "Other funding" is included, please explain.					

Mendocino County Round Valley Innovation Project Proposed Logic Models

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

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

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

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

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

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

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

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

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

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

Innovation Project Plan Refinement Process

Service Need	• Crisis & Respite Response • Covelo and other outlying area strong need • Services needed that target outreach to Native American Groups while still serving the total population
What do we know about that service need?	• Crisis services have never been offered in Covelo beyond 911 • It can take several hours for Law Enforcement to respond to Covelo • It takes several hours to get to the Emergency Department from Covelo • There is a noted number of suicide attempts and completed suicides in our remote areas, in recent years in particular • Traditional crisis response is felt by the Round Valley Community to be Insufficient • The community believes that there is higher need than is represented in crisis statistic, as they believe many residents to not call based on fear of having Law Enforcement response, stigma around accessing crisis services, transportation challenges, and the response time • Significant institutional and governmental distrust impacts the Round Valley community's willing ness to access "institutional services" • Specialty mental health services are have an underrepresentation of ethnic diversity and bilingual services • Specialty mental health services are not currently offering Traditional healing practices
Innovative ideas around the service need (What don't we know about Crisis need in Covelo?	• How current and ongoing interactions between the community and SMI providers are continuing to impact institutional trauma and mistrust • What are the best methods to communicate with one another • How to repair and build trust • What crisis modalities will work in the community? • What resources are currently available in the community and which will need to be built, trained, and/or brought in. • What are the best strategies to train and bring services into the community that don't negatively impact trust • How do we identify trust issues as they occur, and develop new strategies to address and improve trust • What crisis services will be the most utilized, effective, and sustainable in such a small remote area?
What Outcome Measures will we use to track changes and improvements?	• Surveys or focus groups to collect feedback on level of trust • PHQ9 • Community Readiness tool • Front Desk Kiosk • Satisfaction Surveys • Testimonials • Program Participation increasing over time
Project Summary	How the Round Valley Community can work together with specialty mental health providers to develop a Crisis Response model that is trusted and utilized by the local Native American population but available to all cultural groups in the area that can attempt to address: • Serve people in emotional mental health crisis to include: suicidal thought, trauma, and decompensation • Serve people in need of substance use that may contribute to crisis • Social model rehabilitation including detox that allows people in need to be locally • Support transitioning back to Round Valley from SUDT services, 5150 hospitalization, prison, jail, or other out of area rehabilitation services • Provide integrated services that address the co-occurrence of Substance use and mental health or other needs as they so often occur together. • Consider residential needs of community • Consider need for warm line/ call line for resource support • Addresses the best possible interface with Law Enforcement and EMTs to reduce trauma, stigma, and further distrust • Collaboration with spiritual, and faith based practices • Incorporate available traditional healing practices such as healers, sweat lodge, dances, and other community events

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

MENDOCINO COUNTY BOARD OF SUPERVISORS

ACTION MINUTES – July 12, 2016

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

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

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

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

Pledge of Allegiance: Mr. Louis Bigfoot.

AGENDA ITEM NO. 3 – PUBLIC EXPRESSION

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

AGENDA ITEM NO. 4 – APPROVAL OF CONSENT CALENDAR

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

4A) CLAIM OF WILLIAM HENDRICKSON

Denied;

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

Adopted and Chair is authorized to sign same;

Enactment No: Resolution 16-076, 16-077

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

Approved;

Enactment No: BOS Agreement 16-051

4F) APPROVAL OF RECOMMENDED APPOINTMENTS/REAPPOINTMENTS

Approved;

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

Approved;

Enactment No: Resolution 16-052

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

Approved;

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

Adopted and Chair is authorized to sign same;

Enactment No: Resolution 16-078

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

Approved and Chair is authorized to sign same;

Enactment No: Resolution 16-053

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

Adopted and Chair is authorized to sign same;

Enactment No: Resolution 16-079

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

Approved;

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

Adopted;

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

Adopted and Chair is authorized to sign same;

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

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

Approved and Chair is authorized to sign same;

Enactment No: BOS Agreement 11-147 A1

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

Approved;

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

Adopted and Chair is authorized to sign same;

Enactment No: Resolution 16-081

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

Adopted and Chair is authorized to sign same;

Enactment No: Resolution 16-082

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

Adopted and Chair is authorized to sign same;

Enactment No: Resolution16-083, BOS Agreement16-056

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

Adopted and Chair is authorized to sign same;

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

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

Approved;

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

Approved;

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

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

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

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

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

Public Comment: Ms. Nancy Sutherland.

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

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

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

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

Public Comment: None.

Board Action: No action taken.

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

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

Public Comment: Ms. Sheilah Rogers.

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

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

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

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

Public Comment: Ms. Randi Dalton.

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

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

Enactment No: Ordinance 4358

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

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

Board Action: No action taken.

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

RECONVENED IN OPEN SESSION 1: 35 P.M.

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

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

Public Comment: None.

Board Action: No action taken.

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

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

SUPERVISOR HAMBURG ABSENT: 1:48 P.M.

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

Public Comment: None.

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

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

SUPERVISOR HAMBURG PRESENT 3:32 P.M.

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

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

Public Comment: None.

Board Action: No action taken.

5J) TRANSPORTATION DIRECTOR'S REPORT

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

Public Comment: None.

Board Action: No action taken.

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

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

SUPERVISOR HAMBURG ABSENT: 3:57 P.M.

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

Public Comment: Mr. Don Adams.

Board Action: No action taken.

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

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

Public Comment: None

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

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

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

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

Public Comment: None.

Board Action: No action taken.

5A) CHIEF EXECUTIVE OFFICER'S REPORT

Board Action: Withdrawn.

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

Board Action: No action taken.

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

Board Action: No action taken.

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

Attest: KARLA VAN HAGEN
Deputy Clerk of the Board

DAN GJERDE, Chair

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

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

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

Public Hearing Responses to the MHSA Innovation Plan 30 day Public Comment Period

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

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

1. **Will it be a drop-in style facility?**
    a. We anticipate, based on current stakeholder input, that the project will include a drop in option for those individuals that are actively seeking crisis prevention and recovery services.

2. **What are the services we can do out of this center and how is it going to benefit our community?**
    a. Because this is a learning project, throughout the development of the project, we will work on trial and testing of which services are able to be provided in the community, by the community. We hope to successfully include:
        i. Learning how County mental health programs, community members, and community programs work together to overcome the persistent challenges of institutional distrust and isolation.
        ii. Using community members as natural helpers for building services and support.
        iii. Testing various crisis response strategies.
        iv. 5150 assessment and triage.
        v. Respite needs.
        vi. Option of traditional Native American healing practices.
        vii. Resources and triage for alcohol and drug detox needs in collaboration with the Round Valley Indian Health Center.
        viii. Other services added as needed as prioritized by stakeholders and community.

    b. Benefits
        i. We anticipate the project will improve trust between the Round Valley community, service providers, and specialty mental health providers.
        ii. We anticipate the project will provide local access to crisis services.
        iii. We anticipate the project will reduce the necessity to involve law enforcement in crisis intervention.
        iv. We anticipate the project will reduce the need for traveling out of the valley to address crisis needs.
        v. We anticipate a number of employment opportunities to the local community/residents of the Round Valley community.
        vi. Seek to improve the conditions caused by historical trauma from the forced systematic relocation of the six tribes into Round Valley.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

10. **Have they purchased a van for transport for this project? If not, is it in the budget?**
    a. A vehicle has not been purchased, as the plan and budget have not been approved by the Mental Health Services Oversight and Accountability Commission at this time, but there is a vehicle allocated in the budget.
11. **Can you think of anything that the Round Valley Indian Health Center are not prepared to handle within the initial implementation, that any of the providers would be able to help with?**
    a. Psychiatric services is the area that will need additional support. It is expected that the Round Valley project will easily liaise with Redwood Community Crisis Center as needed for out of county psychiatric hospitalizations.
12. **How could an apprenticeship, for people who are already living in the Round Valley community, be developed for a local individual to gain the job skills that would make them eligible for a trade position?**
    a. An apprenticeship process is not a part of the current Innovation project. The stakeholders and community members will analyze which specific skills are needed for crisis response, and strategies to build the necessary skills of local providers may be tested as a part of the project.
13. **How can we help to deal with intertribal prejudices and personal differences between all parties involved?**
    a. The project hopes to work towards mitigating the impacts of Native American historical trauma and improving relationships and communication between all parties involved. We plan to gather input from all participating stakeholders and community members regarding what is believed to contribute to barriers and impediments, and to test strategies to overcome them. This includes intertribal challenges, not just challenges that exist between the County/governmental services and the Round Valley community.
14. **How can we offer unconditional support concerning the adverse effects of intertribal conflict?**
    a. Planning processes to this point have suggested putting together some activities that are inclusive to multiple tribes, bringing the tribes together to interact with one another in Native traditional ways. This may be one of our initial strategies of gathering community support and identifying natural helper expertise and resources.
15. **How long was the Transitional Living Center in Round Valley open prior to it shutting down?**
    a. The building that is being provided for the Innovation project by the Round Valley Indian Health Center was previously used for the Transitional Living Center for 8 years prior to closing.
16. **Will this project be able to be sustained after the period of the county funding has ended?**
    a. The successful components of the project will help determine the means in which the program can maintain sustainability. A minimum of a six month operating period will be required to determine which indicators will need to be addressed. There are multiple ways to develop financial sustainability for this project after those three years have passed, such as but not limited to Medi-Cal reimbursable services with the potential of being eligible for MHSA funding.

Comments:

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

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

Mendocino County Behavioral Health Advisory Board Letter of Support

Mendocino County Health and Human Services Agency
"Healthy People, Healthy Communities"
Tammy Moss Chandler • HHSA Director

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

Mendocino County Behavioral Health Advisory Board
1120 S. Dora Street, Ukiah CA 95482 ✦ (707) 472-2310 Fax (707) 472-2331

February 21, 2017

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

Re: Mendocino County Innovation Plan

Dear Mental Health Services Oversight & Accountability Commission Members,

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

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

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

Mendocino County Behavioral Health Advisory Board Letter of Support

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

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

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

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

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

Sincerely,

MENDOCINO COUNTY BEHAVIORAL HEALTH ADVISORY BOARD

Jan McGourty, Chairperson

Mendocino County Board of Supervisor Minutes-September 19, 2017 Approving MHSA Round Valley Crisis Response Innovation Project (Agenda Item 4E)

COUNTY ADMINISTRATION CENTER
501 Low Gap Road, Room 1070
Ukiah, CA 95482
(707) 463-4441 (t)
(707) 463-5649 (f)
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MENDOCINO COUNTY BOARD OF SUPERVISORS

ACTION MINUTES –September 19, 2017

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

AGENDA ITEM NO. 1 – OPEN SESSION (PLEDGE OF ALLEGIANCE AND ROLL CALL 9:05 A.M.)

Present: Supervisor Carre Brown, Chair John McCowen, Supervisor Georgeanne Croskey, Supervisor Dan Gjerde, and Supervisor Dan Hamburg. Chair McCowen presiding.

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

The Pledge of Allegiance was led by: Mr. George Gonzalez.

2A) ADOPTION OF PROCLAMATION RECOGNIZING SEPTEMBER 21, 2017, AS REMEMBRANCE DAY IN MENDOCINO COUNTY TO HONOR AND REMEMBER THOSE WHO LIVED AND DIED IN CONFINEMENT AT STATE HOSPITALS AND DEVELOPMENT CENTERS - SPONSORS: SUPERVISORS BROWN AND MCCOWEN

Presenter/s: Supervisor McCowen.

Public Comment: None.

Board Action: Adopted without objection.

AGENDA ITEM NO. 3 – PUBLIC EXPRESSION

Presenter/s: Mr. Scott Ward; Ms. Jude Thilman; and Mr. Dusty Dillon.

AGENDA ITEM NO. 4 – APPROVAL OF CONSENT CALENDAR

Presenter/s: Supervisor McCowen.

Public Comment: None.

Board Action: Upon motion by Supervisor Brown, seconded by Supervisor Hamburg, IT IS ORDERED that consent items 4(a) – 4(l) are approved as follows. The motion carried by the following vote:

Aye: 5 – Supervisor Brown, Supervisor McCowen, Supervisor Croskey, Supervisor Gjerde, and Supervisor Hamburg.

No: 0 – None.

4A) APPROVAL OF REVISED POLICY NO. 18, TRAVEL AND MEAL POLICY, TO UPDATE GENERAL PER DIEM MEAL AND LODGING LIMITS TO THE FEDERAL GENERAL SERVICES ADMINISTRATION (GSA) PER DIEM RATES - SPONSOR: EXECUTIVE OFFICE

Approved;

4B) APPOINTMENT OF SUPERVISOR BROWN AS DIRECTOR/BOARD MEMBER REPRESENTATIVE AND SUPERVISOR GJERDE AS ALTERNATE REPRESENTATIVE TO EACH OF THE FOLLOWING: CALIFORNIA STATE ASSOCIATION OF COUNTIES (CSAC) BOARD OF DIRECTORS; NATIONAL ASSOCIATION OF COUNTIES (NACO); AND RURAL COUNTY REPRESENTATIVES OF CALIFORNIA (RCRC) FOR THE 2017-18 TERM - SPONSOR: EXECUTIVE OFFICE

Approved;

4C) ADOPTION OF RESOLUTION PURSUANT TO CALTRANS/CALIFORNIA HIGHWAY PATROL'S JOINT POLICY GUIDELINES FOR SPECIAL EVENTS ON STATE CONVENTIONAL HIGHWAYS IN ORDER TO OBTAIN A PERMIT FROM CALTRANS FOR THE CALIFORNIA INDIAN DAYS PARADE IN COVELO ON SATURDAY, SEPTEMBER 23, 2017 - SPONSOR: SUPERVISOR CROSKEY

Adopted and Chair is authorized to sign same;

Enactment No: Resolution 17-136

RESOLUTION 17-136

RESOLUTION OF THE MENDOCINO COUNTY BOARD OF SUPERVISORS PURSUANT TO CALTRANS/CALIFORNIA HIGHWAY PATROL'S JOINT POLICY GUIDELINES FOR SPECIAL EVENTS ON STATE CONVENTIONAL HIGHWAYS IN ORDER TO OBTAIN A PERMIT FROM CALTRANS FOR THE CALIFORNIA INDIAN DAYS PARADE IN COVELO, CALIFORNIA ON SEPTEMBER 23, 2017

4D) APPROVAL OF AGREEMENTS WITH MARIA J. ALVAREZ, PH.D., IN THE AMOUNTS OF $10,026, AND $24,750 TO PROVIDE PSYCHOLOGICAL EVALUATIONS AND LIFE SKILLS WORKSHOPS FOR CALWORKS JOB SERVICES PARTICIPANTS IN FISCAL YEARS 2017-18 AND 2018-19 - SPONSOR: HEALTH AND HUMAN SERVICES AGENCY

Approved;

Enactment Nos: Agreement 17-113; Agreement 17-114

4E) APPROVAL OF MENTAL HEALTH SERVICES ACT INNOVATION PROJECT TO DEVELOP ROUND VALLEY CRISIS RESPONSE SERVICES WITH A THREE YEAR BUDGET OF $1,124,293 ($359,648 IN FISCAL YEAR 2017-18, $373,401 IN FISCAL YEAR 2018-19, AND $391,244 IN FISCAL YEAR 2019-20); AND AUTHORIZATION FOR THE HEALTH AND HUMAN SERVICES AGENCY DIRECTOR OR DESIGNEE TO SIGN THE INNOVATION PROJECT PLAN AND SUBMIT IT TO THE MENTAL HEALTH SERVICES OVERSIGHT AND ACCOUNTABILITY COMMISSION FOR APPROVAL - SPONSOR: HEALTH AND HUMAN SERVICES AGENCY

Approved;

4F) APPROVAL OF AGREEMENT WITH MARIA J. ALVAREZ, PH.D., IN THE AMOUNT OF $19,052 TO PROVIDE LEARNING NEEDS EVALUATIONS FOR CALWORKS JOB SERVICES PARTICIPANTS IN FISCAL YEAR 2017-18 - SPONSOR: HEALTH AND HUMAN SERVICES AGENCY

Approved;

Enactment No: Agreement 17-115

4G) APPROVAL OF AMENDMENT TO AGREEMENT PA 18-10 WITH BIO IQ TO PROVIDE BIOMETRIC SCREENING SERVICES TO REPLACE EXHIBIT A AND EXHIBIT B WITH REVISED EXHIBITS A AND B TO ADD FLU SHOT SERVICES AND INCREASE TOTAL AGREEMENT AMOUNT BY $10,854.55, FOR A NEW TOTAL CONTRACT AMOUNT OF $56,554.55 - SPONSOR: HUMAN RESOURCES

Approved;

Enactment No: Agreement 17-116

4H) APPROVAL OF ORDER THAT NO ELECTION BE HELD FOR THE OCTOBER 2, 2017, BOARD OF RETIREMENT ELECTION PURSUANT TO GOVERNMENT CODE SECTION 31523; AND DIRECTION TO THE RETIREMENT ADMINISTRATOR TO CAST A UNANIMOUS BALLOT FOR INCUMBENT AND UNOPPOSED CANDIDATES KATHRYN CAVNESS, GENERAL MEMBER, 3RD SEAT; TIM KNUDSEN, RETIRED MEMBER, 8TH SEAT; AND RICHARD SHOEMAKER, ALTERNATE RETIRED MEMBER, 10TH SEAT, FOR THREE YEAR TERMS BEGINNING DECEMBER 1, 2017 – SPONSOR: MENDOCINO COUNTY EMPLOYEES RETIREMENT ASSOCIATION

Approved;

4I) AUTHORIZATION FOR TERMINATION OF A SERVICE AGREEMENT (BOS AGREEMENT 16-065) WITH SOLANO COUNTY WORKFORCE DEVELOPMENT BOARD FOR THE PERFORMANCE OF NORTH BAY SECTOR ALLIANCE SERVICES AND AUTHORIZATION FOR TRANSFER OF REMAINING FUNDS OF $140,400 (SLINGSHOT GRANT) TO THE WORKFORCE ALLIANCE OF THE NORTH BAY – SPONSOR: PLANNING AND BUILDING SERVICES

Approved;

4J) APPROVAL OF AGREEMENT WITH HUMBOLDT COUNTY PROBATION DEPARTMENT IN THE AMOUNT OF $520,000, WITH A MAXIMUM OF $130,000 PER FISCAL YEAR, TO PROVIDE DETENTION SERVICES FOR MENDOCINO COUNTY YOUTH PLACED IN THE LOCKED FACILITY FOR FISCAL YEARS 2017-2021 – SPONSOR: PROBATION

Approved;

Enactment No: Agreement 17-117* (Interim)

4K) APPROVAL OF PURCHASE OF THREE AVIGILON SERVERS FOR THE SECURITY SYSTEM IN THE MENDOCINO COUNTY JAIL; APPROVAL OF BUDGET TRANSFER FROM BUDGET UNIT 2511, LINE ITEM 827700 IN THE AMOUNT OF $40,000 AND BUDGET UNIT 2511, LINE ITEM 730000 IN THE AMOUNT OF $32,974.53 TO BUDGET UNIT 2510, LINE ITEM 827802 FOR A TOTAL OF $72,974.53; AND APPROVAL OF ADDITION OF THE ITEMS TO THE COUNTY'S APPROVED LIST OF FIXED ASSETS – SPONSOR: SHERIFF-CORONER

Approved;

41) ADOPTION OF RESOLUTION APPROVING DEPARTMENT OF TRANSPORTATION AGREEMENT NUMBER 170058 IN THE AMOUNT OF $18,000, WITH AND ACCEPTING THE GRANT DEED CONVEYING REAL PROPERTY FROM EAST HILL PROPERTIES LLC, FOR THE ACQUISITION OF RIGHTS OF WAY NEEDED FOR CONSTRUCTION OF THE DAVIS CREEK BRIDGE REPLACEMENT ON EAST HILL ROAD, PROJECT NUMBER B-1001, LOCATED ON EAST HILL ROAD, COUNTY ROAD 301, MILEPOST 2.01 (WILLITS AREA) – SPONSOR: TRANSPORTATION

Adopted and Chair is authorized to sign same.

Enactment Nos: Resolution 17-137; Agreement 17-118

RESOLUTION 17-137

RESOLUTION OF THE MENDOCINO COUNTY BOARD OF SUPERVISORS APPROVING DEPARTMENT OF TRANSPORTATION AGREEMENT NUMBER 170058 IN THE AMOUNT OF $18,000.00, WITH AND ACCEPTING THE GRANT DEED CONVEYING REAL PROPERTY FROM EAST HILL PROPERTIES LLC, FOR THE ACQUISITION OF RIGHTS OF WAY NEEDED FOR CONSTRUCTION OF THE DAVIS CREEK BRIDGE REPLACEMENT ON EAST HILL ROAD, PROJECT NUMBER B-1001, LOCATED ON EAST HILL ROAD, COUNTY ROAD 301, MILEPOST 2.01 (WILLITS AREA)

5A) DISCUSSION AND POSSIBLE ACTION REGARDING INFORMATIONAL UPDATE ON THE IMPLEMENTATION OF THE MENDOCINO COUNTY CANNABIS CULTIVATION PROGRAM AND CANNABIS COMPLIANCE AND CODE ENFORCEMENT UNIT - SPONSOR: AGRICULTURE

Presenter/s: Ms. Diane Curry, Interim Commissioner, Agriculture; and Mr. Trent Taylor, Interim Manager, Code Enforcement, Planning and Building Services; Ms. Carmel J. Angelo, Chief Executive Officer; Ms. Katharine L. Elliott, County Counsel; and Mr. Thomas Allman, Sheriff.

Public Comment: Mr. Ron Edwards; Mr. Paul Hansbury; Ms. Susan Tibbon; and Ms. Jude Thilman.

Board Action: No action taken.

5B) DISCUSSION AND POSSIBLE ACTION REGARDING AN UPDATE AND PRESENTATION ON THE COUNTY'S CANNABIS WORKING GROUPS - SPONSOR: EXECUTIVE OFFICE

Presenter/s: Ms. Carmel J. Angelo, Chief Executive Officer; and Mr. Nash Gonzalez, Interim Director, Planning and Building Services.

Public Comment: Mr. Scott Ward; Mr. Paul Hansbury; Ms. Jude Thilman; and Ms. Ellen Drell; and Mr. Ron Edwards.

Board Action: No action taken.

BOARD RECESS: 9:59 A.M. – 10:08 A.M.

5C) DISCUSSION AND POSSIBLE ACTION REGARDING REQUEST FOR PROPOSAL NO. SO 2017 002, "MEDICAL HEALTH SERVICES FOR MENDOCINO COUNTY JAIL" RESULTS, INCLUDING THE EVALUATION REVIEW COMMITTEE'S RECOMMENDATIONS REGARDING PROPOSALS, CONTRACT AWARD, AND CONTRACT NEGOTIATIONS - SPONSORS: SHERIFF-CORONER AND EXECUTIVE OFFICE

Presenter/s: Mr. Thomas Allman, Sheriff; and Mr. Timothy Pearce, Captain, Sheriff's Office.

Public Comment: Ms. Jan McGourty.

Board Action: Upon motion by Supervisor Hamburg, seconded by Supervisor Croskey, IT IS ORDERED that the Board of Supervisors authorizes the Mendocino County Sheriff's Office and the Chief Executive Officer to negotiate a contract for services as described in Reqest for Proposals SO 2017-002 with NaphCare. The motion carried by the following vote:

Aye: 5 – Supervisor Brown, Supervisor McCowen, Supervisor Croskey, Supervisor Gjerde, and Supervisor Hamburg.

No: 0 – None.

5D) ~~DISCUSSION AND POSSIBLE APPOINTMENT OF TWO BOARD OF SUPERVISORS REPRESENTATIVES TO THE WORKFORCE ALLIANCE NORTH BAY GOVERNING BOARD AND POSSIBLE APPROVAL OF A REVISED 2017 BOARD OF SUPERVISORS SPECIAL ASSIGNMENTS ROSTER – SPONSOR: EXECUTIVE OFFICE~~ - WITHDRAWN

5E) DISCUSSION AND POSSIBLE ACTION REGARDING PRESENTATION OF THE DEPARTMENT OF PLANNING AND BUILDING SERVICES DEVELOPMENT ACTIVITY REPORT FOR THE MONTH OF AUGUST, 2017 - SPONSOR: PLANNING AND BUILDING SERVICES

Presenter/s: Ms. Adrienne Thompson, Administrative Services Manager, Planning and Building Services.

Public Comment: None.

Board Action: No action taken.

5F) TRANSPORTATION DIRECTOR'S REPORT - SPONSOR: TRANSPORTATION

Presenter/s: Supervisor McCowen.

Public Comment: None.

Board Action: No action taken.

5G) ~~CHIEF EXECUTIVE OFFICER'S REPORT - SPONSOR: EXECUTIVE OFFICE~~ - WITHDRAWN

5H) ~~DISCUSSION AND POSSIBLE ACTION INCLUDING REVIEW, ADOPTION, AMENDMENT, CONSIDERATION OR RATIFICATION OF LEGISLATION PURSUANT TO THE ADOPTED LEGISLATIVE PLATFORM – SPONSOR: EXECUTIVE OFFICE~~ - WITHDRAWN

5I) DISCUSSION AND POSSIBLE RECONSIDERATION OF THE BOARD OF SUPERVISORS APPROVAL ON AUGUST 15, 2017, OF UPDATED TIMELINES REGARDING EMERGENCY MEDICAL SERVICES (EMS) REQUESTS FOR PROPOSALS FOR EXCLUSIVE OPERATING AREA SERVICES AND EMS AND FIRE DISPATCH SERVICES - SPONSOR: SUPERVISOR GJERDE

Presenter/s: Supervisor Gjerde; and Ms. Tammy Moss Chandler, Director, Health and Human Services Agency.

Public Comment: Ms. Jen Banks; Mr. Andres Avila; Mr. John Allison; Mr. Mark Luoto; Mr. Larry Tunzi; Mr. Paul Duncan; Mr. Kirk Thomsen; Mr. Greg Warner; Mr. Daryl Schoeppner; Mr. Brandon Turner; Mr. Sage Sangiacomo; Mr. George Gonzalez; Mr. Eli Ryder; Mr. Teresa Gowan; Mr. Greg Glavich, Communications Coordinator, Information Services; Mr. Steve Orsi; Mr. Leonard Winter; and Mr. Thomas Allman, Sheriff.

LUNCH RECESS: 12:01 P.M.

RECONVENED IN OPEN SESSION: 1:33 P.M.

51) JOINT MEETING OF THE MENDOCINO COUNTY BOARD OF SUPERVISORS AND THE HEALTH AND HUMAN SERVICES ADVISORY BOARD - SPONSOR: EXECUTIVE OFFICE

Presenter/s: Ms. Jacque Williams; Ms. Carol Press; Ms. Susan Baird Kanaan; Ms. Camille Schraeder; Ms. Anna Shaw; Ms. Sandy O'Ferrall; Ms. Megan Barber Allende; and Ms. Sara O'Donnell.

Public Comment: Ms. Tammy Moss Chandler, Director, Health and Human Services Agency; Ms. Karen Oslund; Mr. Todd Crabtree; and Mr. Jim Brown.

Board Action: No action taken.

BOARD RECESS: 2:20 P.M. – 2:34 P.M.

51) DISCUSSION AND POSSIBLE RECONSIDERATION OF THE BOARD OF SUPERVISORS APPROVAL ON AUGUST 15, 2017, OF UPDATED TIMELINES REGARDING EMERGENCY MEDICAL SERVICES (EMS) REQUESTS FOR PROPOSALS FOR EXCLUSIVE OPERATING AREA SERVICES AND EMS AND FIRE DISPATCH SERVICES - SPONSOR: SUPERVISOR GJERDE *(CONTINUED FROM MORNING SESSION)*

Presenter/s: Supervisor Gjerde; and Ms. Tammy Moss Chandler, Director, Health and Human Services Agency.

Board Action: Upon motion by Supervisor Gjerde, seconded by Supervisor Croskey IT IS ORDERED that the Board of Supervisors reconsiders Board of Supervisors approval on August 15, 2017, of an updated timeline regarding Emergency Medical Services (EMS) requests for proposals (RFP) for Exclusive Operating Area Services and EMS and Fire Dispatch Services. The motion carried by the following vote:

Aye: 5 – Supervisor Brown, Supervisor McCowen, Supervisor Croskey, Supervisor Gjerde, and Supervisor Hamburg.

No: 0 – None.

BOARD RECESS: 2:46 P.M. – 3:01 P.M.

Board Action: Upon motion by Supervisor Gjerde, Seconded by Supervisor Croskey IT IS ORDERED that the Board of Supervisors approves the process for issuance of a request for proposals (RFP) for Exclusive Operating Area ambulance services, with the understanding that County staff will continue meeting with City of Ukiah staff to address concerns of the City of Ukiah; and negotiate with CalFire to ensure enhanced dispatch services that compliment and optimize the benefits of an Exclusive Operating Area contract. The motion carried by the following vote:

Aye: 5 – Supervisor Brown, Supervisor McCowen, Supervisor Croskey, Supervisor Gjerde, and Supervisor Hamburg.

No: 0 – None.

Board Directive: GENERAL CONSENSUS OF THE BOARD that staff shall prepare an item for the October 3, 2017, Board of Supervisors meeting to consider appointing an ad hoc committee to work with the City of Ukiah for a unified request for proposals (RFP) for dispatch services.

BOARD RECESS: 3:34 P.M. – 3:38 P.M.

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

Presenter/s: Board of Supervisors.

Public Comment: None.

Board Action: No action taken.

AGENDA ITEM NO. 10 – COMMUNICATIONS

10a) State Water Resources Control Board - Notice of Application 32286. For more information, please contact Mr. Mark Matranga at (916) 327-3112 or mark.matranga@waterboards.ca.gov.

10b) Board of Forestry and Fire Protection - Request to County Board of Supervisors to Appoint Authorized Designee to Review Less Than 3 Acre Conversion Exemptions. For more information, please contact Mr. Matt Dias at (916) 653-8007 or matt.dias@bof.ca.gov.

10c) Sonoma County Water Agency - State Water Resources Control Board Weekly Update Report for the Russian River, August 25 - August 31, 2017. For more information, please contact the Sonoma County Water Agency at (707) 547-1929.

10d) Sonoma County Water Agency - Russian River Hydrologic Status Report (August 25 - August 31, 2017). For more information, please contact Mr. John Mendoza at (707) 547-1929.

10e) Sonoma County Water Agency Russian River Hydrologic Status Report (September 1 -September 7, 2017). For more information, please contact Mr. John Mendoza at (707) 547-1929.

10f) Department of the Navy - Notice of Intent to Prepare a Supplemental Environmental Impact Statement/Overseas Environmental Impact Statement for Northwest Training and Testing. For more information, please contact Ms. Jackie Queen at (360) 257-3852 or jackie.queen@navy.mil.

10g) Fish and Game Commission - Notice of Proposal for a 90 Day Extension of Emergency Action, Emergency Abalone Take Reduction Due to Harmful Environmental Conditions. For more information, please contact Ms. Sheri Tiemann at (916) 323-6826.

10h) North Bay/North Coast Broadband Consortium, Broadband Alliance of Mendocino County - August 2017 Broadband Summary of Activities. For more information, please contact Ms. Trish Steel at (707) 354-3224.

10i) Fish and Game Commission - Notice of Proposed Regulatory Action. For more information, please contact Mr. Kevin Shaffer at (916) 327-8841.

THERE BEING NOTHING FURTHER TO COME BEFORE THE BOARD, THE MENDOCINO COUNTY BOARD OF SUPERVISORS ADJOURNED AT 3:44 P.M.

Attest: Karla Van Hagen
Deputy Clerk of the Board II

JOHN MCCOWEN, Chair

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

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

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

Updated Budget for Proposed Extended Period

BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY*							
EXPENDITURES							
PERSONNEL COSTS (salaries, wages, benefits)		**FY actual 17/18**	**FY actual 18/19**	**FY 19/20**	**FY 20/21**	**FY 21/22**	**TOTAL**
1.	Salaries	$16,664	$50,799	$118,000	$168,700	$175,448	$529,611
2.	Direct Costs	$0	$0	$0	$0	$0	$0
3.	Indirect Costs	$45000	$47,250	$49,613	$51,598	$53,661	$247,122
4.	Total Personnel Costs	$61,664	$98,049	$287,277	$301,641	$316,723	$1,065,353
OPERATING COSTS		**FY actual 17/18**	**FY actual 18/19**	**FY 19/20**	**FY 20/21**	**FY 21/22**	**TOTAL**
5.	Direct Costs	$8,664	$20,384	$30,352	$31,566	$32,829	$123,795
6.	Indirect Costs	$8,000	$20,384	$30,000	$31,200	$32,448	$122,032
7.	Total Operating Costs	$16,664	$40,769	$85,790	$90,080	$65,277	$298,579
NON RECURRING COSTS (equipment, technology)		**FY actual 17/18**	**FY actual 18/19**	**FY 19/20**	**FY 20/21**	**FY 21/22**	**TOTAL**
8.	**Direct**	$3,500			$35,000		$38,500
9.	**Indirect**	$4,100					$4,100
10.	Total Non-recurring costs	$7,600	$0	$0	$35,000	$0	$42,600
CONSULTANT COSTS / CONTRACTS (clinical, training, facilitator, evaluation, Traditional Healer)		**FY actual 17/18**	**FY actual 18/19**	**FY 19/20**	**FY 20/21**	**FY 21/22**	**TOTAL**
11.	Direct Costs	$0	$10,777	$14,177	$14,744	$15,334	$55,032
12.	Indirect Costs	$0	$0	$0	$0	$0	$0
13.	Total Consultant Costs	$0	$10,777	$18,177	$14,744	$15,334	$59,032
OTHER EXPENDITURES (please explain in budget narrative)		**FY actual 17/18**	**FY actual 18/19**	**FY 19/20**	**FY 20/21**	**FY 21/22**	**TOTAL**
14.	**Speakers fees/training**	$	$	$	$	$	$
15.	**Flex funds and incentives**	$	$	$	$	$	$
16.	Total Other Expenditures	$	$	$	$	$	$
BUDGET TOTALS							
Personnel (line 1)		$16,664	$50,799	$118,000	$168,700	$175,448	$529,611
Direct Costs (add lines 2, 5 and 11 from above)		$8,664	$31,162	$44,529	$46,310	$48,163	$178,827
Indirect Costs (add lines 3, 6 and 12 from above)		$57,100	$67,634	$79,613	$82,798	$86,109	$373,254
Non-recurring costs (line 10)		$7,600	$0	$0	$35,000	$0	$42,600
Other Expenditures (line 16)		$	$	$	$	$	$

TOTAL INNOVATION BUDGET	$90,028	$149,595	$242,142	$332,808	$309,720	$1,124,292

*For a complete definition of direct and indirect costs, please use DHCS Information Notice 14-033. This notice aligns with the federal definition for direct/indirect costs.

BUDGET CONTEXT - EXPENDITURES BY FUNDING SOURCE AND FISCAL YEAR (FY)

ADMINISTRATION:

A.	Estimated total mental health expenditures for ADMINISTRATION for the entire duration of this INN Project by FY & the following funding sources:	FY actual 17/18	FY actual 18/19	FY 19/20	FY 20/21	FY 21/22	TOTAL
1.	Innovative MHSA Funds	$	$	$	$	$	$
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding*						
6.	**Total Proposed Administration**	$	$	$	$	$	$

EVALUATION:

B.	Estimated total mental health expenditures for EVALUATION for the entire duration of this INN Project by FY & the following funding sources:	FY actual 17/18	FY actual 18/19	FY 19/20	FY 20/21	FY 21/22	TOTAL
1.	Innovative MHSA Funds	$	$	$	$	$	$
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding*						
6.	**Total Proposed Evaluation**	$	$	$	$	$	$

TOTAL:

C.	Estimated TOTAL mental health expenditures (this sum to total funding requested) for the entire duration of this INN Project by FY & the following funding sources:	FY actual 17/18	FY actual 18/19	FY 19/20	FY 20/21	FY 21/22	TOTAL
1.	Innovative MHSA Funds	$90,028	$149,595	$242,142	$332,808	$309,720	$1,124,292
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding*						
6.	**Total Proposed Expenditures**	$90,028	$149,595	$242,142	$332,808	$309,720	$1,124,292

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

THE CENTER OF HEALING HEARTS
BEHAVORIAL HEALTH & RECOVERY SERVICES
MHSA INNOVATIONS PROJECT #1
CLIENT SATISFACTION SURVEY

The Center of Healing Hearts (CHH) is requesting your assistance in evaluating the progress of our program. Your responses are greatly appreciated and will be used to improve and build on our quality of services. All information provided is kept confidential.

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

O Native American/Alaska Native
O Latino/Hispanic
O White/Caucasian
O Other: _____

2. What is your gender?

O Male O Female O Prefer not to answer O Other: _____

3. What is your age group?

O 18-26 O 27-35 O 36-44 O 45-53 O 54-62 O 63+

4. I identify as (check all that apply).

O Visitor
O Provider
O Family
O Natural Helper
O Community Member
O Other: _____

5. How did you find out about the Center of Healing Hearts Crisis/Respite Center?

O Health Clinic
O Flyer/Posting
O Friend/Family
O Through another Program (e.g. TANF, ICWA, or FRC)
O Social Media
O Other: _____

6. What services of CHH did you utilize (mark all that apply)?

O Counseling
O Education Groups (beading, Elders Circle, grief/support groups)
O Advocacy
O Respite (daytime)
O Natural Helper
O Referral
O Other: _____

7. Did you find these services useful?

O Strongly Disagree O Disagree O Agree O Strongly Agree

8. I would use the services of CHH again.

O Strongly Disagree O Disagree O Agree O Strongly Agree

9. I would recommend the Center of Healing Hearts to my family and friends.

O Strongly Disagree O Disagree O Agree O Strongly Agree

10. Please provide us with your ideas and/or suggestions below.

Crisis Resources of Round Valley

April 2020

Programs	Services	Contact Information
Round Valley Indian Health Center	Assessment, Stabilization & Referral (MH)	(707) 983-6181
Yuki Trails Behavioral Health Program	Assessment, Stabilization, Referral & Case Management (MH)	(707) 983-6648 Dr. Kevin Mack, Ph.D.
Round Valley Family Resource Center	Assessment, Stabilization, Referral & Identify local resources (MH)	(707) 983-6262 Joel Merrifield
Center of Healing Hearts	Assessment, Stabilization, Referral & Case Management (MH)	(707) 983-6260 Gerrilyn Reeves
Round Valley Indian Tribes Domestic Violence Program & Sexual Assault	DV Advocacy, Temporary Shelter & Emergency Food & Clothing	(707) 983-9333 Yolanda Hoaglen
Round Valley Indian Tribes Tribal Police	Public Safety	(707) 983-8227 Mike Henry, Police Chief
Round Valley Indian Tribes Indian Child Welfare Act Program	Family Support Services	(707) 983-8148 Jessica Goodrow
Round Valley Senior Center	Nutritional Support	(707) 983-6556 Mark Britton
Covelo Fire Department	Public Safety	(707) 983-6719 Doreen Freeman, Fire Chief

Faith Based Resources	Services	Contact Information
Faith Tabernacle Church	Religious Organization	(707) 983-6539 Pastor Javier Aparicio
Methodist Church	Religious Organization	(707) 983-6903 Mitzi Frazier
Our Lady Queen of Peace Mission	Religious Organization	(707) 459-2252 Father Aaron
Seventh-Day Adventist Church	Religious Organization	(707) 983-6595

Individual Responders	Services	Contact Information
Dr. Kevin Mack, Ph.D.	Assessment, Stabilization & Referral	(707) 983-6468 Yuki Trails BHP
Kenneth Hanover, Sr.	Assessment & Stabilization	(707) 983-6468 Yuki Trails BHP

Gerrilyn Reeves	Assessment & Stabilization	(707) 983-6260 Center of Healing Hearts

Individual Responders	Services	Contact Information
Joel Merrifield	Assessment & Stabilization	(707) 983-6262 Family Resource Center
Jolene Whipple	Natural Helper	(707) 983-6919
Neesh-kin Redhawk	Natural Helper	(707) 983-6260 Center of Healing Hearts
Rose Abono	Assessment & Stabilization	(707) 983-6181 ext. 138 RVIHC
Audrina Phillips	Natural Helper	(707) 983-6260 Center of Healing Hearts
Trina Fitzgerral	Assessment & Stabilization	(707) 983-6100 ext. 105 Family & Youth Svcs.

Public Hearing Responses to the MHSA Innovation Plan 30 day Public Comment Period

INNOVATIVE PROJECT PLAN
TECH for TRAUMA

COMPLETE APPLICATION CHECKLIST
Innovation (INN) Project Application Packets submitted for approval by the MHSOAC should include the following prior to being scheduled before the Commission:
☒ Final INN Project Plan with any relevant supplemental documents and examples: program flow-chart or logic model. Budget should be consistent with what has (or will be) presented to Board of Supervisors. *(Refer to CCR Title9, Sections 3910-3935 for Innovation Regulations and Requirements)*
☒ Local Mental Health Board approval Approval Date: 7/17/19
☒ Completed 30 day public comment period Comment Period: 7/18 – 8/21/19
☒ BOS approval date Approval Date: 11/05/19 If County has not presented before BOS, please indicate date when presentation to BOS will be scheduled: _____ *Note: For those Counties that require INN approval from MHSOAC prior to their county's BOS approval, the MHSOAC may issue contingency approvals for INN projects pending BOS approval on a case-by-case basis.*
Desired Presentation Date for Commission: May 28, 2020 ***Note: Date requested above is not guaranteed until MHSOAC staff verifies all requirements have been met.***

County Name: Mendocino

Date submitted: April 2020

Project Title: Tech for Trauma- Virtual Reality and Computer technology modalities for Trauma related symptoms

Total amount requested: $800,000 over 5 years

Duration of project: 5 years

Purpose of Document: The purpose of this template is to assist County staff in preparing materials that will introduce the purpose, need, design, implementation plan, evaluation plan, and sustainability plan of an Innovation Project proposal to key stakeholders. *This document is a technical assistance tool that is recommended, not required.*

Innovation Project Defined: As stated in California Code of Regulations, Title 9, Section 3200.184, an Innovation project is defined as a project that "the County designs and implements for a defined time period and evaluates to develop new best practices in mental health services and supports". As such, an Innovation project should provide new knowledge to inform current and future mental health practices and approaches, and not merely replicate the practices/approaches of another community.

Section 1: Innovations Regulations Requirement Categories

CHOOSE A GENERAL REQUIREMENT:

An Innovative Project must be defined by one of the following general criteria. The proposed project:

- ☒ Introduces a new practice or approach to the overall mental health system, including, but not limited to, prevention and early intervention
- ☐ Makes a change to an existing practice in the field of mental health, including but not limited to, application to a different population
- ☒ Applies a promising community driven practice or approach that has been successful in a non-mental health context or setting to the mental health system
- ☐ Supports participation in a housing program designed to stabilize a person's living situation while also providing supportive services onsite

CHOOSE A PRIMARY PURPOSE:

An Innovative Project must have a primary purpose that is developed and evaluated in relation to the chosen general requirement. The proposed project:

- ☐ Increases access to mental health services to underserved groups
- ☒ Increases the quality of mental health services, including measured outcomes
- ☐ Promotes interagency and community collaboration related to Mental Health Services or supports or outcomes
- ☐ Increases access to mental health services, including but not limited to, services provided through permanent supportive housing

Section 2: Project Overview

PRIMARY PROBLEM

What primary problem or challenge are you trying to address? Please provide a brief narrative summary of the challenge or problem that you have identified and why it is important to solve for your community. Describe what led to the development of the idea for your INN project and the reasons that you have prioritized this project over alternative challenges identified in your county.

Mendocino County has a high rate of trauma in our Transitional Age Youth population. Of the 238 TAY individuals currently receiving treatment through Mendocino County Behavioral Health, 163 of them, over half, have a diagnosis of PTSD. Currently, the traditional treatments of exposure therapy through imaginative or in vivo exposure as well as mindfulness training are among the treatments to reduce PTSD and its correlated diagnosis of anxiety and depression (Freeman et al., 2017). Even though treatments for PTSD, anxiety, and depression see excellent outcomes for individuals who follow through on the full treatment, drop-out rates and treatment refusals reduce the number of successful outcomes for our youth population. Untreated PTSD can lead to increases in anxiety, depression, substance abuse, and homelessness.

Many Transitional Age Youth in our county are experiencing rehoming, retraumatization, and, in many cases, homelessness. Mendocino County has the highest per capita rate of children in the foster care system at 11.3 per 1,000 children according to numerous studies including 2018 Kidsdata.org, compared to the state average of 5.3 per 1,000 children. Rehoming adds to the destabilized nature of our youth population, trauma that follows them regardless of the outcomes of those situations. Upwards of 29% of foster care youth at age 21 have experienced homelessness (Kelly, 2020; Fowler et al., 2017). One indicator for homelessness is time spent in the foster care system. In Mendocino County, our youth have experienced a higher burden of trauma through detention, and are at a higher risk of homelessness, and we hope to address the fallout of this increased trauma through the Tech for Trauma project.

Tech for Trauma will address the barriers between Transitional Age Youth and treatment for PTSD and its correlated diagnoses such as anxiety and depression. Our goal is to increase engagement with young people and reduce drop-out rates for treatment of PTSD, anxiety, and depression. Many barriers exist between the Transitional Age Youth of Mendocino County and treatment. The largest barrier to access is due to transportation. Many TAY individuals do not have control of their transportation and must rely on others or public transportation to get to their treatment sessions. Many of the smaller communities have no public transportation connections to the cities where services are provided.

By adding Virtual Reality options in our county, we hope to engage youth more successfully. Refusal rates for exposure treatments through VR are 3% compared to the refusal rate of in vivo exposure treatments 27% (Garcia-Palacios et al., 2007). Similarly, Freeman et. al., (2017) reported that studies found dropout rates for treatments utilizing VR were lower than those for traditional treatments. Given the higher engagement people have with VR treatments, we hope to use Tech for Trauma to create a stronger buy in with our Transitional Age Youth population in a meaningful way. By increasing engagement with TAY individuals we hope to reduce the negative impacts of PTSD, which can lead to more serious mental illness outcomes.

Many providers in Mendocino County have been reluctant to begin utilizing this new technology in conjunction with mental health applications. Tech for Trauma will also provide a low risk opportunity for providers to begin utilizing a treatment modality that is proving to be revolutionary, with projects such as Bravemind which uses detailed re-creations of battlefield scenarios to help reduce PTSD symptoms in veterans. While Tech for Trauma would not be able to utilize such a highly sophisticated system, it is a project where both the providers and the consumers would be able to learn about the promising benefits of Virtual Reality and applications to mental health that are already proving to be effective and engaging.

Tech for Trauma intends to identify providers within Mendocino County who service the TAY population to help bring VR to Mendocino County residents. Our goal is bring VR technology to some providers within the county as a pilot project within the TAY population. Our hope is to increase engagement, introduce providers to using VR, and decrease negative symptoms of PTSD. Should Tech for Trauma prove successful, we would look to expand the program into other age groups, other providers, and other technological modalities.

PROPOSED PROJECT

Describe the INN Project you are proposing. Include sufficient details that ensures the identified problem and potential solutions are clear. In this section, you may wish to identify how you plan to implement the project, the relevant participants/roles within the project, what participants will typically experience, and any other key activities associated with development and implementation.

A) Provide a brief narrative overview description of the proposed project.

Tech for Trauma is looking to explore ways to increase engagement with youth and transitional age adults. Virtual Reality has proven to be a very promising tool in the reduction of symptoms of post-traumatic stress disorder and co-occurring anxiety and depression. One of the problems with engaging young people in services to treat PTSD and the subsidiary issues of anxiety and depression is that interest is lost. Some youth

have different barriers to services, such as home placement changes, busy schedules, and not having transportation they control. Because of these barriers, engagement with youth clients who have experienced trauma suffers in long term engagement. The goal with Tech for Trauma is to create a situation that is more engaging. We hope that by offering a second modality for services, an augmentation of more traditional services, these consumers will be more driven to engage.

The difficulty with virtual reality is that the cost is still prohibitive for many providers. Our goal is to make headsets and computers available to service providers who are already in the process of engaging with transitional age youth. The application of virtual reality technology would not supplant traditional services but augment them.

By reducing the risk threshold for providers in Mendocino County, we hope to increase the kinds of treatments available starting with PTSD and anxiety disorders in our county. By increasing the range of treatments available in our county, we hope to capitalize on the reduction of refusal rates with VR, an approximate 24% reduction (Garcia-Palacios et al., 2007), and the reduced dropout rates to reach more people and increase desired outcomes of those mental health services in Mendocino County.

B) Identify which of the three project general requirements specified above [per CCR, Title 9, Sect. 3910(a)] the project will implement.

The Tech for Trauma project intends to introduce a currently unutilized technology, Virtual Reality, to public mental health services in Mendocino County. This technology has many mental health applications and has been previously used in research conditions successfully. Tech for Trauma would increase the treatments available in Mendocino County by augmenting traditional treatments with Virtual Reality Technology.

C) Briefly explain how you have determined that your selected approach is appropriate. For example, if you intend to apply an approach from outside the mental health field, briefly describe how the practice has been historically applied.

By utilizing Virtual Reality, Tech for Trauma will hopefully reduce refusal rates for the TAY population. Reduced refusal means more people engaging with treatment. Because engagement is one of the biggest factors in decreasing the long term effects of trauma on our TAY population, Tech for Trauma should address this barrier to treatment. Increased engagement and reduced stigma are the desired outcomes, and according to several studies (Freeman et al., 2017; Garcai-Palacious et al., 2007), Virtual Reality treatments tend to be preferred by individuals receiving treatment. Increased engagement should decrease the negative effects of PTSD and reduce negative effects of anxiety family disorders.

D) Estimate the number of individuals expected to be served annually and how you arrived at this number.

In the fiscal year of 2018-2019, Mendocino County had 163 TAY individuals with a diagnosis of PTSD receiving services from Mendocino County BHRS and our contracted providers. Our goal with Tech for Trauma is to start by offering services with the goal of providing services to at least 50 Transitional Age Youth. Ideally we will do this by offering headsets to 5 providers, potentially more providers if there are multiple providers at the same location, and compensating the time for clinicians to utilize the headsets as an augmentation to their current clinical work. We hope to expand Tech for Trauma to be able to serve all 163 TAY individuals who currently have PTSD diagnosis should they choose to participate. In fiscal year 2018-2019, 329 adults in Mendocino County were served who also had a diagnosis of PTSD. Given the prevalence of individuals with PTSD diagnoses in Mendocino County, we intend to expand to the adult population should Tech for Trauma prove beneficial with youth.

E) Describe the population to be served, including relevant demographic information (age, gender identity, race, ethnicity, sexual orientation, and/or language used to communicate).

Tech for Trauma intends to start with 16-24 year olds, Transition Age Youth in the initial proposal. Our plan is to offer to partner with providers who service individuals within the TAY population. From the initial program, we aim to expand to adults with PTSD. We do not currently plan to develop Tech for Trauma into servicing children as the ramifications for children under the age of 13 utilizing virtual reality is currently not well studied. Within the virtual reality community, the manufacturers of recreational virtual reality specifically recommend against using headsets for individuals under the age of 12. Currently, there are no ethno demographic population criteria for Tech for Trauma, only age, and should the treatment prove successful in TAY, we intend to expand to adults.

RESEARCH ON INN COMPONENT

A) What are you proposing that distinguishes your project from similar projects that other counties and/or providers have already tested or implemented?

Tech for Trauma intends to introduce a modality of service to Mendocino County that has proven to be effective in treating PTSD and anxiety disorders (Freeman et al., 2017). Currently there are no providers within Mendocino County Mental Health Services who utilize this treatment due to unfamiliarity with the technology and startup costs. Due to the rural nature of Mendocino County, seeking treatment that isn't offered within the county is time consuming and costly as the nearest city with services is at least an hour's drive from the County line. This creates barriers to a treatment shown to have lower refusal rates and lower dropout rates (Garcia-Palacios et al., 2007).

The Bravemind project has utilized Virtual Reality to treat PTSD in veterans, however there are no ways for individuals within our county to receive the benefits of

the treatments offered by Bravemind at this time. Currently, the Bravemind project is still in the realm of university level research and not public health, which is what Tech for Trauma is attempting to provide.

B) Describe the efforts made to investigate existing models or approaches close to what you're proposing. Have you identified gaps in the literature or existing practice that your project would seek to address? Please provide citations and links to where you have gathered this information.

Application of Virtual Reality to mental health treatments has generated many studies and is still in the early stages of full development. With the decrease in cost for high quality devices, the prevalence of VR technology has increased to the point of being included in home entertainment systems. Similarly, mental health applications have increased as VR provides a practical solution to exposure therapy where experiencing exposure in vivo is cost prohibitive, dangerous, or time consuming (Freeman et al., 2017). VR treatment of schizophrenia has also proved effective in reducing paranoid ideation and anxiety (Grochowska et al., 2019). The majority of Virtual Reality treatments have been used to reduce symptoms of PTSD, anxiety, and depression (Freeman et al., 2017), with the most common therapy being Virtual Reality Exposure or VRE.

Comparisons between effectiveness of Virtual Reality Exposure and Prolonged Exposure treatments have shown that VRE is as effective as PE (Gonçalves et al., 2012). Another study looked at the response to VRE versus PE and found that for patients who were younger and not currently taking antidepressant medications, the outcomes for VRE were better, showing greater PTSD symptom reduction than with PE (Norr et al., 2018). Virtual Reality treatments also have a considerable advantage over more traditional in vivo exposure therapy as VRE has a significantly lower refusal rate, 3% for VRE, versus 27% for traditional in vivo (Garcia-Palacios et al., 2007) for certain phobias.

Given these outcome indicators, lower refusal rates, and greater symptom reduction in younger populations, we believe Tech for Trauma could have a significant impact on the mental health of our TAY population. Tech for Trauma will also bring VR augmented treatment into our county where previously, an individual seeking these treatments would need to go out of county, a journey of over an hour each direction, to receive treatments of this kind.

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Freeman D, Reeve S, Robinson A, Ehlers A, Clark D, Spanlang B, and Slater M (2017). Virtual Reality in the assessment, understanding, and treatment of mental health disorders. *Psychological Medicine*, **47**, 2393-2400

Garcia-Palacios A, Botella C, Hoffman H, Fabregat S (2007). Comparing Acceptance and Refusal Rates of Virtual Reality Exposure vs. In Vivo Exposure in Patients with Specific Phobias. Cyber Psychology & Behavior, **10:5**, 722-724

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Kelly, Peggy (2020). Risk and Protective Factors Contributing to Homelessness Among Foster Care youth: An Analysis of the National Youth in Transition Database. Children and Youth Services Review, **108**

Norr AM, Rizzo AA, Smolenski DJ, Rothbaum BO, Reger MA, Katz AC (2018). Virtual reality exposure versus prolonged exposure for PTSD : Which treatment for whom? *Depression and Anxiety*, **35:6**, 523-529

LEARNING GOALS/PROJECT AIMS

The broad objective of the Innovative Component of the MHSA is to incentivize learning that contributes to the expansion of effective practices in the mental health system. Describe your learning goals/specific aims and how you hope to contribute to the expansion of effective practices.

A) What is it that you want to learn or better understand over the course of the INN Project, and why have you prioritized these goals?

We want to learn if introducing a new treatment can increase engagement with TAY who have a PTSD diagnosis. Our goals are to reduce the symptoms of PTSD in our TAY population. Through the Tech for Trauma we intend to address the following learning goals:

Learning goal #1) Does VRE treatment reduce the symptoms of PTSD, anxiety, and depression in TAY in Mendocino County as evidenced by depression index scores?

Learning goal #2) Are TAY more likely to seek treatment with dual modality treatment (VRE and therapeutic services) as evidenced by increased TAY engagement with therapy?

Learning goal #3) Do TAY engage in the VRE treatment to completion, as defined by markers on the anxiety and depression scale, more often than without VRE, specifically, is the dropout rate for treatment lower over the course of the project?

B) How do your learning goals relate to the key elements/approaches that are new, changed or adapted in your project?

Mendocino County does not currently have VRE treatment available. Studies of the VRE show that it is a potentially useful option for engaging younger people to alleviate symptoms of PTSD, anxiety, and depression. Our learning goals directly relate to the addition of VRE in Mendocino County because all of the learning goals are about engagement and reduction of PTSD symptoms in TAY.

Learning Goal #1 directly relates to the key element that is new because Mendocino County currently does not have Virtual Reality treatments for TAY who have a diagnosis of PTSD. We intend to test if VRE reduces symptoms of PTSD.

Learning Goal #2 directly relates to what is new because we are learning if younger people will have a lower refusal or disengagement rate to PTSD symptom reducing therapeutic treatments through VR versus traditional PE.
Learning Goal #3 directly relates to the key element of introducing Virtual Reality treatments to Mendocino County because it is looking at whether dropout rates improve with VRE compared to more traditional therapies.

EVALUATION OR LEARNING PLAN

For each of your learning goals or specific aims, describe the approach you will take to determine whether the goal or objective was met. Specifically, please identify how each goal will be measured and the proposed data you intend on using.

We intend to engage in evidenced based practices with the Tech for Trauma project. Our goal is to collect data sufficient to discern if our learning goals are being met. Most data collection will depend on outcomes from the clients and notes from the providers. We intend to address each of our three learning goals as follows:

Learning goal #1) Does VRE treatment reduce the symptoms of PTSD, anxiety, and depression in TAY in Mendocino County?
As evidenced by scores on a depression index.
As evidenced by a reduction in crisis contacts.
As evidenced by self-reported anxiety reduction.

Learning goal #2) Are TAY more likely to seek treatment with dual modality treatment (VRE and therapeutic services)?
As evidenced by increased number of TAY individuals receiving treatment when compared to previous years (i.e. an avatar diagnostic report from a period of time prior to the project compared to a similar length of time after the project has begun)

Learning goal #3) Do TAY engage in the VRE treatment to completion more often than without VRE, specifically, is the dropout rate for VR treatment lower?
As evidenced by comparing typical completion rates with the completion rates for the project (completion meaning client has completed a certain percentage of appointments necessary).
As evidenced by scores on a depression index.
As evidenced by self-reported satisfaction surveys.
All recipients will be asked to participate in pre and post surveys such as Child Assessment of Needs and Strengths (CANS), Generalized Anxiety Disorder Scale (GAD 7), and Patient Health Questionnaire (PHQ-9). Tech for Trauma will also include a questionnaire to fine tune necessary data for our Learning Goals.

Section 3: Additional Information for Regulatory Requirements

CONTRACTING

If you expect to contract out the INN project and/or project evaluation, what project resources will be applied to managing the County's relationship to the contractor(s)? How will the County ensure quality as well as regulatory compliance in these contracted relationships?

Mendocino County's MHSA Program Administrator will oversee and monitor the Tech for Trauma project and contractors within the project. The County will contract with providers in the area who currently work with the target population—TAY who have PTSD diagnoses—to bring treatments to those in need. The contract between the County and the providers will include reporting requirements for quarterly reporting, monthly invoices, and Annual Revenue and Expenditure Reports.

Reporting requirements contained within this contract(s) will include reporting language similar to Innovation regulation 3510.020 for annual reporting as follows:

(a) As part of the Mental Health Services Act Annual Revenue and Expenditure Report the Provider shall report the following:

1. The total dollar amount expended during the reporting period by the following funding sources:
   - (A) Innovation Funds
   - (B) Medi-Cal Federal Financial Participation
   - (C) 1991 Realignment
   - (D) Behavioral Health Subaccount
   - (E) Any other funding

Similarly, the County will collect demographic information quarterly from contract provider(s) similar to the language from Innovations regulations Section 3580.010 as follows:

(a) The Quarterly Innovative Project Report shall include:

(1) Name of the Innovative Project

(2) Whether and what changes were made to the Innovative Project during the reporting period and the reasons for the changes.

(3) Available evaluation data, including outcomes of the Innovative Project and information about which elements of the Project are contributing to outcomes.

(4) Program information collected during the reporting period, including for applicable Innovative Projects that serve individuals, number of participants served by:

(A) Age by the following categories:

1. 0-15 (children/youth)
2. 16-25 (transition age youth)
3. 26-59 (adult)
4. Ages 60+ (older adults)
5. Number of respondents who declined to answer the question

(B) Race by the following categories:

1. American Indian or Alaska Native
2. Asian

3. Black or African American
4. Native Hawaiian or other Pacific Islander
5. White
6. Other
7. More than one race
8. Number of respondents who declined to answer the question

(C) Ethnicity by the following categories:

1. Hispanic or Latino as follows
   a. Caribbean
   b. Central American
   c. Mexican/Mexican-American/Chicano
   d. Puerto Rican
   e. South American
   f. Other
   g. Number of respondents who declined to answer the question
2. Non-Hispanic or Non-Latino as follows
   a. African
   b. Asian Indian/South Asian
   c. Cambodian
   d. Chinese
   e. Eastern European
   f. European
   g. Filipino
   h. Japanese
   i. Korean
   j. Middle Eastern
   k. Vietnamese
   l. Other
   m. Number of respondents who declined to answer the question
3. More than one ethnicity
4. Number of respondents who declined to answer the question

(D) Primary language used by threshold languages for the individual county

(E) Sexual orientation,

1. Gay or Lesbian
2. Heterosexual or Straight
3. Bisexual
4. Questioning or unsure of sexual orientation
5. Queer
6. Another sexual orientation
7. Number of respondents who declined to answer the question

(F) A Disability, defined as a physical or mental impairment or medical condition lasting at least six months that substantially limits a major life activity, which is not the result of a severe mental illness.

1. Yes, report the number that apply in each domain of disability(ies)
   a. Communication domain separately by each of the following
      (i) Difficulty seeing
      (ii) Difficulty hearing, or having speech understood
      (iii) Other (specify)
   b. Mental domain not including a mental illness (including but not limited to a learning disability, developmental disability, dementia)
   c. Physical/mobility domain
   d. Chronic health condition (including but not limited to chronic pain)
   e. Other (specify)
2. No
3. Number of respondents who declined to answer the question

(G) Veteran status, (if over 18)

1. Yes
2. No
3. Number of respondents who declined to answer the question

(H) Gender

1. Assigned sex at birth
   a. Male
   b. Female
   c. Number of respondents who declined to answer the question
2. Current gender identity
   a. Male
   b. Female
   c. Transgender
   d. Genderqueer
   e. Questioning or unsure of gender identity
   f. Another gender identity
   g. Number of respondents who declined to answer the question

To ensure contractors provide appropriate information, invoices shall not be paid until all reporting is up to date and accurate. These terms shall be noted in the contract(s) with providers.

Administration of the contracted providers will be maintained by the MHSA unit within Mendocino County. The MHSA unit will be responsible for reporting all information to the state as well as sending annual reports and making copies of annual reports available on the County website.

COMMUNITY PROGRAM PLANNING

Please describe the County's Community Program Planning process for the Innovative Project, encompassing inclusion of stakeholders, representatives of unserved or under-served populations, and individuals who reflect the cultural, ethnic and racial diversity of the County's community.

Mendocino County collects stakeholder input on MHSA projects at stakeholder activities including bimonthly stakeholder Forums, biannual consumer events, monthly Behavioral Health Advisory Board meetings, and other stakeholder feedback events. In addition we sought targeted stakeholder feedback from the Veterans population on 08/24/2019 as suggested by our Behavioral Health Advisory Board.

At the Veterans event held at Todd Grove Park, Mendocino County MHSA employees conducted surveys of the Veterans in attendance. We chose to look into Virtual Reality for Veterans because much of the literature around PTSD focuses on Veterans, such as the Bravemind project. However, the overall feeling of the Veterans surveyed (13) is that they do not want more interaction with technology but less. The respondents to our survey said that PTSD was the biggest mental health concern for them and their families. While several reluctantly said they would be willing to try VRE (5), those opposed were strongly opinionated on the matter. Several suggest that younger Veterans would be more likely to participate in Virtual Reality based treatments.

Based on the feedback from our local Veteran population, we directed Tech for Trauma towards younger people. Anecdotal feedback from our stakeholders at the 02/12/2020 Stakeholders Forum which was well attended by people in all age categories, the TAY population present expressed enthusiasm towards virtual reality treatment.

MHSA GENERAL STANDARDS

Using specific examples, briefly describe how your INN Project reflects, and is consistent with, all potentially applicable MHSA General Standards listed below as set forth in Title 9 California Code of Regulations, Section 3320 (Please refer to the MHSOAC Innovation Review Tool for definitions of and references for each of the General Standards.) If one or more general standards could not be applied to your INN Project, please explain why.

Community Collaboration

A) Community Collaboration

Stakeholder feedback was utilized in the prioritization of the Tech for Trauma project during the development of the Three Year plan for 17-20. We have discussed this project with Veterans, at stakeholder meetings, and with providers. Our goal is to bring a new treatment to the area to expand the services we can offer to people with PTSD in our county. Our stakeholders often complain about having to travel out of county for treatments, and as VR treatments grow in acceptance and popularity, our residents will soon be in a position of having to travel to receive these treatments. Our stakeholders have communicated that the lack of services in our county is one of the main issues they would

like for us to address. Because this is a major concern for our stakeholders, they chose this project because VR treatment is not currently available in the county. Tech for Trauma is a direct result of community input addressing Mendocino County's unique needs.

B) Cultural Competency

Mendocino County has a highly diverse population. According to the 2000 Census, our population is 80% white, 22.2% Hispanic or Latino, 4.8% American Native, 1.7% Asian, 0.7% African American, and 0.1% Pacific Islander. To address the needs of our diverse population, all our providers will be contractually required to attend two appropriate cultural responsiveness trainings a year. Bilingual providers are already utilized, and we will encourage bilingual providers to compete for the contracts provided through Tech for Trauma. Data will be monitored for trends among cultural groups to assess needs within our TAY population.

C) Client-Driven

The Tech for Trauma project will be client driven in that it will be an optional addition to current modalities of treatment. Consumers who no longer wish to engage in the program can discontinue at any time. Individuals who do stay on will have many options within the Virtual Reality settings as programming for this technology is proceeding faster than it can be studied. All Tech for Trauma utilization of Virtual Reality as a healing tool will be monitored by mental health professional overseeing treatment. While some of it may seem like a game, it will have the goal of increased well-being and resilience, and hopefully a reduction in symptoms associated with PTSD.

D) Family-Driven

Tech for Trauma is family driven because many parents and family members of TAY who have been diagnosed with PTSD are looking for engagement with and for their family members. Due to the large number of PTSD diagnoses within the TAY population, family support will be necessary, and for many recipients, family permission will be necessary. Given the nature of virtual reality, there is also a possibility for treatments using VR to include the family for a greater engagement with the TAY population. For that reason, family support and guidance will play key roles in the utilization of Tech for Trauma.

E) Wellness, Recovery, and Resilience-Focused.

Virtual Reality applications would be used for the purpose of assisting in recovery of TAY affected by PTSD, for strengthening resilience and enhancing their sense of emotional well-being.

F) Integrated Service Experience for Clients and Families

The Tech for Trauma project relies on being integrated with more traditional services. For instance, we envision the VR headsets being utilized as part of a larger, clinical session. The Tech for Trauma project is not intended to supplant traditional modality, but to enhance and supplement currently utilized practices.

CULTURAL COMPETENCE AND STAKEHOLDER INVOLVEMENT IN EVALUATION

Explain how you plan to ensure that the Project evaluation is culturally competent and includes meaningful stakeholder participation.

Stakeholder forums are held every other month for MHSA funded projects on an ongoing basis. These forums have been held regularly for more than the past five years and Innovation projects are always an agenda item. At forums, we receive stakeholder feedback and provide information regarding the status and progress of the Innovation projects. More specific to Tech for Trauma, regular meetings will be held to communicate with the stakeholders for this project which will begin within six months of the approval of the Tech for Trauma project. At these meetings, we will discuss and implement the Tech for Trauma project. At this time, key informant meetings for Tech for Trauma meetings have been held with veterans, adult specialty mental health providers, and youth specialty mental health providers. We have also sought stakeholder feedback and direction from our Behavioral Health Advisory Board, and this project was chosen for further development through the three year planning process.

All clinicians and staff working on the Tech for Trauma project will be contractually required to maintain cultural responsiveness training with at least two qualifying trainings a year, similar to the requirements for Mendocino County Employees. As Mendocino County has a rich cultural diversity, we expect that there are target groups who would be more or less interested in the Tech for Trauma project, and for this reason, the Virtual Reality Therapy will not be offered as a supplanting treatment but as a supplemental treatment.

INNOVATION PROJECT SUSTAINABILITY AND CONTINUITY OF CARE

Briefly describe how the County will decide whether it will continue with the INN project in its entirety, or keep particular elements of the INN project without utilizing INN Funds following project completion.

Mendocino County will evaluate the Tech for Trauma project based on outcome assessments that measure indexes for anxiety and depression. Based on improvements, we will adapt aspects of the Tech for Trauma project to be extended to more of the population. We intend to collect these index markers quarterly to determine if the project is making a measurable difference. Based on the success of the modality, more traditional funding streams will be sought for the existing hardware to be used going forward.

Will individuals with serious mental illness receive services from the proposed project? If yes, describe how you plan to protect and provide continuity of care for these individuals upon project completion.

The Tech for Trauma project intends to serve people in Mendocino County who have PTSD, a serious mental illness. Due to the nature of this project, technology methods paired with traditional clinician work, we expect the clinical work to continue after the project has reached the end of its funding period. Because this project is supplementing not supplanting, there will not be an interruption in the continuity of care should this modality not become a mainstay within Mendocino County.

COMMUNICATION AND DISSEMINATION PLAN

Describe how you plan to communicate results, newly demonstrated successful practices, and lessons learned from your INN Project.

A) How do you plan to disseminate information to stakeholders within your county and (if applicable) to other counties? How will program participants or other stakeholders be involved in communication efforts?

The County plans to hold regular Tech for Trauma meetings where we will disseminate information on a local level. These regular meetings will be used to keep information channels open between our stakeholders and providers. We will communicate successes and difficulties with our stakeholders while continuing to receive feedback from the projects stakeholders.

In addition to regular meetings, the County will post all annual reports regarding the project on our website, and include reports regarding Tech for Trauma to the MHSA stakeholders meeting, held every other month at venues across the county to increase dissemination of information. These meetings will also be a place where MHSA stakeholders can voice opinions or make comments regarding the Tech for Trauma project.

The County also intends to present the information learned from our project at regional and statewide meetings to share our learning process with other counties.

B) KEYWORDS for search: Please list up to 5 keywords or phrases for this project that someone interested in your project might use to find it in a search.

Virtual Reality, PTSD, Transitional Age Youth

TIMELINE

A) Specify the expected start date and end date of your INN Project

Start Date: July 2020
End Date: June 2025

B) Specify the total timeframe (duration) of the INN Project

Five Years

C) Include a project timeline that specifies key activities, milestones, and deliverables—by quarter.

- Q1 FY 20-21 Contract RFP Process; acquire equipment.
- Q2 FY 20-21 Staff recruiting, additional input from stakeholders.
- Q3 FY 20-21 Initial roll out and treatments begun. Data collection begins.
- Q4 FY 20-21 Annual Report on project, data collection, treatment, and consumer surveys.
- Q1 FY 21-22 – Q3 FY 21-22 Data Collection, treatment, consumer surveys, stakeholder input.
- Q4 FY 21-22 Annual Report on project, data collection, treatment, and consumer surveys
- Q1 FY 22-23 – Q3 FY 22-23 Data Collection, treatment, consumer surveys, stakeholder input
- Q4 FY 22-23 Annual Report on project, data collection, treatment, and consumer surveys
- Q1 FY 23-24 – Q3 FY 23-24 Data Collection, treatment, consumer surveys, stakeholder input
- Q1 FY 23-24 Evaluate potential expansion into adult age group based on collected data.
- Q4 FY 23-24 Annual Report on project, data collection, treatment, and consumer surveys
- Q1 FY 24-25 – Q4 FY 24-25 Data Collection, treatment, consumer surveys, stakeholder input
- Q3 FY 24-25 – Q4 FY 24-25 Project evaluation and final report, Annual report

Section 4: INN Project Budget and Source of Expenditures

INN PROJECT BUDGET AND SOURCE OF EXPENDITURES

The next three sections identify how the MHSA funds are being utilized:

A) BUDGET NARRATIVE (Specifics about how money is being spent for the development of this project)
B) BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY (Identification of expenses of the project by funding category and fiscal year)
C) BUDGET CONTEXT (if MHSA funds are being leveraged with other funding sources)

BUDGET NARRATIVE

Provide a brief budget narrative to explain how the total budget is appropriate for the described INN project. The goal of the narrative should be to provide the interested reader with both an overview of the total project and enough detail to understand the proposed project structure. Ideally, the narrative would include an explanation of amounts budgeted to ensure/support stakeholder involvement (For example, "$5000 for annual involvement stipends for stakeholder representatives, for 3 years: Total $15,000") and identify the key personnel and contracted roles and responsibilities that will be involved in the project (For example, "Project coordinator, full-time; Statistical consultant, part-time; 2 Research assistants, part-time…"). Please include a discussion of administration expenses (direct and indirect) and evaluation expenses associated with this project. Please consider amounts associated with developing, refining, piloting and evaluating the proposed project and the dissemination of the Innovative project results.

The budget for the Tech for Trauma calls for a modest startup staff of 0.75 FTE of Mental Health Clinicians. This position is intended to be split into smaller FTEs amongst providers because Tech for Trauma is meant to be a supplemental treatment. A 0.2 FTE for a Department Application Specialist is budgeted to oversee the software needs of the program. A 0.25 FTE TAY Advocate position is budgeted to provide support and case management services for the participants in the Tech for Trauma. Additionally, a 0.25 FTE extra help Staff Assistant position is included to help with the data collection and paperwork surrounding the Tech for Trauma Project.

We have included rental costs for space to provide services as well as software subscriptions in the operating costs of the Tech for Trauma project.

The budget for the Tech for Trauma includes a number of non-recurring costs such as virtual reality headsets, VR ready computers, covers/pads for headset storage, hygiene wipes, disposable face masks, locking equipment, and video monitors for clinical staff. The budget includes repurchase of most items in grant year 3.

Budgeting for consultation in the Tech for Trauma includes contracting for tech support, planning consultation and evaluation of the program.

BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY*

EXPENDITURES							
PERSONNEL COSTS (salaries, wages, benefits)		**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**TOTAL**
1.	Salaries	$71,276	$74,840	$78,582	$82,511	$86,637	$393,847
2.	Direct Costs						
3.	Indirect Costs	$27,307	$28,672	$30,106	$31,611	$33,191	$150,887
4.	Total Personnel Costs	$98,583	$103,512	$108,688	$114,122	$119,828	$544,734
OPERATING COSTS		**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**TOTAL**
5.	Direct Costs	$9,000	$9,450	$9,923	$10,419	$10,940	$49,731

6.	Indirect Costs						
7.	Total Operating Costs	$9,000	$9,450	$9,923	$10,419	$10,940	$49,731
NON RECURRING COSTS (equipment, technology)		**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**TOTAL**
8.	**Equipment and technology**	$28,596	$0	$24,996	$0	$0	$53,592
9.							
10.	Total Non-recurring costs	$28,596	$0	$24,996	$0	$0	$53,592
CONSULTANT COSTS / CONTRACTS (clinical, training, facilitator, evaluation)		**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**TOTAL**
11.	Direct Costs	$25,000	$26,250	$27,563	$28,941	$30,388	$138,1401
12.	Indirect Costs	$2,500	$2,625	$2,756	$2,894	$3,039	$13,814
13.	Total Consultant Costs	$27,500	$28,875	$30,319	$31,835	$33,427	$151,955
OTHER EXPENDITURES (please explain in budget narrative)		**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**TOTAL**
14.							
15.							
16.	Total Other Expenditures						
BUDGET TOTALS							
Personnel (line 1)		$71,276	$74,840	$78,582	$82,511	$86,637	$393,847
Direct Costs (add lines 2, 5 and 11 from above)		$34,000	$35,700	$37,485	$39,359	$41,327	$187,871
Indirect Costs (add lines 3, 6 and 12 from above)		$29,807	$31,297	$32,862	$34,501	$36,223	$164,690
Non-recurring costs (line 10)		$28,596	$0	$24,996	$0	$0	$53,592
Other Expenditures (line 16)							
TOTAL INNOVATION BUDGET		$163,679	$141,837	$173,925	$156,372	$164,187	$800,000

*For a complete definition of direct and indirect costs, please use DHCS Information Notice 14-033. This notice aligns with the federal definition for direct/indirect costs.

BUDGET CONTEXT - EXPENDITURES BY FUNDING SOURCE AND FISCAL YEAR (FY)

ADMINISTRATION:

A.	**Estimated total mental health expenditures <u>for ADMINISTRATION</u> for the entire duration of this INN Project by FY & the following funding sources:**	**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**TOTAL**
1.	Innovative MHSA Funds	$37,492	$39,367	$41,335	$43,398	$45,565	$207,157

2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding*						
6.	**Total Proposed Administration**						
EVALUATION:							
B.	**Estimated total mental health expenditures <u>for EVALUATION</u> for the entire duration of this INN Project by FY & the following funding sources:**	**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**TOTAL**
1.	Innovative MHSA Funds	$20,000	$21,000	$22,050	$23,153	$24,310	$110,513
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding*						
6.	**Total Proposed Evaluation**						
TOTAL:							
C.	**Estimated TOTAL mental health expenditures (this sum to total funding requested) for the entire duration of this INN Project by FY & the following funding sources:**	**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**TOTAL**
1.	Innovative MHSA Funds	$163,679	$141,837	$173,925	$156,372	$164,187	$800,000
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding*						
6.	**Total Proposed Expenditures**	$163,679	$141,837	$173,925	$156,372	$164,187	$800,000
*If "Other funding" is included, please explain.							