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2023 MENDOCINO COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN

Date Published: April 30, 2023
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Table of Contents

Acknowledgements.....	3
Background	3
Demographics	6
Priority 1: Improve Maternal Health	8
Identification of Needs	8
Goals	9
Priority 2: Improve Adolescent Health	12
Identification of Needs	12
Goals	13
Appendix A: Mendocino County Data	17
Access to Perinatal Care.....	17
Adolescent Population.....	20
Poverty.....	20
Mental Health Providers.....	21
Healthy Places Index.....	22
Teen Birth Rate	22
Child Maltreatment.....	23
Timely Medical Exams for Children in Foster Care.....	25
Causes of Adolescent Deaths.....	26
Index of Codes - Coding Definitions ICD-10 codes for Injury.....	26
Appendix B: Community Partners Surveyed.....	27
Appendix C: Community Partners Survey Responses.....	1
Appendix D: List of Perinatal Access Consortium.....	10
Appendix E: Children’s Health Committee	11
Appendix F: Reports on Disparities.....	15

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Acknowledgements

The Mendocino County Public Health Department (MCPH) wishes to express our appreciation for the contributions provided by our residents, local leaders, and all the organizations who participated in developing this plan. We especially would like to thank our partners at the Adventist Health system, Partnership Health Plan of California, Mendocino Community Health Clinic (MCHC), the Alliance for Rural Community Health (ARCH), First 5 Mendocino, Planned Parenthood, Round Valley Indian Health Center, Mendocino Coast Clinics, Anderson Valley Health Clinic, Project Sanctuary, Long Valley Health Center, Laytonville Family Resource Center, Children’s Health Committee members, Mendocino County SafeRx, Mendonoma Health Alliance, North Coast Opportunities (NCO), the Ukiah, Willits and Fort Bragg Police and fire departments, Mendocino County Office of Education, Redwood Community Services, Ukiah Senior Center, and all the others who helped us identify the needs in our community.

A special thank you to Andrew Coren M.D., MCPH Health Officer; Dr. Cathy Boyle NP, MCPH Director of Nursing; and Lisa Fredrickson MSN FNP-S PHN, Sr. Nursing Program Manager for Maternal Child & Adolescent Health; Donna Schuler, MPH; Julie Beardsley, MPH; Thao Pi, MA; and all the dedicated staff at Mendocino County Public Health Department.

Background

The Mendocino County Public Health Department strives to ensure that all residents live in a safe and healthy community.

Public Health departments across the country have faced a difficult few years. The COVID-19 pandemic, the effects of climate change, and other emergencies have created challenges for public health departments. As in many rural counties, the COVID-19 pandemic created an “all-hands-on-deck” situation for Mendocino County. The pandemic put the community in isolation. Work on the 2020 Community Health Improvement Plan was diverted to COVID-19 contact tracing, emergency services, and emergency management.

In Mendocino County, along with the challenges mentioned above, there was a structural change from a “Super Agency” comprised of Public Health, Behavioral Health and Recovery Services, and Social Services, to stand-alone departments. The priority areas identified in the 2019 Community Health Needs Assessment (CHNA) were:

1. Mental health
2. Substance abuse
3. Violence

With the Health and Human Services Agency disbanding in 2020, community work on mental health and substance use disorder became the purview of Behavioral Health and Recovery Services and Public Health’s focus has been on preventative strategies. The MCPH has continued to conduct qualitative and quantitative data analysis through primary and secondary sources since the 2019 needs assessment, and most recently supplemented that analysis with a qualitative health partner needs survey. The results of the survey were shared in a series of community meetings, on the web and through newsletters.

Mendocino County used the Mobilizing for Action through Planning and Partnerships (MAPP) process as a community-driven strategic planning process for improving community health.

In early 2023, an on-line survey was sent to a variety of community partners that included clinics, schools, health care providers, community-based organizations, and NGO’s. The survey received 45 responses. The list of survey results by category are provided in Appendix B. The survey participants identified areas for improvement as well as specific gaps in the local health *system*. Mendocino County Public Health staff also identified areas of improvement consistent with the goals of Healthy People 2030¹. (See Appendix A for a complete list of survey contacts).

In 2022, MCPH staff identified some important health disparities in the maternal, child and adolescent health of certain populations in the county. The reports that were produced and shared with community members included an in-depth look at perinatal care; adolescent health; disparities in the Indigenous communities; and serious health and safety concerns that were a result of social determinants of health (SDOH). These reports and sharing of data prompted a series of Zoom conferences in 2022 and 2023 that brought partners together. Some of the local organizations and coalitions represented at these meetings, providing information and suggestions included: the Children’s Health Committee, Mendocino County First 5, WIC and the Breastfeeding Coalition, Mendocino Early Start, Family Resource Centers, Community Foundation, Project Sanctuary, Safe Rx Mendocino Coalition, Community Resilience Team, Racial Equity and Justice Committee, Policy Council for Children and Youth, Bay Area Perinatal Advocates, Arbor on Main, Tribal representatives, health clinicians, ARCH, Mendonoma Health Alliance, hospital representatives, social services and schools. (See Appendix C-D for a complete list).

Based on the summary of data, Public Health’s focus on prevention has informed this CHIP, and the priority areas are now:

1. Improve maternal health by:
 - a. Identify strategies to increase coordination between providers and managed care to improve maternal health;
 - i. Ensure screenings for maternal depression
 - ii. Provide transportation and/or hotel vouchers for pregnant women living in outlying areas

¹ [Healthy People 2030 Framework - Healthy People 2030 | health.gov](https://www.health.gov/healthy-people-2030)

- b. Increase home visiting nurses and community health workers for perinatal and postpartum care throughout the county;
 - i. Engage First 5 Mendocino Coalitions to increase referrals to HV programs
 - ii. Collaborate with community partners to identify & seek funding to support targeted priorities
 - iii. Ensure postpartum and newborn follow up is coordinated sensitively & efficiently to return people to the PCP of choice
 - c. Work with hospitals and clinics to encourage medical residents to consider training in remote parts of the county;
 - i. Advance communication; convene round table; Health Officer works to form relationship between RVIHC, CTHP, AHMC FP, MCC, MCHC and AHUV residency program
 - ii. Health Officer and residency program develops & promotes frontier medicine and unmet critical access to care needs, e.g., perinatal care
 - d. Improve transportation options for getting to appointments.
 - i. Attend transportation planning meetings, e.g., MCOG, CalTrans, and advocate for needs
 - ii. Identify, support and promote existing or alternative transportation options, ridesharing, e.g., faith-based groups, service groups, Laytonville
2. Improve adolescent health by:
- a. Work with Mendocino County Office of Education (MCOE) and schools to assess and advance the equitable delivery of sexual and reproductive health, following *The California Healthy Youth Act (CHYA)* of the *California Education Code (EC)* sections 51930–51939 and SB89 (Children in Foster Care) in all regions of the County
 - i. Identify assets and gaps in adolescent health services
 - ii. Establish updatable sexual and reproductive health resource
 - b. Increase the availability and access to reproductive health services, to reduce the number of teen pregnancies and sexually transmitted diseases and STD treatment;
 - i. Create subcommittee to address adolescent CHYA implementation
 - ii. Health Officer meeting with MCOE in fall 2023
 - iii. Collaborate with community partners to identify & seek funding to support targeted priorities
 - c. Promote continuing health education in schools to address issues like reproductive health, dating violence, sexual violence, drug abuse, motor vehicle accidents, promotion of healthy relationships etc., along with peer education programs; Distribute educational materials to increase awareness;
 - i. Convene groups using CBPR practices and distribute teen produced CBI, narratives, cellfilms and photo voice to increase inclusion, end isolation, advance healthy relationships, behaviors and activities equitably
 - ii. Promote California Healthy Youth Behavioral Initiative (CHYBI) goals

- d. Identify gaps in services for youth in foster care (SB89)
 - i. Convene groups using community-based participatory research (CBPR) practices
 - ii. Work with Family and Children Services (FCS) and Independent Living Program (ILP) for transitional age youth needs

(Priority number 2 will be developed more completely after the completion of the 2024 CHNA).

Demographics

Geographically, Mendocino County occupies 3,500 square miles, an area that is more than three times larger than the state of Rhode Island, with a population density of only 26 persons per square mile. California's Coastal Range runs north to south, dividing the interior region from the coastal area. About two thirds of the population lives in the interior, while one-third live along the rugged Pacific coastline. There are four incorporated cities: the County Seat of Ukiah (population 16,000), Fort Bragg, Willits, and Point Arena. In addition, many small, unincorporated communities are scattered throughout the county, over rugged mountainous terrain, and narrow winding roads with frequently unpredictable or impassable winter conditions.

Racially, 62% of Mendocino County residents are White and of these about 27% identify as Hispanic. 14% of residents identify racially as other, 13% as more than one race, 7% are Native American/Native Alaskan, 2% Asian, and 1 % Black/African American.

The poverty rate for the county's population in 2022 was 19.1 percent, which is nearly 50 percent more than the State of California. The median household income for 2022 was \$46,528, compared to California's of \$75,235. Over one-third of households have annual incomes below the Federal Poverty Level (FPL)².

In Mendocino County, 15.3 percent of adults were classified as having a disability, while only 8 percent of adults in California claimed disability status. The population, on average is older (43.4 years) than that of California (36.7 years). In Mendocino Counties an estimated 5 percent of children are being raised by grandparents. For those older individuals who may be living on a fixed income, this can pose a real economic hardship.

Mendocino County also has nine federally recognized Indian Reservations, the fourth most of any county in the United States. According to the U.S. Census, the per-capita income for Native Americans is \$12,150, barely half the county average of \$23,179. Almost one-half of Indigenous children live in households with incomes below the FPL. Many of the County's Indigenous residents live on reservations located in remote areas of the County where jobs, shopping or health care may be hard to access for those without transportation.

The California Healthy Places Index, developed by the Public Health Alliance of Southern California, is a tool that combines 25 community characteristics, like access to healthcare, housing, education, and more, into a single indexed HPI score. The healthier a community, the

² Federal Poverty Level for a family of four in 2022 was \$55,500

higher the HPI score. The two census tracts in the northern regions of Mendocino County (Census Tracts 101 and 102) have some of the lowest ratings in the state scoring 3.0. The Round Valley Indian Reservation is located in Census Tract 101, and over a quarter of the population are Indigenous Native Americans. The Indigenous population has a history of racial discrimination, genocide, poverty and the social problems such as substance misuse, child maltreatment, violence, etc., associated with such a history.

In these remote parts of the county, such as the northeastern corner of the county and the coastal areas, there is no public transportation available. A 2022 transportation needs assessment conducted by the “Mobility Solution for Rural Communities of Inland Mendocino County”³ prepared for the Mendocino County Office of Government (MCOG) found that many areas of the county are in great need of transportation solutions. Access to medical care, shopping, mental health, or substance use disorder treatment, as well as other services can be challenging for many residents. Mendocino County as a whole is a Medically Underserved Area (MUA) as designated by the California Department of Health and Human Services. This means that some patients will need to travel from their home community to medical service facilities outside of Mendocino County for diagnostics and treatments. The assessment found that numerous residents of these communities while eligible for Medi-Cal, and therefore its’ transportation benefit, multiple stakeholders spoke to the difficulties of getting access to Medi-Cal transportation. While senior adult poverty levels are not as high proportionally as other age groups, geographic isolation impacts access to groceries, medicine, and medical services, as well as education and employment. Accessing medical care appointments was a top concern for residents.

There is a lack of mental health providers, especially for youth. Severely ill residents, including those with mental health crises are often transported out of county for services, which may place a further burden on their families traveling long distances.

Prenatal care in the later months of gestation is centered in Ukiah, and this creates transportation challenges, childcare issues, and day long travel times for many pregnant individuals in remote parts of the county.

The teen pregnancy rate of 17.5 per 1,000 adolescents is almost double that of the state at 9.3 per 1,000. The rate of certain STIs among adolescents is also higher than that of the state. The top causes of death among adolescents in Mendocino County are vehicle accidents, suicide, drug poisoning and assault. There is no standardized reproductive health education in the county for youth under age 18, or standardized education on violence prevention, drug or alcohol abuse. Organized recreational facilities for youth are also limited in many areas.

³ <https://www.mendocinocog.org/files/a71c5d1e9/%2311+MCOG+presentation+2023-04-03-AMMA.pdf>

Priority 1: Improve Maternal Health

Identification of Needs

In 2021-2022 Mendocino County Public Health produced a series of reports on health outcomes of specific groups in the county. These included the Indigenous population, maternal health, and child/adolescent health. These reports alerted Public Health staff to problem areas and the reports were shared with community partners.

Rural counties have challenges that are unique to their area and differ from those in urban areas. The sheer size of Mendocino County means travel time to doctor appointments can take all day. In Mendocino County there is one labor and delivery service provider, Adventist Health Ukiah Valley located in Ukiah. At around 28 week's gestation, pregnant women not already being seen by an OB in Ukiah, are referred to doctor appointments either in Ukiah or out-of-county. For mothers living in the more remote areas of the county, this distance can be a barrier to accessing care. The remote areas include the north-eastern corner of the county and the southern coastal areas. These remote areas are serviced by two-lane, winding roads, and travel to and from Ukiah or out of county appointments is often 3-4 hours. Women may have to arrange childcare, transportation for children to and from school, as well as transportation to the doctor's appointment. There may be problems with a lack of a registered vehicle or valid driver's license; being unable to leave work for a whole day; lack of money for gas; and other barriers. A study by the Mendocino County Department of Public Health in 2022 found that pregnant women living in more remote areas of county are beginning care almost a month later than mothers who lived in less remote areas. They also have fewer prenatal and postpartum care visits. (See Appendix A). The travel to monthly and then weekly appointments such a long way away from home can be daunting. The majority of those not beginning care in the first trimester, do appear to be accessing care in the second trimester, however there are clear challenges due to the travel time and distance. Increasing transportation options to and from appointments is a priority area.

The northeastern corner of the county is home to one of the largest Native American reservations in the state – the Round Valley Indian Reservation. Covelo is the nearest unincorporated village. This community is a mix of people from several tribes: the Yuki, who were the original inhabitants of Round Valley, Concow Maidu, Little Lake and other Pomo, Nomlaki, Cahto, Wailaki, and Pit River peoples. They were forced onto this remnant of the land formerly occupied by the Yuki tribe. The Cahto Indian Tribe of the Laytonville Rancheria is nearby in the community of Laytonville. The southern coastal area is home to the Manchester Band of Pomo Indians and the Manchester Rancheria. In the southern part of the county, the Hopland Band of Pomo Indians live on the Hopland Rancheria. Many of these areas lack access to broadband, making telehealth appointments difficult or impossible. Transportation assessment found that 18% of households in Covelo do not have a car.

The Indigenous population in California and Mendocino County has a sad history of forced relocation, brutality, genocide, and discrimination by White residents. This has echoed down through generations. Native Americans have higher rates of late or no prenatal care than other ethnicities. Poverty, substance abuse, domestic violence and cultural mistrust create situations where a pregnant woman may not seek out prenatal care from the medical establishment. This

prenatal care is especially important to be able to connect the mother with services for substance misuse, mental health care, domestic violence support, identifying potentially life-threatening health conditions such as gestational hypertension or diabetes and other services she may need.

An identified need for all mothers is to ensure the transfer of services from a woman's doctor to the OB specialist is coordinated and monitored for a "warm hand-off", to ensure integrated care. Additionally, the smooth transfer back to home clinic to ensure that the recommended number of postpartum and neonatal visits takes place is also a priority.

Mendocino County Public Health has been collaborating with local clinics and tribes to identify gaps in perinatal and postpartum services. In 2019, and again in 2022, meetings were held with the Round Valley Indian Health Center and tribal officials to present and discuss a report Public Health created on Native American health. The report outlined disparities in many areas, including prenatal and postpartum care.

In June of 2023, Public Health plans to host an on-line meeting with over 50 organizations, tribes and agencies invited to participate. The outcome of this meeting will be to form a Perinatal Improved Access Workgroup (PIAW). (The complete list of invited participants in PIAW is included in Appendix C).

Goals

Goal 1: Identify strategies to increase coordination between providers and patients to maximize the Comprehensive Perinatal Services Program (CPSP); ensure follow-up appointments are scheduled; identify transportation options, provide hotel vouchers for pregnant women living in outlying areas.

(This priority is consistent with the goals of Healthy People 2030:
<https://health.gov/healthypeople/objectives-and-data/browse-objectives/women>.)

Access to early and adequate prenatal and postpartum care is important for both mother and infant to ensure a safe delivery and a healthy baby. The goals are to increase the availability of perinatal care at hometown clinics; work with Adventist Hospital residency program to increase OB doctor availability at clinics; investigate the possibility of a mobile clinic; identify strategies to improve coordination between providers and patients; explore the use of Telehealth for perinatal and postpartum care and identify ways to improve transportation options for getting to appointments.

Goal 2: Increase home visiting nurses and community health workers for perinatal and postpartum care throughout the county.

Getting new mothers and their infants off to a healthy start is a step towards changing negative patterns in the life cycle, for example, abuse and neglect. The Mendocino County Maternal Child and Adolescent Health (MCAH) branch of the Public Health Department works with local partners and families through the Healthy Families Mendocino Home Visiting program to address issues that affect the health of families. The Healthy Families Mendocino home visiting program is a free, evidence-based, voluntary programs in Mendocino County for families at risk for abuse and

neglect. The program provides one-on-one support by a Nurse or Family Support Specialist to parents and primary caregivers, from pregnancy until your child is 5 years old. The program features lessons on prenatal care, infant care, child development, toddler care, and life skills such as planning, nutrition, exercise, budgeting, health substance use prevention, family planning and more. Healthy Families Mendocino uses a model of relationship-based, culturally respectful, family centered learning to provide support for new parents, provide information about child development and nutrition, link families to community resources, provide developmental screening, and remove barriers to accessing health care. Healthy Families Mendocino is staffed by trained home visitors who come to the home and are able to meet parents where they live. Home visitors provide encouragement and screening for families to detect mental health issues such as depression or substance use so that early treatment can be initiated without waiting. The need for substance uses screening is demonstrated by the statistic that since 2012 there have been three infant deaths resulting from a mother nursing her infant after ingesting methamphetamine. Families are also screened for intimate partner violence (IPV) and home visitors will create safety plans and make referrals to Project Sanctuary shelter when necessary.

A sister program to Healthy Families is the Family Spirit Home Visiting program for Native Americans. Begun in 1995 by the Johns Hopkins Center for American Indian Health, the program is operated in 160 communities across 24 states. The home visiting teams are Native Americans and are an Indigenous solution to supporting families during pregnancy and early childhood, while supporting traditional and cultural practices around births and childhood.

The Mendocino County Public Health Department is joining with community partners in applying for grant funding to increase the number of home visiting nurses, and to hire indigenous community health workers to staff the Family Spirit Home Visiting program in Round Valley. The goal will be to increase early prenatal care, reduce child maltreatment, foster knowledge about child development, infant and toddler care, reduce stigma around treatment for substance misuse, healthy relationships with culturally sensitive and culturally informed practices.

Goal 3: Work with Medical Residency and offer residents OB/GYN rotational experience.

Mendocino County has three hospitals, all a part of the Adventist Health System. The Perinatal Improved Access Coalition is working with the Medical Residency Program coordinator at Adventist Health to encourage new medical residents who wish to add OB/GYN to rotate through this clinical experience. Additional appealing benefits gained through the OB/GYN clinical rotation in Mendocino County are working at clinics in more remote parts of the county, with populations who experience high health disparities, gaining experience in the practice of “frontier medicine,” developing culturally sensitive practices while working with the Native American community, and seeing the potential to pursue their career here and become a part of the community after the residency program is completed.

Goal 4: Improve transportation options for getting to appointments.

The 2022 transportation needs assessment conducted by the “Mobility Solution for Rural Communities of Inland Mendocino County”⁴ prepared for the Mendocino County Office of Government (MCOG) identified a range of transportation options. These creative solutions were tailored to the particular needs of each community and included Dial-A-Ride/Shuttle service, community ride boards, ridesharing, an app-based care share, increased mileage reimbursement rates for volunteer drivers and caregivers, and other multi-organizational approaches such as mobile health clinics that would eliminate the need for long-distance travel. Mendocino County Public Health will continue to work with community members to facilitate improved transportation options for underserved communities.

Priority Need: Maternal Health		
Improve maternal health by:		
Goals (a.- d. are linked to Public Health Accreditation requirements)	Measure and Strategies	Desired Outcomes
Identify strategies to increase coordination between providers and patients to maximize the Comprehensive Perinatal Services Program	Ensure follow-up appointments are scheduled. Provide hotel vouchers for pregnant women living in outlying areas	Earlier prenatal visits, an adequate number of prenatal and postpartum visits. Increased communication between patients and providers. Support for families at risk of health disparities.
Increase home visiting nurses and community health workers for perinatal and postpartum care throughout the county	Grant application for funding home visiting nursing programs like the Family Spirit Home Visiting program.	Reduced child abuse and neglect rates. Better parenting. Healthier babies.
b. & d. (Policy change based on CA AB, SB, and HP2030 goals) Work with hospitals and clinics to get residency programs in remote parts of the county	Establish the Perinatal Improved Access Coalition to Care and coordinate needs	Increased access to early perinatal care, postpartum care and neonatal care; improved coordination of care between labor and delivery services and the patient’s local clinic; improved early identification of potential health risks.

⁴ <https://www.mendocinocog.org/files/a71c5d1e9/%2311+MCOG+presentation+2023-04-03-AMMA.pdf>

Priority Need: Maternal Health		
Improve maternal health by:		
Goals (a.- d. are linked to Public Health Accreditation requirements)	Measure and Strategies	Desired Outcomes
Improve transportation options for getting to appointments. Ensure that all patients are able to get to their perinatal, postpartum and neonatal doctor appointments. Explore the possibility of funding a mobile clinic van to service remote clinics on a weekly or monthly basis. Work with clinics to explore options for transportation to and from appointments.	In development	Patients don't miss appointments; improved early identification of potential health risks.
Reduce stigma around early care and substance misuse	In development	

Priority 2: Improve Adolescent Health

Identification of Needs

The 2020 Federal Census estimates there are 9,945 adolescents aged 10 to 19 years in Mendocino County. The main causes of death for adolescents in Mendocino County are motor vehicle accidents, gun violence and assault and drug overdose. Families are under economic stress, with almost a third of children are living below the poverty line. With widespread poverty and easy access to drugs, it is not surprising that the rate of confirmed child abuse is on the the highest in the state. In 2018, Mendocino County's rate of child abuse was 17.7 per 1,000, more than double the statewide rate of 7.8 per 1,000, and as of July 2018 the foster care rate of 11.3 per 1,000 was also more than double the statewide rate of 5.3 per 1,000. Local professionals in the field report that virtually all cases of abuse in Mendocino County involve substance use.

Seventy-five percent (75%) of residents have experienced one or more Adverse Childhood Experiences (ACEs), and 31% have experienced 4 or more ACEs. At 23%, Mendocino County is the 5th highest in the state for the percentage of children who have experienced two or more ACEs. The 2018 suspension rate within the largest school district in the county Ukiah Unified, was 7%, 3% higher than the statewide suspension rates. Despite the level of need, numerous gaps remain to address the social determinates of health for children and youth living in Mendocino County which puts them at higher risk for entry into the juvenile justice system and is evidenced in the

juvenile felony arrest rates. Mendocino County's juvenile felony arrest rate in 2018 were 9.8 per 1,000 more than double the state rate of 4.1 per 1,000 and the 3rd highest rate statewide. When isolating arrest rates by race/ethnicity Hispanic and Latino youth are arrested at 14.9 per 1,000 and white youth at 5.4 per 1,000 these rates are both over double the state rates, 4.1 per 1,000 Hispanic and Latino, and 2.3 per 1,000 for white youth [4]. At 6.3% Mendocino County has the 5th largest population per capita of Native American persons in California [5]. There are 10 Tribal Nations within Mendocino County each with its own unique customs and traditions. Native American youth are arrested on drug-related charges at twice the rate of their White counterparts. Gang involvement for Native American youth is 67% higher than statewide averages. Due to environmental risk factors, such as exposure to trauma, poverty, and violence there is a great community need to provide youth with programs that will mitigate risk factors while offering an alternative to further traumatization by entry in the juvenile justice system.

There is a lack of mental health providers who treat adolescents in some areas, and frequently long wait times for appointments.

The teen birth rate is (2021) 17.7 per 1,000 compared to the California rate of 9.3 per 1,000. The rate of certain STI's among adolescents is higher than that of the State rate.

The rate of school suspensions in 2020 was 49.9 per 1,000 students, compared to California at 24.5 per 1,000.

On June 14, 2023, the Children's Health Committee, a coalition that has been in existence in Mendocino County since 2015, will hold a zoom conference to discuss the disparities in adolescent health in Mendocino County. (A complete list of members of the Children's Health Committee can be found in Appendix E).

Goals

Goal 1: Work with Mendocino County Office of Education and schools to assess and advance the equitable delivery of sexual and reproductive health, following *The California Healthy Youth Act (CHYA)* of the *California Education Code (EC)* sections 51930–51939 and SB89 (Children in Foster Care) in all regions of the County.

Mendocino County has not had a standardized reproductive health education curricula for many years. In the past, Public Health had community health workers who provided schools with reproductive health education, and information about intimate partner and dating violence, substance abuse and other pertinent topics. Public Health began contracting with Planned Parenthood for this service. During the COVID-19 pandemic, this service was discontinued. Public Health is contacting Planned Parenthood to request they follow the terms of their contract and resume these services. Public Health is working with Mendocino County Office of Education and Planned Parenthood to re-start the program.

Motor vehicle accidents, drug overdoses and violence are the top causes of death among adolescents in Mendocino County. Providing information about safe driving, substance use, healthy relationships and gun safety could improve health outcomes for this demographic.

Explore and promote education targeting adolescent boys and men. Explore the use of online resources for accessing accurate and appropriate education for this demographic.

Goal 2: Increase the availability and access to reproductive health services, to reduce the number of teen pregnancies and increase treatment for sexually transmitted diseases.

Work with MCOE to establish school clinics in all schools to provide health education and health screening for early interventions. Establish subcommittee to address adolescent CHYA implementation. Health Officer and/or MCAH Nurse meets with MCOE to support and provide advocacy for state and HP 2030 goals. Establish subcommittee to address adolescent CHYA implementation. Health Officer and/ or MCAH Nurse meets with MCOE to support and provide advocacy for state and HP 2030 goals.

Goal 3: Promote continuing health education in schools to address issues like reproductive health, dating violence, sexual violence, drug and substance abuse, motor vehicle accidents, promotion of healthy relationships etc., along with peer education programs; Distribute educational materials to increase awareness.

Convene groups using community based participatory research (CBPR) practices and distribute teen produced community-based intervention (CBI) narratives, e.g., cellphilms and photo voice, to increase inclusion, end isolation, advance healthy relationships, behaviors and activities, equitably. Promote California Youth Behavior Health Initiatives (CYBHI) practices

Goal 4: Identify strategies to identify gaps in services for all youth, especially foster care and developmentally disabled youth.

Convene groups using CBPR practices and include Foster Care Nursing (HPCFC) and Healthy Families Mendocino (HFMHVP). Work with Family & Children’s Services (FCS) and Independent Living Program (ILP) for transitional age youth needs.

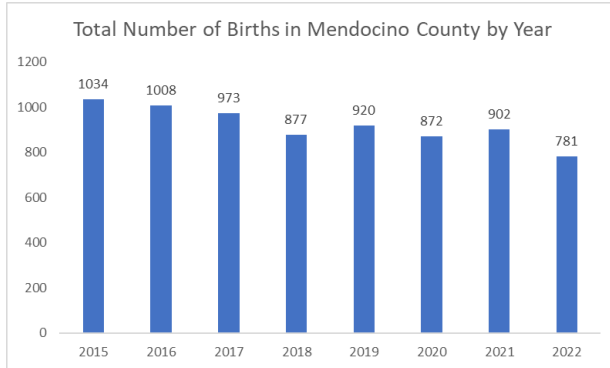
I. Priority Need: Improve Adolescent Health		
Goals	Measure and Strategies	Desired Outcome
Work with Mendocino County Office of Education & Schools to develop and promote a curricula as mandated by The California Healthy Youth Act of the California Education Code (EC) sections 51930–51939, to provide a	Develop materials in keeping with CA Healthy Youth Act. This priority is consistent with Goal FP-08 of the 2030 Health People objective: Increase the Proportion of Adolescents who get formal sex education before age 18 years. (https://health.gov/healthypeople/objectives-and-data/browse-objectives/family-planning/increase-proportion-adolescents-who-get-formal-sex-education-age-18-years-fp-08)	Reduced rates of sexually transmitted diseases and teen pregnancies.

I. Priority Need: Improve Adolescent Health		
Goals	Measure and Strategies	Desired Outcome
comprehensive sexual health and HIV prevention education, and education about violence, motor vehicle accidents, substance misuse and other top cause of deaths in adolescents.		
Increase the availability of school clinics and access to reproductive health services, to reduce the number of teen pregnancies and sexually transmitted diseases.	In development	Increased access to care. Increased health needs identified, referrals and treatment. Increased vaccination and prophylaxis intervention. (e.g., HPV, Mpx)
Engage with community partners to develop & maintain adolescent reproductive & sexual health resource guide.	Distribute educational materials to increase awareness	Increased knowledge among teens about a variety of subjects to improve adolescent health; reduced number of teen pregnancies and STI infections.
Identify gaps in services for all youth, especially youth in foster care.	In development: A review of the health and mental health needs of children in foster care and those with developmental disabilities. a comprehensive audit of the processes surrounding youth in foster care; a survey of youth in foster care.	Improved child health

Appendix A: Mendocino County Data

Access to Perinatal Care

Figure 1.



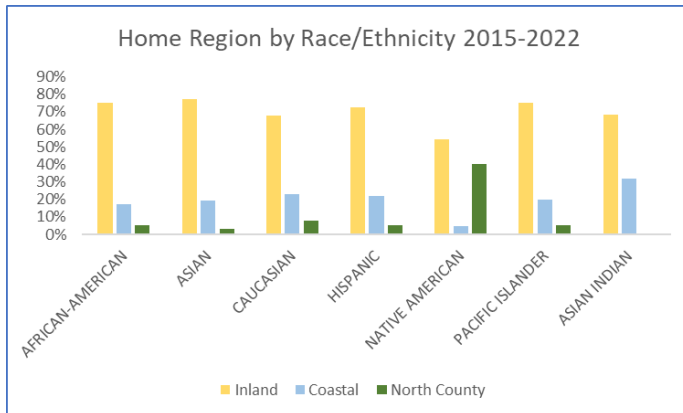
Using data derived from California Department of Public Health Vital Statistics Birth Records, an analysis was completed examining the number of births over an eight year period, the mothers home location, when she began perinatal care, number of perinatal visits, and postpartum visits. Figure 1 shows the number of births in Mendocino County from 2015 to 2022 is declining.

Figure 2.



In 2023, Mendocino County Public Health Department did an analysis of whether distance from perinatal providers had an effect on when women began perinatal care, and whether it had an effect on how many perinatal and postpartum care visits they had. Because the only labor and delivery services are now in Ukiah, third trimester visits may require long travel times to see perinatal providers. As shown in Figure 2, for purposes of analysis the county was divided into three areas: North County, Inland and the North and South Coastal areas.

Figure 3



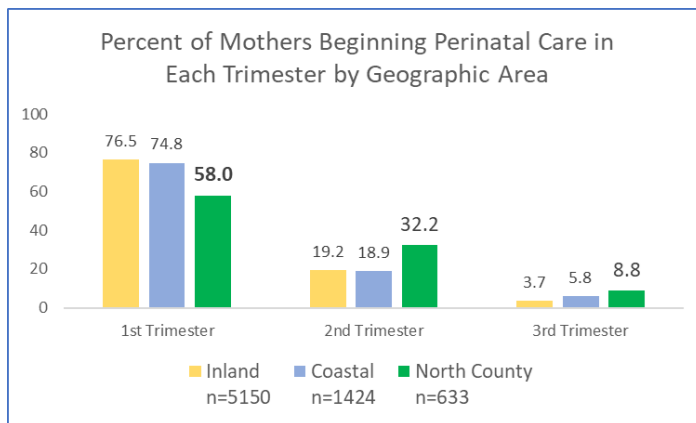
The North County region is a 4-5 hour round trip to Ukiah. It is home to the Round Valley Indian Reservation, and Covelo is the nearest unincorporated village. This community is a mix of people from several tribes: the Yuki, who were the original inhabitants of Round Valley, Concow Maidu, Little Lake and other Pomo, Nomlaki, Cahto, Wailaki, and Pit River peoples. Figure 3 shows the ethnicity of the populations

in each area.

In the North County area there are a higher number of families living below the Federal Poverty Level, with farming and ranching being the main occupation. This remote area has attracted a substantial cannabis industry, comprised of both legal and illegal farms. There is no public transportation and almost 20% of households do not own a vehicle.

Figure 4

As shown in Figure 4, the study found that 58% mothers living in the Northern parts of the County began perinatal care in the first trimester of pregnancy, compared to about 75% of mothers living in Inland regions or



mothers living in Inland regions or Coastal regions. While it appears some of these mothers caught up and begun care in the second trimester, but almost 10% of North County mothers did not begin care until the 3rd trimester. While there is an Indian Health Clinic in Round Valley, reasons for not beginning perinatal care in the first trimester may not only include lack of transportation, but as stated earlier, may include personal and family related issues such

as shame about substance use. Identifying interventions such as culturally appropriate home visiting programs to educate families about child development and provide strategies for supporting vulnerable families, improved access to substance uses disorder treatment and mental health treatment, including “TeleMed” psychiatric appointments can reduce the incidence of child mistreatment, domestic violence and improve outcomes for families.

Figure 5

City	Prenatal Numerator/ Denominator	Timely Prenatal Care (%)	Postpartum Numerator/ Denominator	Timely Postpartum Care (%)
Boonville	5/7*	71.43%	6/7*	85.71%
Covelo	18/30	60%	24/30	80.00%
Ft. Bragg	38/58	65.51%	50/58	86.21%
Gualala	7/10*	65.28%	6/10*	85.24%
Hopland	2/4*	50%	4/4*	100%
Laytonville	11/16	68.75%	12/16	75.00%
Mendocino	3/4*	75%	4/4*	100%
Pt. Arena	4/8*	50%	7/8*	87.50%
Potter Valley	1/3*	33.33%	2/3*	66.67%
Redwood Valley	15/26	65.28%	21/26	80.77%
Ukiah	115/185	62.16%	164/185	88.65%
Willits	68/85	80%	72/85	84.70%
Mendocino County	287/436	65.28%	372/436	85.23%

Figure 5 shows the percentage of timely prenatal and postpartum care for mothers who were in the Partnership HealthPlan (Medi-Cal) during 2021. Timely Prenatal Care is defined as prenatal care rendered to pregnant PHC members in the first trimester, as defined as less than 14 weeks (98 days) of gestation, or within 42 days of enrollment in the organization. Timely Postpartum Care is defined as the percentage of deliveries in which women had a postpartum visit on or between 7 and 84 days after delivery.

Mothers living in the Northern regions of the county, (Covelo), had lower rates of both timely prenatal and postpartum care.

Adolescent Population

As shown in Figure 1, In 2023, the estimated total population of Mendocino County was 92,729. Of these, 9,945 were adolescents between the ages of 10 to 19 years. Boys (5,182) slightly outnumbered girls (4,763).

Figure 1

AGE	
Under 5 years	5,005
5 to 9 years	5,565
10 to 14 years	4,968
15 to 19 years	4,977
20 to 24 years	4,573

9,945 adolescents
(5,182 Males)
(4,763 Females)

Source: 2020 Federal Census

Poverty

Figure 2 shows the number and percentage of adolescents living in poverty. According to the California Department of Public Health, the overall rate of children living in families at or below the Federal Poverty Level threshold was 16.2% in 2021. The rate in Mendocino County was 19.4%.

Figure 2

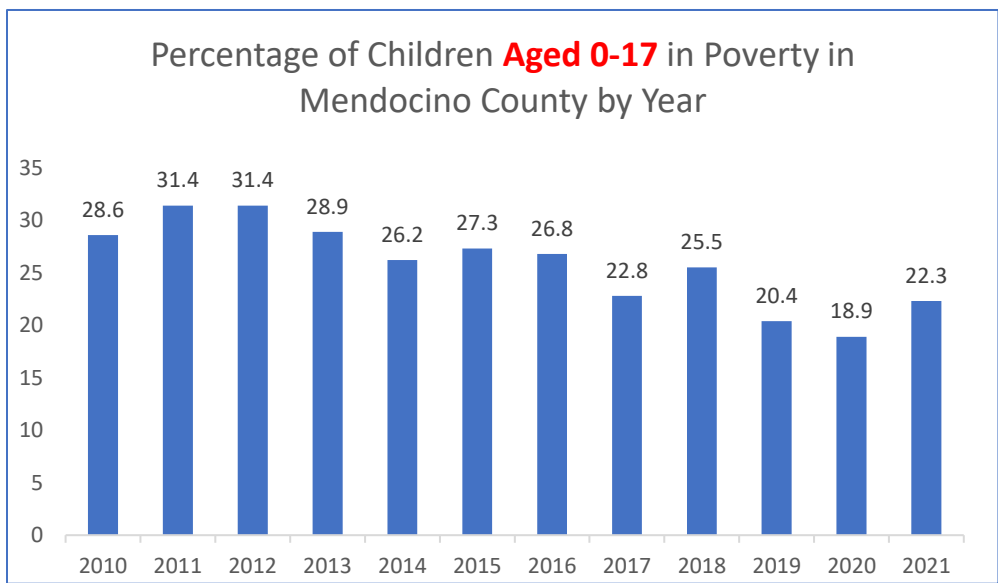


Figure 3 shows the percent of children in Mendocino County living in poverty by ethnicity. African-Americans and Native Americans have the highest percentages.

Figure 3

Ages 11-20	Poverty	Population	Percent
Ethnic Group	2022	2022	Living in
	n	n	Poverty
Black	104	172	60.5
White	1,234	10,993	11.2
Latino	1,610	7,975	20.2
Asian/P.I.	15	348	4.3
Nat Amer	242	1,017	23.8
Multi-Race	172	982	17.5
Total	3,377	21,487	15.7

Poverty and isolation in many parts of the county contribute to high rates of Adverse Childhood Experiences (ACEs). ACE scores measure the type and level of household dysfunction, abuse and neglect. In Mendocino County 31% of children possess an average ACE score of 3 events. In Mendocino County 28.4% of children live in families with incomes below or at the threshold of the Federal Poverty Level. The rate of child abuse is the eighth highest in the State, (17.9 per 100,000 compared to the statewide average of 8.7 per 100,000). Adverse Childhood Experiences underlie chronic depression, adult alcoholism, anxiety disorders, encounters with the criminal justice system, obesity, smoking suicides and on-going inter-generational dysfunction.

Mental Health Providers

Figure 4 shows the ratio of mental health providers compared to California and the United States. Because of the high level of poverty, Medi-Cal is often the mental health provider for adolescents. While adult mental health services may be more available, there is a lack of mental health providers for adolescents in the county.

Figure 4

Ratio of population to mental health providers.

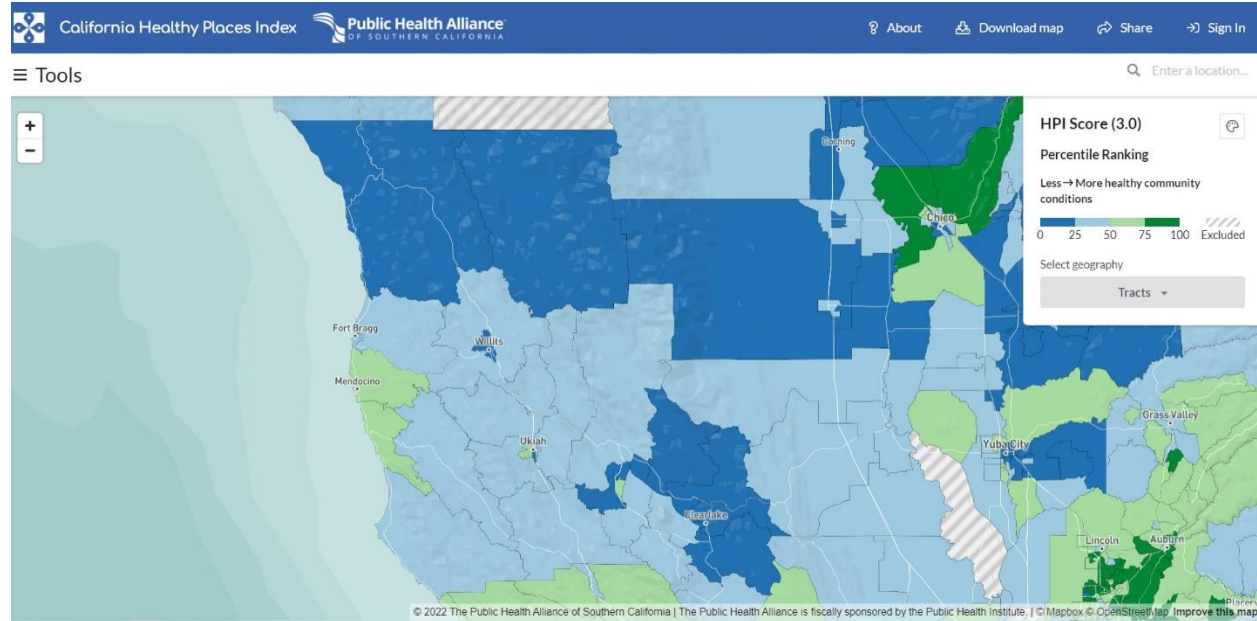
Mendocino County	California	United States
150:1	240:1	340:1

There was one mental health provider per 150 people registered in Mendocino County, California. (Years of data used: 2022)

Healthy Places Index

The Healthy Places Index uses a set of criteria to assess the overall healthiness of an area. The Policy Action Areas - such as Economic, Education, Social, Transportation, Healthcare Access, Neighborhood, Housing, Clean Environment and others are ranked from highest to lowest in the order of their impact as social drivers of health. Figure 5 is a map from The Healthy Places Index, showing the two census tracts in the northern part of the county that have the lowest scores in the county.

Figure 5



Teen Birth Rate

Teen birth can impact health outcomes of both the pregnant person and the infant. Infants born to pregnant teens are more likely to be premature, have low birth weight, and are at higher risk for death. Having a baby can also negatively impact the pregnant teen's health and their educational and job opportunities. Figure 6 shows the number and rate of teen births in Mendocino County and California.

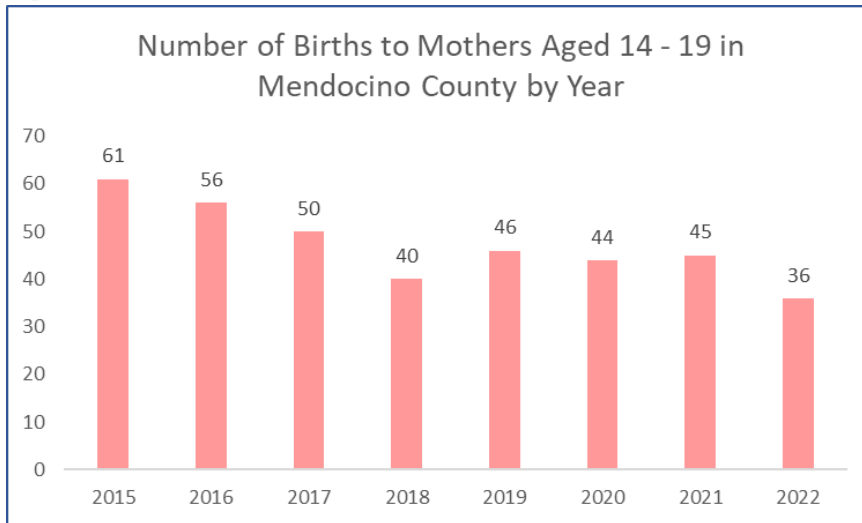
Figure 6

Number and rate per 1,000 of births to mothers 14-19 years during 2019-2021

	Number	Rate per 1,000
Mendocino County Ages 14-19 (2019-2021)	135	17.5
California Ages 14-19 (2019-2021)	12,467	9.3

Figure 7 shows the number of births to teen mothers has been declining since 2015, but the rate is still higher than the overall State.

Figure 7



Child Maltreatment

Childhood trauma and adverse childhood experiences (ACEs) have a great negative impact on the health, safety, and well-being of individuals and our community. They lead to negative health behaviors, poor performance at school and work, and higher risk for serious health conditions in adulthood. The county’s rates of child abuse and domestic violence calls for help are among the highest in California. Thousands of children are being raised by grandparents, and 28% of county households face severe housing problems.

Figure 8 shows the rate of reports of child maltreatment per 1,000.

Figure 8

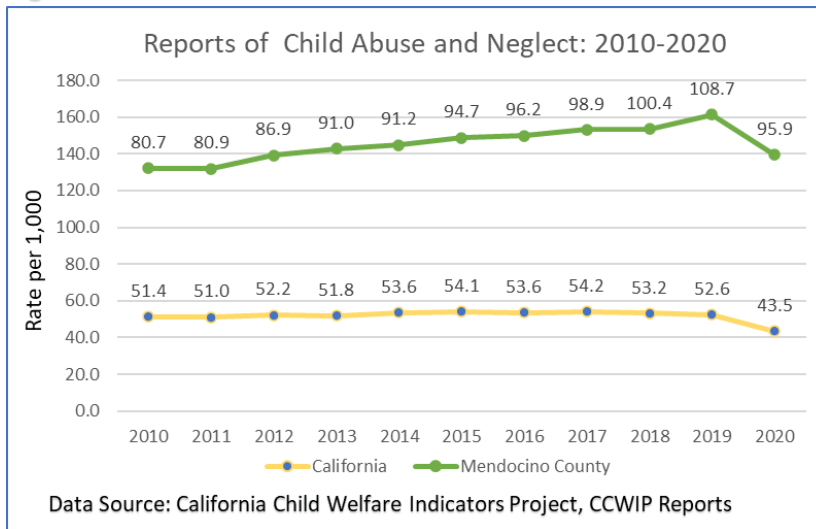


Figure 9 shows the comparison of children being taken into foster care in Mendocino County, (11.3 per 1,000) compared to California (5.3 per 1,000).

Figure 9

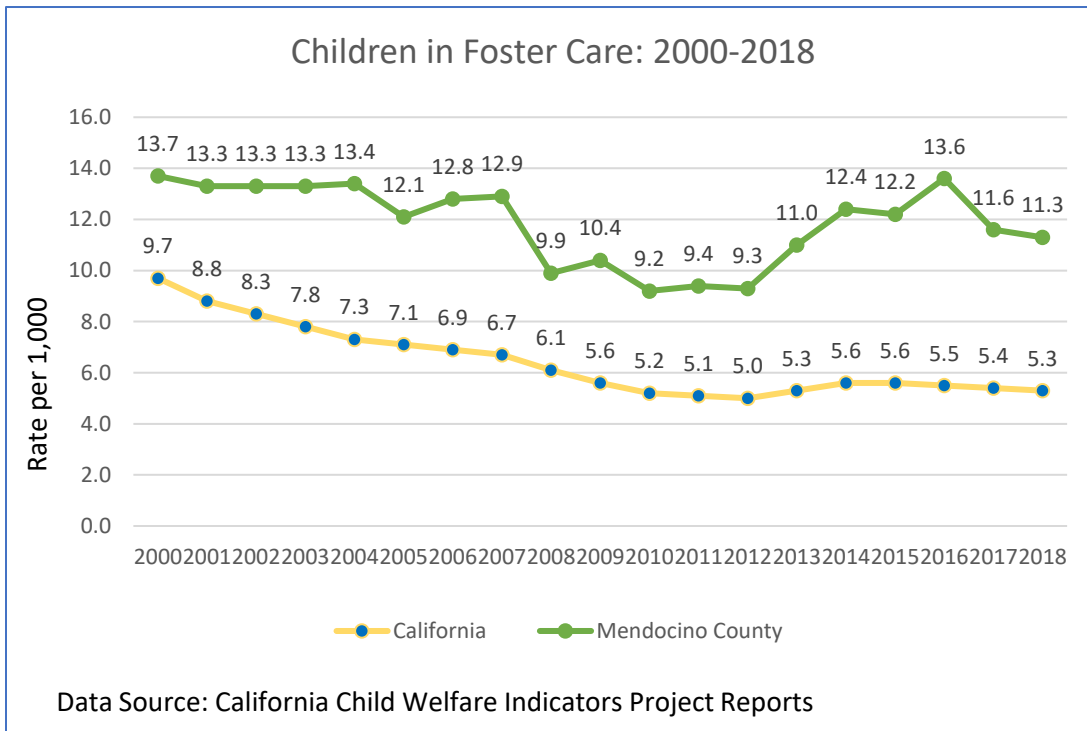


Figure 10 shows the rate of reports of child maltreatment by race/ethnicity by year

Reports of Child Abuse and Neglect, by Race/Ethnicity: Rate per 1,000					
Race/Ethnicity	2016	2017	2018	2019	2020
African American/Black	269.2	280.0	255.8	259.0	S
American Indian/Alaska Native	237.8	234.4	226.1	298.8	263.7
Asian/Pacific Islander	62.3	116.5	65.7	97.5	S
Hispanic/Latino	53.6	55.4	58.9	64.4	70.4
White	112.2	114.5	112.5	111.5	93.5

*S = data suppressed due to small numbers

(Data Source: California Child Welfare Indicators Project, CCWIP Reports).

Timely Medical Exams for Children in Foster Care

Figure 11 examines the number of children ages 0-17 in foster care who received medical examinations in accordance with the Child Health and Disability Prevention Program.

Figure 11

Timely Medical Exams for Children in Foster Care: 2015 - 2019

Locations	Number				
	2015	2016	2017	2018	2019
Mendocino County	176	210	200	194	138

Definition: Number of children ages 0-17 in foster care on March 31 receiving medical exams in accordance with Child Health and Disability Prevention Program periodicity schedules effective July 1, 2016 (e.g., among California children in foster care on March 31, 2019, 31,242 received timely medical exams).

(Data Source: California Child Welfare Indicators Project Reports).

Causes of Adolescent Deaths

Figure 12 shows the percentages of deaths from all causes in youth ages 18 to 24 years. Vehicular accidents, drug poisoning and suicide are the greatest causes of death in this age group.

Figure 12

Cause of death ages 18-24 years	
	Percent
Vehicular accident	34
Drug poisoning	22
Suicide	12
Assault	10
Pending investigation	6.0
Neurological causes	6.0
Cancer	4.0
Other causes	6
Total	100

Source: CDPH Vital Statistics death records

Index of Codes - Coding Definitions ICD-10 codes for Injury

Any Violent Death: X60-X84, X85-X99, Y00-Y09, Y10-Y34, Y35.0-Y35.4, Y35.6-Y35.7, Y87.0-Y87.2, Y89.0, U01-U03, W32-W34

Any Firearm Death: X72-X74, X93-X95, Y22-Y24, Y35.0, U01.4, W32-W34

Suicide: X60-X84, U03.0, U03.9

Suicide by Firearm: X72-X74

Homicide: X85-X99, Y00-Y09, U01, U02

Homicide by Firearm: X93-X95, U01.4

Law Enforcement Involved: Y35.0-Y35.4, Y35.6-Y35.7

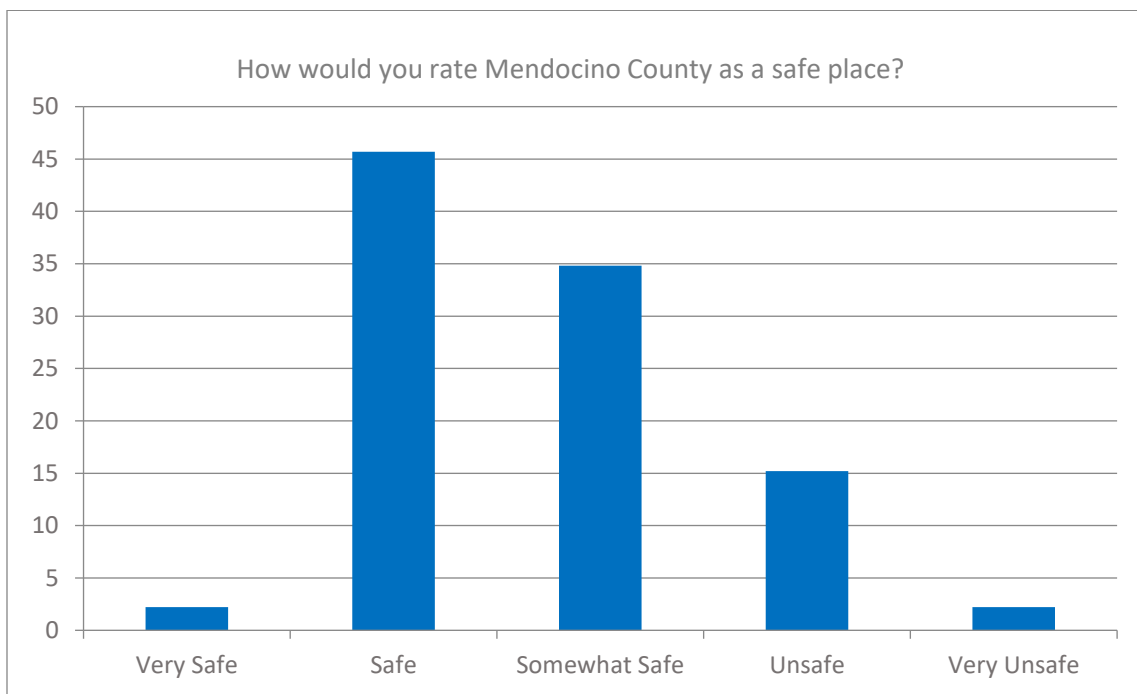
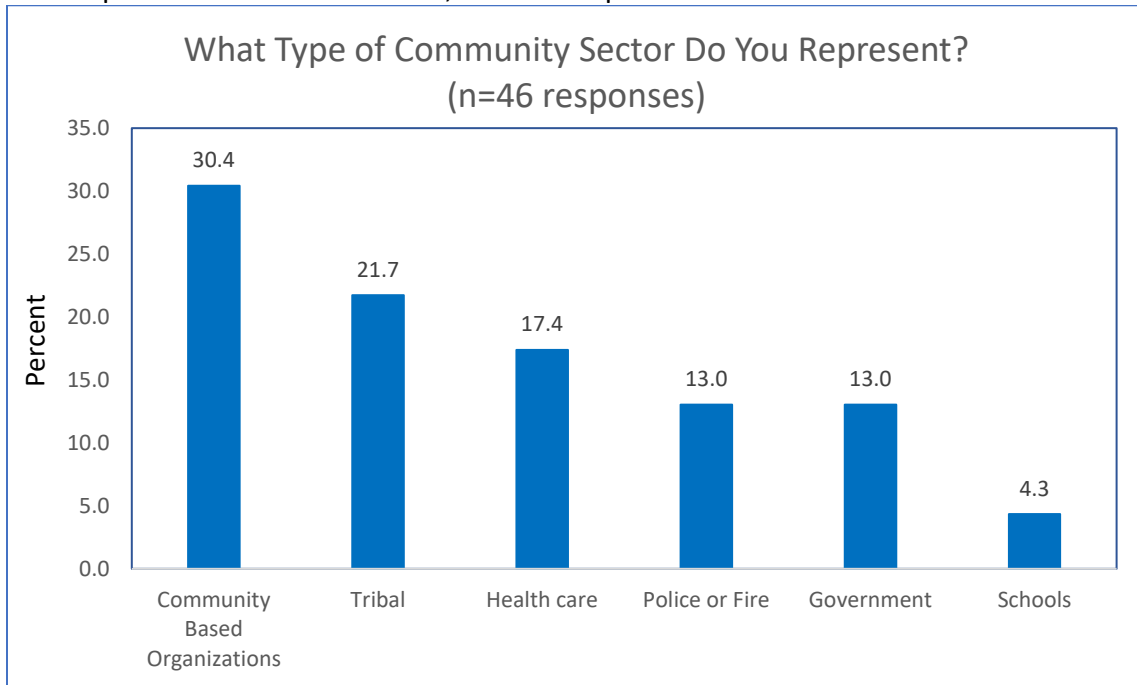
Unintentional Firearm: W32-W34

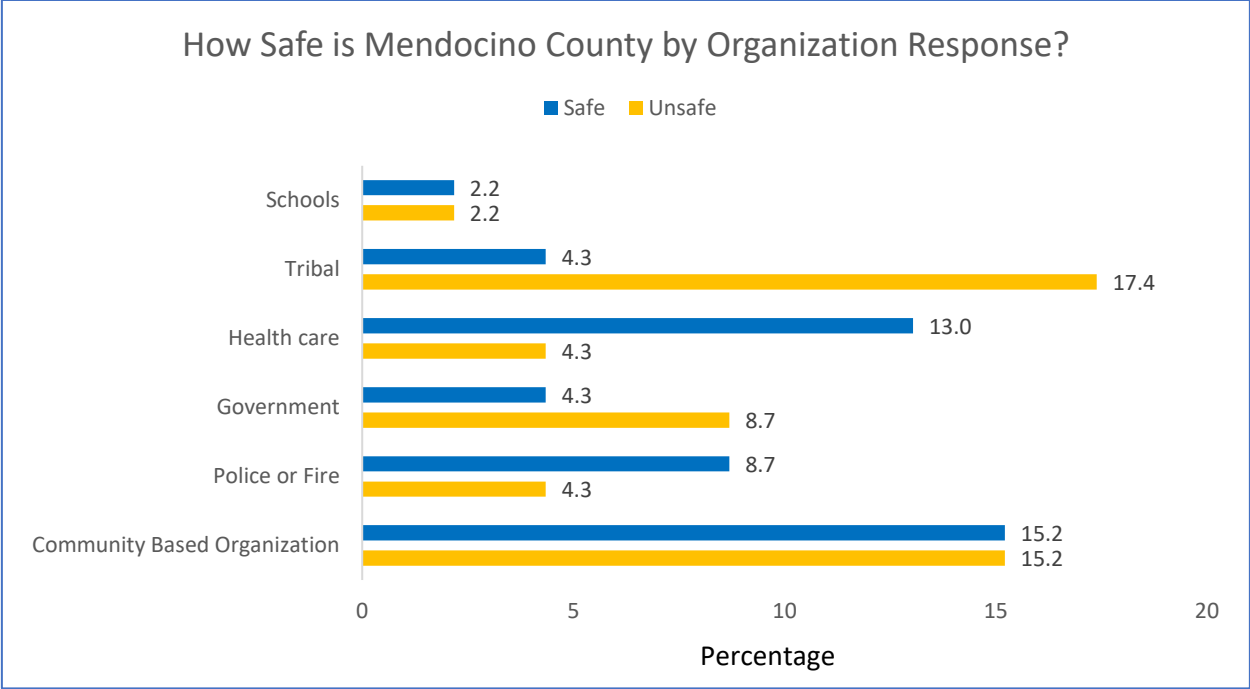
Appendix B: Community Partners Surveyed

Action Network FRC-Gualala
Action Network FRC-Point Arena
Adventist Health Coast Clinic
Adventist Health Emergency Dept Coast Hospital
Adventist Health Emergency Dept Ukiah Valley
Adventist Health Emergency Dept Willits
Adventist Health Ukiah Valley
Alliance for Rural Community Health
Anderson Valley Health Center
Anderson Valley School District
ARC Family Resource Center
Blue Zones
BHRS SUDT
Consolidated Tribal Health Project
Childrens and Family Services
Cahto Tribe/Laytonville Rancheria, Chairwoman
FIRST 5 Mendocino
Ford Street Project
City of Fort Bragg *
Ft Bragg Police*
Hopland Band of Pomo Indians
Hospitality House/Mendocino Coast Hospitality Center *
Laytonville Healthy Start FRC
Laytonville Healthy Start FRC*
MCOE, Superintendent
Mendocino College *
Mendocino Coast Children's Fund (MCCF)/ FRC
Mendocino Coast Clinics (MCC)
Mendocino Coast Clinics (MCC)
Mendocino County AIDS/Viral Hepatitis Network (MCAVHN)
Mendocino County Family and Children's Services
Mendocino County Office of Education
Mendocino County Probation Department
Mendocino County Sheriff's Office
Mendocino County Youth Project
Mendocino County-Social Services
Mendonoma Alliance*
Native Connections
North Coast Opportunities
Nuestra Alianza de Willits
Nuestra Alianza de Willits FRC
Partnership Health Plan
Point Arena Police
Potter Valley Youth and Community Center FRC
Raise and Shine
Redwood Community Services
Redwood Quality Management Company
Round Valley FRC (RVFRC)
Round Valley Indian Health Center, Executive Director
Safe Passage FRC
SafeRx Coalition
Sherwood Band of Pomo Indians, Tribal Administrator
Sherwood Band of Pomo Indians, Tribal Services Manager
The Arbor Youth Resource Center
Ukiah Police Department
Ukiah Unified School District
Ukiah Vecinos en Accion (UVA), Secretary
Veteran's Health Clinic
Yuki Trails

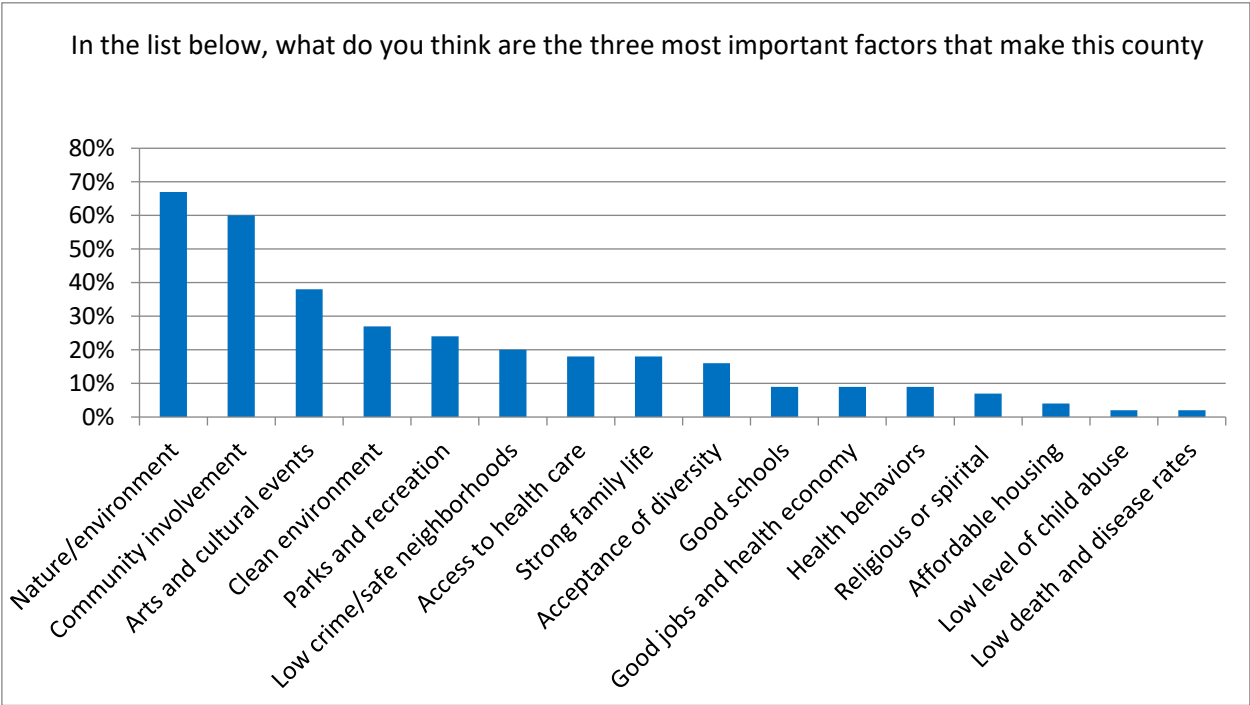
Appendix C: Community Partners Survey Responses

An online survey of approximately 15 questions was emailed to about 75 community partners. The response rate was about 30%, with 46 responses.





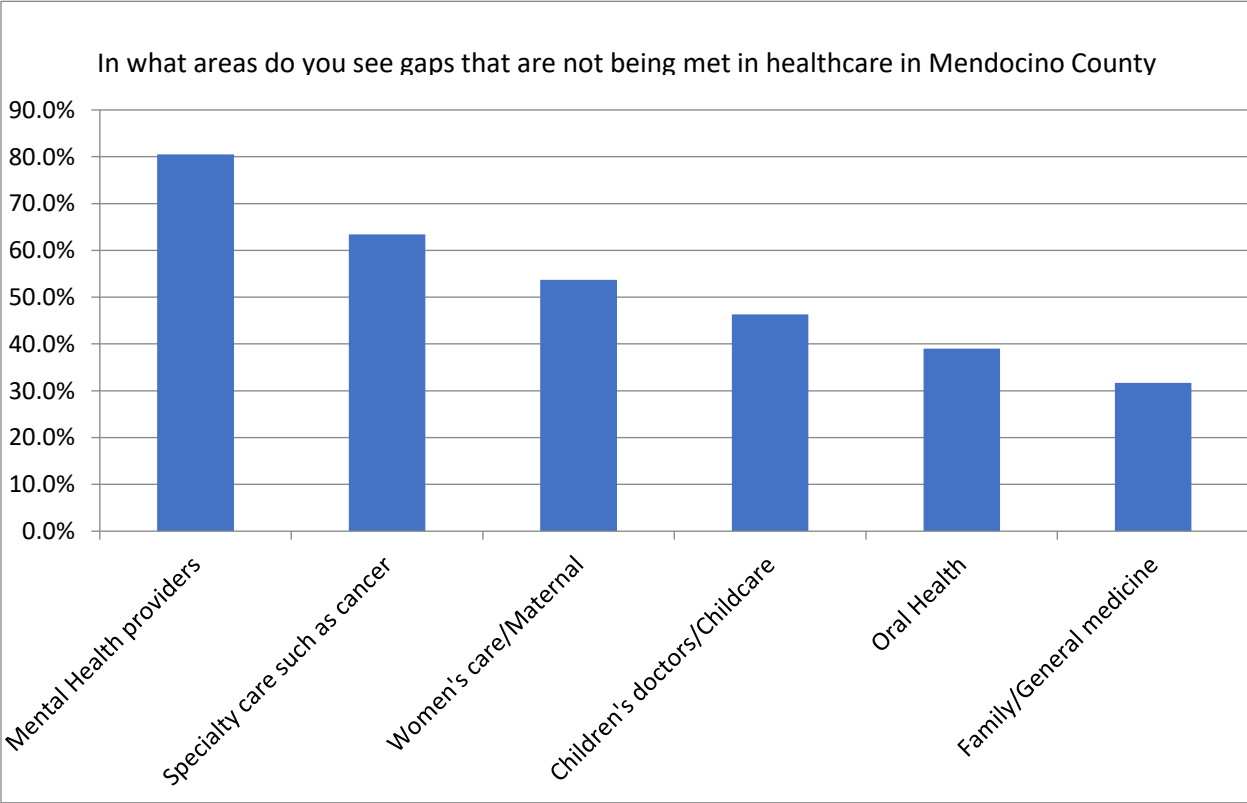
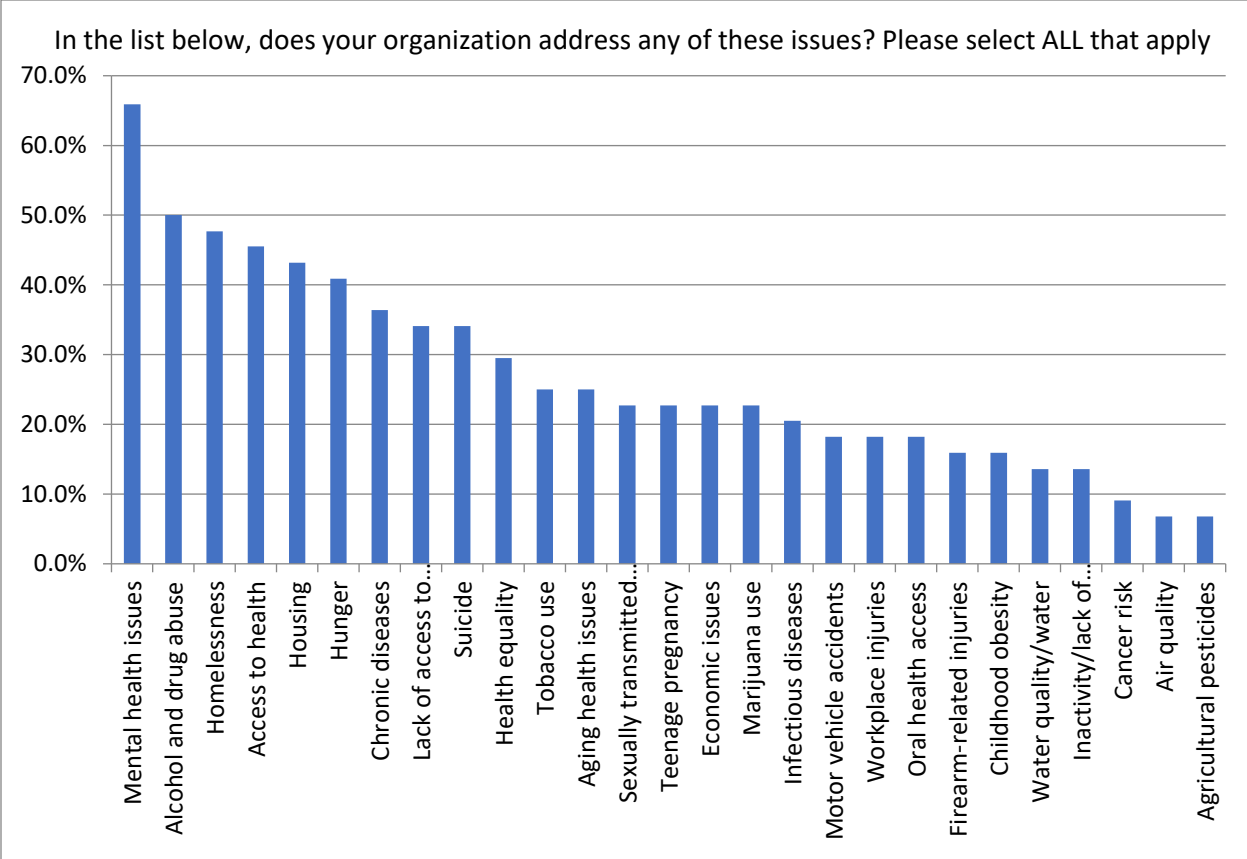
When safe and not safe were combined and organized by community organization respondents, Tribal organization respondents felt the County was more unsafe than respondents from other sectors.



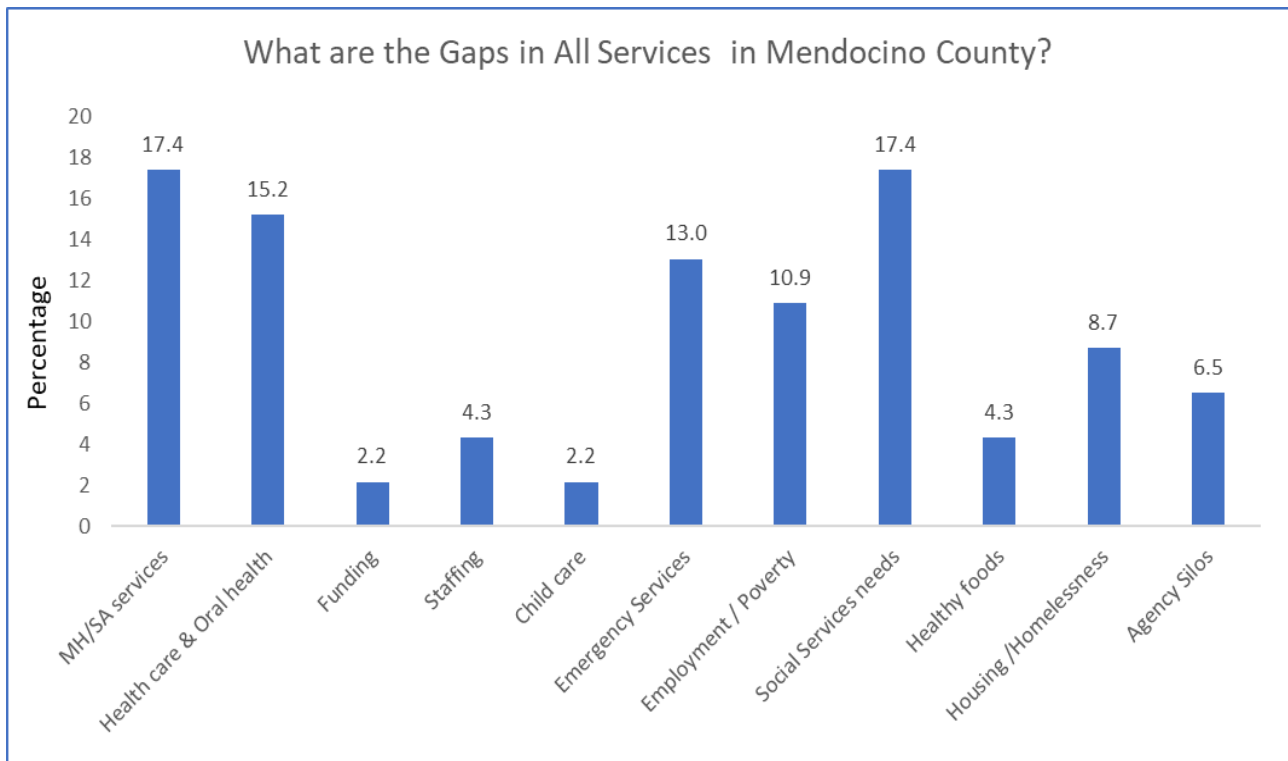
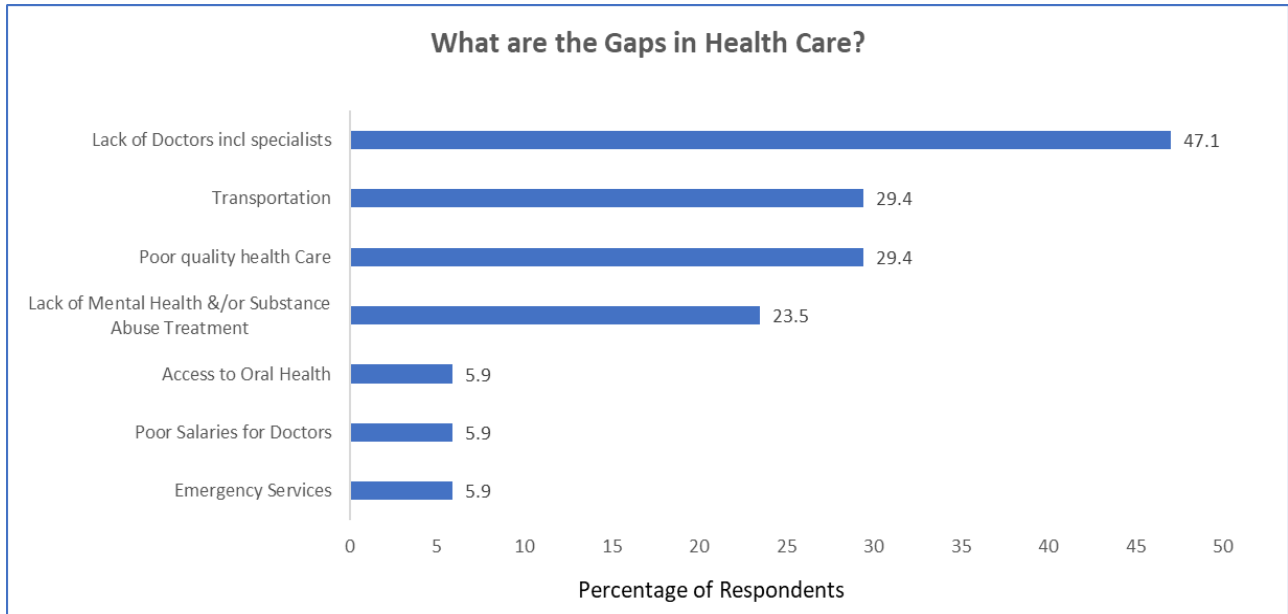
The top three choices that respondents felt made Mendocino County a good place to live, were the environment/nature, community involvement and arts and cultural events. Affordable

housing, low levels of child abuse, and low death/disease rates were the choices that were the least chosen.

Many of the organizations who responded are working to address multiple issues.



Respondents were asked to comment on the gaps in health care, and the individual responses are as follows:



Lack of mental health and substance abuse services, along with other social services were identified as being the top areas of need, followed by health care (including oral health), emergency services and employment/ poverty.

Survey Comments Broken Out by Sector

Below are the direct responses to this open-ended question from the survey instrument for addressing the challenges or barriers:

Please list the most significant challenges or barriers to addressing these issues in the previous question.	
Community Based Organization	Access to services, rural community, collaborative approaches between like agencies.
	Bureaucracy, Low paying jobs, High Housing cost
	Consistent financial support
	County is very siloed - lack of communication. Lack of staff training or experience. Lack of SUD services supporting minors
	Funding, high prices for food, finding good volunteers since covid
	Funding, housing for employees, lack of skilled workforce due to housing
	Insufficient income is the common and underlying issue across the board. The complexity of the safety net such as it is also a significant barrier to finding the right help. A well-advertised, simple to access and find "one stop shop" in Ukiah, Willits, and Fort Bragg directing people in need to the appropriate county department/agency would be incredibly helpful ...
	Insurances is too expensive for people that don't qualify for Medical, convince people to do physical activity and people think that the marihuana is harmless.
	We refer people who have issues with housing & medical care to the appropriate agencies via our Outreach. USC gives the Seniors and disabled access to a safe secure environment. We also run door-through-door rides via our Transpiration Office. Healthy quality food is available at reasonable costs.
	Workforce shortage due to non-competitive wages. Higher than average cost of living results in housing shortages. Lack of community activities for teenagers resulting in high-risk activities such as drugs and alcohol use.
Police of Fire	As an unpaid agency, volunteer staffing is #1, hours of training required for certifications and timing of training opportunities are problematic, average age of volunteers is increasing
	Availability of volunteers to respond to incidents. Funding for equipment. Training for personnel.
	Drug manufacturers, overdoses, and cannabis related violence
	Local drug rehabilitation; access to mental health services; affordable housing; alcoholism culture
	Rural area and remote location creating lack of access to resources, low income, poor economy/lack of jobs.
Government	1. Cost of developing new housing. 2. Available land for new housing. 3. Keeping existing affordable housing in safe and sanitary condition.
	Community needs to address downstream impacts of ACEs -focus on treating problems rather than prevention

Please list the most significant challenges or barriers to addressing these issues in the previous question.	
	Lack of Housing. Lack of quick access to quality mental health services. Floundering and inadequate workforce.
	Limited housing stock, lack of follow through by client, and high caseloads for service providers.
Health care	Affordable and competitive wages/salaries for qualified providers (therapists, etc.); lack of available qualified providers to provide services
	Few agencies that deal directly with challenges of things like housing, substance abuse, mental health treatment. Hard to access services if you live in rural/isolated parts of county
	Funding. Cooperation & teamwork with the local medical clinic. Not enough providers available locally. Transportation. Language barriers. The sheer number of residents in great need is overwhelming
	insufficient availability of qualified human resources. insufficient financial resources. lack of community
	Internet access, mobile phone service, rurality, transportation
	Lack resources in housing, poverty, drug abuse treatment
	Resources, language, and financial support
Tribal	1, Lack of Quality Jobs 2, Cost of living to income disparage 3, discrimination against remote rural communities by county government
	Drug free communities, Marijuana Cultivation, Illegal aliens that grow and transport drugs in our county
	Income, transportation, job, understanding and open minded
	It's hard getting drugs and alcohol off the reservation, need a health care place closer, need more housing.
	Lack of Education, Inadequate Income, Access to Medical Care
	Lack of transportation, lack of communication and coordination of services involving tribes and their members in order to provide adequate care and lack of staff in agencies that should be providing and coordinating care
	Mental Health services don't work together. No Housing and hard to develop. Too many chemicals in our water.
	Only one, which is programmatic funding.
	Transportation to attend outreach events, income barriers
Schools	Financial, leadership, and motivation.
	Staffing shortage. Children have easy access to drugs and alcohol. It is difficult to find the time to do all that is required and need in schools.
	We halted our in-person educational health classes. Eventually we offered one of our classes online. We were unable to visit clients in their homes which hindered our ability to deliver full our services. Our Care Transition program stopped getting referrals from hospitals as normal surgeries were postponed and canceled.

The COVID-19 pandemic created changes in the way many services were delivered. How did the pandemic affect your organization's service delivery? The following responses are a sampling.

Allowed for telehealth services to some of our most remote clients.

Greatly; services were shifted primarily to telehealth (which has pros/cons) but are noticing our community's capacity for engaging in our level of care has drastically decreased.

In person communication was completely stopped. It has been detrimental to provider services.

Increase exposure of volunteers and staff, and increased response need due to number of incidents.

It is VERY difficult to effectively teach in a remote environment. Counseling services were delivered remotely, which was not as effective. Students that were really struggling prior to the pandemic were deeply impacted by having to stay home and many have not recovered, even to the baseline where they were prior to the pandemic.

Most encounters/meetings/trainings/Court were done by ZOOM

Most medical appt during pandemic were done with technology, moved away from face to face

Moved many community engagement activities onto Zoom. Allowed staff to work from home and tend to family needs more efficiently.

No hands-on help. I believe we make individuals with needs feel rejected.

Overtaxed EMS service

People were not comfortable being in groups, so we had less participation, had to attempt to utilize technology more but infrastructure was lacking for high-speed technological services

PPE and EMS protocols complicated emergency responses

Recruitment and hiring became more challenging. Vacancies seem to last longer which adversely impacts clinic operations and services.

Unable to work with clients

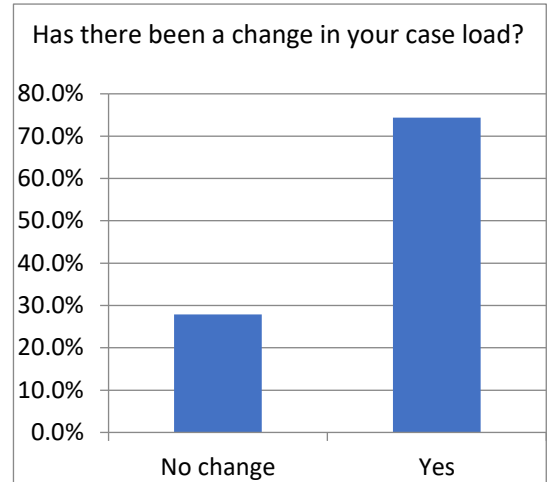
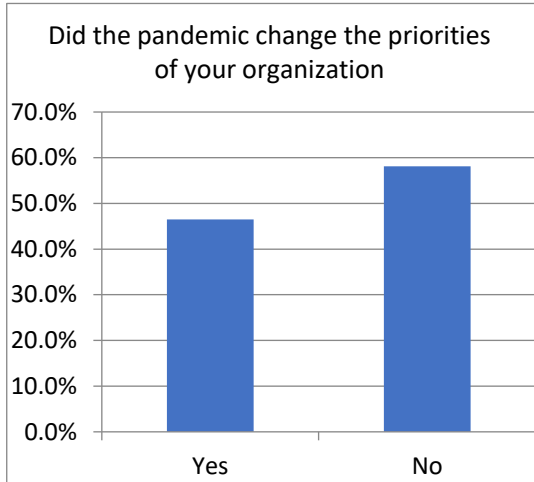
Since we had to close so many programs, we developed others and increased our meal delivery system from one meal a week to 5, and from 25 meals a day to 75-90

We are now able to offer many services via telehealth. We offered vaccines at community wide events.

We focus heavily now on teen suicidal ideation. Economic equity for families that were hit hard by the pandemic. Food security, lack of housing, and Mental Health all seem to be on the rise.

The COVID-19 pandemic created changes in the way many services were delivered. How did the pandemic affect your organization's service delivery? The following responses are a sampling.

We had to close our doors to our dining room and only do take out or delivery meals which increased our costs.



Appendix D: List of Perinatal Access Consortium

ANDERSON VALLEY	AH Anderson Valley	Cindy Novella
		Chloe Guazonne Rugebregt
SOUTH COAST	Redwood Coast Medical Service	Afsoon Foorohar DO
		Carolyn Hand FNP
	Mendoncoma Health Alliance	Micheline White
		Heather Regelbrugge
UKIAH		
	AHUV/Incubate	Jeremy Malin FNP
	AHUV	Taff Cheneweth L&D
		Judson Howe
		Brittany Ramirez RN
		Sara Martin
	AHUV residency	Jodi Parungao MD
		Amber Gilmore MD
	MCHC Care for Her	Matt Swain
		Donna Smith
		(Seema Nyack OBGYN?)
		Devery Montano CM
WILLITS	Little Lake Clinic Willits	Mary Anne Gould
NORTH COAST	AHMC	Zoe Berna
		Carla Stange
	MCC	Lucresha Renteria
		Stacy Pollina Millina
NORTH COUNTY	Consolidated Tribal Health	Diana Billy Elliot
		Teresa Brassfield RN
		Scot Loeliger
	Long Valley Health Center	Mauricette Montredon
		James Stewart
	Cahto/Laytonville Rancheria	Alice Langton-Sloan
	Round Valley Health Center	Vicki Shivley
		Linda Lohne
	Coyote Valley Band of Pomo	Dawn McCarty
	Pinoleville	Clayton Freeman
	Guideville Health Director	Kim Dufour
	Hopland	Sharrae Elston
	Long Valley Health Center	Mauricette Montredon
ALL-COUNTY	FIRST5 Mendocino	Alexandra Rounds
		Townley Saye
	Public Health	Andy Coren MD PHO
		Lisa Fredrickson MCAH
		Cathy Boyle DNP
		Lorelei Garcia
		Donna Schuler
		Julie Beardsley
	Partnership Health Plan	Marshall Kubota
		Nicole Curreri
		Colleen Townsend
		Lynn Scuri
	ARCH	Miranda Ramos
	People's Midwifery	Gloria Pampise LM CPM

Appendix E: Children's Health Committee

First Name	Last Name	Agency
Amanda	Archer	Mendocino County Youth Project
antoinette	ascencio	
Ari	Chakabarti	
Adella	Perez	Public health - Home Visiting
Adena	Blair	Public Health
Alex	Rounds	FIRST 5 Mendocino
Alyssum	Wier	ARTS Mendocino
Andres	Alvarado	FIRST 5 Mendocino
Angela	DeWitt	
Andy	Coren	Public Health: Administration
Angela	Wartell	Public Health
Angie	Baker	Redwood Community Services
Annie	Liner	Mendocino Coast Childrens Fund
Annie	Frassinello	
Annie	Earsley	Adventist Health
April	Cunningham	North Coast Opportunities
Azalia	Garduno	Public Health - WIC
Bavvy	Ducharme	Public Health - Community Wellness
Bessie	Glossenger	MCOE
Beth	Ingels	Mendocino County Family & Childrens Services
Blyth	Post	MCOE
Bonnie	Boek	FIRST 5 Mendocino
Brandy	Maxwell	CASA
Brenda	Moreno	
Brenda	Sanchez	Mendocino County Social Services
Briseida	Rivas	North Coast Opportunities
Camille	Schraeder	Redwood Community Services
Carmen	Harris	Redwood Community Services
Cathy	Boyle	Mendocino County Public Health
Casey	Johnston MD	MCHC Halth Centers
Celyna	Ramos	MCOE
Chris	Piekarski	Redwood Valley Rancheria
Christina	Burns	North Coast Opportunities
Christine	Hawley	Redwood Community Services
Chloe	Guazzone	Anderson Valley health Center
Cindi	Condos	Mendocino Community Health Clinics
Clara	Slaughter	
Claudia	Hillary	Action Network
Clemencia	Paniagua	Public Health - WIC

Clinton	Maxwell	MCOE
Colleen	Gorman	Mendocino County Behavioral Health & Recovery Services
Dale	Weiss	
Deb	Kubin	Ukiah Unified School District
Debra	Ramirez	
Debbie	Swayze	Consolidated Tribal Health
Devery	Montano CM	MCHC Health Centers
Dina	Polkinghorne	Project Sanctuary
donald	bearson	
Donna	Schuler	MCPH
Donna	Peirson-Pugh	Sueno Latino
Dorothy	Mazzanati	
Drew	Iacomini-Hair	Ford Street Project
Eileen	Harmon	Public Health
Erica	Baumker	Adventist Health
Fabiola	Ruiz	Mendocino County Social Services
Faith	Simon	Adventist Health
Gabriela	Burleson	Public health - Home Visiting
Gayle	Zepeda	Round Valley Indian Health Center
George	Verastegui	Public Health - WIC
Heather	Rugelbrugge	Mendonoma Health Alliance
Heather	Criss	Mendocino County ACT
Holly	Madrigal	
Jacqueline	Orozco	
Jack	Baumann	Nuestra Alianza de Willits
Jade	Aldrich	FIRST 5 Mendocino
Jaime	Del Aguila	Nuestra Alianza de Willits
James	Stuart	Long Valley Medical Center
Jami	Williams	North Coast Opportunities
Janette	Vasquez	Public Health: Nursing
Jasmine	Billy	Redwood Valley Rancheria
Jason	Iversen	Ukiah Unified School District
Jayma	Spence	Laytonville Healthy Start FRC
jennifer	o'donnell	United Way
Jessica	Grinberg	
Jimena	Castaneda	Ukiah Unified School District
Joann	Sacato	
Jo-Ann	Rosen	Community Resiliency Model
Joanna	Olson	MCAVHN

Joel	Merrifield	Round Valley Indian Health Center - Family Resource Center
Julie	Beardsley	Public Health: Administration
Justin	Benninger	Mendocino County Family & Childrens Services
Kate	Veno	MCOE
Kate	Feigin	Mendocino College
Kate	McKenna	
Kate	Napp	Redwood Community Services
Katie	Nicole	Planned Parenthood N Cal
Katie	Taylor	Planned Parenthood N Cal
Kathy	O'Ferrall	Public Health: Nursing
Karla	Kohler	FIRST 5 Mendocino
Kim	Guerra	Redwood Community Services
Kris	Swett	UUSD
Kristin	Hills	MCOE
Larann	Henderson	Consolidated Tribal Health
Laura	Welter	Safe Passage
Laurel	Near	SPACE
Judy	Leach	
Julianna	Russ	
Lenea	Pollett	Ukiah Unified School District
Libby	Guthrie	
Lily	Caravello	Mendocino County Social Services
Lindsey	Painter	Redwood Community Services
Lisa	Fredrickson	Public Health: Nursing
Lorraine	Pantic	Adventist Health
Lorraine	Montano	Redwood Community Services
Lucresha	Renteria	Mendocino Coast Clinics
Lynn	Scuri	
Maria	Noriega	Mendocino County Social Services
Maria	Hurtado	Public Health - WIC
Maria	Nieto	Redwood Community Services
Marianna	Johnson	Public Health: Administration
Makayla	Chacon	Project Sanctuary Coastal
Marissa	Kendrick	Mendocino College
Mauricette	Montredon	Long Valley Medical Center
Mark	Fierro	Public Health: Administration
Martin	Martinez	Redwood Valley Rancheria
Mary	Lamb	
Mary	Norris	
Mary Kate	McKenna	

Mayte	Sanchez	PDI
Megan	Van Sant	Mendocino County Social Services
Megan	Barber Allende	
Michele	Curley	Consolidated Tribal Health
Michelle	Roberts	Project Sanctuary
Michelle	Rich	
Michelle	McMillian	
Ann	Moorman	Honorable, Mendocino Court
Miranda	Ramos	Alliance for Rural Community Health (ARCH)
Mo	Mulheren	Mendocino County Board of Supervisors
Naomi	Rhodes	Ukiah Unified School District
Natalie	Shepard	Tapestry
Natasha	Carter	MCOE
Nichole	Dewald	Mendocino County Social Services
Nicole	Johns	Tapestry
nicole	Glentzer	
Paloma	Patterson	
paul	Anderson	
paul	davis	
Patty	Bruder	North Coast Opportunities
Raymundo	Perez	Nuestra Alianza de Willits
Rosa	Perez	North Coast Opportunities
Ryan	Larue	
Roseanne	Ibarra	NCO
Samantha	Everett	Tapestry
sage	giancommo	
Sara	O'Donnell	Cancer Resource Center-Mendocino
Sara	Fairbairn	RQMC
Scott	Paulin	UUSD alt ed
Shannon	Kashor	Project Sanctuary
Sheryn	Hildebrand	CASA - Court Appointed Special Advocate
Steve	Hahm	MCOE
Stacy	Pollina	
stephanie Gold		
Stephanie	Chapman	Mendonoma health alliance
Sydney	Clark	Project Sanctuary Ukiah
Tami	Voris	Mendocino County Social Services
Tammy	Moss Chandler	North Coast Opprotunities
Terry	d'Selkie	Ukiah Unified School District
Thais	Mazur	Action Network
Tiffany	Gibson	Adventist Health

Tim	Karas	
ted	williams	
Townley	Saye	FIRST 5 Mendocino
Travis	Meeks	Project Sanctuary
una	wirkebau	
Veronica	Hernandez	Public health - Home Visiting
Vicki	Shively	
Victoria	Kelly	Redwood Community Services
Waldi	Helma	Mendocino County Family & Childrens Services
Whitney	Eads	Public health - Home Visiting
Willow	Anderson	Mendocino County Social Services
yolanda	torres	
Zenia	Leyva Chou	NCO
Zoey	Fernandez	SS: Administration
Janine	Thompson	PHN

Appendix F: Reports on Disparities

- Native American Health Data, 2022
- Additional Information on Native American Health, 2022
- Native American Perinatal Utilization Mendocino County, 2021 Final
- Perinatal care Preterm Births and Low Birth Rate by Geographic Area, 2023
- Covelo Births, 2023
- Birth Data, 2021
- Preterm Births by Race/Ethnicity and Year, 2021
- Preterm Births and C-Sections by Race/Ethnicity and Year, 2022
- Child Death Data 2017-2021, 2022
- Emergency Department Visits of Children, 2022
- Induced Births and Prenatal Start Dates 2015 to 2022, 2023
- Adolescent Health, 2023
- Deaths in Covelo, 2019
- Gun Violence Statistics Mendocino County, 2022
- Avoidable Deaths 2016-2021, 2021
- Mendocino County Mortality 2015- 2018, 2019
- Drug Deaths 2017 to 07/01/2023, 2023
- Drug Poisoning and Suicides by Race and Year, 2021
- Opioid Abuse in Mendocino County, 2018
- Drug Poisoning Mendocino County 2020, 2021