behavioral health & recovery services
HHSA of Mendocino County

Mental Health Services Act

Three Year Program and Expenditures Plan 2020-2023
and
Annual Plan Update 2021-2022

WELLNESS • RECOVERY • RESILIENCE

Table of Contents

Message from the Behavioral Health Director

Behavioral Health and Recovery Services
Jenine Miller, Psy.D., Behavioral Health Director

behavioral health & recovery services
Mendocino County

Dear Mendocino County Stakeholders,

Mendocino County has undergone a tremendous amount during the last three years. The development of the Mental Health Services Act (MHSA) Three Year Program and Expenditure plan for Fiscal years 2020-2021 through 2022-2023 have been completed during a time of significant change, disaster response, and increased concerns surrounding mental wellbeing and public health. Through the last couple years of planning the stakeholders, service providers, Behavioral Health Advisory Board Members, community partners, staff, and other concerned community members have been dedicated in their commitment to the mental health needs of the community and ensuring the needs of clients are met. With all that has transpired over the last three years and the impacts of the COVID-19 Pandemic on our community, client care and services have remained a priority and progress was made on several projects. Some of the highlights of the last three years include:

- Opening of the MHSA Full Service Partnership Housing Project. The project is 37 units of supported housing for those with severe symptoms and risk for higher levels of care.
- Ongoing development of Mendocino County's first Innovation Project, Round Valley Crisis Response.
- Development and approval of Mendocino County's second Innovation Project, Healthy Living Community.
- Expansion of Suicide Prevention Training opportunities from Applied Suicide Intervention Skills Training and SafeTalk to also include Question Persuade Refer suicide prevention.
- Ongoing implementation and participation in therapeutic courts including Assisted Outpatient Treatment, and participation and development of Behavioral Health Diversion programs.
- Ongoing community based meetings, outreach, and education events.
- Modification of MHSA programs to continue providing services during the COVID-19 Pandemic. Modifications included safety protocols for in person services, online services, education and supports around health safety, COVID, and vaccinations.
- Implementation of COVID-19 Support Groups and Warmline.
- Further development and ground breaking on the Crisis Residential Treatment Program.

This Three Year Plan and the Annual updates represent the dedication of staff, service providers, family members, and the community to ensure the mental health and wellbeing of our community even during extreme adversity. The community feedback and involvement received during the planning process was essential in designing and prioritize this three year plan. The next three year plan brings continuation of prioritized services and promising new services. We look forward to maintaining our collaboration with the community and expanding participation from new stakeholders. Thank you for your ongoing commitment to the mental wellbeing of our community.

Sincerely,

Jenine Miller, Psy.D.
Behavioral Health Director

1120 South Dora Street, Ukiah, CA 95482
Email: bhrsadmin@mendocinocounty.org Phone (707) 472-2355

County Mental Health Director	Auditor/Controller
Name: Jenine Miller Telephone Number: (707) 472-2341 E-mail: millerje@mendocinocounty.org	Name: Chamise Cubbison Telephone Number: (707) 234-6871 E-mail: cubbisoc@mendocinocounty.org
Mailing Address: Mendocino County Health and Human Services Agency Behavioral Health and Recovery Services 1120 S. Dora Street Ukiah, CA 95482	

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

The Annual Update to the Three Year Plan has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft Annual Plan was circulated to stakeholders and any interested party for 30-days for review and comment. In addition, the local Behavioral Health Advisory Board held a public hearing on the MHSA Three Year Plan. All input has been considered with adjustments made, as appropriate. The Annual Plan and Expenditure Plan, attached hereto, was adopted by the County Board of Supervisors on January ~~DAY~~ FOURTH, 2022. The Three Year Plan and Expenditure Plan was adopted by the County Board of Supervisors on November 5, 2019 and extended via DHCS Form 5510 on August 27, 2020 due to COVID-19 Pandemic allowances.

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

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

Signature

1/4/22

Date

County Mental Health Director	Auditor/Controller
Name: Jenine Miller Telephone Number: (707) 472-2341 E-mail: millerje@mendocinocounty.org	Name: Chamise Cubbison Telephone Number: (707) 234-6871 E-mail: cubbisoc@mendocinocounty.org
Mailing Address: Mendocino County Health and Human Services Agency Behavioral Health and Recovery Services 1120 S. Dora Street Ukiah, CA 95482	

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

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

Jenine Miller, Psy.D.
Local Mental Health Director/Designee

Signature 1/4/22
Date

I hereby certify that for the fiscal year ended June 30, 2018, the County has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated December 2020 for the fiscal year ended June 30, 2020. I further certify that for the fiscal year ended June 30, 2018, the State MHSA distributions were recorded as revenues in the local MHSA Fund; that County MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County has complied with WIC section 5891(a), in that local MHSA funds may not be loaned to a county general fund or any other county fund.

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

Chamise Cubbison, Acting Auditor/Controller
County Auditor Controller / City Financial Officer

Signature 1/31/22
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)

Introduction to the Mental Health Services Act

History of the Mental Health Service Act

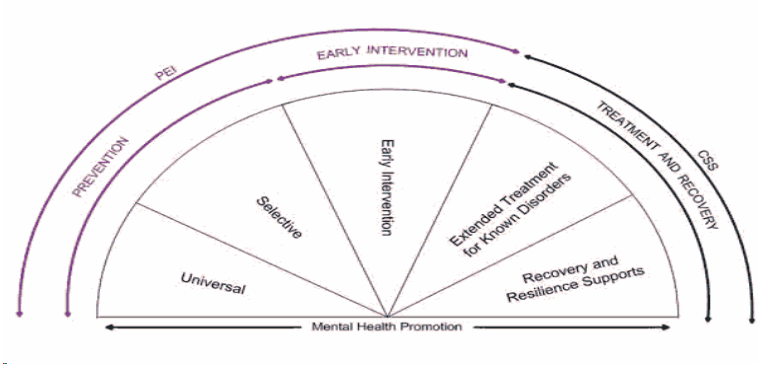
More than two million children, adults, and seniors are affected by potentially disabling mental illnesses every year in California. Forty years ago, the State of California shut down many state hospitals for people with severe mental illnesses without providing adequate funding for community mental health services. To address the urgent need for recovery-based, accessible community-based mental health services, former Assembly member Darrell Steinberg, along with mental health community partners, introduced Proposition 63, the Mental Health Services Act (MHSA). California voters approved Prop 63 in 2004 and MHSA was enacted into law on January 1, 2005 by placing a one percent (1%) tax on incomes above $1 million.

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

California's MHSA Vision

- To facilitate community collaboration
- To promote cultural competence
- To develop criteria and procedures for reporting of county and state performance outcomes
- To create individual and family-driven programs
- To adopt a wellness, recovery, and resilience-focus
- To facilitate integrated service experience
- To design outcomes-based programs

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



Three Year Program and Expenditure Plan with Annual Planning Component

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

MHSA Components

Proposition 63, also known as the Mental Health Services Act (MHSA), is made up of five funding components: Community Services & Support; Prevention & Early Intervention; Innovation; Capital Facilities & Technological Needs; and Workforce Education & Training. MHSA Services are designed to address wellness and recovery for individuals at all life stages in order to mitigate and reduce risk of the negative outcomes of serious mental illness.

Community Services and Support

Community Services and Support (CSS) is the largest component of the MHSA. The CSS funding stream is focused on community collaboration, cultural competence, client and family driven services and systems, wellness focus, which includes concepts of recovery and resilience, integrated service delivery experiences for clients and families, as well as serving the unserved and underserved. Housing is also a large part of the CSS component. Community Services and Supports are funded with 76% of a County's MHSA funding.

Prevention and Early Intervention

The goal of Prevention and Early Intervention (PEI) is to help counties implement services that promote wellness, foster health, and prevent the suffering that can result from untreated mental illness. The PEI component requires collaboration with consumers and their family members in the development of PEI projects and programs. Prevention and Early Intervention Services are funded with 19% of a County's MHSA funding.

Innovation

The goal of Innovation is to increase access to underserved groups, increase the quality of services, promote interagency collaboration, and increase access to services through untested innovative programming. Counties select one or more goals and use those goals as the primary priority or priorities for their proposed Innovation plan. Innovation projects are funded with 5% of a County's MHSA funding, but require an additional approval by the Mental Health Services Oversight and Accountability Commission in order to utilize funding. Mendocino County has two active Innovation Projects approved and active during this plan.

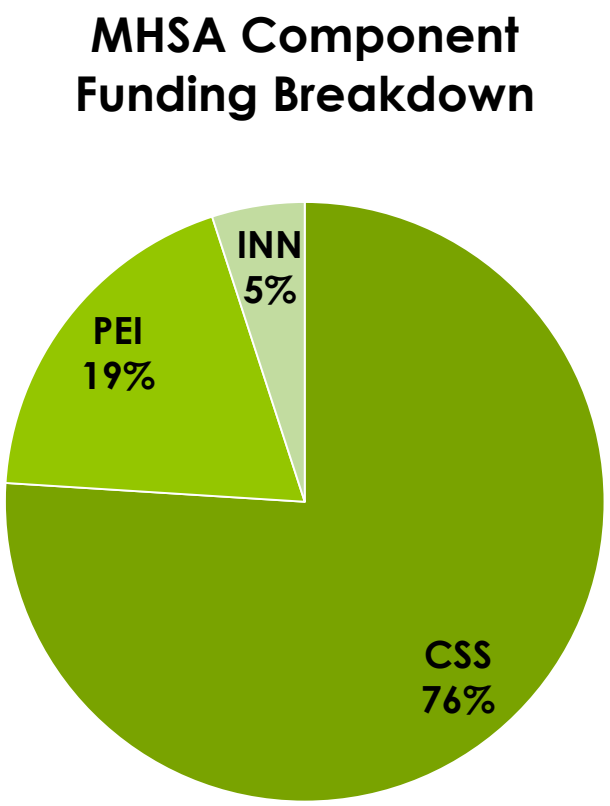
Capital Facilities and Technological Needs

The Capital Facilities and Technological Needs (CFTN) component works towards the creation of a facility that is used for the delivery of MHSA services to mental health clients and their families or for administrative offices. Funds may also be used to support and increase peer-support and consumer-run facilities, development of community-based settings, and the development of a technological infrastructure for the mental health system to facilitate the highest quality and cost-effective services and supports for clients and their families. CFTN funding is no longer funded directly, and projects and activities are funded from transfer of funds from Community Services and Supports.

Workforce Education and Training

The goal of the Workforce Education and Training (WET) component is to fund the development of a diverse workforce and address the shortage of licensed and non-licensed professionals. Clients and families/caregivers may also receive training to help others, to promote wellness, and other positive mental

health outcomes. The funding stream focuses on improving the delivery of client- and family-driven services, providing outreach to unserved and underserved populations, as well as services that are linguistically and culturally competent and relevant, and includes the viewpoints and expertise of clients and their families/caregivers. Workforce Education and Training is no longer funded directly, and projects and activities are funded from transfer of funds from Community Services and Supports. Mendocino County is participating in the Superior Region WET Partnership for workforce training, retention, and development of resources for higher education and skills development.



County Demographics

Mendocino County is 3,878 square miles, and is located in Northern California spanning eighty-four (84) miles from north-to-south and forty-two (42) miles east-to-west. It is the 15th largest by area of California's counties.[1] Mendocino County is situated north of Sonoma County, south of Humboldt and Trinity counties, west of Lake, Glen, and Tehama counties, and is bordered on the west by the Pacific Ocean. Mendocino County's terrain is mostly mountainous with elevations rising over 6,000 feet, with lakes, fertile valleys, expansive rivers, and thick forests containing redwood, pine, fir, and oak.

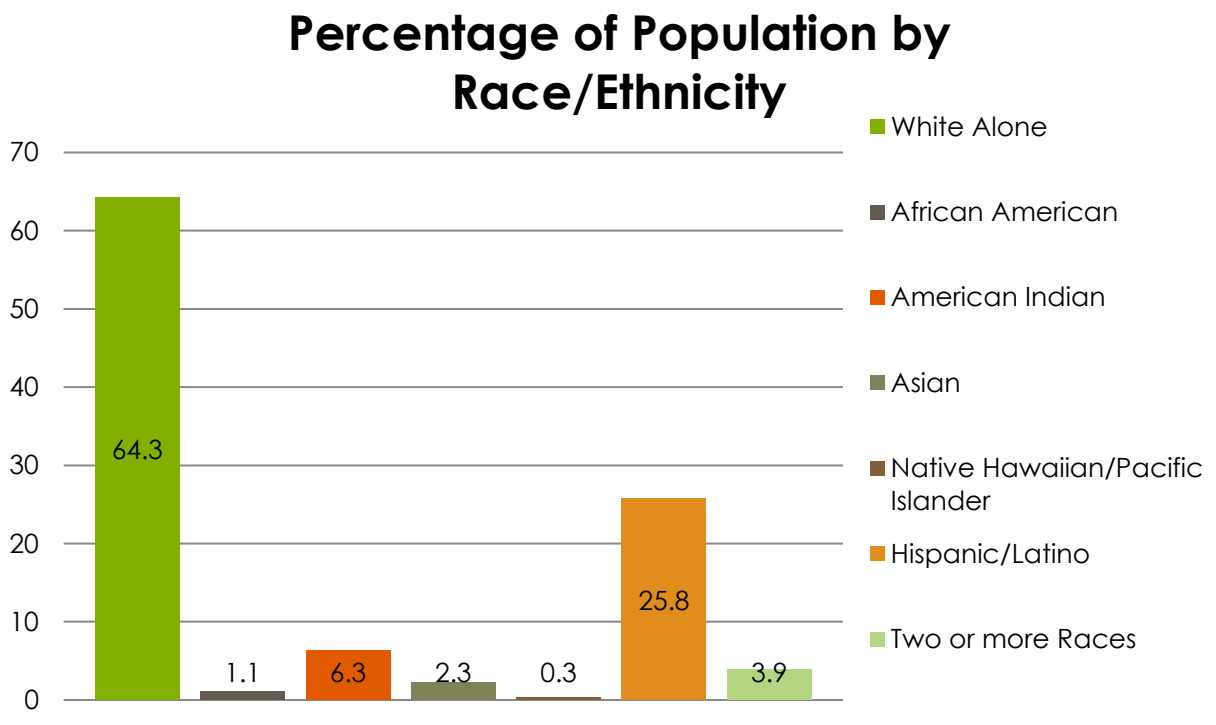
The US Census Bureau provides the following data on population trends: Mendocino County had a population of 86,740 in 2019, which is a decrease by approximately one thousand people and a little over 1%. Mendocino County is the 38th largest county by population of California's counties. Mendocino County has a population density of 25 people per square mile.

Mendocino County is comprised of a number of cities, towns, census designated places, and unincorporated areas: Albion; Anchor Bay; Boonville; Branscomb; Brooktrails; Calpella; Caspar; Cleone; Comptche; Covelo; Cummings; Dos Rios; Elk; Fort Bragg; Gualala; Hopland; Inglenook; Laytonville; Leggett; Little River; Longvale; Manchester; Mendocino; Navarro; Noyo; Philo; Point Arena; Potter Valley; Redwood Valley; Talmage; Ukiah; Westport; Willits; and Yorkville, among others. Only four of these locations are designated as

[1] (Center for Economic Development, 2010)

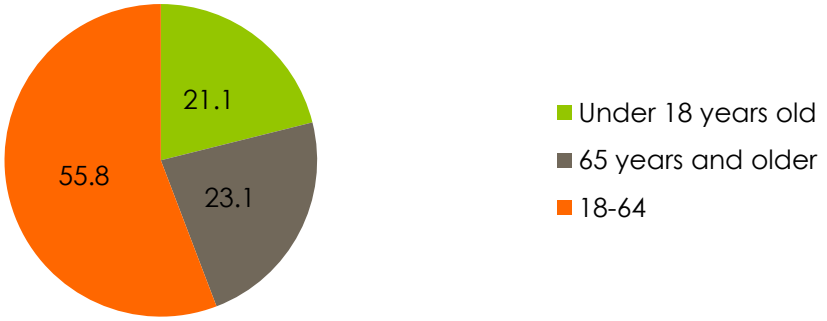
cities: Ukiah, Fort Bragg, Willits, and Point Arena. The distances between cities spans from 23 miles (Ukiah to Willits) to 76 miles (Willits to Point Arena). The US Census Bureau estimates that from 2015 through 2019 the mean travel time to work for workers over 16 years of age was 20.8 minutes.[2]

In 2019, the US Census Bureau estimated that 64.3% of Mendocino County's population identify as White (not Hispanic or Latino), 25.8% Hispanic or Latino, 1.1% African American, 6.3% American Indian/Alaska Native, 2.3% Asian, 0.3% Native Hawaiian or Pacific Islander, and 3.9% identify as belonging to two or more ethnicities. Please note, that this exceeds 100% as the percentages overlap in some categories. Furthermore, statistics show that 49.7% of the population is male and 50.4% female.[3] These statistics show a decrease from the prior three year plan in the percentage of Mendocino County residents that identify as White alone (not Hispanic or Latino) or of two or more race/ethnicities, and an increase in Mendocino County residents that identify as Hispanic or Latino, Black/African American, Asian, Native Hawaiian and/or Pacific Islander. The statistics also show a slight increase in the percentage of residents that identify as female.



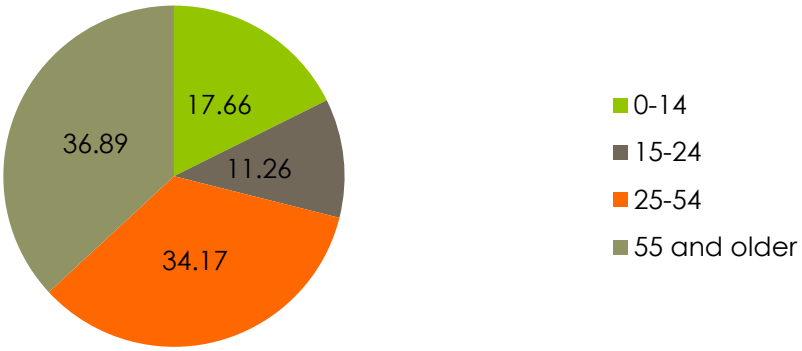
[2] (U.S. Census Bureau, 2019)
[3] (U.S. Census Bureau, 2016)

US Census Percentage of Population by Age



The 2019 population estimates by the US Census show that in Mendocino County 21.1% of residents are under 18 years of age, and 23.1% of the population is 65 years of age or older, leaving 55.8% of the population between the ages of 18-65. Additionally, the US Census 2019 data indicates that 5.7% of the population is under 5 years of age. Healthy Mendocino[4] further breaks down the population into smaller age groupings. From this data we can extrapolate age population breakdowns that more closely match the MHSA and Full Service Partnership breakdowns.

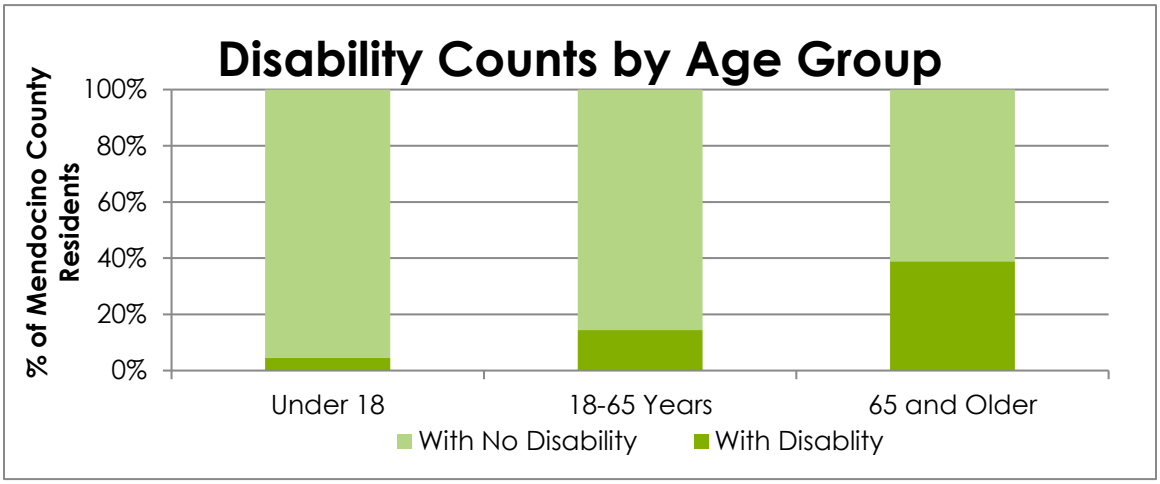
Healthy Mendocino Percentage of Population by Age



Many individuals living in the more rural areas of the County have limited access to resources due to the vast distances to travel to more heavily populated areas. Services are located primarily in Ukiah, Willits, and Fort Bragg. The amount of time it takes to drive to an area where resources are available varies due to mountainous terrain, poor road conditions, and inclement weather.

[4] Healthy Mendocino, 2021

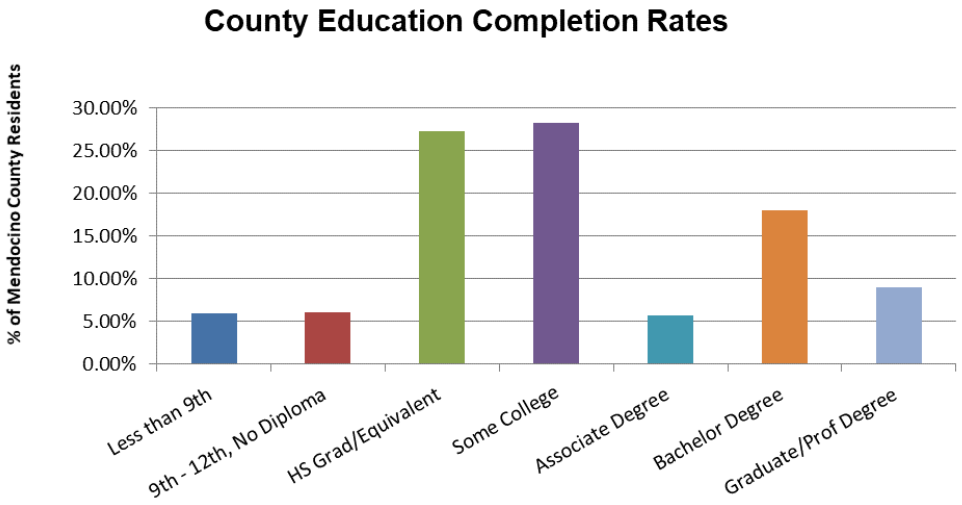
Furthermore, there are very limited public transportation options within the county. No public bus routes go farther north than Willits or Fort Bragg. In addition, the Mendocino Transit Authority has a limited number of routes. For instance, the longest route (Route 65) only leaves twice during week days from Santa Rosa in Sonoma County to go north, and two times a week from Fort Bragg to go south. There are no routes that go north of Willits inland and north of Fort Bragg on the coast.[5] Additional challenges to accessing resources include access to technological infrastructure. The U.S. Census indicates that 87.8% of households had a computer during the period of 2015 through 2019, and 81.1% of households had access to broadband internet during the same period of time.



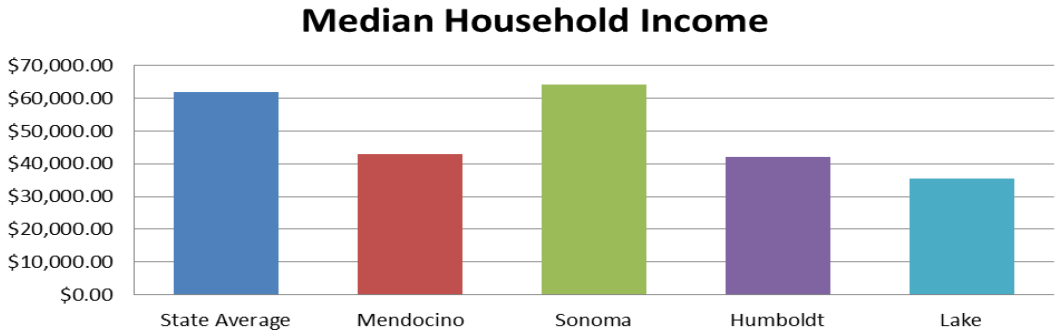
The US Census Bureau provides statistics on the percentage of residents that are working and those with a disability. The data from between 2015 and 2019 shows that 58.2% of the population over age 16 was in the labor force and 12.6% of the population under age 65 years of age had a disability. Census data from 2015 through 2019 show that 5,941 individuals identified as Veterans, 6.8% of the 2019 estimated population. The Census Bureau provides other statistics through the American Community Survey (ACS). The 2016 ACS data indicates that Mendocino County's total civilian non-institutionalized population (not including those incarcerated, in mental facilities, in homes for the aged, or on active duty in the armed forces) consists of 86,630 people, and that the percentage of those with a disability is 16.9%. Of the percentage of civilian non-institutionalized population who are under age 18, 4.4% have a disability. Those between 18-65 years of age, 14.4% have a disability, and of the population that

[5] (Mendocino Transit Authority, 2016)

is 65 years of age or older, 38.8% have a disability.[6] These rates are higher than the State average of 10.6% of people with a disability.



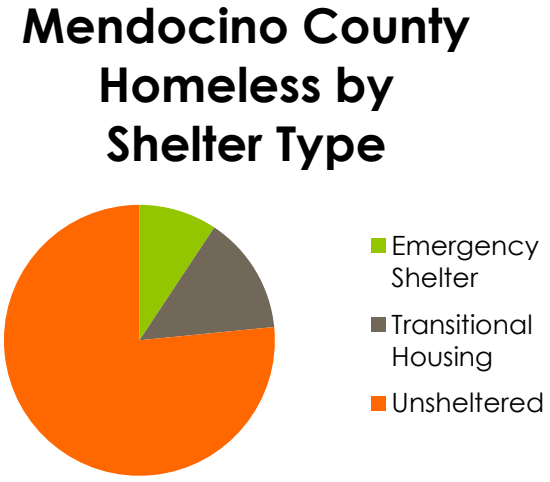
According to 2016 estimates of the US Census Bureau and ACS, 86.5% of Mendocino County residents were high school graduates or an equivalent. Of those who graduated high school, 24.1% obtained a bachelor's degree or higher. Additionally, the data indicates that 6.3% have less than a 9th grade education, 7.2% have a 9th-12th grade education but no diploma, 27.1% are high school graduates or equivalent, 30.0% have some college but no degree, 7.8% have an associate's degree, 14.7% have a bachelor's degree and 8.4% have a graduate or professional degree.[7] The 2019 updates to the Census data does not go into this much detail, but does indicate that there has been no increase since the 2016 data of the percentage of the population with a high school diploma. There has been a very slight increase in the percentage of the population with a Bachelor's degree or higher during the same period, increasing from 24.1% to 24.4% of the population in 2019.[8]

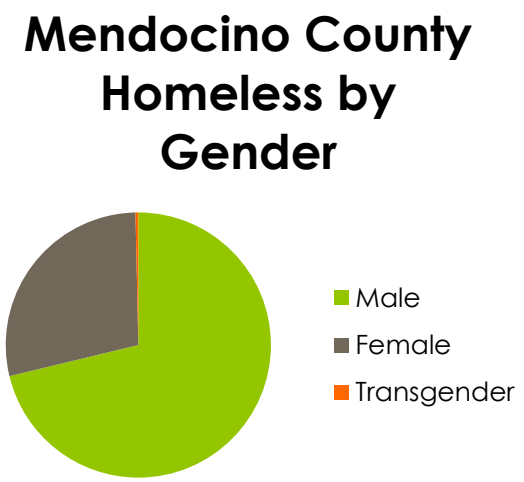


[6] (U.S. Department of Commerce, 2016)
[7] (U.S. Census Bureau, 2016)
[8] (U.S. Census Bureau, 2019)

The US Census Bureau and the ACS define a household as consisting of one or more persons, related or otherwise, who are living in the same residence. According to the data collected in 2016, the median household income in Mendocino County was estimated to be $43,809, which is 35% lower than the state median of $67,739. Compared to surrounding counties, Mendocino County's median household income is 40.7% lower than Sonoma County's, but 1.5% higher than Humboldt County, and 4% higher than Lake County. Census information on the Median gross rent for the period of 2015 through 2019 was $1,146, with the median monthly owner costs for owners with a mortgage for the same period is $1,906.

The Mendocino County Continuum of Care for the Homeless (CoC), which is convened and facilitated by Mendocino County Health and Human Services Agency, conducts a Point-in-Time (PIT) Count Survey of the homeless biannually pursuant to federal Department of Housing and Urban Development (HUD) instructions. The PIT census numbers show that as of January 2020 Mendocino County had 751 unsheltered individuals experiencing homelessness a decrease from 1,078 as reported in the prior Three Year Plan. Of the 751 unsheltered individuals, 575 were unsheltered, 70 were housed in emergency shelters, and 106 in transitional housing. Of the individuals who were experiencing homelessness, 411 were male, 164 were female and 2 were transgendered.[9] The State Homelessness count in 2019 was approximately 0.3% of the total population (150,000 homeless of 39.51 million population) and Mendocino County's homelessness rate is approximately 8.6% of the total population.[10]





[9] (Mendocino County Continuum of Care, 2017)
[10] (California's Homelessness Challenges in Context, 2021)

Mendocino County has very high rates of trauma. Healthy Mendocino, a website that captures various health indicators, indicates the rate of adults that experienced four or more adverse childhood experiences in child hood is 30.8% almost twice the state average of 16.7%. Adverse Childhood Experiences (ACEs) are defined as a traumatic experience occurring during a person's formative childhood years.[11] Adverse childhood experiences include neglect, physical, emotional, and/or sexual abuse, physical or emotional neglect, and household dysfunctions including mental illness, substance abuse, violence toward the mother, and incarcerated relative. Additionally Healthy Mendocino lists that the rate of substantiated Child Abuse in Mendocino County is 20.7 cases per 1,000 children. This rate is much higher than the California rate of 7.5 cases per 1,000 and the federal rate of 9.1 cases per 1,000 children.[12]

Mendocino County has experienced a series of disasters during the past four years, including the Redwood Complex Fire in 2017, the Mendocino Complex fires in 2018, the Usal Fire in 2019, flooding in 2019, the Oak Fire in 2020, the August Complex Fire in 2020, and the COVID-19 Pandemic for which we began emergency response in March of 2020 and disaster response continues into 2021. The Mendocino Complex Fire and the August Complex fires each setting records for wildfires. Fire prevention activities in the form of Public Safety Power Shutoff events shut down power during high heat and high wind situations that impact the health and safety of residents that are dependent on electronics for oxygen, prevention of heat related illness, and other medical concerns. Crisis services have noted a correlation between crisis calls and contacts during disasters that seems to be triggered by the state and sense of chronic emergency alert and disaster response.

Mental Health prevalence rates indicate that 5% (1 in 20) of the population has a serious and chronic mental health concern and 20% (1 in 5) of the population experience some level of mental illness in their lives.[13] Based on those prevalence rates, we can extrapolate that Mendocino County should have 4,337 individuals with serious and chronic mental illness, and 17, 349 individuals' will experience a mental illness. The National Alliance on Mental Illness prevalence information further breaks down that 19% of mental illnesses in adults are Anxiety Disorders, 8% are Depression, 4% are Post Traumatic Stress disorders, 4% are Dual Diagnoses, 3% are Bipolar Disorder, 1% Schizophrenia, 1% Obsessive Compulsive Disorder. NAMI data further states that 21% of people experiencing homelessness have a serious mental illness. These are the

[11] (Healthy Mendocino, 2019)
[12] (Healthy Mendocino, 2019)
[13] (NAMI, 2020)

individuals that we anticipate will be utilizing the Mental Health Services Act funded services.

Works Cited

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

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

Legislative Analyst's Office, 2021. California's Homelessness Challenges in Context. [Online] Available at: https://lao.ca.gov/handouts/localgov/2021/Homelessness-Challenges-in-Context-012121
[Accessed 24 May 2021]

Homelessness, U. S. I. C. o., 2018. *California Homelessness Statistics.* [Online]
Available at: https://www.usich.gov/homelessness-statistics/ca/
[Accessed 17 July 2019].

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

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

Mendocino, H., 2019. *Community Dashboard: Social Environment/Chidren's Social Environment.* [Online]
Available at: http://www.healthymendocino.org/indicators/index/indicatorsearch?doSearch=1&l=260&t%5B0%5D=91
[Accessed 17 July 2019].

Mendocino, H., 2021. *Community Dashboard: Age: Population by Age Group.* [Online]
Available at:
http://www.healthymendocino.org/indicators/index.php?module=demographicdata&controller=index&action=index
[Accessed 24 May 2021].

Mendocino, Health and Human Services Agency, 2021. *Hand Up Not Hand OUt, Point in Time Count: Draft 2020 Point-in-Time-Count Report.* [Online]
Available at: http://www.hhandupnothandoutmendo.com/reports-data
[Accessed 24 May 2021].

National Alliance on Mental Illness, 2020. Mental Health By the Numbers: You are NOT ALONE. [Online] Available at:
https//www/nami.org/NAMI/media/NAMI-Media/Infographics/NAMI_YouAreNotAlone_2020_Final.pdf
[Accessed 24 May 2021]

U.S. Boundary, Data, Graphs, Tools, and Services, 2018. *USBoundary.com.* [Online]
Available at: http"//usboundary.com
[Accessed 11 April 2018].

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

U.S. Department of Commerce, 2019. *Quick Facts, Mendocino County, California.* [Online]
Available at: https://www.census.gov/quickfacts/mendocinocountycalifornia
[Accessed 24 May 2021].

PLAN EXTENSION AND COVID-19 ADJUSTMENTS

Mendocino County Extended our 2017-2020 Three Year Plan into FY 2021-2022

Mendocino County extended our MHSA Three Year Program and Expenditure Plan for 2017-2020 to include Fiscal Year 2020-2021 in accordance with Department of Health Care Services (DHCS) Information Notice (IN) 20-040 and Welfare and Institutions Code (W&I) section 5847(h) allowing for flexibilities during the COVID-19 pandemic.

Mendocino County completed targeted Community Program Planning for the 2020-2023 Three Year Program and Expenditure Plan for during Fiscal Year 19/20. We completed a Request for Proposal (RFP) process during Fiscal Year 20/21 for MHSA providers interested in providing services for the remainder of the Three Year Plan. The RFP process did not generate enough proposals to sustain the MHSA continuum of care as was prioritized by stakeholders, and so additional providers were sought through the exception to bid process.

Mendocino County has been under social distancing and masking orders throughout the entirety of FY 20-21. During this time, MHSA services and oversight continued via modified services to allow for increased tele-health, virtual, field based, and socially distanced in person services under DHCS guidance and Public Health orders.

Fiscal Impacts

The COVID-19 pandemic was expected to have a negative impact on the MHSA budget with expected reduced revenues in the final months of FY 19-20, and to significantly impact and reduce projections for the Three Year Plan period of FY 20-21through 21-22. To respond to this Mendocino County reduced contracts by15% in the first six months of FY 20-21, when the actual distributions were not as significantly impacted as expected, contracts for the remaining six months of FY 20-21 were increased so the reduction from prior year contracts was only 10%. This reduction will be evaluated as MHSA revenues are received by the county, and may be subject to both increase or decrease depending on revenues. Prevention and Early Intervention Component programs funded by Reversion funding were not able to be extended into Fiscal Year 20-21.

The reductions in Revenue from Fiscal Year 19-20 were absorbed by underspending in programs that were limited in response due to Shelter in Place orders as well as Reversion Funding and Prudent Reserve Transfers in the corresponding components that had not yet been expended.

MHSA Service Expectations during COVID -19 Shelter in Place Orders

MHSA programs extended in Fiscal Year 20-21 were expected to provide services described in the plan in the safest manner possible for clients given current Public Health guidelines. Telehealth and telephonic contacts with clients were utilized where possible. Clients who were unable to utilize telehealth or telephone were seen in person with precautions. When in-person contact was required, masks were worn by all parties, and masks were provided for clients if they did not have their own. Additionally, masks were made available to clients who needed them for activities beyond mental health contacts (such as grocery shopping, doctor's appointments, etc.). Physical distancing was encouraged. Clients were educated and supported in following the guidelines, screened for COVID-19 symptoms, and supported in accessing medical and testing services when screenings were positive. When vehicles were used in the course of MHSA duties, car seating was arranged to maximize distancing to the extent possible. Masks were to be worn by all persons while in vehicles. MHSA programs worked to minimize shared equipment where possible. Where not possible, protocols were put in place to sanitize between uses, and to monitor that protocols are followed. Some programs saw reduced utilization during the pandemic, but all CSS and PEI programs continued to operate under modified health and safety practices.

The County, State, and National Public Health Orders that were and are currently in effect will be the definitive guide related to health and safety of program service delivery during the COVID- 19 pandemic. MHSA programs will maintain current awareness of these directives, as well as relevant DHCS Information Notices pertaining to flexibilities related to service response during the pandemic.

Summary of Changes from the Last Three Year Plan

Following the Stakeholder Planning Process and Request for Proposals, there were changes to the following Sections:

1. New Programs added or re classified in CSS: Consolidated Tribal Health, Laytonville Healthy Start Family Resource Center to Access and Linkage.
2. New Programs Added to PEI: Consolidated Tribal Health program resulting from the Request for Proposal.
3. Change in Program Component: CRT moved from GSD to FSP program; Anderson Valley Ukiah School District services moved to Prevention; Action Network Point Arena Schools increased services and moved to Outreach and Recognition for Early Signs of mental illness, Round Valley Indian Health Clinic returned to CSS GSD; Coastal Seniors Suicide Prevention program combined with their

Prevention program, and is no longer classified as Suicide Prevention; Action Network changed to Outreach & Recognition of Early Signs of Mental illness from Stigma & Discrimination Reduction.

4. Programs funded last Three Year plan but not in this Three Year Plan: Whole Person Care Peer support, Whole Person Care Suicide prevention, Mendocino Coast Hospitality Center Old Coast Café.
5. Change in Program Description: Consolidated Tribal Health CSS program, Consolidated Tribal Health expanded and diversified their PEI program to several distinct programs, TAY Wellness expanded age groups served to be Wellness Supported Housing not solely available to TAY, though still prioritized.

Community Program Planning

Mendocino County's Community Program Planning (CPP) process for the development of the Mental Health Services Act (MHSA) Three Year Plan includes obtaining stakeholder input in a variety of ways. MHSA Forums, Stakeholder Committee Meetings, Program/Fiscal Management Group Meetings, Behavioral Health Advisory Board Meetings, and e-mailed suggestions through the MHSA website are annual activities that are utilized for gathering stakeholder input. In addition for the Three Year Planning Process, Mendocino County BHRS held a targeted series of stakeholder input sessions inland and on the coast in English and Spanish, to identify and collect stakeholder priorities for the new Three Year Plan. Mendocino County is continuously reviewing CPP processes to improve, adjust, and/or expand the methods with which stakeholder feedback is collected.

Stakeholder Description

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

Some of our CPP stakeholders include:

- Action Network
- Alliance for Rural Community Health Clinics (ARCH)
- Anderson Valley School District
- The Arbor Youth Resource Center
- Coastal Seniors, Inc.
- Consolidated Tribal Health Project, Inc.
- Ford Street Project
- FIRST 5 Mendocino
- Hospitality House
- Laytonville Healthy Start
- Manzanita Services, Inc.
- Mendocino Coast Hospitality Center
- Mendocino County AIDS/Viral Hepatitis Network (MCAVHN)
- Mendocino County Behavioral Health Advisory Board
- Mendocino County Office of Education

- Mendocino County Probation Department
- Mendocino County Health and Human Services (HHSA)
- Mendocino County HHSA Public Health
- Mendocino County HHSA Behavioral Health and Recovery Services
- Mendocino County HHSA Adult Services
- Mendocino County HHSA Child Welfare Services
- Mendocino County Sheriff's Office
- Mendocino County Youth Project
- Mendocino County specialty mental health and MHSA consumers and family members
- NAMI Mendocino
- Native Connections
- Nuestra Alianza de Willits
- Pinoleville Band of Pomo Indians/Vocational Rehabilitation Program
- Point Arena School District
- Project Sanctuary
- Raise and Shine
- Redwood Community Services
- Redwood Coast Regional Center
- Redwood Coast Senior Center
- Redwood Quality Management Company
- Round Valley Indian Health Center
- Safe Passage Family Resource Center
- Senior Peer Counseling
- State Council on Developmentally Disabled
- 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 Community Planning Process (CPP). Mendocino County's MHSA team adapts stakeholder processes to ensure that stakeholders reflect the diversity and demographics of Mendocino County, including, but not limited to geographic location, age, gender, ethnic diversity, and target populations. Mendocino County endeavors to approach and engage all

stakeholders, taking special effort to engage those in rural areas and the underserved populations by having meetings in consumer friendly environments including outlying areas. In developing the MHSA Three Year Plan for fiscal year 2020-23, CPP included the following events/meetings:

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

MHSA Stakeholder Forums

MHSA Forums are held throughout the fiscal year and are focused on the services and needs of each specialty population: children; transitional age youth; adults; older adults; and their families. The forum time, length, and location varies in response to requests of stakeholders. Forums are held in various locations throughout the County to improve access to remote stakeholders.

Consumers and family members are encouraged to attend and share their experiences with accessing and receiving services, and to provide feedback on successes and challenges with these programs. Service providers are invited to attend and to share information about their programs, including successes and any barriers working with their target population. The public is invited to attend to learn about MHSA programs.

Forums are advertised in local newspaper and radio media, as well as the MHSA website. Flyers are posted in MHSA funded programs, mental health service delivery locations, county buildings, and other popular stakeholder locations with information regarding forums. Those who cannot attend forums but would like to

share their feedback are encouraged to email Mendocino County's MHSA team or their service provider to represent their thoughts to the group during the forum.

When Mendocino County recognizes a drop in attendance at forums we make a concerted effort to identify the source of the decreased attendance and determine if there is a change that can be made to improve convenience to stakeholders attending (time of day, location, day of week, providing food, length of meeting, etc.) The Mendocino County MHSA team distributes a survey at the end of each forum to collect anonymous input from stakeholders who may not want to express their feedback verbally. Wherever possible, suggestions from MHSA Forums are incorporated into MHSA programs as soon as they can be. Suggestions that cannot be immediately responded to are compiled for review and consideration for the Annual Plan Update. Suggestions that require more substantive program or funding allocations that cannot be accommodated within an Annual Plan Update are collected for consideration during the next MHSA Three Year Planning process. In an effort to make more efficient use of stakeholder time, in Fiscal Year 17/18 Behavioral Health and Recovery Services (BHRS) joined stakeholder MHSA Forums with Quality Improvement Committee stakeholder meetings to improve efficiency of stakeholder time, as well as add additional options for participation such as video conferencing to improve access.

MHSA Joint Stakeholder Meetings

The MHSA Joint Stakeholder meetings allow for the MHSA team and the Behavioral Health Advisory Board to meet, discuss, and obtain input on the development of the MHSA Three Year Plan or Annual Plan. During Fiscal Year 20/21 MHSA began providing Quarterly Reports to the Behavioral Health Advisory Board. The MHSA Joint Stakeholder meetings are comprised of MHSA and Behavioral Health Advisory Board stakeholders, including: consumers, consumer family members, service providers, County BHRS Staff, community based organizations, Behavioral Health Advisory Board Members, and concerned citizens.

MHSA Program/Fiscal Meetings

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

Behavioral Health Advisory Board Meetings

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

Mendocino County Mental Health Services Act Website

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

Quality Improvement Meetings

The Quality Improvement Committee Meetings occur every other month to coordinate quality improvement activities throughout the mental health continuum of care. The meetings are designed to periodically assess client care and satisfaction, service delivery capacity, service accessibility, continuity of care and coordination, and clinical and fiscal outcomes. The Quality Improvement Committee consists of members from BHRS, Redwood Quality Management Company, Patient's Rights Advocate, direct MHSA service providers, consumers, consumer family members, and concerned community members. Stakeholders attending the Quality Improvement Committee meetings have the opportunity to provide feedback on programs, submit issues or grievance forms, and learn statistics around service provision and access.

Increasing attendance to improve consumer, family member, and provider involvement is a goal of the committee. In an effort to make efficient use of stakeholder time, in Fiscal Year 17/18 MHSA Forums and Quality Improvement Committee stakeholder meetings were combined and additional options for participation are available, such as video conferencing, with other options actively explored. The addition of video conferencing options for participation has increased attendance, and allowed for easy transition during the social distancing orders.

Consumer Feedback Events

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

MHSA Issue Resolution Process

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

MHSA Annual Summary

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

Targeted Three Year Plan Feedback

Mendocino County conducted several listening sessions to collect feedback from MHSA stakeholders. Stakeholder feedback sessions were held in November 4th, 2019 and December 6th 2019, one with introduction and broad feedback collected. From the suggestions that arose, stakeholders overwhelmingly indicated that they don't want to lose programs, but created a list of things that they want added or expanded within existing programs. Follow up meetings added prioritization for the stakeholder requests for expansion and additional programs and the top suggestions were as follows:

1. Supported Housing/Respite Resources
2. Mobile Outreach and Prevention to more communities/Outreach to the homeless mentally ill

3. School based risk identification, education, and bullying and suicide prevention
4. Discharge Planning/Transitions in levels of care
5. Wellness Centers/Enhanced Wellness groups and education
6. Targeted outreach and enhanced service to Tribal Government Communities
7. Dual Diagnosis services
8. Youth Resource centers
9. Support navigating coast and inland service changes
10. Peer and Family member driven programs
11. Senior Peer programs
12. Increased whole person service collaborations
13. Targeted outreach to Latinx Communities
14. Programs for families of the very young, 0-5 year olds.

Public Review

A draft of the Three Year Plan and the Annual Update Report is prepared and circulated for review and comment for at least 30 days. A copy is provided to stakeholder groups and any interested party who has requested a copy of the draft prior to Board of Supervisors approval.

Community Priorities Identified through the Community Planning Process MHSA Forums throughout Fiscal Year

The Community Planning Process allows stakeholders to provide feedback on the MHSA services currently being provided. Feedback is gathered regarding the success and challenges of existing programs and information offered on continuing needs in the community. MHSA programs incorporate the needs identified by the community into the programs best suited to fill those needs.

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

This Annual Plan was made available to the public for review and comments over a 30-day period. Written and verbal comments are collected and consolidated during the Public Comment Period from August 26, 2021 to September 27, 2021, as well as during a Public Hearing on September 22, 2021. Public comments can be mailed, emailed, dropped off, telephoned, and/or submitted during the Public Hearing, provided verbally, or otherwise delivered to one of the BHRS MHSA Team members. All questions and comments collected during the 30 Day Public Comment Period are responded to in writing, and are attached at the end of the Annual Plan.

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

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

Public Comments on the Annual Plan & Responses:

See Appendix A for Public Comments from the Public Comment August 26, 2021 to September 27, 2021

Community Services and Supports

The Community Services and Supports component is the largest component of MHSA and is focused on expanding the specialty mental health service delivery in via three categories; General System Development, Outreach and Engagement, and Full Service Partnership.

General System Development

General System Development includes activities, treatments, and services that improve the county mental health service delivery system. These may include culturally specific treatments, strategies to reduce ethnic and cultural disparities. peer support services, supportive services to connect to employment, housing, or education, wellness centers, needs assessment, service coordination, crisis intervention and stabilization, family education services, project based housing programs. These can also include collaboration between the mental health system and non-mental health providers in pursuit of the aforementioned activities.

Outreach and Engagement

Outreach and Engagement includes programs and activities developed for the purpose of identifying underserved individuals that meet criteria for specialty mental health services in order to engage them in services that are appropriate to them and their families. Outreach and engagement programs can include strategies that reduce ethnic disparities. Outreach and engagement programs can include connecting with community organizations, schools, Tribal communities, primary care providers, and faith based organizations. Outreach and engagement can include outreach to those who are incarcerated in county facilities and or those that are homeless.

Full Service Partnership

Full Service Partnerships are a full spectrum of services that aim to meet the goals identified by the client/family. The partnership is a collaborative relationship between the service provider, client, and when appropriate the client's family or other natural supports. Full service partnerships employ a "whatever it takes" approach to services delivery and include an Individualized Services and Supports Plan. The individualized Services and supports plan is the plan for care, more often called a Client/Care/Treatment Plan. The Full Service Partnership Individual Services and Supports Plan includes a support plan for 24/7 consumer urgent needs.

The delivery of outpatient mental health services continues to be expanded through Mendocino County's transformation of specialty mental health service

delivery and Administrative Service Organization model. Service delivery is coordinated through an Integrated Care Coordination of mental health services. As services are increasingly integrated, allowing for more flexible moves related to capacity and client choice from serving targeted populations, such as an age specific program, with a "no wrong door" approach.

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

Integrated Care Coordination Service Model

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

Underpinning the Integrated Care Coordination service model must be a "no wrong door" access to care approach, as well as program evaluation, promoting both the improved mental health and recovery of the consumer and the quality and efficiency of the service system. Mendocino County's Integrated Care Coordination

of services includes leveraging and maximizing use of funding sources including specialty mental health services, MHSA funds, and other grant funding resources such as Whole Person Care.

Goals for the Mendocino County MHSA Three Year Plan for Fiscal Years 20/21 through 22/23 as prioritized by stakeholders during Stakeholder Feedback Sessions in Fall of 2019:

1. Supported Housing/Respite Resources
2. Mobile Outreach and prevention to more communities/outreach to the homeless mentally ill
3. School based risk identification, education, and bullying and suicide prevention
4. Discharge Planning/transition in levels of care
5. Wellness Centers/Enhanced wellness groups and education
6. Targeted outreach and enhanced services to Tribal Government Communities
7. Dual Diagnosis services
8. Youth Resource Centers
9. Support navigating coast and inland service changes
10. Peer and Family member driven programs
11. Increased whole person service collaborations
12. Targeted outreach to Latino Communities
13. Programs for families of the very young, 0-5 year olds

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

Recovery Oriented Consumer Driven Services

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

Components of Recovery Oriented Consumer Driven Services are:

- Closely work with the consumer to address their mental and physical health needs in a coordinated and integrated manner.
- Promote shared decision making, problem solving, and treatment planning.
- Maintain and promote linkages to family and support members as identified by the consumer.

- Maintain and promote Drop-In/Wellness Centers who focus on Wellness and Recovery services that support everyday life, promote resiliency and independence, utilize Peer Support and Mentoring, patient navigation and offer training for consumers to meet, retain and sustain education, employment, advocacy, and meaningful life goals.

- Promote a high quality of life for all consumers.

Integrated Intensive Care Management

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

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

- Increase access to housing for the most vulnerable consumers.

Integrated Efficient Care

- Develop and implement integrated crisis services with medical Urgent Care in Ukiah and Immediate Care in Fort Bragg.

- Implement managed access to ensure all consumers enter the mental health system through a standardized triage and assessment. Screen consumers for medical necessity and refer consumers to services. Enroll consumers in appropriate levels of care.

- Develop a coordinated, seamless continuum of care for all age groups with an expanded ability to leverage funding.

- Support individuals to navigate through the system, utilizing the Wellness and Resource Centers, use care integration, and identify medical homes.

Quality Improvement

- Ensure that all contracts include MHSA outcome measures and efficiency standards to improve cost effectiveness of services. Outcome measure reports shall be delivered by all programs across all age categories (Child, TAY, Adult, and Older Adult). Mendocino County mental health contract providers use internal reviews and oversight to monitor quality improvement activities. External Quality Assurance/Quality Improvement processes review improvement measures over time.

- Utilize data reports to monitor and support staff productivity goals.

- Utilize the Quality Improvement Committee's data and evaluation models to improve access and quality of services.
- Finalize the process of moving mental health records to a fully electronic record system, and build improved and secure electronic record data sharing protocols between providers.
- Develop a training program for Mendocino County staff and mental health contracted providers for delivering evidence-base practices, improving customer service, and delivering culturally sensitive services.

Collaboration with Community Partners

- Continue to develop collaborations with local law enforcement and the criminal justice system department to establish services that reduce recidivism rates and ensures community re-entry. Through Mental Health Plan and MHSA contract providers, coordinate the referral of consumers to a medical facility for medication support. Refer consumers to treatment services, community services, housing, vocational, and other resources. Provide treatment plan, follow up transportation, and care management services.
- Integration with Primary Care Centers - Mendocino County Mental Health contract providers will continue to develop and increase collaboration with medical care and primary care services providing integrated and coordinated services regarding treatment planning and care goals with identified medical home model of care, with "no wrong door" bi-directional referrals. Develop data models to monitor and improve health outcomes that increase life expectancies for the target populations.
- Deliver services in the least restrictive level of care needed to meet the client's needs and recovery goals.
- Improve coordination and communication with the community around programs, activities, events, and resources available.
- Establish relationships and interface with natural leaders and influential community members among the more isolated and underserved groups in our community to promote expansion of services in those areas, to understand needs, to improve communication about services and awareness, and to encourage trust among the members of the community.

Consumer Services and Supports by Ages Served				
	0-15	**16-25**	**26-59**	**60+**
General System Development				
Integrated System Development	Yes	Yes	Yes	Yes
Dual Diagnosis Services		18-25	Yes	Yes
Wellness Centers & Family Resource Centers	Yes	Yes	Yes	Yes
Full Service Partnership				
Flex Funds for Whatever it Takes Wraparound	Yes	Yes	Yes	Yes
Supported Housing Units		18-25	Yes	Yes
Crisis Residential Treatment		18-25	Yes	Yes
Behavioral Health Court		18-25	Yes	Yes
Assisted Outpatient Treatment		18-25	Yes	Yes
Outreach and Engagement				
Culturally Specific Services and Outreach for Underserved Populations	Yes	Yes	Yes	Yes
Crisis After Care and Outreach and Engagement	Yes	Yes	Yes	Yes

Community Services and Support (CSS) Programs

Children and Family Services Programs

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

Full Services Partnerships (FSP): MHSA aims to serve up to three (3) FSP at a time to receive an array of services to support wellness and promote the recovery from a severe emotional disturbance (SED). These services are provided by a network of mental health contract providers dedicated to working with the SED youth by helping to overcome barriers, identifying children and families in need, and engaging them in services. Outreach and engagement utilized where needed. FSP services can be utilized by qualifying individuals that are indigent or uninsured.

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

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

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

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

collected annually and at the end/termination of services. Data is collected using the Child Assessment of Needs (CANS) and FSP data collection and reporting requirements, the Partnership Assessment Form (PAF), the Key Event Tracking (KET), and Quarterly Assessment Form (3M). This data is reported to the MHSA Team throughout the year.

***Parent Partner Program*:** Mendocino's Parent Partner Program provides services through identified Family Resource Centers. Parent Partner Programs utilize peer support, providing support for families and parents through the use of those with personal experience. Culturally and linguistically responsive parent partners collaborate with Family Resource Centers, Tribal communities, and other resources to provide support for parents of children with risk factors in remote areas. This is a General System Development program.

1. **Population Served:** Children, youth, and families in rural communities. This program aims to serve 150 youth and families per year.
2. **Services Provided:** Parenting classes and family support to those needing assistance with navigating public support systems.
3. **Program Goals:** To provide children, youth, and families with support and resources. Increase parenting skills, social supports, and other protective factors.
4. **Program Evaluation Methods:** The program staff conducts evaluation activities and provides data to the MHSA Team. This includes collecting demographic data on each individual person receiving services, the type of service delivered, and the frequency and duration of services provided. An effectiveness survey is used to determine the overall success of the program annually and at the end/termination of services. Data is reported to the MHSA Team throughout the year.

Transition Age Youth (TAY) Programs

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

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

1. **Population Served:** MHSA aims to serve up to twenty-four (24) Transition Aged Youth at a time aged 16 to 25 with serious mental illness (SMI) or severe emotional disturbance (SED), with a priority for underserved Native American and Latino communities.

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

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

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

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

1. **Population Served:** Community youth ages 16 -25. This program aims to serve at least 350 youth per year.

2. **Services Provided:** Groups, classes, and workshops designed to promote life skills, independent living, vocational skills, educational skills, managing health care needs, and self-esteem. Services address youth and family communication, as well as parenting support. Services address both mental health and substance use issues, developing healthy social skills, and other topics relevant to youth. The Center provides a safe environment to promote healthy appropriate social relationships, peer support, and advocacy.

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

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

Adult Services Programs

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

***Full Service Partnerships (FSP)*:** MHSA aims to serve up to one hundred and ten (110) FSPs with these funds. FSP services are provided by a network of mental health contract providers. These services are targeted to those with SMI. Priority is given to the underserved Native American and Latino communities with the goal of reducing disparities within these communities. Outreach and engagement are utilized where needed. FSP services can be utilized by qualifying individuals that are indigent or uninsured.

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

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

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

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

Older Adult Services Programs

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

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

of reducing disparities within these communities. FSP services can be utilized by qualifying individuals that are indigent or uninsured.

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

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

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

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

Programs that Cross the Lifespan

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

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

1. **Population Served:** Mendocino County residents that meet the criteria for serious mental illness (SMI). Priority is given to underserved priority populations. These programs aim to serve between 450 and 500 clients in total.

2. **Services Provided:** Outreach and engagement activities to help individuals access the appropriate level of care. These services include wraparound services to individuals in crisis to both prevent further crisis episodes, targeted outreach or supports for individuals in underserved communities, and linguistic supports for individuals that may need support to access services.

3. **Program Goals:** Support recovery, independence, and resiliency development for individuals that are not currently engaging adequately with specialty mental health services. Identify individuals that qualify for Full Service Partnerships, engage and connect them to appropriate service providers. These services may include psychiatric services to those with no other resources until FSP is established.

4. **Program Evaluation Methods:** Identify individuals that may meet criteria for Full Service Partnership, and track service through inclusion and priority criteria process in accordance with MHSA policies. Mental health contract providers track the clients served, and report data by age categories, (Child, TAY, Adult, Older Adult).

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

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

2. **Services Provided:** Outreach, engagement, and therapeutic services. Culturally and linguistically responsive contracted staff provides services. These programs aim to serve between 300-400 clients.

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

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

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

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

1. **Population Served:** MHSA aims to serve up to 10 clients at a time through this program. Adults ages 18 and older, who are identified and referred by the BHC collaborative team. Individuals in the criminal justice system who also have symptoms of mental illness impacting their behavior.

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

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

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

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

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

1. **Population Served:** Adults over the age of 18. Wellness centers aim to serve approximately 700 clients total, with individual services varying relative the size of the community they serve.

2. **Services Provided:** Linkage to counseling, mental health, and other support services such as life skills training, nutrition, exercise education, financial management support, patient navigation, dual diagnosis support, vocational education, educational support, health management support, self-esteem building, and developing healthy social relationships. These wellness and resource centers will be located in Ukiah, Fort Bragg, Laytonville, Round Valley, Point Arena, Willits, Covelo, and Gualala.

3. **Program Goals:** To build resiliency and promote well-being, stability, independence, and recovery. Wellness and Resource Centers are an added support for Full Service Partners, and will track and document the number of Full Service Partners they serve.

4. **Program Evaluation Methods:** These programs provide program data on the number of individuals receiving services, the type of services delivered (groups, trainings, etc.), the frequency, and duration of services provided. Perception of Care surveys are collected at least annually, and pre and post service delivery.

Supported Housing Programs: MHSA supports several supported Housing Programs. One program, formerly TAY Wellness, prioritizes eligible TAY (16-25), one program, Willow Terrace, prioritizes adults 18 and older that are Full Service Partners, and others supported housing programs utilize additional FSP funds to ensure wraparound support. This is a General System Development program.

1. **Population Served:** TAY prioritized housing, ages 16 to 25 with a serious mental illness (SMI) or severe emotional disturbance (SED), with a priority for underserved populations. This program aims to serve 24 TAY FSPs per year. Willow Terrace Supported Independent Living Adults over the age of 18 and families who meet the criteria for SMI, FSP, are homeless, or at risk for homelessness, or are returning home to Mendocino County from higher levels of care (i.e. hospitals and out-of-county Board and Care). The MHSA Housing Program will aim to house 37 FSPs a year in supported housing. Additional housing supports through Full Service Partnerships.

2. **Services Provided:** Supported housing, educational and vocational development, finance management, life skills training, maintaining a clean productive housing environment, accessing mental and physical health care, crisis prevention, and developing healthy coping and stress management tools. Services delivered through a "whatever it takes" model of wraparound, care management, and building client identified support systems.

3. **Program Goals:** Promote independence, improve resiliency and recovery, and develop healthy relationships, as well as healthy and strong social networks. Maintain and sustain independent living and reduce homelessness and higher levels of mental health care and institutionalization.

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

***Dual Diagnosis Program*:** Mental Health and Substance Use Disorder Treatment (SUDT) services for those with a SED or SMI. Co-occurring specific group and individual services are offered, as well as assessment, treatment planning, crisis prevention and intervention, collateral sessions with family and support people, and ultimately discharge planning. The Dual Diagnosis Program promotes a healthy,

balanced lifestyle, free of alcohol and other drug abuse. Whole Person Care provides the opportunity to expand dual diagnosis resources. This is an Outreach and Engagement Program.

1. **Population Served:** Adults over the age of 18 who experience co-occurring Serious Mental Illness and Substance Use Disorders. This program aims to serve up to forty (40) clients per year.

2. **Services Provided:** Mental Health and substance use disorder treatment assessment, treatment planning, crisis prevention and intervention, co-occurring disorders group, and individual counseling.

3. **Program Goals:** Support individuals with a dual diagnosis of mental illness and substance use who endeavor to maintain a healthy lifestyle free of alcohol and other drugs.

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

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

1. **Population Served:** Adults over 18 years of age with SMI and meet nine (9) AOT criteria. This program aims to serve four (4) fully enrolled AOT clients. This program provides housing resources for those that qualify for full AOT services.

2. **Services Provided:** Referral screening, outreach, and triage for referred clients. For those that meet the nine criteria, services include court monitored treatment planning and specialty mental health services. Treatment planning and care include pre and post crisis support, wrap-

around support, crisis support, transportation to medical appointments, linkage to counseling and other supportive services, and access to transitional housing when needed. Support for life skills development, education, managing finances, and other appropriate integrated services according to individual client needs.

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

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

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

Each individual in the program will participate in an initial assessment period to evaluate ongoing need for crisis residential services, with emphasis on reducing inpatient hospitalizations when possible, reducing unnecessary emergency room visits for mental health emergencies, reducing the amount of time in the emergency room, and reducing trauma and stigma associated with out-of-county hospitalization. This program is currently in the development phase, with plans to develop and open doors in Fiscal Year 2020/21.

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

2. **Services Provided:** Crisis Residential Treatment services to support crisis prevention needs. Support intended to return client to independent living following a mental health crisis. This program will serve up to 10 clients at a time when complete, and will aim to serve 120 clients per year.

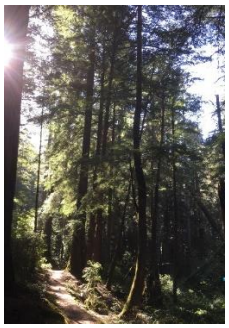
3. **Program Goals:** Reduce the negative impacts of out-of-county hospitalization, by increasing the continuum of crisis services available in Mendocino County.

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

Summary of Targeted Population Groups

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

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



Prevention and Early Intervention (PEI)

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

Prevention and Early Intervention services prevent mental illnesses from becoming serious, severe, and persistent. The program shall emphasize improving timely access to services, in particular for underserved populations. Programs providing services in the MHSA plan provide data to the County on a quarterly and annual basis, in accordance with the regulations. At least 51% of Prevention and Early Intervention funding will aim to serve individuals under 25 to prevent the development of severe and chronic impact of the negative outcomes of severe mental illness.

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

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

Prevention Programs:

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

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

groups, individual and group mental health treatment, substance-use treatment counseling, a variety of clean and sober healthy activities, and community service projects.

Status of MHSA Funding: Program funded for the entirety of the MHSA Three Year Plan, Fiscal Years 20-21 through 22-23.

1. **Population Served**: Up to 150 children and youth with mental illness symptoms who are between the ages of 10 and 20, who have been identified as having used substances and have or are at risk of developing substance use disorders, or those who have been referred by law enforcement, mental health providers, or child welfare. These services are provided on specific school campuses. Individuals served will be Children and their families and Transition Aged Youth under 26 years of age.

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

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

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

Positive Parenting Program (Triple P) and Positive Indian Parenting: First 5 Mendocino will provide services using the evidence-based Positive Parenting Program (Triple P) and Positive Indian Parenting classes and behavioral modification strategies for parents suffering with mental illness, effects of childhood trauma and or are in recover. Supports will aim to reduce Adverse Childhood Experiences for children living parents with mentally illness. Supports will include identification and referral for early identification of mental health

symptoms in both parents and children. Services will be culturally relevant and will work to increase mental health resilience.

Status of MHSA Funding: Program funded following completion of RFP and contracting process for the final two years of the MHSA Three Year Plan, Fiscal Years 20-21 through 22-23. Program receives other funding sources beyond MHSA funding.

1. **Population served:** Parents and caregivers of children up to age 16 residing in Mendocino County. This program will serve the families of children under 16.

2. **Services Provided:** Twelve (12) Triple P one hour seminars targeting parents with children up to age sixteen. Twelve eight week Triple P groups at various locations throughout Mendocino County. At Least four eight week groups of Positive Indian Parenting Program groups in various locations throughout Mendocino County and collaborating with Tribal Governments and Tribal communities. Provide supervision and support to partnering agencies to maintain quality and consistency in the implementation of the evidence based practice.

3. **Program Goals:** To improve family resilience and reduce Adverse Childhood Experiences through building parenting skills, increase sense of competence in parenting priorities, improve self-awareness of parenting issues, reduce parental stress, improve the mental health outcomes for children and parents, and improve parent-child relationships.

4. **Program Evaluation Methods**: The program will utilize the Depression Anxiety Stress Scale and Parent Adjustment/Family Adjustment Scales. These are Evidence based practices which will provide data to evaluate the outcomes of individuals and the overall program.

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

Status of MHSA Funding: Program funded for the entirety of the MHSA Three Year Plan, Fiscal Years 20-21 through 22-23. Program receives other funding sources beyond MHSA funding.

1. **Population Served:** Individuals and their families, who are suffering first break, or other severe symptoms of mental illness in Mendocino County. Individuals served will be of all age groups. NAMI will aim to serve at least 52 families per year, to provide at least three outreach events/classes, and will provide designated hours toward building the warm line.

2. **Services Provided:** Outreach, advocacy, and education to individuals and/or families that are in need of mental health support. Provide outreach and support to those consumers who are in need of services but are not eligible for Medi-Cal or who are otherwise unwilling to engage in services previously offered. Provide at least one public forum to educate the general public regarding mental health issues education and training of volunteer facilitators in all NAMI programs throughout the county. Provide Family to Family and Peer to Peer classes. Maintain a Warm Line to support individuals that need to talk through mental health challenges that are not in crisis. Services may be provided in the home, office, phone, or community setting.

3. **Program Goals:** To increase resilience and protective factors through advocacy, education, socialization, and support. To reduce isolation and stigma among individuals with mental illness and their families and to increase awareness of resources to enhance the likelihood of individuals connecting with services early in their experience of mental illness. Goals to be achieved through outreach and engagement, and connecting with families while utilizing the strength of NAMI's peer organization and building personal connections.

4. **Program Evaluation Methods:** The program collects data on the clients and family members served and the feedback that they provide about services received. NAMI provides quarterly demographic data on the number of persons who attend the classes and forums, number of classes provided, and effectiveness surveys to determine the overall success of the program. A log of all calls to the Warm Line will be submitted regularly.

***Senior Peer Services*:** Friendly Visitor and Senior Peer Counseling services provided by Senior Centers. These programs are designed to reach out to the senior population both inland and on the coast. Through volunteer peer counselors and friendly visitors, seniors engage in pro-social and health related activities that

increase protective factors and decrease risk factors for developing serious mental health issues.

Status of MHSA Funding: Program funded for the entirety of the MHSA Three Year Plan, Fiscal Years 20-21 through 22-23. Program receives other funding sources beyond MHSA funding.

1. **Population Served:** Mendocino County residents over the age of 60 that are at risk for depression, isolation, and other risk factors because of isolation, medical changes, and ongoing triggers related to aging. Each senior peer program will aim to serve at least 20 clients per year. Individuals served will be Older Adults.

2. **Services Provided:** Peer support including volunteer visitors and/or senior peer counselors.

3. **Program Goals:** To increase protective factors such as socialization, attention to medical and other health needs, and awareness of resources. To reduce isolation and other client risk factors for depression, suicide risk, and psychiatric hospitalizations. To identify and appropriately refer clients showing signs of suicide risk to relevant services.

4. **Program Evaluation Methods:** The program will conduct evaluation activities such as Geriatric Mood Scale, Sense of Wellbeing evaluation, Geriatric Depression Scale, and/or Client Satisfaction Survey. The program will provide quarterly data on clients served, collect demographic information on persons served as well as utilize evidence based practice tools. Effectiveness surveys are completed annually and upon discharge from the program.

***Anderson Valley Schools Counseling Support Program*:** The Anderson Valley Program providing counseling services to youth in Anderson Valley Schools. These services focus on providing early identification and intervention for children and youth with early mental health symptoms, and promoting a recovery and resiliency response to emotional stressors that arise in school.

Status of MHSA Funding: Program funded for the entirety of the MHSA Three Year Plan, Fiscal Years 20-21 through 22-23.

1. **Population Served**: AVUSD to serve up to 80 students, ages 6-17, in Anderson Valley School District schools who exhibit early signs of severe emotional disturbance (SED). Additional intent is to improve access to

the underserved Latino community in Anderson Valley, the program provides culturally and linguistically responsive services to children and their families. This program will serve Children and their families and some Transition Aged Youth.

2. **Services Provided:** The program utilizes a Response to Intervention and Student Team/Student Review process to screen, assess, plan, and coordinate student services and supports. Paraprofessional (non-clinical) Pupil Personnel are supervised by a clinician to provide skills development and mental health education in the school setting. Additional community based support for the families of the youth are also offered. Providers work on communication and collaboration skills, decision making, negotiating, and compromising, learning to manage, and regulate emotions. Students identified in the classroom groups as having symptoms or risk factors for SED receive referrals to clinicians for individual therapy and group rehabilitation to support resiliency and protective factors.

3. **Program Goals**: The goal is to increase protective factors to reduce risk of serious emotional disorders and serious mental illness and to identify early individuals with symptoms of serious emotional disorder and refer them and their families to supportive services. The focus is on providing students with the skills they need to navigate through a variety of personal, social, and school related situations, including sense of self-worth, and self-esteem. Improve mental wellbeing of identified SED youth, reduce the risk of developing a mental illness, and reduce the severity of impact of mental health issues by addressing early signs and symptoms, increasing awareness, and increasing early support.

4. **Program Evaluation**: The program will conduct evaluation activities that meet the PEI requirements. This may include use of the Eyberg Behavioral Screening tool. Additionally the program will collect demographic information on individual services provided as well as group based services provided. Data is reported to the county at least quarterly. Outcome information is collected at the beginning and end of services to demonstrate the effectiveness of services.

Early Childhood Mental Health Program- Consolidated Tribal Health Project:

This program aims to foster healthy social-emotional development and promote the mental health of young children by increasing the skills of teachers and parents to observe, understand, and respond to children's emotional and developmental needs. The program will provide behavioral assistance in schools and collaborate with Head Start in Tribal Government communities. The program will train, coach,

and provide other supports to teachers and parents and will additionally provide screening and linkage to youth and families in need.

Status of MHSA Funding: Program funded following completion of RFP and contracting process for the final two years of the MHSA Three Year Plan, Fiscal Years 20-21 through 22-23. Program receives other funding sources beyond MHSA funding.

1. **Population Served**: CTHP to serve approximately 100-200 very young children preschool and elementary school students annually. The program will prioritized Native American youth and those living in Tribal Government Communities and in outlying areas.

2. **Services Provided:** Collaboration with tribal leaders to outline the program and ensure respectful coordination with tribal government and community. School and community based education to teachers and parents of youth with behavioral problems that may indicate emotional difficulties. Evidence based interventions utilized to educate, coach, train, and support parents and teachers. Screening and linkage for students and families.

3. **Program Goals**: The goal of this program is to reduce school behavioral problems and associated school failure in youth by increasing early identification, and initiating interventions early and in low stigma environments of the school, home, and community based settings. Additional aims are to increase resiliency and protective factors for youth and their families by increasing recognition and connection to services

4. **Program Evaluation**: The program will conduct evaluation activities that meet the PEI requirements. The program will conduce caregiver and staff satisfaction surveys and will conduct surveys on workshop and trainings provided. The program will monitor client participation and engagement in school and referrals to services. Additionally the program will collect demographic information on individual services provided as well as group based services provided. Data is reported to the county at least quarterly. Outcome information is collected at the beginning and end of services to demonstrate the effectiveness of services.

Early Intervention Programs:

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

***Native American Community Connection Early Intervention Program*:** Consolidated Tribal Health Project will collaborate with Native American Tribal Communities to identify Native American youth with a risk for school failure, or unemployment due to the challenges of serious mental health or serious emotional disturbance. Through therapeutic intervention, and community and cultural integration and raising awareness, will work to reduce the severity of symptoms, engage in treatment, and reduce stigma around experiencing a mental illness.

Status of MHSA Funding: Program funded following completion of RFP and contracting process for the final two years of the MHSA Three Year Plan, Fiscal Years 20-21 through 22-23. Program receives other funding sources beyond MHSA funding.

5. **Population Served**: Native American youth and young adults early in their experience of mental health symptoms. Youth from all regions of the county will be served. This program aims to provide services to 10-20 individuals per fiscal year.

6. **Services Provided:** The program will offer therapy, counseling, and culturally specific services and treatment to individuals early in their experience of serious mental illness, and in particular thought disorders and psychoses.

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

8. **Program Evaluation**: The program will conduct Attribution Questionnaires, The Error Choice Test, and The Family Questionnaire. In addition the program will utilize a stigma evaluation tool kit, staff, caregiver, and provider satisfaction surveys. The program will collect demographic information on each individual services as well as group services. Data will be reported to the county at least quarterly. Outcome information will be collected at the beginning and end of

services to demonstrate the effectiveness of services. Collected data reported throughout the year.

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

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

Action Network Outreach for Early Recognition: This program will provide screenings, education, awareness, and support connecting to mental health resources, through the Family Resource Center.

Status of MHSA Funding: Program funded following completion of RFP and contracting process for the final two years of the MHSA Three Year Plan, Fiscal Years 20-21 through 22-23. Program receives other funding sources beyond MHSA funding.

1. **Population Served**: Mendocino County residents on the south coast in Gualala and Point Arena and the surrounding communities. In particular, the program will reach out to Latino and Native American individuals.

2. **Services Provided**: The program will provide screenings to determine mental needs, and will connect individuals to needed treatment and supports. The program will provide referrals to treatment, culturally specific treatment options, and support on at the Family Resource Center as needed. Services included telephonic, mobile community based response in addition to services at the Family Resource Center.

3. **Program Goals:** Increase recognition of signs and symptoms of mental illness through community based screening and educational activities. Reduce stigma, self-stigma, and discrimination related to being diagnosed with a mental illness.

4. **Program Evaluation Methods:** The program will use a client satisfaction survey. The program will collect demographic information on each individual services as well as group services. Data will be reported to the county at least quarterly. Outcome information will be collected at the beginning and end of services to demonstrate the effectiveness of services. Collected data reported throughout the year.

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

Status of MHSA Funding: Program funded for the entirety of the MHSA Three Year Plan, Fiscal Years 20-21 through 22-23.

1. **Population Served**: All individuals that reside in Mendocino County who are interested in mental health services. CalMHSA will provide new materials to Mendocino County each year for distribution in the County. This program will serve all age groups.

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

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

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

Community Training and Supports Program- Consolidated Tribal Health Project: This program seeks to provide training in mental health, suicide prevention, and substance use disorders to the community. The program will prioritize bringing training to Native American communities, in particular in outlying areas.

Status of MHSA Funding: Program funded following completion of RFP and contracting process for the final two years of the MHSA Three Year Plan, Fiscal Years 20-21 through 22-23. Program receives other funding sources beyond MHSA funding.

1. **Population Served**: Mendocino County population, prioritizing Native American communities, and Native American communities in remote

and rural locations. Groups trained may include Tribal Leaders, Tribal Health Clinic staff, Tribal Police, residents of Tribal land, Probation, and other community partners.

2. **Services Provided**: Community trainings such as Mental Health First Aid, Applied Suicide Intervention Training, Positive Indian Parenting

3. **Program Goals**: Increase community knowledge and awareness of skills to support individuals with mental illness, or in mental health distress or crisis. Increase understanding of mental health. Increase awareness of and access to mental health services.

4. **Program Evaluation Methods**: This program will use Measurement, Outcome, and Quality Assessment (MOQA participant Questionnaire's for most training. For Mental Health First Aid classes, pre and post surveys will be used to assess change in knowledge, as well as a 3 month post survey to assess retention of knowledge over time.

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

Status of MHSA Funding: Program funded for the entirety of the MHSA Three Year Plan, Fiscal Years 20-21 through 22-23.

1. **Population Served:** All individuals in Mendocino County with an attempt to reach those who may need resource materials about mental illness symptoms, services, and treatment. This program will serve individuals of all age groups.

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

3. **Program Goals**: To increase community knowledge about mental health, to provide resources, and information on wellness and recovery possibilities in support of helping identify those with mental health symptoms and helping to connect them to services as early as it is identified that they need them. To educate the community about services available in the community for mental health needs. To

reduce stigma by providing education and information and familiarizing the public with mental health.

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

Stigma and Discrimination Reduction Programs:

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

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

Status of MHSA Funding: Program funded for the entirety of the MHSA Three Year Plan, Fiscal Years 20-21 through 22-23. Program receives other funding sources beyond MHSA funding.

1. **Population Served**: PASD has the capacity to serve up to 60 students from age 11 to 17 in Point Arena Schools. This program will serve Children and some Transition Aged Youth.

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

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

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

***Breaking the Silence/Ending the Silence*:** Mendocino County Youth Project provides services intended to identify and respond to early signs of serious mental illness and suicide risk factors. Program includes modules of Break the Silence, End the Silence, and Early Break assessments to students in schools throughout Mendocino County. Activities include peer support and education groups which include interactive educational modules are offered to the youth at the middle school level throughout Mendocino County. Because the full classroom gets the education and wellness resources, there is a destigmatizing of mental health wellness component to the program that aims to reduce stigma related to wellness and seeking treatment. Presentations are given to school-wide rallies.

Status of MHSA Funding: Program funded for the entirety of the MHSA Three Year Plan, Fiscal Years 20-21 through 22-23. Program receives other funding sources beyond MHSA funding.

1. **Population Served**: The program serves up to150 school-aged youth with focus on middle school age youth, in the largest school districts including Ukiah, Willits, Redwood Valley, Point Arena, Fort Bragg, and Laytonville. This program will serve Children and Transition Aged Youth.

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

education programs, weekly groups, and may also be referred for other services. Services are offered in Spanish and English.

3. **Program Goals**: To reduce negative perception of mental illness and/or discrimination for youth in Mendocino County by increasing knowledge, raising awareness, reducing stereotypes, and developing peer based conversations around mental health and suicide.

4. **Program Evaluation Methods**: The program staff will conduct evaluation activities that meet the PEI requirements. This may include surveys to measure change in knowledge or attitudes about mental illness, suicide, and services. The program provides data on screenings and presentations offered, number of screenings completed, number of referrals generated from screenings, the number of presentations, number of individuals attending each presentation, where the presentation took place, and the target audience of the presentations.

Cultural Diversity Committee and Training: This program consists of BHRS staff collecting input and feedback from stakeholders on culturally responsive services, and provides training and educational opportunities for providers of behavioral health services and the community by increasing education, information, and feedback provided by underserved communities.

Status of MHSA Funding: Program funded for the entirety of the MHSA Three Year Plan, Fiscal Years 20-21 through 22-23.

1. **Population served:** Mendocino County residents, in particular behavioral health service providers and recipients. Particular feedback will be sought from historically underrepresented cultures and communities in Mendocino County and communities that are known to have additional access challenges and barriers. These can include cultural groups based on ethnicity, age, gender identity, or other cultural identities. This program will serve all ages.

2. **Services Provided:** The program will provide education and training opportunities. BHRS staff will facilitate Cultural Diversity Committee (CDC) Meetings utilizing input from cultural groups in the community. Conduct one to three trainings per year in order to increase knowledge, reduce stigma or discrimination, and/or facilitate dialogue about cultural groups.

3. **Program Goals:** Decrease stigma through increased awareness and exposure to mental health services. Reduce disparities and promote equity in behavioral health services in Mendocino County. Improve

attendance and participation by the community in CDC meetings by making them more relevant and meaningful to underserved cultural groups of consumers and the public. Identify strategies to improve equity in behavioral health services. Identify opportunities to train behavioral health providers in community informed and evidence-based culturally responsive practices.

4. **Program Evaluation Methods**: The program staff will conduct evaluation activities that meet the PEI requirements. The program will provide data on the number of trainings completed, the number of committee meetings held, the number of attendees at trainings/meetings, the results of satisfaction surveys completed following trainings/meetings, and the demographic composition of training participants in order to evaluate the success of the program.

Programs for Access and Linkage to Treatment:

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

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

Status of MHSA Funding: Program funded in part through Intergovernmental Transfer Grant funding, and Whole Person Care project. Program funded, in part, for the entirety of the MHSA Three Year Plan, Fiscal Years 20-21 through 22-23.

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

provider, law enforcement, specialty mental health provider, community member, or themselves for urgent intervention. This program will aim to serve at least 50 clients per year. This program will serve Transition Age Youth, Adults, and Older Adults.

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

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

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

Jail Discharge Linkage and Referral Services: Facilitation of referrals to appropriate mental health and/or co-occurring services coordinated by a Jail Discharge Planner, to ensure that individuals with mental health and/or co-occurring issues leaving the jail are referred to appropriate behavioral health services.

Status of MHSA Funding: Program funded for the entirety of the MHSA Three Year Plan, Fiscal Years 20-21 through 22-23.

1. **Population Served:** Adults over 18, scheduled for release from jail that are experiencing mental health or co-occurring substance use symptoms. This program will aim to serve at least 52 clients per year. This program will serve Transition Aged Youth over 18, Adults, and older Adults.

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

3. **Program Goals:** Reduce time from incarceration to accessing necessary behavioral health resources by initiating rapport and linkage

prior to release. Identify immediate client needs, begin to link clients to appropriate resources in order to reduce duration of untreated behavioral health issues, and reduce jail recidivism. Improve utilization of local and preventative resources to address mental health needs before they develop into a crisis or re-incarceration. Refer clients to appropriate levels of care needed to overcome mental health or co-occurring challenges.

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

Programs to Improve Timely Access to Services for Underserved Populations:

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

Nuestra Alianza de Willits: This program focuses on providing outreach and education and clinical support services to underserved Latino populations in Willits and surrounding areas. Utilizing the family resource environment, the program provides additional mental health support services and linkage to other support resources in a community based non-governmental setting which reduces barriers to seeking services.

Status of MHSA Funding: Program funded for the entirety of the MHSA Three Year Plan, Fiscal Years 20-21 through 22-23.

1. **Population Served**: Spanish speaking children and families with mental illness symptoms in Willits and the surrounding areas. This program will aim to serve 200 clients per year. This program will serve all ages.

2. **Services Provided**: Outreach, linkage, and engagement with the Latino population. Support services that focus on issues such as depression and suicide prevention. Referrals made to therapeutic counseling. The program is a community peer driven Family Resource Center.

3. **Program Goals**: Increase awareness of depression and suicide to the Latino population, increase access to support services for individuals

with that might be reluctant to seek services from governmental agencies or formal behavioral health providers, and increase connection to appropriate treatment services.

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

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

Status of MHSA Funding: Program funded for the entirety of the MHSA Three Year Plan, Fiscal Years 20-21 through 22-23.

1. **Population Served:** Program serves up to 30 Spanish-speaking families within the Fort Bragg Unified School District, in need of mental health counseling as referred by a teacher, parent, or medical professional. This program will serve predominantly Children and their families, and Transition Age Youth.

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

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

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

through with the referral, and how long it took the client to follow through.

School Aged Prevention Program- Consolidated Tribal Health Project: This program serves young teen students with behavioral problems that may indicate mental and emotional difficulties. The program serves to reach out to Native students in their schools and increase access to timely services and reduce likelihood of school failure.

Status of MHSA Funding: Program funded for the entirety of the MHSA Three Year Plan, Fiscal Years 20-21 through 22-23.

1. **Population served:** Three schools in Mendocino County will be assigned outreach coordination for Native youth. This program aims to serve up to 100 young teens per year.

2. **Services Provided:** Expand outreach and engagement services to Native youth by outreaching and providing service in schools. Increase connection to services by identifying needed services and facilitating connections to service providers.

3. **Program Goals:** To increase timely access to treatment services, increase academic performance, and reduce likelihood of school failure.

4. **Program Evaluation Methods**: The program staff will conduct evaluation activities that meet PEI requirements. The program will provide quarterly data on the number of outreach sessions with schools and the youth served. Individual data may include improvement CANS scores, and school discipline and attendance data. The program will provide caregiver and client satisfaction surveys, surveys for any workshops or trainings provided. The program will provide quarterly data on all services provided including number of referrals made, where individuals were referred to, numbers of referrals that were successfully followed through, and time frames for follow through.

Linkage and Referral by Laytonville Healthy Start: School and community based referrals to support connecting with support services and agencies. Services provided through group activities and individual contacts such as after school activities and youth mentoring groups. Mental Health education programs include presentations and handouts on suicide, depression, bi-polar disease, medication management and various other mental health topics. Interventions provided are non-clinical and are focused on referral and education.

Status of MHSA Funding: Program funded following completion of RFP and contracting process for the final two years of the MHSA Three Year Plan, Fiscal Years 20-21 through 22-23. Program receives other funding sources beyond MHSA funding.

1. **Population served:** Children and Transition Aged Youth in the Laytonville. Services provided through the Family Resource Center to expand access and referrals to individuals in a community based non governmental setting which reduces barriers to seeking services. The program aims to serve 50 youth and their families.

2. **Services Provided:** Individual support services, linkage to crisis services when needed, case management, in school and after school support prosocial, and healthy groups and activities.

3. **Program Goals:** Increase access to support services for individuals with that might be reluctant to seek services from governmental agencies or formal behavioral health providers, and increase connection to appropriate treatment services.

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

Suicide Prevention Programs:

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

***Mendocino County Suicide Prevention Project*:** Mendocino County Behavioral Health and Recovery Services (BHRS) maintain a relationship with North Bay Suicide Prevention Hotline as the regional suicide prevention hotline. Mendocino County BHRS provides suicide prevention, resource trainings, activities to

promote suicide-risk resource awareness, and to improve county resident knowledge of suicide prevention skills and resources.

Status of MHSA Funding: Program funded for the entirety of the MHSA Three Year Plan, Fiscal Years 20-21 through 22-23.

1. **Population Served**: The program provides SafeTALK or ASIST trainings for up to 50 individuals over the age of 16, who are interested in learning about identification and prevention of suicide behavior over the course of each year. North Bay Suicide Prevention Hotline is available to all individuals in Mendocino County. This program will serve all ages.

2. **Services Provided**: Suicide Prevention resources and concerns are addressed in MHSA Forums to determine needs of the community as well as a Post Suicide Review to review deaths by suicide with response agencies and explore strategies for prevention and education. This project includes collaboration with the North Bay Suicide Prevention Hotline, Mendocino County's Speak Against Silence wrist bands, and statewide outreach materials such as awareness raising materials that are printed with the North Bay Suicide Prevention Hotline number and/or the Mendocino County Access Line number, and are disseminated at awareness raising events. Mendocino County has a MHSA staff person that is certified to facilitate Applied Suicide Intervention Skills Training (ASIST) and SafeTALK trainings. These are evidence based suicide intervention and prevention techniques for the community and workforce. Mendocino County is committed to provide a minimum of three of each of these trainings per year and has made special efforts to invite and provide these trainings to culturally diverse groups.

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

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

***Coastal Seniors- Community Suicide Prevention*:** Coastal Seniors provide Suicide Prevention and depression community education for all adult community members.

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

1. **Population Served:** Community members of all appropriate ages in the south coast area (from Irish Beach to the Mendocino-Sonoma County line) who are interested in reducing suicide risk. This program aims to provide forums at least 4 times per year. This program will serve predominantly age groups over age 18, seniors in particular over age 60. The program aims to serve 210 individuals.

2. **Services Provided:** Community education and resource referrals regarding risk and protective factors for suicide. Community forums held at the Coastal Seniors' center once per quarter.

3. **Program Goals:** Increase the awareness of signs and symptoms of suicidal thinking, increase awareness of suicide prevention skills and resources, and decrease suicide attempts and suicides in the south coast area. Brief intervention and referrals for those in crisis to connect to local and county resources. Education about suicide prevention resources and materials.

4. **Program Evaluation Methods:** The program staff conduct evaluation activities that meet the PEI requirements. The program collects demographic information on persons receiving Suicide Prevention Education including number and types of services provided. Self report Wellbeing survey. Data on the number of forums, classes, and/or groups provided including number of participants. Data on any individual services provided. Data is submitted quarterly and annually in order to evaluate the success of the program.

Summary of Prevention and Early Intervention

Prevention and Early Intervention programs expand available services to allow for earlier identification, education, and access to services with the goal of preventing mental illness from becoming a severe and detrimental part of the individual's life, reducing the stigma associated with accessing services, and improving the time it takes to receive treatment.

Innovation

The intent of the Innovation Component is to increase learning to all counties in the State of California about the best ways to provide mental health services. Innovation Projects test a new strategy to either increase access to underserved groups, to increase the quality of services, to promote interagency collaboration, and/or to increase access to services. Mendocino County works with MHSA stakeholders to identify and prioritize learning projects, and to develop the projects to meet Mental Health Services Oversight and Accountability Commission (MHSOAC) standards for Innovative Projects. The approval of Mendocino County's first Innovation Project was approved by the MHSOAC in October, 2017. During Fiscal Year 19-20, Mendocino County MHSA presented our second and third Innovation projects which proposed plans for spending reverted Innovation funds. Project #2 was approved, but Project #3 was not approved. Reversion funds will be spent on any approved Innovation plans. Innovation projects must be presented to the Mental Health Services Oversight and Accountability Commission (MHSOAC) for final approval to expend the funds.

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

Status of MHSA Funding: Existing Innovation program. Approved by the MHSOAC in 2017. Reversion Funding will be utilized for this program in accordance with the approved plan if other Innovations projects are not on target to expend all reversion funds. Extension through 2022 was approved by the MHSOAC in 2020.

1. **Population served:** Round Valley Community.
2. **Innovative Idea:** Learning from the community being served the best strategies to communicate in order to build trust within the context of historical trauma. Use the most effective trust building communication methods to develop crisis strategies that meet the unique needs of the community and increase access to crisis services.
3. **Program Goals:** To improve community trust of crisis services. To identify and develop crisis strategies and approaches that meet the Round Valley community needs by building off of available Round

Valley resources and "Natural Helpers". To ensure that the crisis modalities developed are culturally responsive and include traditional and spiritual factors. Increased collaboration and integrated interventions. Sustainability of successful modalities.

4. **Program Evaluation Methods**: Measurements of community trust and confidence. Changes in number of individuals participating and accessing crisis services. Increased numbers of Round Valley providers of services. Increased trust and positive report of community members related to crisis response modalities. Identification of gaps in training needed and development of strategies to fill those gaps.
5. **Approved Budget**: $1,124,293

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

Innovation Project #2: Healthy Living Community (formerly Friends for Health/Weekend Wellness): The project is designed for adults with serious mental health conditions, living in mental health supportive living environments. Many of these individuals were discharged from higher levels of placement, are at risk to enter these higher levels of care settings, and/or were homeless or at risk of homelessness prior to moving into the supported living community. Initially staff will develop, with input from consumers, activities to improve social opportunities and develop friendships in settings that are not associated with services.

Status of MHSA Funding: New program presented for expenditure of INN Reversion in Fiscal Year 19-20 and approved by the MHSOAC for expenditure through 2025. The entirety of the funding for this project comes from reverted and reallocated Innovation (INN) funds.

1. **Population served:** Mendocino County specialty mental health recipients, in particular those stepping down from Lanterman-Petris-Short (LPS) Conservatorships, from higher levels of care, those that have been homeless and at risk of homelessness, and/or the most isolated and difficult to engage of Full Service Partners.
2. **Innovative Idea:** Advancing wellness, peer, and social rehabilitative models further by testing strategies in the home environment, and that further consumer development beyond engagement of social activities in service venues toward independent development of lasting friendships, and relationships.
3. **Program Goals:** Increase the quality of mental health services. Strategies would include building weekend activities, evening social

groups, and activities that occur in housing venues, and testing whether these activities can move from program/service initiated activities to consumer initiated and sustained activities. Improve consumer report of sense of isolation. Improve consumer report of lack of programming after business hours. Improve consumer report of self-advocacy and self-determination. Reduce return of consumers to higher levels of care.

4. **Program Evaluation Methods**: Measure changes in consumer isolation, sense of self-advocacy, sense of self-determination. Measure changes in participation of consumers in developing projects. Measure levels of higher level of care utilization.
5. **Estimated Funding:** $1,230,000 from Reversion Plan funding to be spent before reverted. Additional Innovation funding for the remainder of the project which will be outlined in the project plan.

The Innovation Project, Healthy Living Community can be viewed in its entirety on the Mendocino County, MHSA Website at: https://www.mendocinocounty.org/home/showpublisheddocument/33125/637202231668130000

Innovation Project #3: Tech for Trauma (Formerly Computer Program and Virtual Reality Applications for Services to Youth): This project intended to explore the applications of gaming systems and virtual reality, in providing mental health rehabilitation services for those that have symptoms of trauma. These types of interventions are being tested at university hospitals and in the medical field, but have not been utilized in the public mental health field.

Status of MHSA Funding: This project was not approved by the MHSOAC in Fiscal Year 19-20. Requires further development and resubmission in order to be approved. This Innovation will need more community input as proposed changes from MHSOAC would potentially change the core use of this project and additional stakeholder feedback is needed prior to moving forward with further development of the Tech for Trauma project.

1. **Population served:** Mendocino County specialty mental health service recipients, in particular Transition Aged Youth (TAY). This project will be developed with stakeholder input to determine populations served with this project. Initially developed with serving Transition Aged Youth as a way to increase access to services, stakeholders have requested to broaden the scope as there may be applications for other individuals experiencing trauma symptoms.

2. **Innovative Idea:** There are computer programs that exist in establishing supporting youth develop online resources to mental health services. The medical field and sports medicine fields are using virtual reality in their service delivery. The project would expand and explore how computer programming and virtual reality applications can be applied to youth rehabilitative services such as practicing social interactions, experiencing systematic desensitization in a more real way. By providing services in a technologically savvy and engaging way, we hope to improve probability of individuals seeking, receiving, and continuing mental health services. The program could also have stigma reduction and educational applications to aid in helping someone understand the impacts of visual and auditory hallucinations, and other symptoms of mental illness.
3. **Program Goals:** Increase access to and quality of mental health services. Increase consumer participation in various life domains (education, work, etc.). Increase duration of services for individuals.
4. **Program Evaluation Methods**: Measure changes in consumer symptoms and experience of mental health conditions through the use of pre- and post- evaluation tools such as Child Assessment of Needs and Strengths (CANS), Adult Needs and Strengths Assessment (ANSA), Generalized Anxiety Disorder Scale (GAD 7), and Patient Health Questionnaire (PHQ-9) Scores as determined during further stakeholder development.
5. **Estimated Funding:** $600,000 from Reversion Plan funding was intended to be spent on this project. Additional Innovation funding for the remainder of the project which will be outlined in the project plan.

The unsuccessful Innovation Project, Tech for Trauma proposal can be viewed in its entirety on the Mendocino County, MHSA Website at: https://www.mendocinocounty.org/home/showpublisheddocument/34961/637231576972870000

Innovation Project #4: Issue Resolution Key Informant Interviews: This project intends to explore the Issue Resolution Process and to seek feedback from Key Informants on strategies to improve the response process. The Issue Resolution process is not utilized, which reduces the consumer/family member driven component of MHSA services. This project sought to seek targeted Key Informants for input on the barriers to using Issue Resolutions and for input on strategies to eliminate those barriers.

Status of MHSA Funding: This project was not approved by the MHSOAC in Fiscal Year 20-21. Requires further development and resubmission in order to be approved.

1. **Population served:** Mendocino County MHSA service recipients. This project aims to make a change in an existing practice in the field of mental health, Issue Resolutions, in order to make them a more utilized, inclusive, and accessible stakeholder feedback tool. The purpose of the project is to increase the quality of mental health services by improving the process of collecting MHSA stakeholder dissatisfaction, issues, concerns, and complaints.
2. **Innovative Idea:** The project is proposed as a planning or mini innovation. By using Key informant interviews around the current Issue Resolution process, we hope to identify barriers to success in the current processes and develop strategies to test and potentially improve Issue Resolution Process.
3. **Program Goals:** Identify barriers to utilization of the Issue Resolution process, in particular of underrepresented voices in the community. Key informants to include at least one of each of the following categories: an MHSA consumer, an MHSA service utilizer from a geographically outlying area, an MHSA consumer family member, a resident that is a member of the LGBTQ + community, a resident that is a member of the Latinx community, a resident that is a member of the Native American community, an MHSA service provider, an MHSA county representative experiencing success with Issue Resolutions, and an MHSA county representative not having success with Issue Resolutions. Identify strategies for improvement of the Issue Resolution process. Test Key Informant proposed and inspired strategies to improvement. Ultimate goal to increase utilization of the Issue Resolution process.
4. **Program Evaluation Methods**: The use of Key informant Interviews to collect feedback from a variety of stakeholders. Feedback will be gathered and evaluated to produce strategies for improvement, which will then be either tested if able to be done on a small scale, or if Key Informant feedback warrants a larger project, a larger innovation project may be proposed.
5. **Estimated Funding:** $ 5,100 (of Reversion funding if approved) for up to 2 years for Key Informant Interviews, contracts, stipends, and evaluation.

Summary of Innovation

Mendocino County has two active Innovation projects currently, one in the final year undergoing evaluation and sustainability planning, and one in the development and initial testing phases. Mendocino County has one proposal that needs further development and stakeholder review prior to seeking MHSOAC approval. Mendocino County has one project that did not receive MHSOAC approval to pursue. Mendocino County intends to discuss with stakeholders additional Innovation projects during the MHSA Three Year period of 20-21through 22-23 to develop and initiate these project, as well as to collect stakeholder input regarding whether the Tech for Trauma project should be further adapted and developed to present again to the MHSOAC.

Workforce Education and Training

At this time Mendocino County has expended all time limited one time funds specifically designated to Workforce Education and Training (WET). Mendocino County has not redirected CSS funding to WET at this time due to the unpredictable impacts of the COVID-19 Pandemic on MHSA Revenue streams. Should funding be available for redirection, Mendocino County will prioritize the following the following WET projects.

Mendocino County WET overarching priorities continue to be:

1. Cultural humility and responsiveness,
2. Consumer and family member driven practices,
3. Wellness, resiliency, and recovery principles,
4. Whole person service approaches considering dual diagnosis, co-occurring , and co-morbid conditions
5. Utilization of evidence and community promising practices,
6. Quality improvement and outcome measurement skills development,
7. Workforce recruitment, retention, and development strategies.

Workforce Development, Retention, and Training

Mendocino County plans to participate in the MHSA Superior Regional Partnership with CalMHSA. The partnership will provide a framework to support individuals through loan repayment, undergraduate and university scholarships, clinical master and doctoral graduate education stipends, retention activities, and development of a workforce pipeline. The Superior Region WET partnership consists of Butte, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Nevada, Plumas, Shasta, Sierra, Siskiyou, Tehama, and Trinity counties engaging in an agreement with CalMHSA to coordinate and facilitate the WET development activities.

Peer Provider Certification

Mendocino County plans to participate in the Peer Certification program currently under development following the passage of SB 803. This legislation will allow for the provision of peer support services, and is an opportunity for the County to participate in the pilot project. The project will support coaching, linkage, and skills building of individuals with mental health and/or substance use disorder lived experiences to become certified as peer support specialists. Peer support specialists will be certified to increase supports by building on the strengths of families and helping to collaborate with others in developing supports, problem solving skills, and

coping mechanisms. The certification process will provide a set of requirements to allow for consistency between curriculum, training, and expectations of peer providers.

Mendocino County has always supported and endorsed peer & family member driven services and career ladders for peer providers from volunteer to full time leadership roles. The Peer Certification bill and legislation will allow for set standards of training, support, expectations, and setting forth a code of ethics to help with the boundary challenges inherent in peer based work.

Capital Facilities and Technological Needs

At this time Mendocino County has expended all time limited one time funds specifically designated to Capital Facilities and Technology Needs (CFTN). Mendocino County has not redirected CSS funding to CFTN at this time due to the unpredictable impacts of the COVID-19 Pandemic on MHSA Revenue streams. Should funding be available for redirection, Mendocino County will prioritize the following the following Capital Facilities and Technological Needs.

Capital Facilities:

Mendocino County Stakeholders have prioritized supported housing and respite opportunities. In addition, stakeholders have prioritized Wellness Centers and Youth Resource centers. Mendocino County has supported and respite housing along with wellness centers and youth resource centers. The Mendocino County MHSA team will look for additional funding opportunities and strategies to leverage funding opportunities to increase capital facility resources in Mendocino County, given funding is currently not available in this category.

Technological Needs:

If funds are available, Mendocino County has additional supports that could be needed to further the Electronic Health Record transitions funded by prior MHSA plans to advance the technological systems to meet the Meaningful Use Standards as set by the goals of California Health Information Technology (HIT) executive order and the Centers for Medicare and Medicaid Services (CMS) Electronic Health Record (EHR) standard requirements for quality and efficient technology records.

Additional priorities include assessing technological needs and disparities as observed during the COVID-19 pandemic and finding solutions. Within Mendocino County, several infrastructure challenges were laid bare by the sudden need for social distance, remote work, telehealth, and remote education. To address these needs, activities would expand the capacity of the Mendocino County Mental Health Plan and MHSA providers with regard to telehealth and telecommunication needs. The goal is to increase access to consumers, in particular those in remote and outlying areas. These activities are not intended to replace face to face services, but to increase access and quality of care for consumers who are more comfortable receiving telehealth and other remote services.

Prudent Reserve

In accordance with state guidance and Department of Health Care Services (DHCS) Information Notices 17-059, 18-033, and 19-017, Mendocino County BHRS Mental Health Services Act programs reviewed our established Prudent Reserve and adjusted it to ensure that it does not exceed the thirty three percent (33%) estabilised in Information Notice 19-017. Mendocino County reviewed our Prudent Reserve and found that our reserves exceeded the newly established maximum. The excess reserves will be assigned to the MHSA component from which they were originally allocated. The transfer of funds will occur during Fiscal Year 19-20 and the remaining balance of Prudent Reserve shall not exceed the 33% maximum level as calculated according to DHCS Information Notcie 19-017. Also in accordance with DHCS Information Notice 19-017, Mendocino County will expend the funds in the component from which they were originally allotted within five years before they are subject to reversion.

County	FY 2013-14 Funds Distributed by SCO	FY 2014-15 Funds Distributed by SCO	FY 2015-16 Funds Distributed by SCO	FY 2016-17 Funds Distributed by SCO	FY 2017-18 Funds Distributed by SCO	Total	CSS Average	Maximum Prudent Reserve Level
	A	B	C	D	E	F = (A+B+C+D+E) x 76%	G = F/5	H = G x 33%
Mendocino	3,069,158.94	4,276,060.79	3,619,972.55	4,513,550.75	4,823,051.52	15,429,363.86	3,085,872.77	1,018,338.01

Mendocino County will transfer the funds to the component from which it originated, Community Services and Supports. This transfer amount, approximately $879,378, will be transferred during Fiscal Year 19-20 and will be spent by Fiscal Year 23-24. Due to the timing of the transfer, the intent is for the bulk of the funds to be expended during the period of the Three Year Plan for Fiscal Years 20-21 through 22-23, so that the expenditures will have the benefit of a thorough community planning process.

Excess Prudent Reserve funds will be reallocated to Community Services and Support activities. These funds will support additional Integrated Care Coordination Service model, supported and LPS stepdown housing, and other CSS projects outlined in the CSS plan.

Budget Expenditure Plans

FY 2021/22 Mental Health Services Act Annual Update

Funding Summary

County: Mendocino Date: 7/14/21

	MHSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. Estimated FY 2021/22 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years						
2. Estimated New FY 2021/22 Funding	4,636,348	1,159,027	305,020			
3. Transfer in FY 2021/22						
4. Access Local Prudent Reserve in FY 2021/22						0
5. Estimated Available Funding for FY 2021/22	4,636,348	1,159,027	305,020			
B. Estimated FY 2021/22 MHSA Expenditures	3,623,056	1,064,032	872,724	0	0	
G. Estimated FY 2021/22 Unspent Fund Balance	1,013,292	94,995	(567,704)	0	0	

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2021	1,018,338
2. Contributions to the Local Prudent Reserve in FY 2021/22	0
3. Distributions from the Local Prudent Reserve in FY 2021/22	0
4. Estimated Local Prudent Reserve Balance on June 30, 2022	1,018,338

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

FY 2021/22 Mental Health Services Act Annual Update

Community Services and Supports (CSS) Funding

County: Mendocino Date: 7/14/21

		Fiscal Year 2021/22					
		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.	Full Service Partnerships	540,578	540,578				
2.	Tay Wellness-FSP	230,000	230,000				
3.	Haven House AOT-FSP	434,350	434,350				
4.	Supporting Housing	459,000	459,000				
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.							
19.		0					
Non-FSP Programs							
1.	Parent Partner Program / Therapeutic-GSD	43,000	43,000				
2.	Youth Resource Center-GSD	100,000	100,000				
3.	Substance Abuse Counselor Dual Diagnosis-O&E	113,634	113,634				
4.	Therapeutic Services for the underserved population/Latino/Tribal -O&E	60,000	60,000				
5.	RCS Crisis Services Cross the life Span	93,000	93,000				
6.	Outreach and Engagement	24,000	24,000				
7.	Wellness & Recovery Center/BHC-GSD	320,000	320,000				
8.	Hospitality Beds-GSD	142,000	142,000				
9.	Collaboration Community based Services-Point Arena-O&E						
10.	RVIHC Family Resource Center-GSD	17,500	17,500				
11.	RVIHC Yuki Trails- Outreach	17,500	17,500				
12.	Crisis Residential Treatment Program (CRT) Wellness Grant-GSD	200,000	200,000				
13.		0					
14.		0					
15.		0					
16.		0					
17.							
18.		0					
19.		0					
CSS Administration		828,494	828,494				
CSS MHSA Housing Program Assigned Funds							
Total CSS Program Estimated Expenditures		3,623,056	3,623,056	0	0	0	0
FSP Programs as Percent of Total		45.9%	1,031,238				

FY 2019/20 Mental Health Services Act Annual Update

Prevention and Early Intervention (PEI) Funding

County: Mendocino Date: 7/14/21

		Fiscal Year 2021/22					
		A	B	C	D	E	F
		Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention							
1.	Prevention Program	322,903	322,903				
2.	Education and Training(?)	10,000	10,000				
3.	Communique	6,000	6,000				
4.	Timely Access for Underserve	8,000	8,000				
5.		0					
6.		0					
7.		0					
8.		0					
9.		0					
10.		0					
PEI Programs - Early Intervention							
11.	Early Intervention Program	24,000	24,000				
12.	Stigma and Discrimination Reduction Program	78,000	78,000				
13.	Access and Linkage to Treatment Program	152,997	152,997				
14.	Suicide Prevention Program	37,900	37,900				
15.	CTHP	75,000	75,000				
16.							
17.							
18.							
19.							
20.							
PEI Administration		312,232	312,232				
PEI Assigned Funds		37,000	37,000				
Total PEI Program Estimated Expenditures		1,064,032	1,064,032	0	0	0	0
			42,240				

FY 2021/22 Mental Health Services Act Annual Update

Innovations (INN) Funding

County: Mendocino Date: 7/14/21

		Fiscal Year 2021/22					
		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.	Consultant Cost/Contracts	866,000	866,000				
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		6,724	6,724				
Total INN Program Estimated Expenditures		872,724	872,724	0	0	0	0

FY 2021/22 Mental Health Services Act Annual Update

Workforce, Education and Training (WET) Funding

County: Mendocino Date: 7/14/21

	Fiscal Year 2021/22					
	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.	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					
WET Administration	0	0				
Total WET Program Estimated Expenditures	0	0	0	0	0	0

FY 2021/22 Mental Health Services Act Annual Update
Capital Facilities/Technological Needs (CFTN) Funding

County: Mendocino Date: 7/14/21

	Fiscal Year 2021/22					
	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	0				
Total CFTN Program Estimated Expenditures	0	0	0	0	0	0

Appendix A: Public Comments

Public Comment August 26, 2021 to September 27, 2021 for Mendocino County MHSA Three Year Plan 2020-2021 and Annual Update for FY2021-2022

Comments:

1. I'm sorry that because of COVID we can't have in person meetings, we've had better turnout in past when in person.
2. Funds for staffing, training, recruitment; I know there are not currently funds, but I see that as critical needs. If funds become available I'd like to ask that it be placed in that component.
3. I think we need to put all efforts into making the PHF happen more quickly than scheduled to. (This item received two supporting comments of "I agree.")
4. We are on a role with two buildings, the Training Center and Crisis Residential Center, but would be nice to have the third, PHF. That would make us close to whole.
5. I would like to see Crisis Intervention Training, CIT, continue. I know we don't have a lot of funding, but would like to see funding even through grants or service clubs. It'd be nice to have all new officers trained. It'd a lot cheaper to have training than to be sued. (This item received two supporting comments of "Agreed.")
6. I like the format of the Plan with pictures and graphs, it's an extremely comprehensive document.
7. On the wellness section, we need a section on vitamins, supplements and research done in that area.
8. Regarding workforce education and how funds are transferred, primary care doctors have training for support in stress and anxiety.
9. Frequently, clients preen and past spend a lot of time alone, it needs to be addressed in the wellness section, possibly ways to look at not spending days alone, possibly jobs; there is a need to set up peer to peer connections between clients.
10. Funds should be provided for those not on Full Service Partnerships; referencing comments on pages 27 & 28.
11. Generally speaking the system in place has not helped those in need, in spite of good hearted agencies and 24-7 workers. (This comment received one supporting comment of "I support what was said.")

    Suggestions include:

    a. I think there needs to be training for those have used the system, ongoing training
    b. Research on Vitamins for treating stress and anxiety and that help isn't available currently
    c. What really worked for my family member was family connections, something positive to do; what didn't work was being in a facility exposed to other people's symptoms- I suspect that's true for almost anyone.
    d. I suspect the opioid crisis is related to finding what to do to alleviate voices or feeling no good, worthless, when drugs/medications don't work
    e. To have the courage to stop voices takes the whole community but whole community is not included. Treat each hospitalization as a family issue and address all the issues the family is going through.

f. Wean off drugs/medications, I don't think they are the answer; meds make the brain foggy, reduce ambition and energy, and you are left feeling worthless and on the outskirts.

12. Thank you, for all your work.
13. Yes! This is a comprehensive clear document. Thank you so much.
14. I'd like to remind the group that MHSA is the primary funding stream for Medi-Cal Match for adults, without it we would not have the system of care we have today, our wellness centers are amazing and are starting to open back up now, we have supportive housing. It's not always flowery but the system is amazing and we appreciate it and how the county works in ways that others don't.
15. I want to express appreciation for a user friendly plan, with all the elements needed for the county to move forward in prevention work.
16. One thing I struggled with in running a nonprofit service provider, one thing that could really be effective would be to find a metric tool for the goals of the three year plan, shared with the agencies and with RQMC's leadership to the front line staff and find ways to express "are we meeting the mark" if not "what are we missing," so can communicate back to all what we are missing, things that front line staff know. They work hard so it's difficult. There are goals in the plan that would be good to measure over time.
17. Thank you to the Behavioral Health Advisory Board. Thank you to MHSA.
18. I had the privilege of working in the trenches and the struggle to improve the system. I've seen the mentally ill get more services than when my family member got services in 2003. It wasn't even a fraction of what we have to day. And we still have a long way to go. But there really is a robust system and we have come a long way. I'm super proud of this county.
19. I realize this is very late, but I wanted to be sure someone received this comment. I am the team manager for the Ukiah Branch office of the Department of Rehabilitation and we provide employment services to people with disabilities. In reading the MHSA plan, I was very disheartened to see that there was very minimal (a word or two in a sentence once or twice) mention about employment being a very important part of recovery for people mental health issues. We used to have a cooperative contract with County Mental Health to help clients in obtaining employment. After many years, that collaborative ended 9/2009. From the project closing report: "In this particular case, lack of financial and staff resources led to the demise of the program. Mendocino Mental Health was greatly affected by loss of funds and felt they could no longer provide staff time, certified time or cash to maintain the contract." If memory serves, the cash match amount the County paid to the contract was around $40,000. We had many successful job placements with clients, and through the TAY program (Transition Age Youth), many students had successful work experiences and obtained employment.

    I understand that with other very important areas in a person's life that need to be attended to- housing, receiving mental health services, therapy, medication, etc.- employment may be one of the last things on the list of essential things to a person's life. But, employment is one of the main things in a person's life that provides routine/stability, social engagement, income, and a sense of pride and belonging in the community. There many services available through our agency to help clients learn their job and be supported on the job through job coaching so that the transition to employment is easier.

    I will be reaching out to other members of the mental health department and their subcontractors to discuss how the Department of Rehabilitation can play a bigger role in recovery for clients with mental health disabilities. Feel free to forward this email to anyone who may benefit from seeing it.

Questions:

1. Regarding training, is there training available for peer counselors?

   Mendocino County intends to participate in the Peer Certification process being developed through state partnerships which include training. There are not county MHSA funds currently available directly for peer counselors.

2. Regarding Stepping Up Committee, they were looking at software through the state, is that grant part of MHSA?

   The Stepping Up Committee and related activities are not funded by MHSA. There is a Justice and Mental Health Collaborative Program grant to support specific activates related to Stepping Up. The Committee is exploring data and information sharing software and will be exploring avenues to fund a software program.

3. I understand a lot of marijuana smoking starts in teens or younger, thinking about youth today and prevention programs, the problem exists but I don't see specific steps for how that concern would be addressed, or does each school have their own plans?

   The MHSA Three Year Plan and Expenditure Report does not have a specific plan for steps to address marijuana use in teens or youth. MHSA does fund programs through the Prevention and Early Intervention component several of which provide resources for substance use prevention in youth.