County of Mendocino

MENTAL HEALTH SERVICES ACT

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

COMPONENTS PLAN

MHSA 3-Year Plan for Fiscal Year 2014-2015 to Fiscal Year 2016-2017

June 1,2014

HEALTH AND HUMAN SERVICE AGENCY
MENTAL HEALTH SERVICES BRANCH

County Mental Health Director Name: Tom Pinizzotto Telephone Number: (707) 472-2354 E-mail: pinizzottot@co.mendocino.ca.us	**Project Lead** Name: Jenine Miller, Deputy Director Telephone Number: (707) 472-2341 E-mail: millerie@co.mendocino.ca.us
Mailing Address: Mendocino County Health and Human Services Agency Behavioral Health and Recovery Services 1120 S. Dora Street Ukiah, CA 95482	

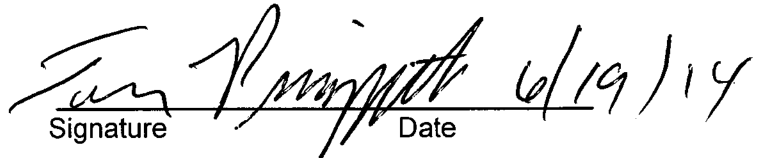
I hereby certify that I am the official responsible for the administration of county mental health services in and for said County and that the County has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this 3-Year Plan, including stakeholder participation and non-supplantation requirements.

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

Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations,Section 3410, Non Supplant.

All documents in the attached 3-Year Plan are true and correct.

Tom Pinizzotto
Local Mental Health Director/Designee



Signature Date

County: Mendocino

Date: 6-19-14

County Mental Health Director Name: Tom Pinizzotto Telephone Number: (707) 472-2354 E-mail: pinizzottot@co.mendocino.ca.us	**Project Lead** Name: Meredith Ford, Auditor/Controller Telephone Number: (707) 463-4392 E-mail: fordm@co.mendocino.ca.us
Mailing Address: Mendocino County Health and Human Services Agency Behavioral Health and Recovery Services 1120 S. Dora Street Ukiah, CA 95482	

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

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

Tom Pinizzotto ______ 6/19/14
Local Mental Health Director/Designee — Signature — Date

I hereby certify that for the fiscal year ended June 30, 2014, the County/City has maintained an interest- bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated December 30, 2013 for the fiscal year ended June 30, 2013. I further certify that for the fiscal year ended June 30, 2014, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

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

Meredith Ford. Auditor/Controller — Meredith Ford 6-19-14
County Auditor Controller / City Financial Officer (Print) — Signature — Date

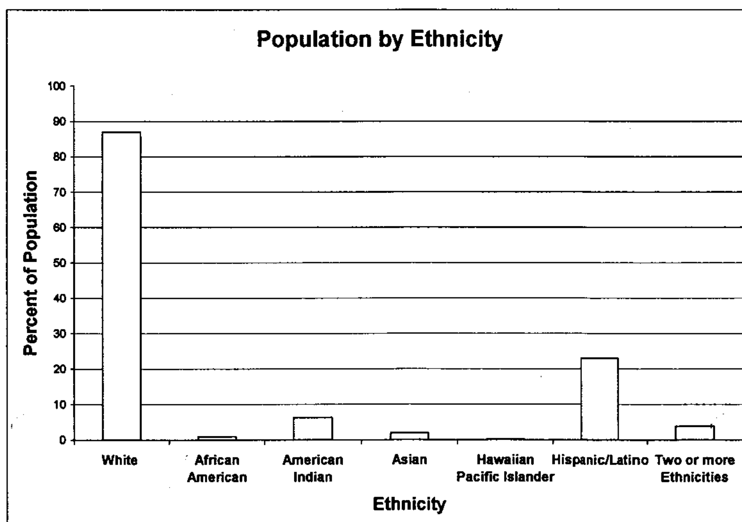
'Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)
Three- year Program and Expenditure Plan, Annual Update, and RER Certification (02/14/2013)

County Demographics

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

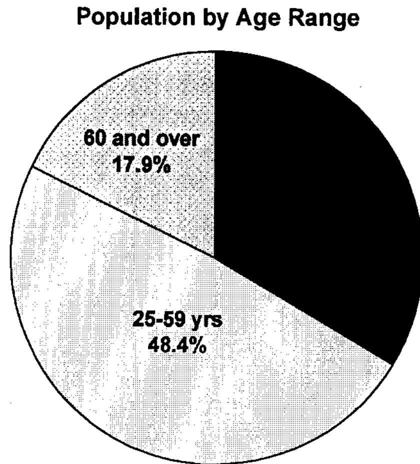
The US Census of 2010 provides the most current data on population trends. The US Census data of 2010 indicates that Mendocino County has a population of 87, 841 in 2010 with an estimated current population of 87,192 in 2013. Mendocino County ranks as 38th largest county by population of California's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

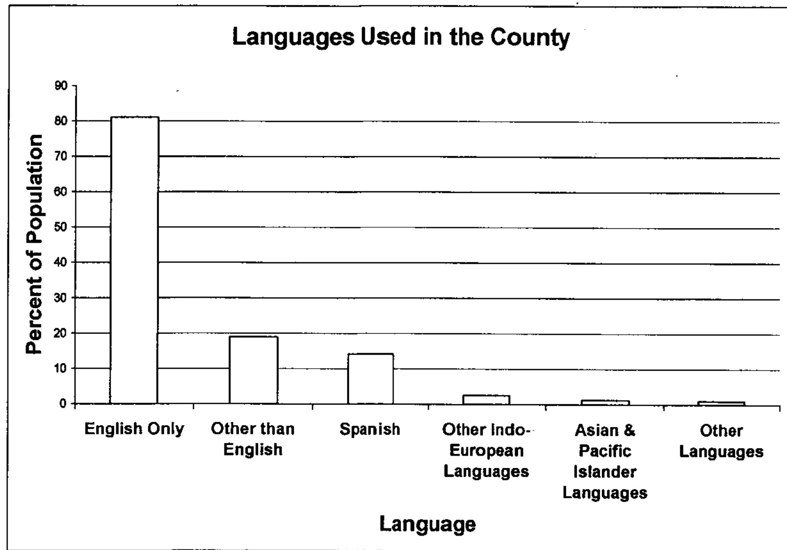
The US Census data of 2012 shows that 86% of Mendocino County's population identifies as White, 0.9% identifies as African American, 6.3 as American Indian, 1.9% as Asian, 0.2% as Native Hawaiian or Pacific Islander, 23% as Hispanic or Latino, and 3.8% as two or more ethnicities. Please note, that this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



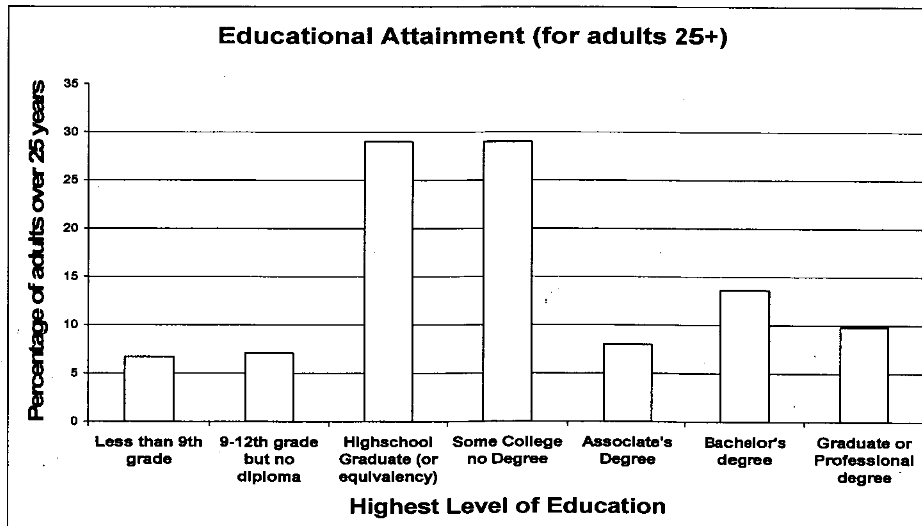
The Census data for age range does not break evenly into our Full Service Partnership (FSP) age categories, but when broken out as closely as possible, census data shows that

Mendocino County has 20.7% of children 0-14 years of age, 13% Transition Age Youth 15-24 years of age, 48.4% of Adults 25-59 years of age, and 17.9% of Older adults 60 and older. The majority of the population continues to speak English only at 81.1%. 18.9% speak languages other than English, with 14.1% speaking Spanish, 2.5% speaking other Indo-European Languages, 1.2% speaking Asian & Pacific Islander languages, and 1% speaking other languages. [2]

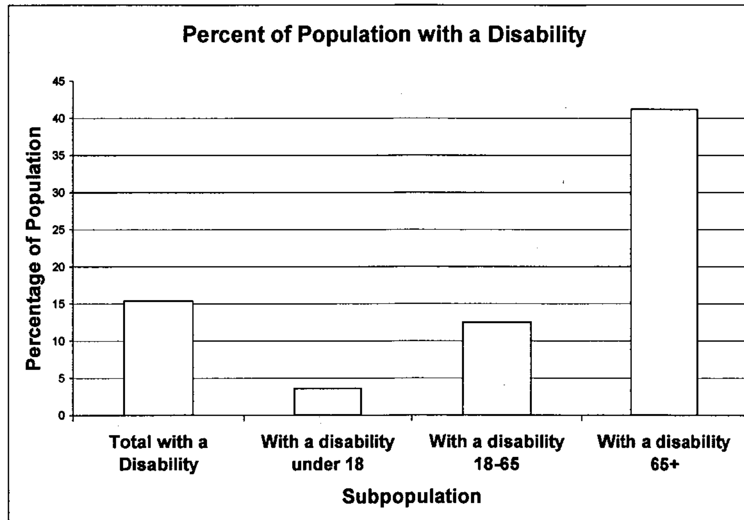




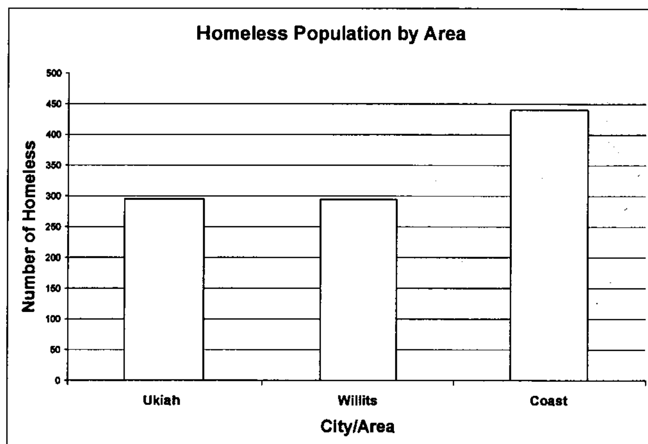
The US Census Bureau provides other indicators of interest in the socio-economic environment through the American Community Survey (ACS). The 2012 data indicates that Mendocino County's total Civilian Non-institutionalized population consists of 86,783 people, and that the percentage of those with a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

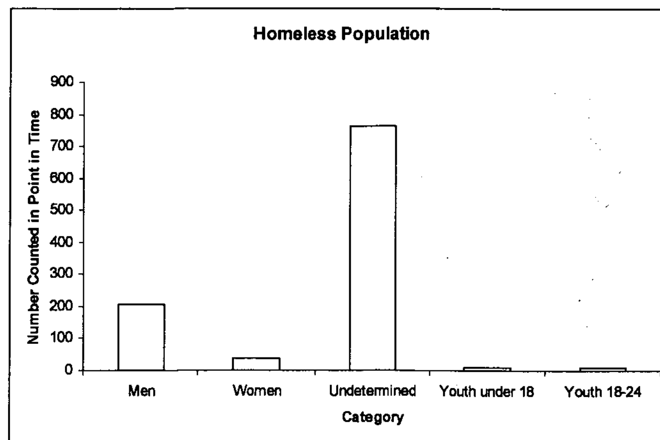


Additionally the US Census Bureau and ACS indicate that 2012 estimates for Mendocino County High school graduates or higher (among those 25 years of age and older) to be at 86.3% with 23.4% of the population having a bachelor's degree or higher. 6.7% of those 25 and older have less than a 9th grade education,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



Mendocino County Continuum of Care for the Homeless (CoC), coordinated by the Homeless Services Planning Group (a collaborative of over thirty-one organizations) convened and facilitated by the Adult and Older Adult System of Care of the Mendocino County Health and Human Services Agency conducts a Point in Time Census and Survey of the Homeless annually. 2013 Census numbers show that on January 24, 2013 Mendocino County hat a total of 206 unsheltered men, 38 unsheltered Women, 765 unsheltered of undetermined Gender, 10 Unsheltered youth under the age of18, and 10 unsheltered youth age 18-24. Ukiah has 295 total unsheltered individuals, Willits has 294 total unsheltered individuals, and the Coast has 440 total unsheltered individuals. For a more detailed breakdown of the Homeless subpopulations in Mendocino County please visit: http://www.co.mendocino.ca.us/hhsa/adult/coc.htm.[5]





References:

1. Center for Economic Development, California State University, Chico. *Mendocino County Economic and Demographic Profile.* Chico Research Foundation, 2011. Web: 2 April 2014. < http://edfc.org/wp-content/uploads/2013/12/MendocinoWebProfile02-11.pdf >

2. United States Census Bureau. *Mendocino County, California QuickFacts.* U.S. Department of Commerce, 2010. Web: 2 April 2014.

   < http://quickfacts.census.gov/qfd/states/06/06045.html >

3. *Mendocino County, California.* Wikipedia The Free Encyclopedia, last modified 14 Feb 2014. Web. 2 April 2014. < http://en.wikipedia.org/wiki/Mendocino_County,_California >

4. United States Census Bureau. *Mendocino County Selected Social Characteristics in the United States, 2012 American Community Survey 1-Year Estimates.* U.S. Department of Commerce, 2012. Web: 2 April 2014. <http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_12_1YR_CP02&prodType=table >

5. County of Mendocino, California Official County Government Online Resource. *Continuum of Care for the Homeless.* Health and Human Services Agency, 2014. Web: 2 April 2014. < http://www.co.mendocino.ca.us/hhsa/adult/coc.htm >

Community Program Planning

Mendocino County's Community Planning Program (CPP) process for the development of the 3 - Year plan for Fiscal Year (FY) 2014/2015 through Fiscal Year (FY) 2016/2017 includes obtaining stakeholder input in a variety of ways. MHSA Forums, Stakeholder Committee Meetings, Program/Fiscal Management Group Meetings, Mental Health Board Meetings, Suggestion boxes at MHSA funded programs, and e-mailed suggestions through the MHSA website are all means of gathering stakeholder input.

Stakeholder Description

Mendocino County Stakeholders are children, youth, adults and seniors with mental illness; family members of consumers with mental illness; service providers; educators; law enforcement officials; veterans; substance use treatment providers; health care providers; community based organizations; and other concerned community members. The stakeholder list is updated and determined based on community member, provider, and consumer interest in participation; concern about consumers receiving MHSA services; and desire to see change in the Mental Health Service delivery in our community. Some of our dedicated stakeholders include:

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

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

Local Stakeholder Process

Mendocino County has an ongoing continuous Community Planning Process. Mendocino County endeavors to approach and engage all stakeholders, taking special effort to engage those in rural areas and the underserved populations. In develop our MHSA 3- Year Plan for FY 14/15 to FY 16/17 we have included the following:

1. MHSA Forums to discuss services for Children (0-15), Transition Age Youth (16-25), Adults (26-59), and Older Adults (60 +)
2. MHSA Stakeholder Committee meetings
3. MHSA Program/Fiscal Management Group Meetings
4. Mental Health Board Meetings
5. County Mental Health MHSA website
6. Mental Health Board Public hearing on the 3- Year plan
7. Quality Improvement meetings monthly
8. Special Consumer feedback events
9. Public Posting of the 3- Year Plan through the 30 day local review process

MHSA Forums

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

MHSA Stakeholder Committee Meetings

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

MHSA Program/Fiscal Management Group

The MHSA Program/Fiscal Management Group is comprised of Health and Human

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

Mental Health Board Meetings

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

County Mental Health Services Act Website

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

Quality Improvement Meetings

Quality Improvement Meetings occur monthly regarding all Mental Health Services. The Quality Improvement/Quality Assurance meetings coordinate quality improvement activities throughout the continuum of care. The meetings are designed to periodically assess client care and satisfaction, service delivery capacity, service accessibility, continuity of care and coordination, and clinical and fiscal outcomes.

Consumer Feedback Events

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

Public Review

Mendocino County made a concerted effort to collect public comment and feedback in a variety of methods and incorporate that feedback into the 3-Year Plan.

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

All of the recommendations from the Mental Health Board have been incorporated, many with plans for expansion.

1. **Increasing Psychiatric Services**. Psychiatry options were reviewed as requested and both the Child & Youth and Adult and Older Adult services are providing psychiatric services, and are working on expansion of those services. Adult and Older Adult services in particular have added the availability of urgent psychiatric services in Ukiah, with intent to expand. Services through the lifespan are improving care collaboration and links to primary care, as well as utilizing consulting psychiatrists.

2. **Increasing Life Skills**. The Wellness Centers all provide a variety of Life Skills programs (YESS program, Good Eats, Positive Parenting, Anger Management, Men's Group, Laundry Assistance, Vocational Support Services, and Educational Support, Peer to Peer, Wellness Recovery Action Plan, Independent Living Skills Program and linkage with Department of Rehabilitation through the Arbor. Life Skills, Wellness Recovery Action Plan, (through Manzanita and Mendocino Coast Wellness Center). Full Service Partnerships continue to and intend to increase the focus on development and improvement of vocational and life skills. Changes to Wellness & Resource Center activities are one of the areas that Mental Health Plan Providers are able to be the most responsive. In FY 13/14, requests and suggestions related to child care support, life skills and vocational support needs were immediately integrated into the Youth Resource Center curriculum.

3. **Utilizing Benchmarks & Outcome measures**. All County services measure improvement through use of ANSA (Adult Needs & Strengths Assessment) & CANS (Childe & Adolescent Needs and Strength) assessments, and other outcome measurement tools implemented every six months. Full Service Partnerships track improvements through the reporting documents. Prevention & Early intervention programs use a screening tool.

4. **Incorporating Assisted Outpatient Treatment**. (In particular law enforcement

and family member referred) Full Service Partnership model of integrated care management, and outreach and engagement is offered to the four age populations. Additional outreach is offered through the Wellness Centers (Ft. Bragg, Willits and Ukiah). Mendocino County is participating in the CiMH Care Coordination Collaborative, and plans to have a more assertive integrated approach to outpatient treatment. 11 O'clock Calendar Full Service Partnerships are exclusively referred by law enforcement and the court system.

5. **Improving Peer to Peer involvement**. All Wellness Centers utilize Peer Care managers and staff. Additionally the TAY program has Peer Mentors, 11 o'clock Calendar and the FSP's also use peer providers.

6. **Meeting Care Management Ratio Standards**. The current ratio is at or below industry standard.

7. **Establish Crisis Stabilization Unit/Psychiatric Hospital Facility**. Mendocino County is not able to pursue an inpatient unit at this time. We have increased our number of Access (Crisis) centers with the change in Outpatient service delivery. Mendocino County has applied for SB 82 grants to increase triage personnel (application declined) and pursue a Mobile Response Team (application under review at this time). Crisis response includes offering 60 days post crisis follow up for safety and stabilization. The response in the Access centers has increased to include urgent services, respite, and expanded after crisis care services. There is intent to further expand these services in the 3-year plan.

8. **Improve Vocational Rehabilitation Services**. (Also Vocational Programs such as programs through Mendocino Community College) Rehabilitation services are offered through the Wellness Centers (see above description of life skills). Youth Wellness Centers include a contract with the Department of Rehabilitation to provide employment support as well as other Employment Support Programs. Additionally there is intent for a greater focus of vocational skills in the Full Service Partnership in the next 3 years.

9. **Incorporate De-Stigmatization programs**. In the past year Mendocino County and our MHSA service providers have offered de-stigmatization education & training in the schools, and through outreach programs. We have developed and implemented Outreach Fairs to distribute information and resources for Behavioral Health. We have participated in the CalMHSA Know the Signs & North Bay Suicide Prevention campaigns and have increased advertising of

signs/symptoms, resources, and comfort level with discussing suicide. We have implemented an annual week long Suicide Awareness activities. We have implemented regular community trainings related to increasing awareness of and addressing signs and symptoms of suicide (QPR, ASIST, safeTALK, BASCIA Network Training). The Arbor (Youth Resource Center) has been a part of several de-stigmatization workshops and trainings with Mendocino County Office of Education (MCOE). There are plans for CIT trainings in the rural communities as well as other increased awareness and de-stigmatization events that are planned for the next 3-Year cycle.

Community Needs & Issues Identified through the Community Planning Process MHSA Forums throughout FY 2013/2014

During the Community Planning Process, Stakeholder Participation Forums (MHSA Forums, Stakeholder Committee Meetings, and Special MHSA meeting) stakeholders are asked to provide feedback on the MHSA services currently being provided. They provide feedback on the success and challenges of existing programs and provide information on continuing needs in the community. Below is a compilation of the major community needs identified through FY013/14 and Mendocino County's response to these needs. Where possible, existing MHSA programs incorporated the needs identified by the community into the programs best suited to fill those needs. Larger needs will be addressed throughout the 3 Year plan for FY 14/15- FY16/17. As with other CSS programs listed above, the implementation of an outcome measure will be used to enhance decision making regarding program improvement.

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

1. Social & Family Problems
2. Services for Children whose Parents have a mental illness
3. Barriers to learning; improve IEP support for attaining and follow through with support services
4. Improved Crisis response including mobile unit, tele-psychiatry, and bilingual response
5. After school suicide prevention class for parents (SafeTALK, ASIST, QPR)
6. Domestic Violence education & counseling
7. Programs to prevent bullying (specifically in Manchester School District): teach children about cyber & verbal bullying identify signs of parental neglect, identify

signs of unstable home life/homelessness, and identify signs of trouble/lack of ability to focus.

8. Opportunities to collaborate with other entities to coordinate service programs to children such as Nutrition education, school lunches, and other school-home – wellbeing issues.

Mental Health Plan Providers provide programs in conjunction with schools to provide counseling, outreach, early intervention & screening, suicide prevention, de-stigmatization, bullying prevention, and domestic violence and neglect awareness. Full Service Partnerships provide outreach and wraparound services tailored to individual needs. It is the intention of Mendocino County Behavioral Health & Mental Health Plan Providers plan to expand these services in the next 3 Year cycle to increase crisis response for children and families to allow for post crisis linkage and support. Mendocino County has begun utilizing CalMHSA supported North Bay Suicide Prevention Projects and intends to continue to provide training and education around suicide prevention, awareness, and de-stigmatization to all ages and all communities in particular North County and South Coast. It is the intention of Mental Health Plan Providers to increase the screening and prevention services in schools to more South Coastal and North County Schools (in particular to have a clinician to cover the Manchester School District needs). There are bilingual and bicultural service providers available to South Coast and to inland children's services; however it is the intent to expand to include more providers available with these skills in the next 3 Year cycle. The Mendocino County Health Plan Providers through the MACC group provides collaborative team training and response to community counseling and therapeutic needs. Mental Health Plan Providers intend to expand the response to eating disorder and other specialized counseling needs.

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

1. Homelessness

2. Stigma & Discrimination

3. Inability to manage independence, life skills classes with certification, cooking, nutrition, exercise, self esteem, medication & diagnosis education, socialization & relationship, classes & activities. Use of adult Mentors.

4. Inability to access gainful employment, Apprenticeships, and certificate programs,

5. Driver training program, including access to cars to practice with, with priority to foster care youth

6. Expand counseling services to South Coast and North County, in particular bilingual and culturally sensitive programs. Specialty counseling programs for Eating Disorders, Domestic Violence, and self harm.

7. Educational support including help to cover GED testing, books and fees for college,

8. Child care for TAY parents, & more programs for young families with their children, including special needs education.

9. Improved communication between appropriate service providers for 8-24 year olds, attention to de-stigmatizing 18-20 year olds receiving services from "children's providers." Improve Wellness Center/Youth Resource center communication and seamless transition of care.

10. Drug Abuse prevention classes, Assertive practice on how to say "no" to drugs and prostitution

11. Drug testing, education, and support groups for those in the TAY Wellness program to reduce substance use and safety concerns. Include healthy alternatives such as educational, social, fun, creative, life affirming drug free alternative activities. Domestic Violence groups and classes for both parties.

Mental Health Plan Providers provide program services such as counseling, suicide prevention, de-stigmatization, life skills training, and housing support. Mental Health Plan Providers have a transitional housing program available to TAY Full Service Partners which includes integrated life, job, and education skills training. Full Service Partnerships provide wrap around services tailored to individual client needs. It is the intent of Mental Health Plan Providers to expand these programs to more North County and South Coast communities in the next 3 Year cycle. The Youth Resource Center provides drop in, outreach center and support with peer counseling, child care support, suicide survivor groups, parenting education, anger management, outreach services, peer and adult mentoring, transportation support and assistance, cooking & nutrition classes, exercise programs self esteem, job skills, life skills, housing support; and it intends to incorporate the certificate programs to life and job skills programs. The Youth Resource Center was able to immediately incorporate the suggestions for a parenting class and to address child care needs for teen parents, as well as adapt life skills, educational, and vocational programs to the requests initiated at forums. The

Youth Resource Center has begun to develop a program to connect youth in need in connection to vehicles and training support for driver's education. The Youth Resource Center has begun to research and plans to offer services related to substance use treatment for minors and those not court mandated. It is the intent to expand the Youth Resource Center to have a Coastal location during this 3 Year cycle.

Adult (26-59) Needs:

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

Mental Health Plan Providers provide 24 hour crisis response, assessment for services, outreach & engagement at the Wellness Centers, patient navigation, collaboration with primary care providers, and Full Service Partnership Care management including wraparound and services tailored to individual client needs in particular around addressing co-occurring disorders and whole person strengths based care. Mendocino County has applied for the SB 82 grant to expand crisis response to a mobile response capacity in particular to respond to remote areas. It is the intent of Mental Health Plan Providers to expand service location for counseling and care management to include more South Coast and North County locations in the next 3-year cycle, some development of North County program expansions have already begun. Wellness Centers intend to increase job training, housing assistance, nutritional and exercise programs. These programs are offered based on consumer request, and will be offered again.

Older Adult (60 +) Needs:

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

Mental Health Plan Providers provide 24 hour Crisis Response, assessment for services, patient navigation, collaboration with primary care providers and Full Service Partnerships to provide wraparound services tailored to individual needs to address ability to manage independence. Senior Peer Counseling services provide trained peer volunteers to provide in home peer counseling and support in maintaining independence and addressing grief and depression issues. The Peer Counseling model is designed to minimize and reduce stigma and isolation; common topics of Peer Counseling are grief, depression, and isolation. It is the intent of Mental Health Plan Providers to increase provision of these services to South Coast and North County in the next 3-Year Cycle. Senior Peer Counseling has already incorporated new advertizing and recruiting practices to include increased likelihood of bi-lingual, rural, and bicultural volunteers.

Across the Life Span Needs

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

Full Service Partnerships provide outreach and transportation support to severe and underserved populations. Transportation support is offered through most of the specialty care management services offered. Communication with the Mendocino County Counsel of Governments Transportation Planning Agency to request increased

transport routes along the coast. Care management and wellness outreach are both scheduled to expand to more remote areas during this 3 Year cycle. All Mental Health Plan Providers have been and continue to incentivize and recruit for bilingual and bicultural counselors. Increased awareness of Mental Health Loan Assumption Project (MHLAP) resources for bilingual and bicultural providers will be increased. Mental Health Plan Providers have already begun conversations with Family Resource Centers (FRC) about building from existing FRC to expand service provisions. We will be adding a new Community Program Planning Process, Consumer Feedback Events, specifically for consumers and family members to improve consumer feedback in a more social, informal and incentivized event.

FY 2012-2013 Cost Per Client Review

FY 12/13 COST PER CLIENT/CONSUMER*

COMMUNITY SERVICES AND SUPPORT

FULL SERVICE PARTNERSHIPS

Plan Name:	Child - FSP
Unique Clients:	2
Cost:	$60,299.00
Average Cost:	$30,149.50

Plan Name:	TAY - FSP
Unique Clients:	9
Cost:	$205,382.00
Average Cost:	$22,820.22

Plan Name:	Adult - FSP
Unique Clients:	21
Cost:	$228,498.00
Average Cost:	$10,880.86

Plan Name:	Older Adult - FSP
Unique Clients:	8
Cost:	$92,984.00
Average Cost:	$11,623.00

FIELD CAPABLE CLINICAL SERVICES

Plan Name:	Child - FCCS
Unique Clients:	29
Cost:	$9,511.00
Average Cost:	$327.97

Plan Name:	TAY - FCCS
Unique Clients:	32
Cost:	$185,405.00
Average Cost:	$5,793.91

Plan Name:	Adult - FCCS
Unique Clients:	62
Cost:	$274,068.00
Average Cost:	$4,420.45

Plan Name:	Older Adult - FCCS
Unique Clients:	7
Cost:	$15,174.00
Average Cost:	$2,167.71

*Actual costs as defined by the Cost Report for FY 11/12. Calculation based on Mode 15 services, inclusive of Federal Financial Participation (FFP) and Early Periodic Screening, Diagnosis, and Treatment (EPSDT) program. Not inclusive of community outreach services or client supportive services expenditures.

COST PER CLIENT/CONSUMER*

PREVENTION AND EARLY INTERVENTION

Plan Name:	Child - PEI
Unique Clients:	438
Cost:	$187,471.55
Average Cost:	$428.02

Plan Name:	Adult - PEI
Unique Clients:	48
Cost:	$22,356.94
Average Cost:	$465.77

Plan Name:	TAY - PEI
Unique Clients:	2,381
Cost:	$340,386.58
Average Cost:	$142.96

Plan Name:	Older Adult - PEI
Unique Clients:	137
Cost:	$61,794.99
Average Cost:	$451.06

*Actual costs as defined by the Cost Report for FY 11/12. Calculation based on Mode 15 services, inclusive of Federal Financial Participation (FFP) and Early Periodic Screening, Diagnosis, and Treatment (EPSDT) program. Not inclusive of community outreach services or client supportive services expenditures.

30 Day Public Comment

The MHSA 3- Year plan for FY 14/15 to FY 16/17 was posted for 30 days from April 11, 2014 to May 12, 2014. Comments were collected and consolidated, as well as reflected in the Mental Health Board Review.

County Mental Health MHSA Website

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

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

Hard copies of the 3-Year plan are made available for public review at 59 locations across the County, which included key service delivery sites and mental health clinics. MHSA funded programs were asked to review and open dialogue with consumers and family members during meetings/groups/client counsel activities. A hard copy and electronic version of the 3-Year plan was distributed to all members of the Mental Health Board, Mental Health and Human Services Leadership Team, MHSA Stakeholder

Committee, and community partners.

Public Hearing & Stakeholder Committee Meeting

Mendocino County held a public hearing to obtain input from interested stakeholders. The public hearing was held on May 14, 2014.

Public Comments on the 3-Year Plan & Responses

Questions:

1. Q – I feel that the MHSA Housing Program should be a major priority for the County. Are these housing funds being used to create the 300 Harrison St. project? As county, we need to apply for MHSA Housing funds.

   A - The MHSA Housing Funds are not related to the 300 Harrison Street Project. Mendocino County has applied for MHSA Housing funds, and is in the process of resolving barriers to access the funds from the state. We agree that access to MHSA Housing funds is a priority.

2. Q – Regarding Parent Partners Pg 32: Is the Parent Partner Program really this vigorous and far-reaching?

   A - The Parent Partner Program is run by Mendocino County Children's System of Care staff who partner with families in need of support. They provide services such as linking and bridging families with agencies to support common goals, the IEP process, and support success in school, probation, mental health care, and protective services. Services are available to families in Ukiah surrounding areas, Willits and Fort Bragg. If a family has been determined to be a Wrap family, no matter where they live in Mendocino the family could have a parent partner assigned to them.

   Q – Regarding the MHSA Housing Program Pg 32 #3: What is the long term partnership, and who? Is this program distinct from the Capital Facilities Program?

   A - Hillbers, Inc. was determined the most qualified during the Request for Qualification process for the MHSA Housing Program. The MHSA Housing program is distinct from the Capital Facilities Program.

3. Q – Regarding Pg 39 "Objectives": coordinator position, is this Robin?

A-Yes, Robin is the MHSA Coordinator.

4. Q – Regarding last 2 paragraphs of CFTN section: Please elaborate more about sequestration of funds and unsuccessful negotiations of RFP?

   A- The reference regarding sequestration of funds and unsuccessful negations refers to the County providing all due diligence so as to ensure continuity of care to all clients under the County MHP. This particular provision allows for the use of funds in the evident of the ASP, responsible for service provision, becoming unable or unwilling to continue to provide services under the contracted MHP.

5. Q – I am curious to know what services will be provided to those with traumatic brain injury?

   A- MHSA regulations specify that services are for severe Mental Health and Severely Emotionally Disturbed Adults. Traumatic Brain Injury is not included in severe Mental Illness, and so is not included in Mental Health Services Act.

6. Q – Is mental health connected with the "one stop shop" related to MPIC and Vocational Rehab, etc.?

   A - County Mental Health provides services at the "one stop shop" through CalWORKS Mental Health; however it is not an MHSA program.

7. Q – First 5 funds Family Resource Center in Covelo. Are there other funding resources that First 5 is unaware of regarding Pg. 28 & Pg29 #3 TAY program?

   A - Community Services and Supports funds a variety of Transitional Age Youth programs through Redwood Quality Management, specifically Therapeutic Services through Tapestry Family Services. RQMC is receiving a set amount of MSHA funding for programs that are already committed and contracted. In the planning meetings there were no instructions or clarity regarding how the county would include the funding requests of those not already engaged in this dialogue. RQMC spoke with the MACC providers, and had one FRC approach is about services in rural areas, which we shared with the team and were included in the RQMC request. All other programs are a part of specific organizations and programs. They will be fully contracted out to those providers. If the county wants RQMC to provide funding to the FRC in Covelo they would need to add this to the scope already provided. It is unclear what other programs

and supports are in the total funding that were assigned to Children and TAY in the MHSA plan.

8. Q - Is TAY through the 25th year or through the 24th year?

   A-Transition Age Youth (TAY) age range is from 16 through the 25th year. Adult services begin at age 26.

9. Q – I recently took a survey from RAND regarding the percent of Americans with Mental Illness; what does the MHSA team believe is the percent of Americans with Mental Illness?

   A – The National Institute of Mental Health quotes that "approximately 26.2 % of American adults (over age 18) have a diagnosable mental disorder in a given year." (http://www.nimh.nih.gov/health/publications/the-numbers-count-mental-disorders-in-america/index.shtml)

10. Q- I would like to see more transparency in the MHSA budget. Specifically how are the dollars amounts arrived at for Full Service Partners?

    A - The MHSA regulations require the County to direct the majority of its Community Services and Supports funds, minimum of 51%, to the Full-Service Partnership Category. The proper cost allocation is used to distribute program and program support costs, accounting for all costs of service delivery whether Medi-Cal eligible or not.

11. Q- I would like to see more transparency in the MHSA budget. Specifically how are the dollar amounts arrived at for non Full Service Partners?

    A - The proper cost allocation is used to distribute program and program support costs, accounting for all costs of service delivery whether Medi-Cal eligible or not.

12. Q – Regarding the Youth resource Center Pg 29: Was implementation on the Coast in last 3 Year plan?

    A - No. This was added as a goal for this three year plan period due to requests through various MHSA Forums and feedback.

13. Q – Child Adolescent Substance Outreach Pg 52: Can we include Community based organizations in roll out of services? Is there substance abuse support in PEI and counseling and screening?
14.

    A – The provider wanted to have the flexibility to serve their children and youth who come into services and have substance abuse issues preventing them from working on the Mental Health barriers. This would just need to be an additional qualifier for the provider who is already providing PEI services. The funding is already contracted to the provider, but the scope of work would need to include the previous language.

15. Q – Regarding County Demographics: Pg 7 Lists five references, but there are more than five footnotes. Which footnotes refer to which references?

    A- The number on the footnote references the citation number. For example; line with the footnote 2 refers to the Reference listed as Number 2. Multiple data in the plan are footnotes referencing information obtained from the five listed sources.

16. Q – Regarding County Demographics Pg 7 Pie chart: Homeless population by categories and 74% undetermined. How was that determined?

    A – The information regarding the homeless was obtained from the Health & Human Services Agency, Continuum of Care for the Homeless, Homeless Services Planning Group's, 2103 Point in Time Survey results located at: http://www.co.mendocino.ca.us/hhsa/pdf/adult_coc_pit_2013.pdf

    The 2013 Survey results indicate how calculations "undetermined" are identified.

17. Q – Regarding County Demographics Pg 7 Homeless Pie chart. How did we determine the age and gender of the homeless?

    A – The information regarding the homeless was obtained from the Health & Human Services Agency, Continuum of Care for the Homeless, Homeless Services Planning Group's, 2103 Point in Time Survey results located at: http://www.co.mendocino.ca.us/hhsa/pdf/adult_coc_pit_2013.pdf

    The chart will be changed to a bar graph for the final draft. Thank you for identifying

that a pie chart is not a good visual for this data.

18. Q – When will the Coast receive services that reflect the security of the homeless problem on the coast?

    A – The MHSA Housing project is in the process of resolving barriers to accessing Mendocino County Funds reserved at the state level for MHSA Supportive Housing programs. Mendocino County MHSA team is committed to providing units inland and on the coast once funds are received, and this project is ready for further development.

19. Q – Regarding Assisted Outpatient Treatment. CiMH Care Collaboration 12 #4, and: I would like more detail on how the Care Coordination Collaborative could be spread across the county the whole County system of care?

    A - The CiMH Care Coordination Collaborative is a 15 month Learning Project directed by CiMH (California Institute for Mental Health). Throughout the process Mendocino County is using tools and resources provided by CiMH, but tested by Mendocino County Mental Health Services Providers to determine the most effective strategies for working with Mendocino County consumers. Through the process of testing and slowly implemented proven changes, Mendocino County will build and expand the change concepts and ideas that work in Mendocino County. The collaborative is beginning with inland service providers, but has been written into the charter intent and plan to spread to other areas of service across the County. The success of the spread to all agencies will depend on the willingness and participation of care providers to test, implement, and adopt changes. The Learning Collaborative is initiated and coordinated by County Behavioral Health (Mental Health and Alcohol & Other Drug Programs) but includes the involvement of other agencies that are not County providers to successfully coordinate all aspects of care.

20. Q –Regarding the Meeting Care Management Ratio Pg 13 #6: What is the industry standard? What is the Peer Care management industry standard?

    A- Industry Standard for Full Service Partnership Care management is 10-15 high intensity clients per care manager. Many providers in the mental health field utilize the Four Quadrant model to identify level of intensity and appropriate venue for primary care services especially in relation to integrated care services. The quadrants identify Behavioral Health needs High and Low and Primary Care needs High and low. Each quadrant represents a different level of intensity and primary service delivery. The High BH High PC quadrant are usually the most intense care managed clients.

A study done by the National Association of Social Workers (NASW) showed a wide variety of staff to client ratios depending on intensity of care from the extremes of three sixty five clients to one staff person (365:1) for the clinical social work model, to 40:1 or 50:1 (clients: staff) in Community Mental Health outpatient setting and 10:1 or 12:1 (clients: staff) in intensive treatment models. (https://www.socialworkers.org/practice/aging/Caseload%20Concept%20Paper%20final.pdf)

ACT (Assertive Community Treatment), an intensive level of outpatient care standards for Staff to Client ratios are one full time staff person to ten clients (1:10). (http://www.health.gov.bc.ca/library/publications/year/2008/BC_Standards_for_ACT_Teams.pdf)

Assisted Outpatient Treatment data state that caseloads are capped at 48 or 68 clients (www.macarther.virginia.edu/aot_finalreport.pdf p.10)

We could find no standard for Peer Providers, but I imagine the ratios would be similarly measured based on the intensity of client need and peer provider capacity.

21. Q – What percentage of the mental health funding is for client services vs. percentage for Administrative costs?

A – County Administrative Costs: CSS = 4% County Administration; 96% distributed to ASO's for program costs. PEI = 7% County Administration; 93% distributed to ASO's for program costs.

The Administrative Service Organizations (ASOs) RQMC and OMG have indirect administrative expenses. The MHSA funding is for direct service costs in the form of groups, individual activities and match.

22. Q – The Plan speaks to homelessness. The main shelter, the Buddy Eller Center is closing June 30' 2014. There is a huge ramification to MHSA services. Will there be any severe rewrite of this section in relation to the shelter closures?

A- Mental Health Service Act regulations focus on providing services to the historically unserved and underserved severely mentally ill consumers and severely emotionally disturbed consumers. The MHSA Housing Project has specific requirements around providing supportive housing to the Full Service Partnership populations. The services that address Housing in MHSA are not contingent on the existence of a homeless shelter. While we anticipate an increase in need related to the closing of the homeless shelter, there is no need to change the 3 Year goals and intent of the MHSA services provided in relation to housing and homeless services among the MHSA target

population.

23. Q –Regarding the application for funding regarding: SB 82 – How would that be incorporated into MHSA?

    A - The SB 82 grant application was referenced in regard to the request for an inpatient unit in the Mendocino County during the MHSA Community Planning Process. SB 82 is a grant, that, if awarded would fill parts of the need that was identified. If awarded, the funding would be separate from MHSA and would come with its own guidelines and requirements, but would fill an overlapping need in the community.

24. Q – Regarding Alternatives to Medication: Is there a plan in next 3 years for clients to be encouraged, provided vouchers or discounts for nutrients, or nutritional supplements, at the Co-Op and other resources to improve whole health?

    A - MHSA programs are intended to be consumer focused, strengths based, with a view on whole health. Full Service Partnerships provide intensive care management from a strengths based approach; looks at the consumer's needs from the consumer's perspective and uses a "whatever it takes" approach to meeting those needs. Whole person health care is currently encouraged in Full Service Partnership, Care Coordination, and Peer Focused services. If consumers identify nutritional needs and supplements as a goal, service providers work those into the plan and goals. MHSA is willing to distribute vouchers and discount cards to interested consumers if made available by the Co-Op or other nutritional product providers.

25. Q – What are the possibilities for setting up video for meetings? It shouldn't cost much and would save money in travel costs for attending meetings between cities?

    A-This is a great suggestion, and we will explore and test options and methods of implementing video and other inclusive meeting options in the next year, in addition to taking meetings to the cities, and consumer venues as we have implemented in the past two years.

26. Q – How severe is the understaffing problem throughout our Mental Health Services?

    A - The Mendocino County MHSA oversight team is currently fully staffed.

    The Administrative Service Organizations (ASOs) RQMC and OMG report: All local service providers report recruiting has been a difficult challenge. The capacity for

retaining appropriate staff throughout the system is significantly hampered by the lack of a four year college. The bilingual, bicultural needs are of significant impact. The ASOs have been investigating a recruitment and support program for trainees and interns.

There is a shortage of one full time equivalent Full Service Partnership care manager on the Coast.

The Mental Health Loan Assumption Program (MHLAP) through Workforce Education and Training (WET) is available to help build this workforce.

27. Q – Is there MHSA fund for 5150 training for Outlying areas as requested at Innovation Forums?

    A – The county is willing to explore this over the 3 year period. There are a number of regulatory considerations to review and legislate. Funding ramifications have not yet been explored.

28. Q - Is there a parent partner program in Round Valley?

    A - There is not an MHSA funded Parent Partner Program in Round Valley.

29. Q – Regarding the request by the Mental Health Board to establish a Crisis Stabilization Unit/Psychiatric Hospital Facility. The plan says Mendocino is not able to pursue an in-patient facility in Mendocino at this time. Why not?

    A – Mendocino County can't sustain a Psychiatric Unit at this time. However, a regional approach is being explored.

30. Q – What was the date used for Full Service Partnership data mentioned in the CSS portion of FSP of plan.

    A - The Community Services and Supports FY 2012/2013 Table reflects the total number of clients served from July 1 2012- June 30, 2013. This is not a point in time number, but reflects all clients served during that time frame.

31. Q – Alternatives to medication are not mentioned in MHSA plan. Why not?

    A - MHSA programs are intended to be consumer focused, strengths based, with a view

on whole health. Full Service Partnerships provide intensive care management from a strengths based approach; looks at the consumer's needs from the consumer's perspective and uses a "whatever it takes" approach to meeting those needs. Whole person health care is currently encouraged in Full Service Partnership, Care Coordination, and Peer Focused services. If consumers identify not wanting to take medications, or exploring alternatives such as nutritional, supplements, exercise or other alternatives as a goal, service providers work those into the plan and goals.

32. Q – Will the MHSA plan address biological basis of Mental Health concerns?

    A - If a consumer identifies medical and biological as a priority, the service team constructs a care plan accordingly. MHSA programs are intended to be consumer focused, strengths based, with a view on whole health. Full Service Partnerships provide intensive care management from a strengths based approach; looks at the consumer's needs from the consumer's perspective and uses a "whatever it takes" approach to meet those needs. Whole person health care is currently encouraged in Full Service Partnership, Care Coordination, and Peer Focused services. If consumers identify nutritional needs and supplements as a goal, service providers work those into the plan and goals. Additionally, the Care Coordination Collaborative, though not an MHSA program, is focusing on improving coordination, communication, and sharing of all health care efforts for better whole person health.

33. Q – The definition of "recovery" used in the plan has no end goal. How do you measure success?

    A - The goal for recovery used in this Plan is drawn from the Substance Abuse and Mental Health Services Administration (SAMHSA), "A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential." (http://www.samhsa.gov/newsroom/advisories/1112223420.aspx). Additionally, the MHSA Regulations and Guiding Principles specify that programs and services will be "individualized, personalized responses to [the consumer's] needs" and assist in "attaining the goals in their individualized plans." Toward that end, the success is defined in terms of reaching the goals the client sets for themselves, in addition to reviewing markers and measures set by County and State MHSA guidelines.

    Full Service Partnerships track changes related to employment, education, housing, medical acuity, incarceration, and involvement with primary care providers which help us measure improvement in these areas.

    We will look at expanding the definition to included ways to measure a sense of recovery.

34. Q – Are there Educational programs, Forums and groups available to publish through MHSA?

    A- Yes. Refer to website, Forums lists, etc., and to regularly check website for updated schedules and announcements of trainings and events. New calendars will be posted with the distribution of the Final Draft in early June. It will be posted on the MHSA web page: http://www.co.mendocino.ca.us/hhsa/mhsa.htm

35. Q - Innovation for this year's draft is blank and appears to be on hold. Will anything be put in front of the Board of Supervisors and Mental Health Board in that Section?

    A - The innovation section is not blank, but only generally defined as the Innovation project that is in its early stages of pre-planning. The MHSA team intends to work closely with the MHSOAC and stakeholders through a Community Planning stakeholder process to further develop the top selected ideas into an innovative plan in accordance with the MHSOAC guidelines. The MHSA team will amend the plan once the Innovative project is approved at the state level.

Public Comments:

1. I would like to thank you for a thoughtfully developed 3 year plan for Mental Health services in Mendocino County. I also want to point out that the services provided currently in Anderson Valley are due to the extended Mental Health Collaboration with Grant. These funds provide preventative services including one on one, small group mental health support, counseling, mentoring, bully prevention, social skills development, destigmatization of mental illness and family support and parenting classes. The focus in the plan is on prevention and addressing on the needs, barriers to learning, collaboration support are all areas of need in Anderson Valley. Thank you for your good work.

2. I wanted to thank you all for a thoughtfully developed Mental Health Plan for Mendocino County. I also want to make sure that it is acknowledged that the current support Anderson Valley is receiving to meet the Mental Health needs both in English and in Spanish is being provided through the Mental Health Collaborative Grant funding. It has provided critical support in the prevention and interventions for our students and families.

3. As a mental health patient on of my symptoms /diagnoses is an anxiety disorder. Notwithstanding my emotions become rattled when I arrive at the mental health clinic and feel bombarded by the presence of so many clients waiting for other services, moving about between lobbies. If possible, I would like a heart-felt

response to this issue as the doors to the Mental Health department is closed. I suffer from crowd –oriented places/spaces and need a quiet center to adjust my thoughts and not become paranoid by another's character. Please take heed to this information so that I and whomever will feel safe. It was suggested that I go outside; well that is not always a good option. Fairness to all - PS I have severe ADHD.

4. Regarding the MHSA Housing Program: I feel it should be a major priority for the County. We need to apply for the Housing Funds.

5. Regarding Community needs and issues: Housing for severely mentally ill homeless should be a priority as there is a strong need.

6. Regarding Comment related to Adult Needs, #9, Substance use needs: would like "with therapeutic follow-up" at the end of the sentence.

7. Regarding Workforce Education & Training on Pg 39: There is a case management course offered at the Mendocino College every other semester.

8. Suggestion: 5150 Certificate training to outlying areas.

9. Law enforcement must notify the mental health program of threats to commit suicide.

10. Regarding Pg 28: Support for the Parent Partner Program. The need for improved support and instruction for at risk, low income parents within our community is well documented. I would like to see other agency staff in training and development efforts like PPP.

11. Regarding: Vocational Services for adults Pg 13. I support the provision of Vocational Services for adults. Ford Street Project provides vocational services which are a large undertaking, and we're often asked to provide it to others. I feel it is important to provide these services to a mixed population, specifically to the severely mentally ill would be a benefit to the community.

12. Regarding the MHSA Housing Project: Historically, County Mental Health had relationship with Ford Street Project to provide crisis management to severely mentally ill for Garden Court. Those services have fallen away with all the changes, decrease making it difficult for the Garden Court clients. With new plans for supportive mental health housing, you should consider improving or renewing the use of Ford Street Project relationship for those clients or consider them for the new housing facilities.

13. Regarding Pg 30 #2. I would like to know the timeline for roll out of Full Service Partnerships to Coast? There are none at the Hospitality Center. It is my understanding that the document needs to be corrected and provide a timeline.

14. I am interested in more details on Workforce Education and Training plan specifics: Specifically, how to access training for agency staff from the mental health system.

15. First 5, we considered ourselves a Stakeholder. Regarding clarification, in regards to destigmatization the Raise & Shine Program is a prevention program. In the plan it is referred to as a screening and assessment program, but it is a referral, Marketing, Screening and Parent Program. We turn people over before we assess them.

16. I would like more detail on outreach in regards to underserved clients. I would like more detailed description on the roll out of outreach.

17. I feel the plan is not as strong as it could be for services for Spanish speaking individuals and individuals of Latin descent.

18. The plan mentions Bi-cultural and bilingual services, but there are not enough details on how they are provided.

19. It is extremely important for more programs to work with dual diagnosis and peer to peer support. Not just mental health and substance abuse. There are many challenges to recovery when there are multiple issues at once. I support what is there around dual diagnosis.

20. I would like age ranges for each category to be consistency added throughout the plan.

21. Regarding PEI Pg 46: Historically PEI has been defined "early" as both age and early in relation to breaks/stage of illness. If that is still true, I would encourage more parent support.

22. Regarding PEI: A couple Family Resource Centers are mentioned, but there are more of them than are listed in the plan.

23. Some Pediatricians use the Ages & Stages Questionnaire and Social/Emotional Questionnaire as Evidence Based Practices. MHSA may want to encourage all providers to use these EBP tools as there are some providers that do not use them.

24. I would like to see more transparency in MHSA budget.

25. I want to stress the importance of the need for Youth Resource Centers of the Coast. Many youth use The Mendocino Coast Hospitality Center and would benefit more from a youth focused culture.

26. Regarding Dual Diagnosis Programs: I am concerned about parents of young children and women who are pregnant and using substances. I think that needs to be addressed.

27. I am interested in knowing the numbers of homeless on the Coast. The Coast is viewed as the unwanted step child. We need housing for the homeless on the Coast.

28. Housing is a huge issue for the entire county.

29. There is very little affordable housing on the Coast that is targeted for Mental Health. Housing needs to be addressed. There is no place to fill the need for this extreme problem.

30. Regarding Pg 12. #4 Incorporating Assisted Outpatient Treatment: CiMH (California Institute for Mental Health) Care Coordination Collaborative (CCC): I would like more detail about how CCC will be spread across the whole county system of care.

31. I would like to see a delivery timeline and commitment to parity in delivery of services on the Coast specifically for: Full Service Partnership, 11 O'clock calendar and Access services.

32. I know it is not an MHSA program, but there is also no program for AB109 on the Coast. I am not expecting MHSA responding to this.

33. I feel the partnership with the County with the Organizations [Administrative Service Organizations] is stellar with future development. The coordination with SELPA is excellent.

34. The County has twice the State average of children with emotional disturbances. We need to look at early intervention prior to grade 3. The plan does not identify early prevention and needs to also remove the word "severe" from mentally ill language.

35. Regarding Pg 14, regarding Bullying: The need is everywhere, not just Manchester. MCOE is working on programs, but there needs to be a

collaborative of mental health and mental health partner to develop curriculum and roll out.

36. Regarding Pg. 28 Broad Screening Assessment: Ages & Stages tool questionnaire to all providers needs to be used more broadly by providers. This accurate research based indicator that is not being used by all providers.

37. Regarding the Homeless Shelter closing: I knew Buddy Eller and I think he would have a lot to say about all of this.

38. Regarding language: Before submitting, the phrasing, *"Mentally Ill Parents"*, is not recovery oriented and needs to be changed. It is used specifically on Pg. 14 and others.

39. Regarding WET Training Pg 39. #3: There are a lot of broad statements that I agreed with in the WET section. I would like to reiterate a need for the more specific timelines and deliverables in the entire plan, in particular cultural competency in Workforce Education and Training, especially in Latinos and Spanish speaking communities.

40. I would like the Care Management Team to be priority for training in Cultural Competence in particular to the needs of our culturally underserved populations in our county.

41. Our brains are 3% of our body weight, but put out, 20% of our energy and need replacement nutrients. The medical model focuses on medications. You can not get mentally well just on medications alone.

42. All one needs for Mental and Physical health is available at the Co-Op.

43. I noticed that a doctor's first answer is medication. I think it's over done. Most pharmaceuticals are petroleum based. I wonder if people know the extent of pharmaceutical involvement.

44. I would like to see doctor's prescribing less medication and looking for alternatives to solutions.

45. It is a breath of fresh air in the last 12 months that we have been able to do having care management work integrated with the Wellness Center. It feels more coordinated with wraparound services being provided in Fort Bragg.

46. The new service model has made substantial good use of MHSA fund for the wellness Center and platform for improving services of care management.

47. I would like to see peers more involved in all levels of MHSA.

48. There needs to be more publicity and media coverage in MHSA. It appears there is not enough public involvement and awareness.

49. We must bring Nuestra Casa into the funding fold.

50. Regarding Pg 13 & 50: I would like to encourage incorporating SB 330 to address destigmatization to encourage the counties educations facilities to provide a pilot program for the curriculum.

51. I would like to see outcome data available on the county webpage and publicized, specifically the numbers of total numbers housed and served.

52. We often hear about the health care crisis, but it is more of a health crisis separate from the budget cuts impacts and there are a number of health issues that are not being addressed that are related to mental illness. Including the tobacco issue, which has been addressed to some degree, but not sugar issues, metabolic issues, availability of junk food type snacks with high sugar content which are too conveniently available on campuses, in vending machines, mini marts, and the Clinics. This is poor modeling and sending the message they are in favor of ill health.

53. Too many healthcare professionals do not model healthy habits.

54. Regarding recovery, most want to be normal which is different for everyone; ex.: I don't want to hear voices anymore, or, I want my own apartment, or I want a job.

55. Alternative to medication is exercise and some funding for alternatives.

56. The Mental Health field is looking in the wrong direction for answers.

57. There are too many health care professionals that don't model healthy or encourage healthy behaviors.

58. Recovery is not a process; it needs to have an end goal, a sense of "I've recovered." I would like to see the definition of recovery include: hold down a job, manage an apartment, successful relationships, or something along those lines.

59. Many people who are ill have an end goal of, *"I want to be normal"*, but what does that actually mean. Would like that to be more explicitly defined.

60. Regarding alternatives to medication: I would like to see funding for exercise and other medicine alternatives.

61. I would like to see testing for Lyme and Lyme co-infections (Bebesiosis, Bartonella), H Pylori, Vitamin D levels, Celiac disease, Diabetes and pre-diabetes. I would like testing to be included in CFTN section's list of ARRA requirements. The reason being that infections can contribute to the cause of mental illness.

62. There is a need for more education on mental illness for Primary Care Physicians. I'd like to see more funding for this in the PEI section as there are a high percentage of Mental Health clients that only see primary care providers.

63. There's a lack of family member and consumer participation at every level of services, in particular public forums. You (MHSA team), have made a great effort to go out to the community and publicize, but still not making yourselves available at places where family and consumers go regularly like the Laundromat, etc..

64. Regarding consumer participation: Asking people for email feedback when many do not own a computer is not acceptable. I would like to see a budget item for a paid consumer team to take consumer surveys and questionnaires.

65. Generally speaking, adult funding ratios for services are not equal to the number of adults using the services. I do not think that is right.

66. Perhaps we need to review the 21 and over as a category. Things change brain wise after 21, but services change and seem to dissipate a lot after 21. There is more support available for those under 21.

67. I would like to acknowledge all of you (Mental Health) on the good work you've done even during extreme budget cuts.

68. I would like to see the Innovation section presented separately from the 3 Year Plan when it is developed.

69. I would like to see crisis services for children and TAY referenced under CSS outside of just the FSP areas, as referenced in #7 under Public Review (Pg 13) where intent is to further expand these services in the plan. They should be available for all unserved, underserved, non-Medi-Cal eligible consumers for up to 60 days post crisis.

70. Children and youth through age 24 are important and should be truly considered for funding at appropriate levels.

Community Services and Supports Plan

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

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

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

Integrated Care Coordination Service Model

The purpose of the Integrated Care Coordination Service Model is to better serve consumers with severe mental illness and severe emotional disturbances. The system transformation and restructuring strategies will promote focused system integration of comprehensive services across the Mental Health continuum. The integration of all programs including Community Services and Supports promote long term sustainability

and leveraging of existing resources to make the entire system more efficient, integrated, and coordinated. Priority focus of the integrated Care Coordination model will be on reducing high risk factors and behaviors to minimize higher levels of care need including hospitalization and other forms of long term care.

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

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

- Create a service delivery system that provides a health care home which treats/coordinates care for the entire person.
- Integrate primary care with behavioral health.
- Participate in pilot projects through Mental Health Plan Providers designed to improve outcome measures, consumer satisfaction, and improved coordinated care.
- Reduce stigma and discrimination surrounding mental health treatment.
- Develop relationships with new partners.
- Position the county to be eligible for new funding opportunities.
- Explore regional opportunities for service delivery, and further expand remote and rural services.
- Provide outreach, engagement and information about mental health services and access services to consumers, schools, and families with children, remote rural areas and the coast, county staff and community partners.
- Further develop supportive housing.

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

Recovery Oriented Consumer driven services

- Recovery is defined as a process of change through which individuals improve their health and wellness, live a self- directed life, and strive to reach their full potential. Recovery is a strengths based process that includes: consumer driven goals, integrated team based problem solving, and consumer determined meaningful and productive life standard.
- Closely work with the consumer to address their mental and physical health needs in a coordinated and integrated manner.
- Promote shared decision making, problems solving, and treatment planning.
- Maintenance and promotion of linkages to family & support members (as defined by the consumer) and the community.
- Maintenance and promotion of Drop-In/Wellness Centers that focus on Wellness & Recovery services that support a return to everyday life; promote resiliency & independence; utilize Peer support and mentoring, patient navigation; and offer training for consumers to meet, retain, and sustain educational, employment, advocacy, and meaningful life goals.

Integrated Intensive Care Management

- Decrease out of County placements and increase the percentage of mental health consumers living independently within our community.
- Ensure timely follow up of contact within an average goal of 48 hours of post discharge for all mental health consumers with acute care discharges (psychiatric and medical).
- Increase access to housing for the most vulnerable consumers.

Integrated Efficient Care

- Further develop and implement integrated crisis services with Urgent Care.
- Fully implement managed access to ensure all consumers enter the Mental Health system through a standardized triage and assessment. Screen consumers for medical necessity and refer consumers to services. Enroll consumers in appropriate levels of care.
- Develop a coordinated, seamless continuum of care for all age groups with an

expanded ability to leverage funding.

- Patient navigation through Wellness Centers use care integration with identification of the medical home.

Quality Improvement

- Ensure that all contracts have scope of services that include outcome measures and efficient standards to drive cost effectiveness of services. Reports for outcome measures, services provided shall be delivered by Full Service Partnership age categories (Child, TAY, Adult, and Older Adult). Mendocino County Mental Health Plan Providers use internal reviews and oversight to monitor improvement measures, and additionally there are external Quality Assurance/Quality Improvement processes that review improvement measures.
- Productivity - utilizes data reports to monitor and support staff productivity goals.
- Continue the retooling of the Quality Improvement Committee emphasizing data driven solutions to improve access in quality of services.
- Continue the process of moving mental health records to a fully electronic record system.
- Develop a training program for County staff and Mental Health Plan Providers for best practices (especially for children and geriatric services), customer service and cultural sensitivity.

Collaboration with Community Partners

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

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

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

Community Services and Supports Programs

Children and Family Services Program

For the MHSA 3- Year Plan for FY 14/15-16/17, the Children and Family Services Program includes services to children of all ages, 0-14, with a focus on the underserved 0-5 age group, a focus on the underserved Latino and Native American children. Services offered are broad screening and assessment of very young children, family respite services, Full Service Partnerships, and therapeutic services to children and families; in particular Tribal and Latino Communities are the primary services. This population of the CSS program will include the implementation of an outcome measure (for example; CANS and/or other outcome measure tools), for all Mental Health Plan Providers. The use of outcome measure tools will allow for evidence based decision making and the review of treatment services, as well as identifying areas for improvement.

1. **Full Service Partnerships (FSP):** 5 FSP receive an array of services to support the recovery from serious emotional disturbance (SED). Services include crisis & post crisis support, linkage to individual/family counseling and other services to support the health, well-being and stability of the client/family and minimize risk for incarceration, hospitalization, and other forms of institutionalization. These services are provided by a network of Mental Health Plan Providers and are reviewed by the Mendocino County Mental Health administrative team. These services are provided by Mental Health Plan Providers dedicated to working with SPMI Population with priority for the underserved Native American and Latino Communities; helping to bridge some of the gaps identified within these communities. Outreach and Engagement will be utilized where needed, again

with a priority for bilingual and bicultural awareness and competency.

2. **Parent Partner Program**: Mendocino's Parent Partner Program provides services through Family Resource Centers in rural communities since FY 2010/2011. Bicultural/bilingual parent partners link with our Family Resource Centers, Tribal Communities, and other resources to provide services to families in remote areas.

3. **Broad Screening and Assessment of Very Young Children (ages 0-5)**: In partnership with a Mental Health Plan Providers Mendocino County continues to implement Raise & Shine, a screening and assessment program for all 0-5 year olds. Children referred for mental health services that do not have insurance or private resources may be eligible for MHSA funding for treatment.

Transition Age Youth Program

For the MHSA 3-Year plan for FY 14/15-16/17, the Transition Age Youth (TAY) 16-25 up to the 26th birthday. Program provides services to build resiliency and promote independence and recovery in the transition age youth population. Services include Full Service Partnerships, the TAY Wellness program (which includes supported housing and wraparound components), therapeutic and clinical services for the County's bicultural, bilingual, and remotely located community through Mental Health Plan Providers. This segment of the CSS program will include the implementations of an outcome measure (for example ANSA or CANS depending on age and/or other outcome measure tools) for all Mental Health Plan Providers to allow for evidenced based decision making and review of treatment services, as well as identifying areas for improvement.

1. **Full Service Partnerships (FSP):** Through Mental Health Plan Providers and review by the Mendocino County Behavioral Health department administrative team, 24 FSP consumers are identified and offered an array of services to support the recovery from serious emotional disturbance (SED) and severe and persistent mental illness (SPMI). Services include crisis and post crisis support, linkage to individual/family counseling and other services to support the health, well-being and stability of the client/family and minimize risk for incarceration, hospitalization, and other forms of institutionalization. TAY FSP consumers are eligible for the TAY Wellness Program. These services are provided by Mental Health Plan Providers dedicated to working with SPMI Population with priority for the underserved Native American and Latino Communities; helping to bridge some of the gaps identified within these communities. Outreach and Engagement will be utilized where needed, again with a priority for bilingual and

bicultural awareness and competency.

2. **TAY Wellness Program**: Transition Age Youth (16-25), FSP are eligible for a supported housing and wraparound program designed to develop healthy relationships, improve access to education and vocational development, support life skills and finance management, maintain clean productive housing environments, access mental and physical health care, and learn healthy strategies for coping with stress and setbacks. The program is designed to promote independence, improve resiliency and recovery, and to develop healthy relationships and healthy and strong social networks.

3. **Youth Resource Center**: Transition Age Youth are eligible to utilize the Youth Resource Center, currently in Ukiah, with intent to expand to the Coast during this 3 Year period. The Resource Center provides groups, classes, and workshops designed to promote life skills, independent living, vocational skills, educational skills, managing health care needs, self esteem building, family and parenting skills, addressing substance use issues, developing healthy social skills and other topics as need arises from the youth. The Center also provides a safe environment to promote healthy appropriate social relationships, peer support, and advocacy. The Youth Resource Center is available to all youth falling in the TAY range, and so serves as an Outreach and Engagement support as well as providing Prevention and Education services.

4. **Therapeutic and Clinical Services**: Therapeutic services to FSP's and other designated consumers are provided by Mental Health Plan providers often through Family Resource Centers. Priority is given to underserved cultural and linguistic populations, and consumers in remote areas of the community. Services should emphasize consumer strengths and natural supports.

Adult Services Program

The MHSA 3 year plan for FY 14/15-16/17 Adult Services Program focuses on providing services for adults 26-59, to ensure consumers receive an array of services to support their recovery from severe and persistent mental illness (SPMI), build resiliency, and promote independence. Services include Full Service Partnerships, Wellness and Recovery Centers, Integration with Primary Care, therapeutic and clinical services for the county's bicultural, bilingual, remotely located, and other underserved populations. This segment of the CSS program will include the implementation of outcome measures (for example ANSA, and/or other outcome measure tools) for all Mental Health Plan Providers to allow for evidenced based decision making and review of treatment

services, as well as identifying areas for improvement.

1. **Full Service Partnerships (FSP)**: 40 FSP are identified by Mental Health Plan Providers and Mendocino County BHRS Administrative team. Services include crisis support, transportation to medical appointments, linkage to counseling and other supportive services, access to temporary housing/food, support for life skills development, support for education, support for managing finances, and other appropriate integrated services according to individual client needs and minimize risk for incarceration, hospitalization, and other forms of institutionalization. This program will have fluid and transitional services working most intensively with those most at risk, and when participants become lower risk, they will be transitioned to other outpatient services. These services are provided by Mental Health Plan Providers dedicated to working with SPMI Population with priority for the underserved Native American and Latino Communities; helping to bridge some of the gaps identified within these communities. Outreach and Engagement will be utilized where needed, again with a priority for bilingual and bicultural awareness and competency.

2. **Wellness and Recovery Centers**: These are centers currently located in Ukiah, Willits, and Forth Bragg, the major population centers in the County. The centers provide services for Full Service Partners and other Adults and Older Adults with serious and persistent mental illness (SPMI). The centers also provide Outreach and Engagement and some Prevention and Early intervention services for those not already identified and engaged in services for the SPMI population. Services include linkage to counseling and other support services, life skills training, nutritional and exercise education and support, finance management support, patient navigation, dual diagnosis support, vocational education, educational support, health management support, self esteem building and developing healthy social relationships. The Wellness Centers provide a safe environment that promotes peer support, self advocacy, and personalized recovery. It was a goal of the FY 13/14 Annual Update and intent to expand the Wellness & Recovery Centers to rural communities throughout the county, extending to North County and the South Coast, within 3 years. We continue to have the intent to develop such an expansion in this 3 Year cycle.

3. **Integration with Primary Care Centers**: In addition to the Wellness & Recovery Centers, Mendocino County will continue to focus on integrating and coordinating care with Primary Care services, providing linkage to primary care, providing patient navigation programs outreach services, substance abuse

services, and peer support and recovery programs from program consumers. Included in the provision of primary care services, Mendocino County will develop an integrated treatment plan that is critical to ensure that the overall needs of the client are known and addressed by all providers. This is an integral component of the patient centered health home model of care. Mendocino County will look at the most effective and efficient resources to develop and maintain the integrated treatment plan and bidirectional referrals. Additionally, we will utilize a consultant to build the appropriate interface and information exchanges between the BHRS record systems and the clinic electronic health record system.

Older Adult Services Program

The MHSA 3 Year Plan for FY 2014/15- FY 16/17 will focus on the Older Adult Services Program, 60 and older, continuing to provide services for the improvement of the aging population's quality of life, resiliency, and independence. These services are provided by a network of Mental Health Plan Providers. Bicultural and bilingual outreach and engagement will be among the highest priorities of services to be provided to older adult consumers. This segment of the CSS program will include the implementation of an outcome measure (for example ANSA, and/or other outcome measure tools), for all Mental Health Plan Providers, to allow for evidence based decision making and review of treatment services. In addition, the outcome measure will allow for identification of areas for improvement.

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

Programs that Cross the Lifespan

1. **Outreach and Engagement Program:** Mendocino County Mental Health Plan Providers will attempt to reach out to, identify, and engage un-served & underserved populations of all ages, in the community that may be suffering from severe emotional disturbance or severe and persistent mental illness, but may be unable or unwilling to seek out services and support. The outreach and engagement program of CSS will seek to develop rapport and engagement from these consumers that without special outreach would likely continue to be un-served or underserved, or without intervention would likely end up placed in a higher level of care such as jail, hospitalization, or long term placement. This program will develop rapport and engagement in order to determine appropriate services for client and refer and support consumer in engaging with appropriate services that support recovery, independence, resiliency, and reduce risk factors for higher institutionalization, homelessness, and serious harm to the consumer. Priority will be given to those clients that are underserved due to language or cultural barriers. Mental Health Plan Providers will use outcome measures & reporting by Full Service Partnership Age categories (Child, TAY, Adult, Older Adult) to allow for evidenced based decision making and review of treatment services, as well as identifying areas for improvement.

2. **11 O'clock Court Calendar**: 6 individuals (TAY, Adult, and Older Adult) that are incarcerated, on supervised release, on parole or probation, or at risk of incarceration are eligible for the Thursday 11 O'clock Court Calendar. The individuals are identified as Full Service Partners (FSP). High priority is given to the homeless or those at risk of becoming homeless. The object of this program is to keep eligible individuals with mental illness from moving further into the criminal justice system by using a Full Service Partnership model of integrated care management. This program will have fluid services working for those most at risk for incarceration, and when participants become lower risk, they will be transitioned to other outpatient services. Thursday 11 O'clock Court hopes to reduce arrests, the number of days in jail, and the number of days in psychiatric hospitals for the individuals who participate. This program was new in the last annual update, and has proven to have a very high need. During the next 3-Year cycle we intend to expand this program and improve our ability to measure, track, and incorporate changes and improvements experienced by these individuals. Mental Health Plan Providers will use outcome measures & reporting by Full Service Partnership Age categories (Child, TAY, Adult, Older Adult) to allow for evidenced based decision making and review of treatment services, as well as identifying areas for improvement.

3. **MHSA Housing Program**: The MHSA Housing Program is in its development stage. The County has entered into a long term partnership with a qualified firm to acquire/develop and operate permanent supportive housing for adults & older adults with severe and persistent mental illness who are homeless or are at risk of becoming homeless, or are coming back home to Mendocino County from higher levels of care (hospitals and out-of-County Board and Care). A secondary component of the housing support program is for provision of Medi-Cal funded supportive services for the tenants. Support services will be provided by a Mental Health Plan Providers. Mental Health Plan Providers will use outcome measures & reporting by Full Service Partnership Age categories (Child, TAY, Adult, Older Adult) to allow for evidenced based decision making and review of treatment services, as well as identifying areas for improvement.

4. **Dual Diagnosis Program:** During this 3 Year plan Mendocino County will develop a program to provide substance abuse disorder treatment for those with severe emotional disturbance and severe and persistent mental illness. The program will be designed to assist the client in substance use education and prevention and to overcome abuse and dependence issues that may be an impediment to social and vocational rehabilitation. Priority will be given to Full Service Partners and consumers from underserved populations. Individual and group treatment will be offered to consumers and sessions may be focused on assessment, treatment planning, crisis prevention & intervention, collateral sessions with family and support people, and ultimately, discharge planning. The Dual Diagnosis Program will endeavor to help consumers create and maintain a healthy, balanced lifestyle, free of alcohol and other drug abuse in relation to the consumers mental health needs. Dual Diagnosis Program Providers will use outcome measures to allow for evidenced based decision making and review of treatment services, as well as identifying areas for improvement and will report service delivery and outcomes by Full Service Partnership Age categories (Child, TAY, Adult, and Older Adult).

5. **Therapeutic Services to Tribal and Latino Communities**: Bilingual and bicultural services to our remote, Tribal, and Latino communities are provided through Mental Health Plan Providers. A clinical team provides services to tribal members and families throughout the county. This team also provides services to individuals and groups incarcerated at our county jail.

Summary of Targeted Population Groups

Mendocino County MHSA services seek to serve un-served and underserved consumers

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

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

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet

County: Mendocino

Date: 4/2/14

	Fiscal Year 2014/15					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. Child & Family Programs	95,863	72,900	22,963			
2. Transition Age Youth	723,250	550,000	173,250			
3. Adult Programs	954,241	742,600	211,641			
4. Older Adult Programs	262,782	204,500	58,282			
5. Programs that cross the life span	35,000	35,000				
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
Non-FSP Programs						
1. Child & Family Programs	8,092,059	19,250	3,813,831		4,258,978	
2. Adult Programs	4,883,169	136,000	2,320,238			2,426,931
3. Programs that cross the life span	826,661	764,623	62,038			
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
CSS Administration	108,301	108,301				
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	15,981,326	2,633,174	6,662,243	0	4,258,978	2,426,931
FSP Programs as Percent of Total	78.7%					

	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. Child & Family Programs	98,556	74,948	23,608			
2. Transition Age Youth	743,569	565,452	178,117			
3. Adult Programs	981,049	763,463	217,586			
4. Older Adult Programs	270,164	210,245	59,919			
5. Programs that cross the life span	35,984	35,984				
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
Non-FSP Programs						
1. Child & Family Programs	8,267,126	19,250	3,886,980		4,360,896	
2. Adult Programs	4,927,671	136,000	2,364,740		1,329,218	1,097,713
3. Programs that cross the life span	827,850	764,623	63,227			
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
CSS Administration	113,716	113,716				
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	16,265,685	2,683,681	6,794,177	0	5,690,114	1,097,713
FSP Programs as Percent of Total	79.3%					

County: Mendocino County MHSA 3-Year FY 14/15- FY16/17

	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. Child & Family Programs	101,010	77,402	23,608			
2. Transition Age Youth	762,083	583,966	178,117			
3. Adult Programs	1,006,046	788,460	217,586			
4. Older Adult Programs	277,047	217,129	59,918			
5. Programs that cross the life span	37,162	37,162				
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
Non-FSP Programs						
1. Child & Family Programs	8,267,126	19,250	3,886,980		4,360,896	
2. Adult Programs	4,927,671	136,000	2,364,740		1,670,624	756,307
3. Programs that cross the life span	827,860	764,623	63,237			
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
CSS Administration	119,401	119,401				
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	16,325,405	2,743,392	6,794,186	0	6,031,520	756,307
FSP Programs as Percent of Total	79.6%					

Mendocino County Mental Health Service Act Workforce Education and Training Plan

The Workforce Education and Training (WET) component plan will be approved with this MHSA 3- Year Plan for Fiscal Year 2014-2015 to Fiscal Year 2015-2016. Mendocino County's Workforce Education and Training component of the 3 Year Program and Expenditure Plan address the shortage of qualified individuals who provide services in this County's Public Mental Health System. This includes community based organizations and individuals in solo or small group practices who provide publicly funded mental health services to the degree they comprise this County's Public Mental Health System workforce.

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

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

All proposed education, training and workforce development programs and activities contribute to developing and maintaining a culturally competent workforce, to include individuals with client and family member experience that are capable of providing

client and family driven services that promote wellness, recovery, and resiliency, leading to measurable, values driven outcomes.

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

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

Workforce Education and Training (WET) Coordination and Support

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

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

1. Provide ongoing development and operation of workforce programs.
2. Promote the integration of wellness, recovery, and resiliency concepts throughout the mental health delivery systems at all levels of service.
3. Develop cultural competence of staff throughout the mental health system.
4. Increase capacity and capability for the provision of clinical supervision (mentoring, coaching, etc).
5. Improve coordination of training efforts through the mental health system.
6. Coordinate continuing education and ongoing training opportunities for workforce to ensure professional skills, in particular with Mendocino County Schools and educational programs.
7. Partner with outside community organizations on workforce development opportunities.
8. Provide outreach to high school and community college students regarding available mental health careers, educational requirements and resources, and 4-year university transfer requirements.
9. Ensure that consumers, family members and underserved and underrepresented

populations are included as both trainers and participants.

10. Incorporate consumer and family member viewpoints and experiences in all training and educational programs.
11. Design training interventions to meet the needs of a multidisciplinary workforce.
12. Coordinate and disseminate information on federal, state, and local loan forgiveness programs.
13. Enhance collaboration with community based organizations (CBO).
14. Integrate WET Plan with other MHSA components.
15. Collaborate with Human Resources staff to recruit and support consumers and family members as employees.
16. Oversee all activities of Workforce Development Program and scholarship program.
17. Participate in statewide trainings as required or recommended in relation to carrying out WET activities.

Workforce Development and Collaborative Partnership Training

Description: Mendocino County will continue to provide consultant and training resources to improve the capacity of Mendocino County public mental health staff, consumer and family member partners, and partner agencies to better deliver services consistent with the fundamental principles of the Mental Health Services Act. These include expanding our capacity to provide services that support wellness, recovery, and resilience; that are culturally and linguistically competent, that are client and family driven, that provide and integrated service experience for consumers and their family members, and that are delivered in a collaborative process with out partners. This action was prompted by our identified need to "grow our own" qualified and diverse staff with the capacity to respond to the community's service needs.

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

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

a. Development of peer support programs.

b. Accessing training resources through e-learning websites.

c. Expand financial incentive programs for the public mental health system workforce to include underrepresented, underserved, and inappropriately served populations and meet the needs of those populations.

2. **Cultural Competency and sensitivity**

a. Expand awareness and outreach efforts to effectively recruit culturally and linguistically diverse individuals.

b. Enhance curricula to improve cross cultural communication, including self awareness.

c. Issues related to all special populations (e.g. LGBTQ, rural poor, older adults, TAY, ethnic minorities).

d. Spirituality Initiative.

3. **Community Partnerships and Collaborations**

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

b. Forensic services and collaboration with criminal justice.

c. Suicide prevention/risk identification.

d. Tarasoff, confidentiality, and mandated reporting.

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

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

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

4. **Wellness, Resiliency and Recovery**

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

b. Pre-Crisis recognition and intervention training.

c. Harm reduction.

5. Evidence Based Practices

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

b. Co-occurring disorders.

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

d. Quality assurance support and technical assistance.

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

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

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

Objectives:

- Expand the public mental health system in a manner that supports the number of diverse, qualified individuals to remedy the shortage of providers.
- Enhance evaluation of mental health workforce, education and training efforts to identify best practices and systems change.
- Expand the involvement of consumers and family members, the promotion of staff from within the system, in a manner that supports cultural competency.
- Develop career pathways, ladders, and lattices for individuals entering and advancing across professions in the public mental health system.
- Develop and sustain new and existing collaborations and partnerships to strengthen recruitment, training, education and retention of the public mental health system workforce.
- Establish procedures for scholarship application, selection, payment, follow up, and tracking the fulfillment of student obligations.
- Provide outreach and publicity about scholarship availability including Committee and meetings to review.
- Provide assistance several students annually.

Work Group and Subcommittees

WET Coordinator will convene a regular work group meeting with community stakeholders and parties interested in mental health workforce development. Coordinator will assist with the work group in identifying training priorities. The work group will establish three subcommittees to carry out each of the actions of the WET component plan explained below. The subcommittees organized include:

- Training for Co-Occurring Disorders: Subcommittee to initiate the

planning of trainings related to the identified priority of training for the treatment of co-occurring disorders.

- Scholarship and Loan Assumption: Tasks of this subcommittee are to develop application and interview scoring, develop marketing and outreach plan to priority population of consumers/family members, persons of Latino/Native American descent, employees of public mental health systems including community partners; recruit screening panel and finalize approval process.
- Electronic Resources: Tasks of this subcommittee were to evaluate existing effectiveness of the County's MHSA webpage; establish objectives for providing web based WET information to consumers, community partners, and county staff and determine role of electronic learning for informational hub of the community.
- Patient Navigator Program: Continuation of the WET Plan supported training of a Patient Navigator Program which is focused on training for care coordination and co-occurring disorders.

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET) Component Worksheet

County: Mendocino Date: 4/2/14

	[illegible]					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Wet Coordination Support	13,627	13,627				
2. Workforce Development	21,387	21,387				
3. Scholorship Assitance	39,719	39,719				
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
WET Administration	18,992	18,992				
Total WET Program Estimated Expenditures	93,725	93,725	0	0	0	0

	[illegible]					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Wet Coordination Support	14,355	14,355				
2. Workforce Development	21,387	21,387				
3. Scholorship Assitance	39,719	39,719				
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
WET Administration	18,992	18,992				
Total WET Program Estimated Expenditures	94,453	94,453	0	0	0	0

	[illegible]					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Wet Coordination Support	15,073	15,073				
2. Workforce Development	21,387	21,387				
3. Scholorship Assitance	39,719	39,719				
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
WET Administration	18,992	18,992				
Total WET Program Estimated Expenditures	95,171	95,171	0	0	0	0

Mendocino County Mental Health Services Act Prevention and Early Intervention Plan

Mendocino County's PEI MHSA 3 Year Plan for Fiscal year 2014/2015 to Fiscal year 2016/2017 was posted for a 30 day public review and comment period from April 11, 2014 to May 12, 2014 and was included with the Community Services and Supports (CSS), Workforce Education and Training (WET), Innovation (INN), and Capital Facilities and Technological Needs (CFTN) plans.

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

North Bay Suicide Prevention Project

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

In the last fiscal year, Mendocino County has, in coordination with NBSP, provided an ASIST training that reached 13 different community agencies, including: TAY, Schools, Family Resource Centers, Native American, Latino, and Faith based services; and 5 different county cities were in attendance. Mendocino County, in coordination with Bay Area Suicide & Crisis Intervention Alliance (BASCIA) & NBSP, co-sponsored a Network Meeting around Suicide Prevention. 121 people attended, the second highest attendance, thus far, in BASCIA's meetings. The Network meeting provided training in

QPR and motivational interviewing, as well as, allowing for networking and resource gathering. Specialty sessions were offered to address Suicide Survivor groups, Native Americans in Suicide Prevention, K-12 Prevention Education and Wellness Recovery Action Planning.

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

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

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

Children and Family Services Program and Transition Age Youth Program

The goal of the PEI project for Children (0-15) & Transition Age Youth (0-25) in

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

Support Services

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

Education, De-stigmatization and Peer Support

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

Prevention Collaboration

The PEI Groups in Schools is a project of the Mendocino County Behavioral Health and Recovery Services in cooperation with a Mental Health Plan Provider and various

schools and school districts throughout Mendocino County. The project's goal is the early identification and treatment of young people experiencing the first signs of a serious mental illness.

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

Prevention Collaboration - Point Arena

The Prevention Collaboration is a project of the Mendocino County Behavioral Health and Recovery Services in cooperation with a Mental Health Plan provider and the Point Arena School District (PASD) to provide prevention and early intervention services to students at PASDD. Youth workers screen students and utilize the Brief Screening Survey developed by Mendocino County Behavioral Health and Recovery Services. Youth workers provide services to students' one on one and /or in groups, on campus under the supervision of a Clinical Supervisor through PASD and the Program Director of the Mental Health Plan provider.

Prevention Collaboration- Anderson Valley

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

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

concern by a staff or family member.

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

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

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

Education, De-stigmatization and Peer Support

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

Support Services

Provide Outreach and Support Services for Children, Youth & Families throughout Mendocino County who have been screened using the brief screening survey for Adolescents and Young Adults for symptoms of serious Mental Illness, have been determined to show early signs of serious mental illness, and are in need of Mental

Health treatment services but are not eligible for Medi-Cal.

Katie A.

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

With the introduction of the Katie A. requirements, it allows for the use of established best practices in mitigating a potential traumatic event that can occur through the process of Foster Care placement by implementing the program during the investigative phase of the placement. The ability to provide these integrated services at the investigation phase puts the Mendocino County in a better position to offer help to the family rather than risking the family feeling intimidated as a result of more traditional approaches.

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

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

1. Expands use of Child and Family Teams (CFT).
2. Provides Integrated Care Coordination (ICC).

3. Offers Treatment Foster Care (TFC).

4. Offers Integrated Home Based Services (IHBS).

5. It is Outcome Focused with Accountability.

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

Child and Adolescent Substance Abuse Treatment Outreach

Mendocino County will facilitate school based prevention, intervention and counseling programs that enhance the internal strengths and resiliency of children and adolescents while addressing patterns of substance abuse. These programs will include prevention and education groups, individual and group counseling, and a variety of clean and sober health activities, including community service projects.

Adult & Older Adult Services Program

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

Education, De-stigmatization and Community Support

The Education, De-stigmatization and Community support programs provide community education and support models for responding to urgent community mental health needs, crisis intervention, and other awareness about severe and persistent mental illness. Examples of Education, De-stigmatization, and Community support could include Mental Health First Aid Training, Crisis Intervention Training (CIT) to law enforcement and community members, Educational activities at Family Resource

Centers or other community hubs. Emphasis is on improving communication, education, and collaboration with law enforcement, family, and natural supports to recognize risk factors and efficiently refer consumers at risk to prevention services.

Senior Peer Counseling

Senior Peer Counseling program is a project to decrease client risk factors for depression, decrease isolation, decrease psychiatric hospitalizations, and identify and appropriately respond to client indicators of suicide risk through training and clinical supervision. Mendocino County Health Plan Providers provide these services inland and on the coast. Supervision and training is provided by licensed clinicians experienced in the Senior Peer Counseling model to at least 20 Senior Peer Counselors to recognize signs of self-neglect, elder abuse, substance abuse, medication misuse/non use, suicide risk, depression, anxiety, and other mental illness. Through the Peer support model the volunteer counselors can help the at risk seniors to over come barriers, reduce risk factors, and become more involved in self care and wellness. Currently there are Senior Peer Counselors serving Ukiah, Willits, and Fort Bragg area. The goal to expand Senior Peer Counseling to North County and South Coast cities is one Mendocino County hopes to achieve in this 3 Year cycle. Supervision of Peer Counselors is provided by licensed clinicians experienced with the Senior Peer Counseling model who provide training and support.

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet

County: Mendocino Date: 4/2/14

	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Children & Family & TAY Programs	587,805	447,000	140,805			
2. Adult & Older Adult Programs	25,756	25,756				
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention						
11. Children & Family & TAY Programs	327,260	248,867	78,393			
12. Adult & Older Adult Programs	90,467	70,403	20,064			
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
PEI Administration	61,599	61,599				
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	1,092,887	853,625	239,262	0	0	0

	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Children & Family & TAY Programs	587,805	447,000	140,805			
2. Adult & Older Adult Programs	25,756	25,756				
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention						
11. Children & Family & TAY Programs	327,260	248,867	78,393			
12. Adult & Older Adult Programs	90,467	70,403	20,064			
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
PEI Administration	61,599	61,599				
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	1,092,887	853,625	239,262	0	0	0

	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Children & Family & TAY Programs	587,805	447,000	140,805			
2. Adult & Older Adult Programs	25,756	25,756				
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention						
11. Children & Family & TAY Programs	327,260	248,867	78,393			
12. Adult & Older Adult Programs	90,467	70,403	20,064			
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
PEI Administration	61,599	61,599				
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	1,092,887	853,625	239,262	0	0	0

Mendocino County Mental Health Services Act Innovation Plan

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

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

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet

County: Mendocino

Date: 4/2/14

IN PLANNING PROCESS	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1.	0					
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
INN Administration	0					
Total INN Program Estimated Expenditures	0	0	0	0	0	0

	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1.	0					
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
INN Administration	0					
Total INN Program Estimated Expenditures	0	0	0	0	0	0

	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1.	0					
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
INN Administration	0					
Total INN Program Estimated Expenditures	0	0	0	0	0	0

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

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

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

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

Budget Narrative

Mendocino County's Capital Facilities and Technological Needs (CFTN) MHSA 3 Year plan for Fiscal year 2014/2015 to Fiscal Year 2016/2017 was posted for a 30 day public review and comment period from April 11, 2014 – May 12, 2014 and was included with the Community Services and Supports (CSS) Plan, Workforce Education and Training (WET) Plan, Prevention and Early Intervention (PEI) Plan and Innovation Plan.

The goal of the Capital Facilities and Technological Needs (CFTN) plan is to assess the needs and issues facing the Mendocino County Behavioral Health and Recovery Services Program (BHRS). Allowing for all contingencies, for operating under the foreseeable future, this plan will relate to service provision and accommodating the potential awarded State Mental Health Plan Provider contracts or potential Mendocino County

Mental Health Plan buildup due to unsuccessful negotiations with the Request for Proposal (RFP) Awarded Parties.

Mendocino County BHRS Program has had extensive experience collecting and inputting information into the current Netsmart Technologies system known as AVATAR. However, the need may arise to change the system and transition to another certified Electronic Health Record (EHR) System. This evaluation will occur at the management level in determining the most proper fit in informational system transportation that will meet all proper Meaningful Use Standards set by the ONC-ATCB in certification of the new system.

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

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

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

1. Record Demographics
2. Record Smoking Status
3. Patient Clinical Summaries of Visit
4. Patient Electronic copy of HER-Authorization of disclosures of HER
5. Summary of Care at Transitions of Care

6. Active Medication Allergy List
7. Lab Test Results
8. Medication Reconciliation
9. Patient Specific Education
10. Problem List
11. Record Vital Signs
12. Patient Lists
13. Clinical Patient Summary
14. CMS Quality Measures
15. Patient Reminder List
16. Record Vital Signs

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

17. Exchange Clinical Information
18. E Prescribing

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

The system upgraded to RADplus 201/"myAvatar and Cache' 2010 during the past fiscal year. Intersystems Cache Multi Server License for 64 Bit OS and hardware platform is provided via virtual server through Mendocino County IS Department. Upon Completion of the project the Mendocino County will be able to implement all ARRA requirements.

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: Mendocino   Date: 4/2/14

	[illegible]					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1. Structual Changeover & Special Expense	314,354	314,354				
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Programs - Technological Needs Projects						
11. Data Processing Services	116,000	116,000				
12. Education & Training	115,000	115,000				
13. Information Tec	111,906	111,906				
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	657,260	657,260	0	0	0	0

	[illegible]					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1.	0					
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Programs - Technological Needs Projects						
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	0	0	0	0	0	0

	[illegible]					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1.	0					
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Programs - Technological Needs Projects						
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	0	0	0	0	0	0

RESOLUTION NO. 14-085

RESOLUTION OF THE MENDOCINO COUNTY BOARD OF SUPERVISORS TO AUTHORIZE THE DIRECTOR OF MENDOCINO COUNTY'S BEHAVIORAL HEALTH AND RECOVERY SERVICES OF HEALTH AND HUMAN SERVICES AGENCY TO SIGN AND SUBMIT MENDOCINO COUNTY'S MENTAL HEALTH SERVICES ACT (MHSA), THREE-YEAR PLAN FOR FISCAL YEARS 2014-2016 TO THE STATE OF CALIFORNIA

WHEREAS, Mendocino County is required by California Welfare and Institutions Code Sections 5847-5848 to prepare and submit an MHSA three-year program and expenditure plan as well as annual updates to the State; and

WHEREAS, Assembly Bill 100 passed in 2011 shifted the approval of MHSA plans from the State to the governing body at the local County level; and

WHEREAS, the Mendocino County Board of Supervisors is the local governing body for Mendocino County; and

WHEREAS, the State Controller will not release the County's MHSA component allocations without the local governing body's approval.

NOW, THEREFORE, BE IT RESOLVED that the Mendocino County Board of Supervisors does hereby authorize TOM PINIZZOTTO, Assistant Director of Mendocino County Health and Human Services Agency, Behavioral Health and Recovery Services to sign and submit the Mendocino County MHSA Three-Year Plan for Fiscal Years 2014-2016 to the State of California.

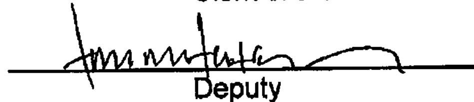
The foregoing Resolution introduced by Supervisor Hamburg, seconded by Supervisor Brown, and carried this 17th day of June, 2014, by the following vote:

AYES: Supervisors Brown, Pinches, and Hamburg
NOES: Supervisors McCowen and Gjerde
ABSENT: None

WHEREUPON, the Chair declared said Resolution adopted and SO ORDERED.

JOHN PINCHES, Chair
Mendocino County Board of Supervisors

ATTEST: CARMEL J. ANGELO
Clerk of the Board

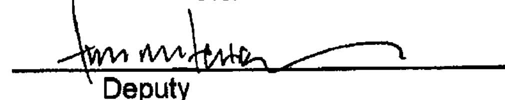


Deputy

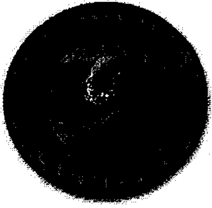
I hereby certify that according to the provisions of Government Code Section 25103, delivery of this document has been made.

APPROVED AS TO FORM:
DOUGLAS L. LOSAK
Acting County Counsel

ATTEST: CARMEL J. ANGELO
Clerk of the Board



Deputy



Mendocino County Health and Human Services Agency

"Healthy People, Healthy Communities"

Stacey Cryer, HHSA Director

Tom Pinizzotto, HHSA Assistant Director, Health Services

Jenine Miller, Deputy Director

Mental Health Board

John Wetzler ❖ Chair

To: Mendocino County Board of Supervisors

From: Mendocino County Mental Health Board

Date: May 29, 2014

Re: Recommendations on the Mendocino County MHSA 3-Year Plan for FY 2014/15 to 2016/17 (hereafter referred to as the "plan")

On May 21, 2014, with 6 of the 10 voting members present and Supervisor Hamburg, the Mental Health Board (MHB) at the regularly scheduled monthly meeting in Covelo, took up discussion of the proposed Plan. After one month of studying the draft, and participating in public meetings, MHB voted 5-1 to approve the MHSA 3-Year Plan. Our motion also included recommendations and additions to the Plan from the MHB members, which we feel are paramount and should be addressed. They are as follows:

1. Suicide ideation should always be brought to the attention of our County Mental Health professionals. An agreement between County First Responders and the County Mental Health Program should mandate notification of suicide ideation. This may necessitate a "memo of understanding" among all entities.

2. Crisis calls should be responded to by trained Mental Health professionals in a leadership role to make timely first contact and assessments, with First Responders in the background to protect the public safety. Both then will be able to perform the jobs that they are trained to do.

3. An all-out effort should be made to recruit and maintain highly trained Mental Health Care Professionals for our County. Mendocino County must pay the workers in our Program a commensurate and competitive wage, plus provide other incentives, to compete for these valuable and important staff positions. No more losing Mental Health workers to other counties.

4. Suicide ideation: Suicide and suicide attempts should be recorded by the Mental Health Department. A very good contact for these numbers is the County Coroner's Office. This office is responsible for the post-mortem examinations, so it has a lot of information. Communication between Mental Health and the Coroner's Office is vital.

5. Crisis care would need to be performed by Licensed Clinical Social Workers, Licensed Marriage and Family Counselors, and Licensed Psychologists. These professional are trained to do crisis assessments. Furthermore, a history and a current situation are taken into account, along with referrals; Tarasoff as needed and follow-up.

6. Recruitments and keeping licensed Mental Health workers is the only way to go, but also professionals need to be bilingual and bicultural.

7. To improve our cultural competency statistics regarding our Latino community, it is time to bring Nuestra Casa into the County Program. This avenue should be explored.

8. Outreach to our Native American communities must be enhanced and broadened throughout Mendocino County. Case workers and clinicians should be readily available to these County residents.

Community Support Teams

In Mental Health

Patients reside in our community. Some live in housing. Some live on the streets. However, they all live within our community. Often, when they decompensate, they require hospitalization. This cost money, money that most patients do not have. Yet, recidivism is the fact rather than the exception. Relapses occur often. For some, this is too often. The watchful eye of mental health technology has not been able to change the process. However, there have been some successful interventions by some clinics, not all in California, that have decreased the relapse time for some patients to the point that they could almost live "normal" lives. I know, some say that 1/3 of all schizophrenia cases will mend themselves. Yes and another 1/3 will be

in and out of the hospital most of their lives, while a 1/3 will be in the hospital most of their lives. With this knowledge, we should then change what we do. Some suggestions follow:

1. Probably with grant money, we should create teams of mental health workers. Perhaps we should start with just three teams. Each team would consist of a BA level counselor and a licensed psychiatric technician or a Licensed Vocational Nurse with a mental health background. A Licensed social worker should be the team leader. Each team would have sixty clients, thirty for each team member. The BA level worker would use the Licensed Vocational Nurse or Psych-Tech to assist with medication issues and shot clinics. Their primary responsibility would be to visit clients in their homes, or places where they reside. Weekly visits would be made during the intake period and continue until the client was stable.

2. The Licensed Certified Social Worker supervisor would only have a caseload of 15 clients. The primary duty of the supervisor would be to assist the teams with professional decisions regarding care and policy. Periodic meetings should take place where each team presents a case for discussion. Not only would this assist with helping the client, but it would also be a teaching tool for the team members. From a financial point of view, this would give the Community Support Teams the strength of seven (7) licensed social workers in essence, while only having one. Obviously, the supervisor would also be doing chart review. Unless, of course, there was a Quality Assurance Nurse as part of the team.

3. A psychiatrist would be involved in all care. Each client would be seen according to a schedule. It would be the duty of the Support Team Psych-Tech or Licensed Vocational Nurse to schedule the appointments with the psychiatrist. The Licensed Vocational Nurse (LVN) or Psych-Tech would sit in on the meeting with the psychiatrist unless the client objected. At that time, if the need for any long-term acting medicine, such as Haldol or Prolixin injection was necessary, the doctor would give the order and the LVN or Psych-Tech would administer the medication. Treatment plan review could be done as well.

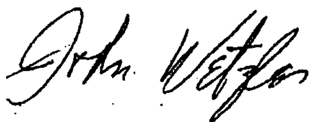
4. Home visits and assistance with daily living is what is necessary to keep a client stable. If one monitors each client on a weekly basis, fewer chances for decompensations to occur. The team members would be required to see clients as often as deemed necessary by the team's client review process. Assistance with daily activities can almost take any form of help; shopping for groceries, clothes, looking of a place to live et cetera.

5. Advocacy for the client is also necessary in care. If we do nothing else, we should be an advocate. Our community needs to know about mental illness. Our community needs to know what it can do to help. Without this knowledge, we stand helpless and watch our brother fail. Team effort will be useless without the help the community can give. We need places for the homeless, the suffering and the impaired.

How can we come this far without conquering mental illness is not the question? The question is, "How can we not commit ourselves to making a change?"

The MHB voted to support the Plan and make our recommendations to you with confidence the Board of Supervisors and the HHSA/Behavioral Health and Recovery Services recognize the importance and necessity of our recommendations to enhance the Plan.

Respectfully submitted,



John Wetzler, Chair

Mendocino County Mental Health Board