MENDOCINO COUNTY
BEHAVIORAL HEALTH ADVISORY BOARD

REGULAR MEETING

AGENDA

March 27, 2024
1:00 PM – 3:30 PM

Location: Behavioral Health Regional Training Center, 8207 East Road, **Redwood Valley**

Chairperson
Vacant

Vice Chair
Perri Kaller

Secretary/Treasurer
Jo Bradley

BOS Supervisor
Mo Mulheren

1ST DISTRICT:	2ND DISTRICT:	3RD DISTRICT:	4TH DISTRICT:	5TH DISTRICT:
DENISE GORNY	MARK DONEGAN	JEFF SHIPP	VACANT	FLINDA BEHRINGER
LOIS LOCKART	VACANT	PERRI KALLER	VACANT	JO BRADLEY
VACANT	VACANT	VACANT	VACANT	MARTIN MARTINEZ

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

	Agenda Item / Description	Action
1. 3 minutes	**Call to Order, Roll Call & Quorum Notice, Approve Agenda:** *Review and Possible Action.*	Board Action:
2. 2 minutes	**Approval of Minutes from the February 28 2024, BHAB Regular Meetings:** *Review and Possible Action.*	Board Action:
3. 10 minutes (Maximum)	**Public Comments:** *Members of the public wishing to comment on the BHAB will be recognized now. Any additional comments can be provided through email to bhboard@mendocinocounty.org.*	Board Action:
4. 30 minutes	**Board & Committee Reports:** *Discussion and Possible Action.* A. Vice Chair – *Perri Kaller* - AB 817 Updates B. Chair – *Vacant* C. Secretary/Treasurer – *Jo Bradley* - Measure B Update D. Appreciation Committee – *Member Martinez*	Board Action:

	E. Contracts Committee – *Vice Chair Kaller, Member Behringer* F. Membership Committee – *Vice Chair Kaller, Member Behringer* G. Public Comment Follow-Up Committee – *Member Martinez and Shipp* H. Site Visit Committee – *Chair Kaller, Member Behringer & Martinez* I. CIT Committee – *Member Gorny* J. Tribal Advisory Committee – *Member Martinez* K. Nomination Committee – *Member Gorny*	
5. **20 minutes**	**Data Book-** *Vice Chair Kaller, Member Behringer*	Board Action:
6. **25 minutes**	**Crisis Assessment with Regional Center Clients –** *Sarah Livingston Redwood Community Services Crisis Services Director*	Board Action:
7. **20 minutes**	**Innovation project: Pinoleville Native Warm Line-** *Karen Lovato Acting Deputy Director.*	Board Action:
8. **20 minutes**	**Mendocino County Report –** *Jenine Miller, BHRS Director* A. Director Report Questions B. Psychiatric Health Facility Update C. Staffing Update D. Care Court	Board Action:
9. **10 minutes**	**Anchor Health Management Report –** *Anchor Health Management Inc.* A. Services Update B. Staffing Update	Board Action:
10. **3 Minutes**	**Member Comments:**	Board Action:
11. **2 minutes**	**Adjournment**	Board Action:

AMERICANS WITH DISABLITIES ACT (ADA) COMPLIANCE

The Mendocino County Behavioral Health Advisory Board complies with ADA requirements and upon request will attempt to reasonably accommodate individuals with disabilities by making meeting material available in appropriate alternative formats (pursuant to Government Code Section 54953.2). Anyone requiring reasonable accommodations to participate in the meeting should contact the Mendocino County Behavioral Health Administrative Office by calling (707) 472-2355 at least five days prior to the meeting.

BHAB CONTACT INFORMATION:

PHONE: (707) 472-2355 | FAX: (707) 472-2788

EMAIL THE BOARD: bhboard@mendocinocounty.org **| WEBSITE:** www.mendocinocounty.org/bhab

MENDOCINO COUNTY
BEHAVIORAL HEALTH ADVISORY BOARD

REGULAR MEETING

MINUTES

February 28, 2024
10:00 AM 12:00 PM

Location: Behavioral Health Regional Training Center
8207 East Road, Redwood Valley Ca.

Chairperson
Vacant

Vice Chair
Perri Kaller

Secretary/Treasurer
Jo Bradley

BOS Supervisor
Mo Mulheren

1ST DISTRICT:	2ND DISTRICT:	3RD DISTRICT:	4TH DISTRICT:	5TH DISTRICT:
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LOIS LOCKART	VACANT	PERRI KALLER	VACANT	JO BRADLEY
VACANT	VACANT	VACANT	VACANT	MARTIN MARTINEZ

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

	Agenda Item / Description	Action
1. 3 minutes	**Call to Order, Roll Call & Quorum Notice, Approve Agenda:** *Review and Possible Action* ○ Vice Chair Kaller called the meeting to order at 10:29 AM. ○ Members present: Bradley, Donegan, Gorny, Kaller, Lockart, and Martinez. ○ Members not present: Behringer and Shipp ○ BOS Mo Mulheren was present. ○ Public members present: Victoria Kelly and Tim Schraeder.	Board Action: None.
2. 2 minutes	**Approval of Minutes from the January 24, 2024 BHAB Regular Meeting:** *Review and Possible Action.*	Board Action: Motion made by Member Gorny seconded by Vice Chair Perri to correct Member Lockart last name on these minutes and approve the 1-24-24 presented. Motion passes.
3. 10 minutes (Maximum)	**Public Comments:** *Members of the public wishing to comment on the BHAB will be recognized now. Any additional comments can be provided through email to bhboard@mendocinocounty.gov.*	Board Action: None.

	○ Member Gorny expressed excitement regarding the Boys and Girls Club Annual Crab Feed for March 2nd from 6 PM to 9 PM at the Fairgrounds in Ukiah. All proceeds from the event will allow to provide a quality summer program to over 400 most vulnerable youths throughout Mendocino County. ○ Victoria Kelly, Chief Executive Officer, Redwood Community Services (RCS) shared service data for services from July 2023 to January 2024, she provided printouts to the members.	
4. **45 minutes**	**Board & Committee Reports:** *Discussion and Possible Action.* A. Vice chair–*Perri Kaller.* *- 2024 Meeting Schedule* - Asked are there any changes to the meeting schedule. Director Miller informed her about the meeting in September being scheduled in Covelo and the meeting in March will be scheduled at Point Arena. - AB817 Updates- Back on the floor and moving forward, looks promising. B. Chair – *Vacant* - No report. C. Secretary/Treasurer – *Jo Bradley* - Measure B Update – Member Bradley shared the dates for the Measure B Meetings. She also shared the loan for Mendocino County Jail will accumulate interest. D. Appreciation Committee – *Member Martinez* - Redwood Community Services (RCS) was appreciated for its efforts in reducing crises within the community. According to Member Donegan, RCS has been instrumental in ensuring his regulars are cared for in the community. Consequently, these individuals are not stranded outside in the harsh weather conditions. This is also a testament to the excellent work of Building Bridges, which has been helping the community. - Building Bridges does accept donations; there is a need for donations of towels and comfortable clothing for people who are homeless. Therefore, any contribution towards providing them with clothing and other essentials would be greatly appreciated. E. Contracts Committee. -*Vice Chair Kaller, Member Behringer.* - RFP is in process not much to say since contracts are right in the middle of it. F. Membership Committee – *Vice Chair Kaller, Member Behringer.* - Vice Chair Kaller. G. Public Comment Follow-Up Committee – *Member Martinez and Shipp.* - No report. H. Site Visit Committee – *Vice Chair Kaller, Member Behringer*. - No Report. I. CIT Committee – *Member Gorny* - Continue to attend the meetings. Set goals in February for the committee, some of those are creating a simplified brochure that can be posted at the hospitals or clinics to continue the crisis training. J. Tribal Advisory Committee – *Member Martinez* - No Report.	Board Action:

	K. Nomination Committee – *Member Behringer and Member Gorny* - No Report.	
5. **30 minutes**	**Proposition 1 –** *Karen Lovato BHRS Deputy Director.* - The MHSA is being evaluated for modernization and expansion of its services, broadening the focus from mental health to behavioral health services. If passed next week, implementation starts in 2024 until 2027. The first phase is a stakeholder process to determine the implementation's perspective. Funding for organizations will change, and a two-year process is necessary to implement the changes fully. 1 would impact how many Californians access mental health services and substance use disorder treatment in their communities. It would restructure a key funding source for county behavioral health services in ways that would increase housing support but might adversely impact counties' ability to provide behavioral health services. Restructuring Funding: Proposition 1 would restructure a key funding source for county behavioral health services. It aims to increase housing support, but this could potentially affect counties' ability to provide behavioral health services. Counties might face challenges in maintaining or expanding mental health services and substance use disorder treatment. The restructuring could lead to changes in how services are delivered, impacting access for Californians who rely on these services. Counties would need to strike a balance between housing support and behavioral health services. While housing is crucial, it's essential not to compromise the availability and quality of mental health and substance use treatment. Counties would need to allocate resources effectively to address both housing and behavioral health needs. Proposition 1's impact on funding distribution could require counties to make strategic decisions. In summary, while Proposition 1 aims to improve housing, its effects on behavioral health clinics and services need careful consideration to ensure that Californians continue to receive essential mental health and substance use support	Board Action:
6. **15 minutes**	**Crisis Assessment with Regional Center Clients-** *Sarah Livingston Redwood Community Services Crisis Services Director.* - Item deferred until next meeting.	Board Action: None.
7. **25 minutes**	***Mendocino County Report –*** *Jenine Miller, BHRS Deputy Director* - Item deferred until next meeting. *A. Director Report Questions.* *B. Psychiatric Health Facility Update.* *C. Staffing Update.* ***D.*** *Care Court.*	Board Action: None.

8. **10 Minutes**	**Anchor Health Management Report –** *Tim Schraeder, Anchor Health Management Inc.* - Item deferred until next meeting. A. Services update: - No report B. Staffing Update No report.	Board Action: None.
9. **3 minutes**	**Member Comments:** - None.	
9. **2 minutes**	**Adjournment 12:18 P.M.**	Board Action: Motion made by Member Martinez seconded by Vice Chair Perri to adjourn the meeting. Motion passes with approvals.

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Behavioral Health Advisory Board

BHRS Director's Report

March 2024

Board of Supervisors:

Recently passed items or presentations:

- Mental Health:
- Substance Use Disorders Treatment:
  - None

Future BOS items or presentations:

- Mental Health:
  - None
- Substance Use Disorders Treatment:
  - None

Staffing Updates:

- New Hires:
  - Mental Health: 1
  - Substance Use Disorder Treatment: 0
- Promotions:
  - Mental Health: 0
  - Substance Use Disorder Treatment: 0
- Transfers
  - Mental Health: 0
  - Substance Use Disorder Treatment: 0
- Departures:
  - Mental Health: 1
  - Substance Use Disorder Treatment: 0

Audits/Site Reviews:

- Completed/Report of Findings:
  - Annual County Monitoring Activities (ACMA): Received results for MHP and DMC-ODS.
- Upcoming/Scheduled:
  - February: Submission of County Response to CalEQRO Feedback Report.
  - February: Submission of County Response to ACMA Report

Upcoming Site Reviews:

- SUDT Recertification Review of Willits Office

Grievances/Appeals:

February 2024

- MHP Grievances: 2, 1 pending, 1 resolved
- SUDT Grievances: 0
- MHSA Issue Resolutions: 0
- Second Opinions: 0
- Change of Provider Requests: 0
- Provider Appeals: 0
- Consumer Appeals: 0

Meetings of Interest:

- MHSA/QIC Joint Stakeholder Forum Thursday, April 4, 2024, 2:00 pm – 4:00 pm at Willits Library 390 E. Commercial Street and via Zoom https://mendocinocounty.zoom.us/j/86336576198

- Safe Rx Coalition Thursday, April 11, 2024, from 12:00 pm – 1:00 pm via teams Click here to join the meeting

Grant Opportunities:

- None.

Significant Projects/Brief Status:

Assisted Outpatient Treatment (AOT): AB 1421/Laura's Law February 2023

Melinda Driggers, AOT Coordinator, is accepting and triaging referrals:

- Referrals to Date: 16 (duplicated)
- Total that did not meet AOT criteria: 118
- Total referrals FY 23/24: 8
- Currently in Investigation/Screening/Referral: 3
- Settlement Agreement/Full AOT FY 23/24: 2
- Pending Assessments to file Petition: 2
- Unable to locate/connect with client: 1 (investigation report completed, in case another agency has contact with client)

Notes: There are going to be discrepancies with the number of clients referred and clients that did not meet the criteria. Just because someone was not ordered into AOT does not mean they did not meet the criteria. There are times when the County files a petition and the client does not show up to court, a higher level of care is needed, the client chose to participate in BHC instead, they were incarcerated, the client left the area, etc.

Most of the referrals AOT receives are from service providers which means the client is already connected to services. When the county AOT Coordinator can contact a client, she assists in connecting them with services they are interested in.

Unable to locate/connect with the client: - even if unable to contact the client the AOT Coordinator does a record review and notifies mobile crisis, mobile outreach, crisis, and the jail discharge planner letting them know we have a referral and need to touch-base with the client. If it looks like the client likely meets the criteria, the AOT Coordinator will put together an investigation report and send it for an assessment just in case they do have contact with the client.

Educational Opportunities:

- Mental Health Services Act Forum & Quality Improvement Committee Joint Stakeholder Forum Thursday, April 4, 2024, 2:00 pm – 4:00 pm Mendocino County 1120 S Dora Street Conference Room 1 and via Zoom: Willits Library 390 E Commercial Street and via Zoom: https://mendocinocounty.zoom.us/j/86336576198
- Safe Rx Coalition Meeting Thursday, March 14, 2024, from 12:00 – 1:00 pm via teams

Mental Health Services Act (MHSA):

- No change.

Lanterman Petris Short Conservatorships (LPS):

- Number of individuals on LPS Conservatorships: **59**

Substance Use Disorders Treatment Services:

Number of Substance Use Disorders Treatment Clients Served in **January 2024**:

- Total number of clients served: 97
- Total number of services provided: 521
- Fort Bragg: 18 clients served for a total of 95 services provided
- Ukiah: 70 clients served for a total of 391 services provided
- Willits: 9 clients served for a total of 35 services provided

Number of Substance Use Disorder Clients Completion Status

- Completed Treatment/Recovery: 9
- Left Before Completion: 5
- Lost Contact/Service Unavailable: 2
- Discharged to Rehab Facility: 1

New Contracts:

- None.

Capital Facilities Projects:

- **Willow Terrace Project:**
  - Innovation activities occurring, processing applications as vacancies are available.
- **Orr Creek Commons Phase 2**:
  - County and provider staff on-site to support services, processing applications as vacancies are available.
- **CRT: Phoenix House:**

  February 2024:
  - 11 individuals served
  - 213 Bed days
  - 7 repeated clients

  Program to date:
  - 279 clients served

Behavioral Health and Recovery Services
Mental Health FY 2023-2024
Budget Summary
Year-to-Date as of March 11, 2024

	Program	FY 23-24 Approved Budget	Expenditures						Revenue					Total Net Cost
			Salaries & Benefits	Services & Supplies	Other Charges	Fixed Assets	Operating Transfers	Total Expenditures	2011 Realignment	1991 Realignment	Medi-Cal FFP	Other	Total Revenue	
1	Mental Health (Overhead)	(5,607,513)		97,222	13,513,313	96,905		13,707,440	(2,819,994)	(1,207,640)	(9,058,208)	(1,578)	(13,087,420)	620,020
2	Administration - MHAD75	1,246,644	990,895	270,763			(29,343)	1,232,315				(209,652)	(209,652)	1,022,663
4	MHARPA	-		1,317				1,317					-	1,317
5	CalWORKs - MHAS32	3,207		6,509				6,509				(10,374)	(10,374)	(3,865)
6	Mobile Outreach Program - MHAS33	220,292	334,187	147			(163,063)	171,272				(25,669)	(25,669)	145,603
7	Adult Services - MHAS75	226,376	69,702	12,698				82,401				(25,684)	(25,684)	56,717
8	Path Grant - MHAS91	-		13,014				13,014				(7,171)	(7,171)	5,843
9	SAMHSA Grant - MHAS92	-		80,444				80,444				(31,240)	(31,240)	49,204
10	Mental Health Board - MHB	7,130		1,171				1,171					-	1,171
11	CCMU -BCHIP - MHBCMU	-		78,882				78,882				(482,730)	(482,730)	(403,848)
12	Business Services - MHBS75	887,750	598,550	26,167			(89,647)	535,070				(27,231)	(27,231)	507,839
13	CCMU Grant - BCHIP Funds	-						-					-	-
14	CCMU Grant - CCRRSAA Funds	-		170,880				170,880				(192,680)	(192,680)	(21,800)
15	MH Grant (Other)	-		63,318				63,318					-	63,318
16	AB109 - MHMS70	-	89,984	5,410				95,395	(34,660)				(34,660)	60,735
17	Conservatorship - MHMS75	2,282,017	83,580	27,317	2,116,082			2,226,979				(134,862)	(134,862)	2,092,118
18	Public Conservator Office - MHPC75	321,483	286,240	44,438			(28,246)	302,432				(5,165)	(5,165)	297,266
19	QA/QI - MHQA99	412,614	245,997	38,242			(10,122)	274,117				(40,781)	(40,781)	233,337
a	Total YTD Expenditures & Revenue	-	2,699,135	937,940	15,629,395	96,905	(320,421)	19,042,955	(2,854,654)	(1,207,640)	(9,058,208)	(1,194,817)	(14,315,318)	4,727,637
b	FY 2023-2024 Adjusted Budget	97,889	4,797,581	4,731,559	18,273,175	97,889	(767,230)	27,132,974	(8,705,138)	(3,579,855)	(9,494,603)	(5,255,489)	(27,035,085)	97,889
c	Variance	(97,889)	2,098,446	3,793,619	2,643,780	984	(446,809)	8,090,019	(5,850,484)	(2,372,215)	(436,395)	(4,060,672)	(12,719,767)	(4,629,748)

Mendocino County Behavoiral Health and Recovery Services
Behavioral Health Advisory Board General Ledger
FY 23/24
3/11/2024

ORG	OBJ	ACCOUNT DESCRIPTION	YR/PER/JNL	EFF DATE	AMOUNT	INVOICE #	CHECK #	VENDOR NAME	COMMENT
MHB	862080	FOOD	2024/03/000545	09/21/2023	59.11	080723	4381162	SAFEWAY	ACCT# 85006
MHB	862080	FOOD	2024/05/000722	11/30/2023	63.13	100823	4384077	SAFEWAY	ACCT# 85006
MHB	862080	FOOD	2024/06/000778	12/21/2023	82.93	110723	4385444	SAFEWAY	ACCT # 85006
MHB	862080	FOOD	2024/07/000247	01/05/2024	41.94	120723	4385762	SAFEWAY	ACCT# 85006
MHB	862080	FOOD	2024/08/000034	02/01/2024	120.85	010724	4387358	SAFEWAY	ACCT# 85006
MHB	862080	FOOD	2024/08/001022	02/29/2024	60.96	85006 020724	4388620	SAFEWAY	ACCT# 85006
		FOOD Total			**$428.92**				
MHB	862150	MEMBERSHIPS							
		MEMBERSHIPS TOTAL			**$0.00**				
MHB	862170	OFFICE EXPENSE	2024/05/000850	11/30/2023	46.64	1425811	4383928	FISHMAN SUPPLY COMP	15368.17 FY 23/24
		OFFICE EXPENSE Total			**$46.64**				
MHB	862190	PUBL & LEGAL NOTICES							
		PUBL & LEGAL NOTICES Total			**$0.00**				
MHB	862210	RNTS & LEASES BLD GRD	2024/03/000099	09/06/2023	15.00				BHAB MTNG 9.27.23 INV 23-002
MHB	862210	RNTS & LEASES BLD GRD	2024/04/000993	10/27/2023	15.00				BHAB MTNG 10.25.23 INV 23-003
MHB	862210	RNTS & LEASES BLD GRD	2024/05/000112	11/02/2023	15.00				BHAB MTNG 11.15.23 INV 23-005
MHB	862210	RNTS & LEASES BLD GRD	2024/06/000796	12/19/2023	15.00				BHAB TNG 12.20.23 INV 23-014
		RNTS & LEASES BLD GRD Total			**$60.00**				
MHB	862250	TRNSPRTATION & TRAVEL	2024/01/000468	07/20/2023	89.08	7/13/2023	4377908	Behinger, Flinda	IN COUNTY TRAVEL 7/13/23 FY 24
MHB	862250	TRNSPRTATION & TRAVEL	2024/02/000218	08/03/2023	78.60	7/26/2023	4378714	MARTINEZ MARTIN D	IN COUNTY TRAVEL 7/26/23 FY 23
MHB	862250	TRNSPRTATION & TRAVEL	2024/05/000275	11/09/2023	242.38	9/8/23 - 9/27/23	4383255	BEHRINGER FLINDA	9/8/23 - 9/27/23 LOCAL TRAVEL
MHB	862250	TRNSPRTATION & TRAVEL	2024/05/000275	11/09/2023	116.72	7/26/23	4383341	KALLER PERRI	7/26/23 LOCAL TRAVEL FY23/24
MHB	862250	TRNSPRTATION & TRAVEL	2024/06/000549	12/14/2023	108.74	10/25/23 - 11/15/23	4384781	BEHRINGER FLINDA	10/25/23 - 11/15/23 LOCAL TRAV
MHB	862250	TRNSPRTATION & TRAVEL							
		TRNSPRTATION & TRAVEL Total			**$635.52**				
		TRAVEL & TRSP OUT OF COUNTY Total			**$0.00**				
		Grand Total			**$1,171.08**				

Summary of Budget for FY 22/23

OBJ	ACCOUNT DESCRIPTION	Budget Amount	YTD Exp	Remaining Budget
862080	Food	1,000.00	428.92	571.08
862150	Memberships	600.00	0.00	600.00
862170	Office Expense	500.00	46.64	453.36
862190	Publ & Legal Notices	0.00	0.00	0.00
862210	Rents & Leases Bld	30.00	60.00	-30.00
862250	In County Travel	3,000.00	635.52	2,364.48
862253	Out of County Travel	2,000.00	0.00	2,000.00
	Total Budget	$7,130.00	$1,171.08	$5,958.92

Behavorial Health and Recovery Services
Mental Health Services Act (MHSA) FY 2023-2024
Budget Summary
Year-to-Date as of March 11, 2024

	Program	FY 23-24 Approved Budget	Expenditures						Revenue			Total Net Cost
			Salaries & Benefits	Services & Supplies	Other Charges	Fixed Assets	Operating Transfers	Total Expenditures	Revenue Prop 63	Other-Revenue	Total Revenue	
1	**Community Services & Support**	(63,571)	397,683	287,832	2,302,111	-	(39,105)	**2,948,520**	(4,592,943)	(135,864)	**(4,728,807)**	**(1,780,286)**
2	**Prevention & Early Intervention**	795,250	228,508	201,137	-	-	(1,382)	**428,263**	(1,136,556)	(74,447)	**(1,211,003)**	**(782,741)**
3	**Innovation**	64,425	-	24,292	-	-	-	**24,292**	(301,552)	-	**(301,552)**	**(277,260)**
4	**Workforce Education & Training**	-	-	-	-	-	-	**-**	**-**	-	**-**	**-**
5	**Capital Facilities & Tech Needs**	-	-	-	-	-	-	**-**	**-**	-	**-**	**-**
a	**Total YTD Expenditures & Revenue**	**796,104**	626,190	513,261	2,302,111	-	(40,487)	**3,401,076**	**(6,031,051)**	**(210,312)**	**(6,241,362)**	**(2,840,287)**
b	**FY 2023-2024 Adjusted Budget**	**-**	1,527,151	4,204,293	8,648,155	54,700	(200,677)	**14,233,622**	**(8,900,907)**	**(4,536,611)**	**-**	**796,104**
c	**Variance**	796,104	900,961	3,691,032	6,346,044	54,700	(160,190)	**10,832,546**	**(2,869,856)**	**(4,326,299)**	**6,241,362**	**3,636,391**

* **Prudent Reserve Balance** **1,018,338**

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

Behavioral Health and Recovery Services
Substance Use Disorder Treatment (SUDT) FY 2023-2024
Budget Summary
Year-to-Date as of March 11, 2024

	Program	FY 23-24 Approved Budget	Expenditures						Revenue					Total Net Cost
			Salaries & Benefits	Services and Supplies	Other Charges	Fixed Assets	Operating Transfers	Total Expenditures	SABG and FDMC	2011 Realignment	Medi-Cal FFP	Other	Total Revenue	
1	SUDT Overhead	(2,638,948)	-	21,819	-	-	-	21,819	(352,672)	(171,649)	(68,147)	(13,592,321)	(14,184,789)	(14,162,970)
2	County Wide Services - SU0035	1,391,810	-	766,973	-	-	-	766,973	-	-	-	-	-	766,973
3	Elevate Youth - SU00EY	-	-	22,918	-	-	-	22,918	-	-	-	-	-	22,918
4	Ukiah Adult Treatment Services - SU0100	15,839	262,731	93,182	-	-	(94,731)	261,181	-	(13,013)	-	(6,464)	(19,477)	241,705
5	Drug Court Services - SU0105	-	86,596	15,228	-	-	(18,830)	82,995	-	(52,372)	-	(30,128)	(82,500)	494
6	Women in Need of Drug Free Opportunities - SU0125	-	53,014	12,564	-	-	(26,727)	38,852	-	(7,836)	-	(287)	(8,123)	30,729
7	Family Drug Court - SU0127	8,467	135,107	25,765	-	-	(7,119)	153,753	-	-	-	-	-	153,753
8	Friday Night Live - SU0158	-	-	5,209	-	-	-	5,209	-	-	-	-	-	5,209
9	Willits Adult Services - SU0200	93,373	70,597	20,886	-	-	(55,871)	35,613	-	-	-	-	-	35,613
10	Fort Bragg Adult Services - SU0300	50,050	116,176	22,658	-	-	(93,140)	45,695	-	-	-	(1,772)	(1,772)	43,923
11	SU0MIP	-	-	35,324	-	-	-	35,324	-	-	-	(58,380)	(58,380)	(23,057)
11	Administration - SUADMN	1,090,300	357,066	264,807	-	-	(73,306)	548,567	-	-	-	(34,956)	(34,956)	513,611
12	Adolescent Services - SUADOL	61,683	109,557	7,443			(1,896)	115,104	-	-	-	(35,224)	(35,224)	79,880
13	SABG ARPA - SUARPA	-		34,266				34,266				47,176	47,176	81,443
14	COSSAAP - SUCOSP	-		96,499				96,499					-	96,499
15	SUGRNT	-		49,095				49,095				(159,986)	(159,986)	(110,892)
16	Prevention Services - SUPREV	(72,574)	136,298	28,794			(36,866)	128,226				(414)	(414)	127,812
a	otal YTD Expenditures & Revenue	-	1,327,144	1,523,430	-	-	(408,486)	2,442,088	(352,672)	(244,870)	(68,147)	(13,872,756)	(14,538,445)	(12,096,357)
b	FY 2023-2024 Adjusted Budget	-	2,450,509	21,019,267	-	-	(1,569,434)	21,900,342	(1,765,156)	(1,060,826)	(478,768)	(18,595,592)	(21,900,342)	-
c	Variance	-	1,123,365	19,495,837	-	-	(1,160,948)	19,458,254	(1,412,484)	(815,956)	(410,621)	(4,722,836)	(7,361,897)	12,096,357

Timeliness Charts and Graphs

1.

QI Work Plan 2.1

Length of Time from Initial Request to first offered Appt. - Mean
BPSA - MHP Standard or Goal - 10 Business Days - 90%

	All Services	Adult Services	Children's Services	Foster Care
22/23 Avg.	5	5	4	5
Feb-23	4	6	3	3
Mar-23	4	4	4	6
Apr-23	4	5	3	3
May-23	4	4	3	4
Jun-23	3	2	4	5
Jul-23	4	3	5	9
Aug-23	3	3	3	5
Sep-23	3	2	4	0
Oct-23	8	6	10	11
Nov-23	7	5	10	14
Dec-23	7	7	7	8
Jan-24	6	4	8	0
12 Mo. Avg.	5	4	5	6

Length of Time from Initial Request to first offered Appt. - Median
BPSA - MHP Standard or Goal - 10 Business Days - 90%

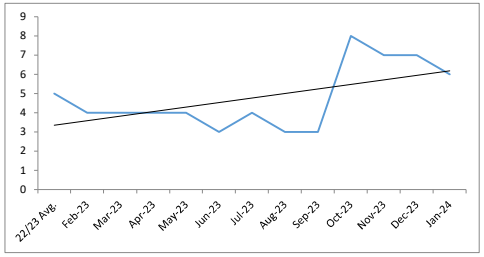
	All Services	Adult Services	Children's Services	Foster Care
22/23 Avg.	4	4	4	4
Feb-23	4	6	0	0
Mar-23	3	4	3	8
Apr-23	4	4	3	3
May-23	3	3	2	2
Jun-23	2	1	4	4
Jul-23	4	3	5	9
Aug-23	2	0	2	7
Sep-23	2	1	2	0
Oct-23	5	5	7	11
Nov-23	6	3	7	13
Dec-23	6	6	6	9
Jan-24	6	3	8	0
12 Mo. Avg.	4	3	4	6

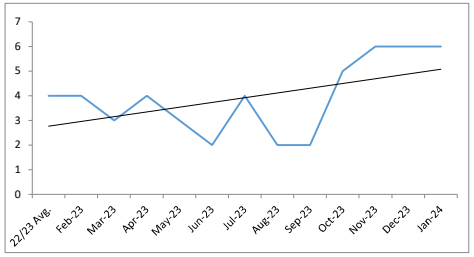
Length of Time from Initial Request to first offered Appt.
BPSA - MHP Standard or Goal - 10 Business Days - 90%

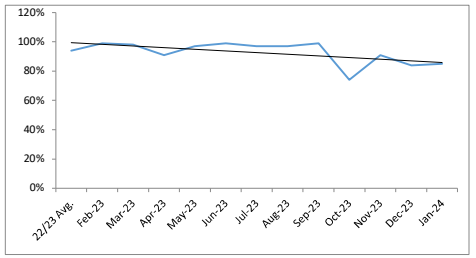
	All Services	Adult Services	Children's Services	Foster Care
22/23 Avg.	94%	93%	96%	100%
Feb-23	99%	97%	100%	100%
Mar-23	98%	98%	97%	100%
Apr-23	91%	88%	97%	100%
May-23	97%	95%	100%	100%
Jun-23	99%	100%	97%	100%
Jul-23	97%	100%	95%	100%
Aug-23	97%	95%	100%	100%
Sep-23	99%	100%	97%	100%
Oct-23	74%	79%	69%	50%
Nov-23	91%	96%	82%	N/A
Dec-23	84%	79%	87%	100%
Jan-24	85%	89%	82%	67%
12 Mo. Avg.	93%	93%	92%	92%

Graphs of "All Services"

Cal-Aim change of rules in Oct







2.

QI Work Plan 2.2

Length of Time from Initial Request to first kept Appt. - Mean
MHP Standard or Goal - 10 Business Days - 90%

	All Services	Adult Services	Children's Services	Foster Care
22/23 Avg.	5	5	5	5
Feb-23	4	6	2	n/a
Mar-23	4	4	4	6
Apr-23	4	4	4	3
May-23	4	3	4	6
Jun-23	3	3	4	5
Jul-23	4	3	5	10
Aug-23	3	3	4	5
Sep-23	3	2	4	0
Oct-23	10	6	12	16
Nov-23	7	6	8	17
Dec-23	7	8	7	8
Jan-24	7	4	8	11
12 Mo. Avg.	5	4	6	8

Length of Time from Initial Request to first kept Appt. - Median
MHP Standard or Goal - 10 Business Days - 90%

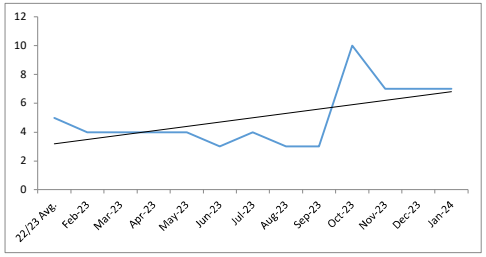
	All Services	Adult Services	Children's Services	Foster Care
22/23 Avg.	4	4	4	5
Feb-23	4	6	0	n/a
Mar-23	4	4	3	8
Apr-23	4	4	4	3
May-23	3	3	2	5
Jun-23	3	2	4	3
Jul-23	4	3	5	10
Aug-23	2	0	2	7
Sep-23	2	2	2	0
Oct-23	6	5	8	16
Nov-23	6	4	7	17
Dec-23	5	6	5	9
Jan-24	6	3	7	8
12 Mo. Avg.	4	4	4	8

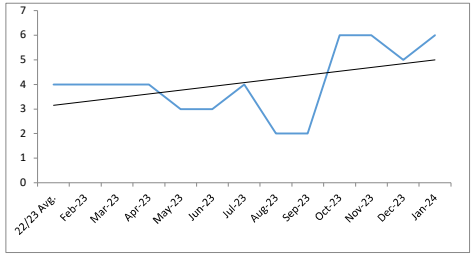
Length of Time from Initial Request to first kept Appt. -
MHP Standard or Goal - 10 Business Days - 90%

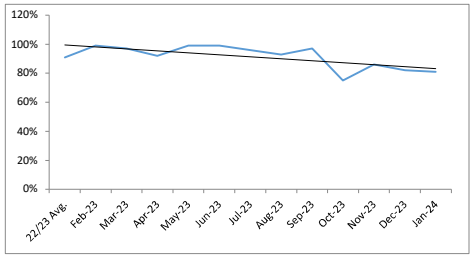
	All Services	Adult Services	Children's Services	Foster Care
22/23 Avg.	91%	91%	90%	98%
Feb-23	99%	97%	100%	n/a
Mar-23	97%	98%	95%	100%
Apr-23	92%	91%	94%	100%
May-23	99%	98%	100%	100%
Jun-23	99%	100%	97%	100%
Jul-23	96%	100%	93%	75%
Aug-23	93%	94%	89%	100%
Sep-23	97%	100%	94%	100%
Oct-23	75%	81%	70%	50%
Nov-23	86%	88%	81%	50%
Dec-23	82%	77%	85%	100%
Jan-24	81%	88%	76%	67%
12 Mo. Avg.	91%	93%	90%	86%

Graphs of "All Services"

Cal-Aim change of rules in Oct







3.

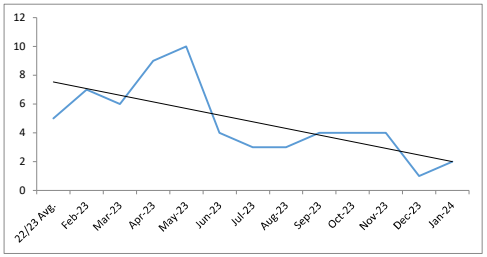
QI Work Plan 2.3

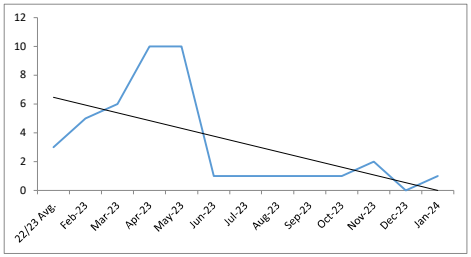
Length of Time from Initial Request to first offered Psychiatry appt. - Mean MHP Standard or Goal - 15 Business Days - 90%				
	All Services	Adult Services	Children's Services	Foster Care
22/23 Avg.	**5**	**4**	**8**	**5**
Feb-23	7	5	11	14
Mar-23	6	6	9	6
Apr-23	9	8	12	13
May-23	10	8	12	10
Jun-23	4	4	1	n/a
Jul-23	3	3	4	n/a
Aug-23	3	2	4	1
Sep-23	4	4	1	n/a
Oct-23	4	4	4	n/a
Nov-23	4	3	6	n/a
Dec-23	1	1	n/a	n/a
Jan-24	2	3	2	6
12 Mo. Avg.	5	4	6	8

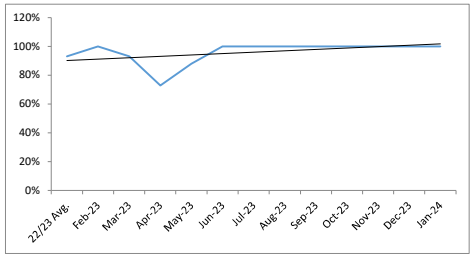
Length of Time from Initial Request to first offered Psychiatry Appt. - Median MHP Standard or Goal - 15 Business Days - 90%				
	All Services	Adult Services	Children's Services	Foster Care
22/23 Avg.	**3**	**2**	**8**	**5**
Feb-23	5	2	12	14
Mar-23	6	1	10	6
Apr-23	10	4	13	13
May-23	10	10	12	10
Jun-23	1	1	1	n/a
Jul-23	1	1	4	n/a
Aug-23	1	1	3	1
Sep-23	1	1	1	n/a
Oct-23	1	1	1	n/a
Nov-23	2	1	3	n/a
Dec-23	0	0	n/a	n/a
Jan-24	1	1	1	6
12 Mo. Avg.	3	2	6	8

Length of Time from Initial Request to first offered Psychiatry Appt. - MHP Standard or Goal - 15 Business Days - 90%				
	All Services	Adult Services	Children's Services	Foster Care
22/23 Avg.	**93%**	**95%**	**87%**	**100%**
Feb-23	100%	100%	100%	100%
Mar-23	93%	91%	100%	100%
Apr-23	73%	71%	80%	100%
May-23	88%	94%	75%	100%
Jun-23	100%	100%	100%	n/a
Jul-23	100%	100%	100%	n/a
Aug-23	100%	100%	100%	100%
Sep-23	100%	100%	100%	n/a
Oct-23	100%	100%	100%	n/a
Nov-23	100%	100%	100%	n/a
Dec-23	100%	100%	n/a	n/a
Jan-24	100%	100%	100%	100%
12 Mo. Avg.	96%	96%	96%	100%

Graphs of "All Services"







4.

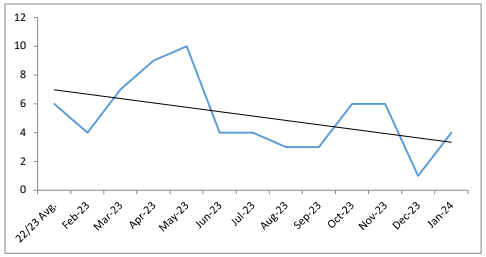
QI Work Plan 2.4

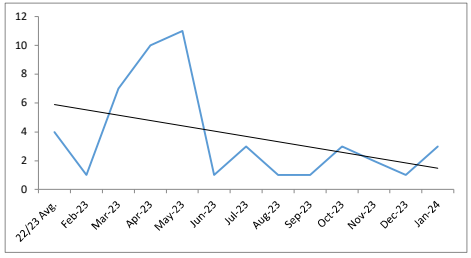
Length of Time from Initial Request to first kept Psychiatry appt. - Mean MHP Standard or Goal - 15 Business Days - 90%				
	All Services	Adult Services	Children's Services	Foster Care
22/23 Avg.	**6**	**5**	**8**	**6**
Feb-23	4	5	4	N/A
Mar-23	7	6	10	6
Apr-23	9	9	12	N/A
May-23	10	9	12	10
Jun-23	4	5	1	N/A
Jul-23	4	4	4	N/A
Aug-23	3	2	4	1
Sep-23	3	3	1	N/A
Oct-23	6	4	8	N/A
Nov-23	6	4	10	N/A
Dec-23	1	1	N/A	N/A
Jan-24	4	4	3	6
12 Mo. Avg.	5	5	6	6

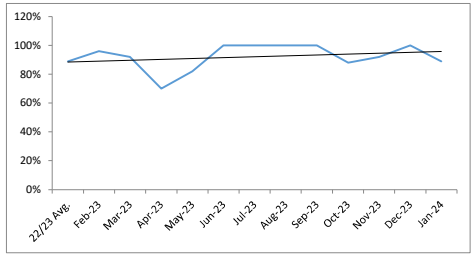
Length of Time from Initial Request to first kept Psychiatry Appt. - Median MHP Standard or Goal - 15 Business Days - 90%				
	All Services	Adult Services	Children's Services	Foster Care
22/23 Avg.	**4**	**3**	**7**	**6**
Feb-23	1	1	1	N/A
Mar-23	7	1	10	6
Apr-23	10	5	11	N/A
May-23	11	10	12	10
Jun-23	1	4	1	N/A
Jul-23	3	6	4	N/A
Aug-23	1	1	2	1
Sep-23	1	1	1	N/A
Oct-23	3	3	4	N/A
Nov-23	2	1	9	N/A
Dec-23	1	1	N/A	N/A
Jan-24	3	3	3	6
12 Mo. Avg.	4	3	5	6

Length of Time from Initial Request to first kept Psychiatry Appt. - MHP Standard or Goal - 15 Business Days - 90%				
	All Services	Adult Services	Children's Services	Foster Care
22/23 Avg.	**89%**	**93%**	**82%**	**100%**
Feb-23	96%	93%	100%	N/A
Mar-23	92%	89%	100%	100%
Apr-23	70%	69%	75%	N/A
May-23	82%	91%	67%	100%
Jun-23	100%	100%	100%	N/A
Jul-23	100%	100%	100%	N/A
Aug-23	100%	100%	100%	100%
Sep-23	100%	100%	100%	N/A
Oct-23	88%	100%	75%	N/A
Nov-23	92%	100%	75%	N/A
Dec-23	100%	100%	N/A	N/A
Jan-24	89%	88%	100%	100%
12 Mo. Avg.	92%	94%	90%	100%

Graphs of "All Services"







5.

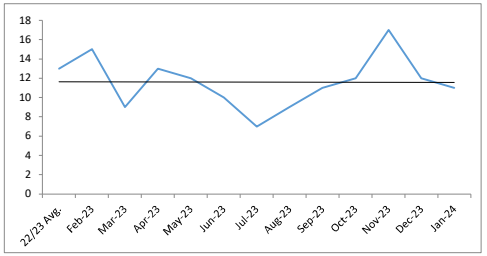
QI Work Plan 2.5
Combined Bus & After Hrs

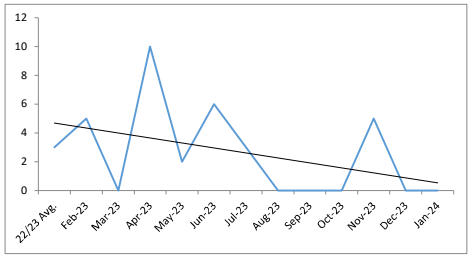
Length of Time from Service Request for urgent Appt. to Actual Encounter Mean - MHP Standard or Goal - 95% (Minutes)				
	All Services	Adult Services	Children's Services	Foster Care
22/23 Avg.	**13**	**13**	**11**	**12**
Feb-23	15	15	12	14
Mar-23	9	9	9	15
Apr-23	13	14	11	0
May-23	12	12	10	n/a
Jun-23	10	11	4	0
Jul-23	7	8	6	n/a
Aug-23	9	9	6	n/a
Sep-23	11	12	8	n/a
Oct-23	12	14	7	n/a
Nov-23	17	17	20	n/a
Dec-23	12	13	4	n/a
Jan-24	11	11	8	n/a
12 Mo. Avg.	12	12	9	7

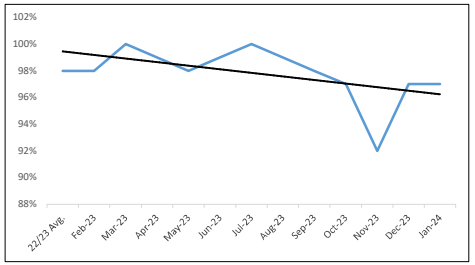
Length of Time from Service Request for urgent Appt. to Actual Encounter Median - MHP Standard or Goal - 95% (Minutes)				
	All Services	Adult Services	Children's Services	Foster Care
22/23 Avg.	**3**	**4**	**4**	**13**
Feb-23	5	8	0	11
Mar-23	0	0	0	15
Apr-23	10	10	5	0
May-23	2	2	1	n/a
Jun-23	6	6	0	0
Jul-23	3	4	0	n/a
Aug-23	0	0	0	n/a
Sep-23	0	0	0	n/a
Oct-23	0	3	0	n/a
Nov-23	5	5	0	n/a
Dec-23	0	0	0	n/a
Jan-24	0	0	1	n/a
12 Mo. Avg.	3	3	1	7

Length of Time from Service Request for urgent Appt. to Actual Encounter Percent of CIC that meet MHP Goal: 95% w/in 1 Hr; 2 Hr (for After-Hrs)				
	All Services	Adult Services	Children's Services	Foster Care
22/23 Avg.	**98%**	**98%**	**100%**	**95%**
Feb-23	98%	99%	97%	100%
Mar-23	100%	100%	100%	50%
Apr-23	99%	98%	100%	100%
May-23	98%	98%	100%	n/a
Jun-23	99%	99%	100%	100%
Jul-23	100%	100%	100%	n/a
Aug-23	99%	99%	100%	n/a
Sep-23	98%	98%	100%	n/a
Oct-23	97%	97%	96%	n/a
Nov-23	92%	92%	92%	n/a
Dec-23	97%	97%	100%	n/a
Jan-24	97%	97%	100%	n/a
12 Mo. Avg.	98%	98%	99%	88%

Graphs of "All Services"







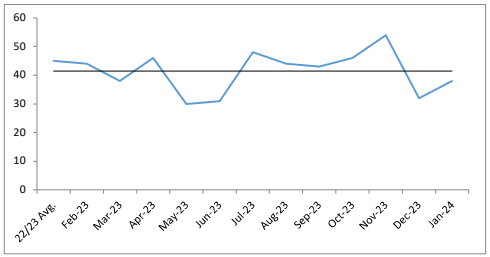
6.

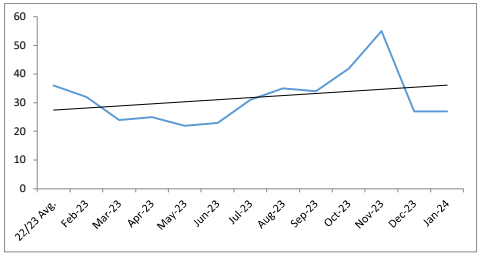
QI Work Plan 2.F
QI Work Plan 2.6

Total Number of Hospital Admissions				
	All Services	Adult Services	Children's Services	Foster Care
22/23 Avg.	**45**	**38**	**8**	**0**
Feb-23	44	35	9	0
Mar-23	38	26	12	0
Apr-23	46	39	7	0
May-23	30	25	5	0
Jun-23	31	24	7	1
Jul-23	48	40	8	0
Aug-23	44	33	11	0
Sep-23	43	32	11	1
Oct-23	46	43	3	0
Nov-23	54	47	7	0
Dec-23	32	28	4	0
Jan-24	38	30	8	0
12 Mo. Avg.	41	34	8	0
12 Mo. Total	494	402	92	2

Total Number of Hospital Discharges				
	All Services	Adult Services	Children's Services	Foster Care
22/23 Avg.	**36**	**30**	**6**	**0**
Feb-23	32	24	8	0
Mar-23	24	16	8	0
Apr-23	25	21	4	0
May-23	22	18	4	0
Jun-23	23	20	3	1
Jul-23	31	26	5	0
Aug-23	35	29	6	0
Sep-23	34	27	7	1
Oct-23	42	39	3	0
Nov-23	55	46	9	0
Dec-23	27	22	5	0
Jan-24	27	23	4	0
12 Mo. Avg.	31	26	6	0
12 Mo. Total	377	311	66	2

Graphs of "All Services"

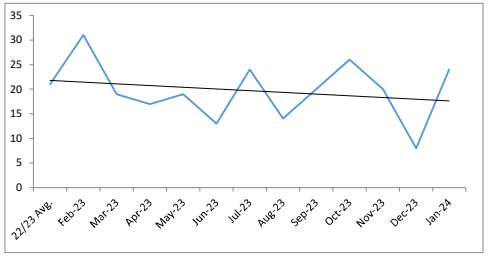


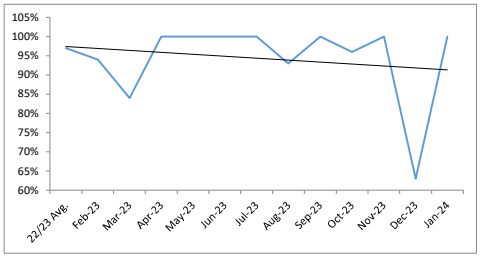


Timeliness of follow-up encounters post psychiatric inpatient discharge Total number of Medi-Cal payor follow-up appointments				
	All Services	Adult Services	Children's Services	Foster Care
22/23 Avg.	**21**	**18**	**3**	**0**
Feb-23	31	27	4	0
Mar-23	19	16	3	0
Apr-23	17	9	8	0
May-23	19	16	3	0
Jun-23	13	10	3	0
Jul-23	24	22	2	0
Aug-23	14	10	4	0
Sep-23	20	14	6	1
Oct-23	26	24	2	0
Nov-23	20	16	4	0
Dec-23	8	7	1	0
Jan-24	24	20	4	0
12 Mo. Avg.	20	16	4	0
12 Mo. Total	235	191	44	1

Timeliness of follow-up encounters post psychiatric inpatient discharge Percent of appointments meeting the within 7 day standard - Goal is 95%				
	All Services	Adult Services	Children's Services	Foster Care
22/23 Avg.	**97%**	**99%**	**85%**	**100%**
Feb-23	94%	100%	50%	N/A
Mar-23	84%	100%	0%	N/A
Apr-23	100%	100%	100%	N/A
May-23	100%	100%	100%	N/A
Jun-23	100%	100%	100%	100%
Jul-23	100%	100%	100%	N/A
Aug-23	93%	100%	75%	N/A
Sep-23	100%	100%	100%	100%
Oct-23	96%	96%	100%	N/A
Nov-23	100%	100%	100%	N/A
Dec-23	63%	71%	0%	N/A
Jan-24	100%	100%	100%	N/A
12 Mo. Avg.	94%	97%	77%	100%

Graphs of "All Services"





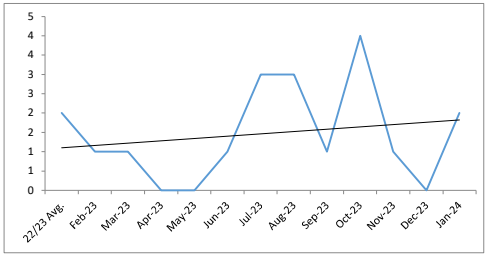
7.0

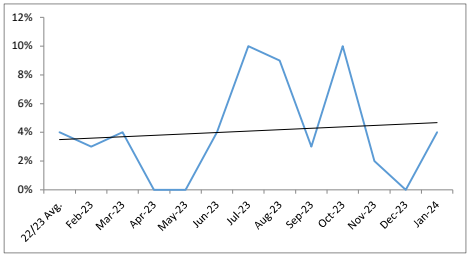
QI Work Plan 2.7

Psychiatric Inpatient Readmission rates within 7 days Total number of readmissions within 7 days of discharge				
	All Services	Adult Services	Children's Services	Foster Care
22/23 Avg.	**2**	**1**	**0**	**0**
Feb-23	1	1	0	0
Mar-23	1	0	1	0
Apr-23	0	0	0	0
May-23	0	0	0	0
Jun-23	1	1	0	0
Jul-23	3	3	0	0
Aug-23	3	3	0	0
Sep-23	1	1	0	0
Oct-23	4	0	0	0
Nov-23	1	1	0	0
Dec-23	0	0	0	n/a
Jan-24	2	2	0	0
12 Mo. Avg.	1	1	0	0
Total	17	12	1	0

Psychiatric Inpatient Readmission rates within 7 days Readmission Rate - Goal is 10% or less within 7 days				
	All Services	Adult Services	Children's Services	Foster Care
22/23 Avg.	**4%**	**4%**	**2%**	**0%**
Feb-23	3%	4%	0%	n/a
Mar-23	4%	0%	13%	n/a
Apr-23	0%	0%	0%	n/a
May-23	0%	0%	0%	0%
Jun-23	4%	5%	0%	0%
Jul-23	10%	12%	0%	n/a
Aug-23	9%	10%	0%	n/a
Sep-23	3%	4%	0%	0%
Oct-23	10%	10%	0%	n/a
Nov-23	2%	2%	0%	n/a
Dec-23	0%	0%	0%	n/a
Jan-24	4%	4%	0%	n/a
12 Mo. Avg.	4%	4%	1%	0%

Graphs of "All Services"

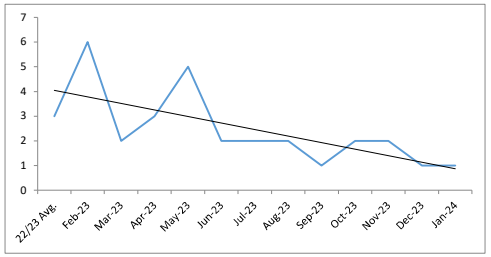


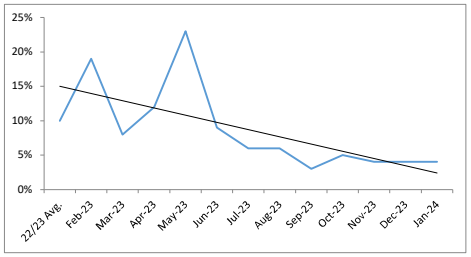


Psychiatric Inpatient Readmission rates within 8-30 days Total number of readmissions within 8-30 days				
	All Services	Adult Services	Children's Services	Foster Care
22/23 Avg.	**3**	**3**	**1**	**0**
Feb-23	6	5	1	0
Mar-23	2	1	1	0
Apr-23	3	2	1	0
May-23	5	4	1	0
Jun-23	2	2	0	0
Jul-23	2	2	0	0
Aug-23	2	2	0	0
Sep-23	1	1	0	0
Oct-23	2	2	0	0
Nov-23	2	2	0	0
Dec-23	1	1	0	0
Jan-24	1	1	0	0
12 Mo. Avg.	2	2	0	0
Total	29	25	4	0

Psychiatric Inpatient Readmission rates within 8-30 days Readmission Rate - Goal is 10% or less within 8-30 days				
	All Services	Adult Services	Children's Services	Foster Care
22/23 Avg.	**10%**	**9%**	**11%**	**0%**
Feb-23	19%	21%	13%	N/A
Mar-23	8%	6%	13%	N/A
Apr-23	12%	10%	25%	N/A
May-23	23%	22%	25%	N/A
Jun-23	9%	10%	0%	0%
Jul-23	6%	8%	0%	N/A
Aug-23	6%	7%	0%	N/A
Sep-23	3%	4%	0%	0
Oct-23	5%	5%	0%	N/A
Nov-23	4%	4%	0%	N/A
Dec-23	4%	5%	0%	N/A
Jan-24	4%	4%	0%	N/A
12 Mo. Avg.	9%	9%	6%	0%

Graphs of "All Services"





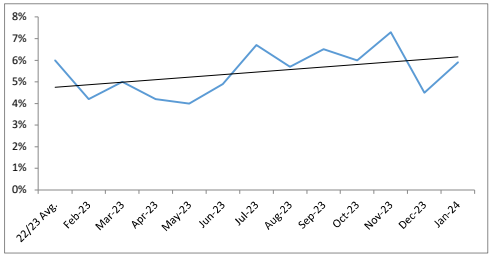
8.0

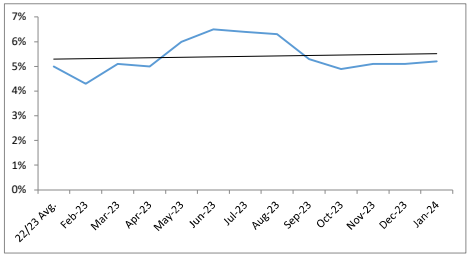
QI Work Plan 3.1

Average Psychiatric Patient No-Show Rates MHP Standard for Psychiatrists - No Higher than 10%				
	All Services	Adult Services	Children's Services	Foster Care
22/23 Avg.	**6%**	**6%**	**5%**	**6%**
Feb-23	4%	3%	9%	0%
Mar-23	5%	6%	4%	7%
Apr-23	4%	4%	4%	8%
May-23	4%	5%	2%	6%
Jun-23	5%	5%	5%	0%
Jul-23	7%	6%	10%	10%
Aug-23	6%	6%	4%	0%
Sep-23	7%	7%	5%	0%
Oct-23	6%	6%	7%	6%
Nov-23	7%	7%	7%	22%
Dec-23	5%	4%	6%	0%
Jan-24	6%	6%	7%	0%
12 Mo. Avg.	5%	5%	6%	5%

Average Clinicians other than Psychiatrists Patient No-Show Rates MHP Standard for Clinicians other than Psychiatrists - No Higher than 10%				
	All Services	Adult Services	Children's Services	Foster Care
22/23 Avg.	**5%**	**5%**	**5%**	**3%**
Feb-23	4%	5%	4%	0%
Mar-23	5%	5%	5%	3%
Apr-23	5%	6%	5%	2%
May-23	6%	5%	6%	5%
Jun-23	7%	6%	8%	9%
Jul-23	6%	5%	8%	5%
Aug-23	6%	5%	8%	13%
Sep-23	5%	6%	5%	3%
Oct-23	5%	5%	5%	3%
Nov-23	5%	5%	6%	6%
Dec-23	5%	5%	6%	6%
Jan-24	5%	5%	5%	3%
12 Mo. Avg.	5%	5%	6%	5%

Graphs of "All Services"





Report Completed by: Robin Harris, Acting Staff Services Supervisor
Mendocino County BHRS QAPI

INNOVATIVE PROJECT PLAN
RECOMMENDED TEMPLATE

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

County Name:
Mendocino County

Date submitted: 04/01/2024

Project Title:
Native Crisis Line- A partnership between Pinoleville Pomo Nation and Mendocino County BHRS

Total amount requested:
$1,001,395
Duration of project:
4 years

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

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

Section 1: Innovations Regulations Requirement Categories

CHOOSE A GENERAL REQUIREMENT:

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

- ☐ Introduces a new practice or approach to the overall mental health system, including, but not limited to, prevention and early intervention
- X Makes a change to an existing practice in the field of mental health, including but not limited to, application to a different population
- ☐ Applies a promising community driven practice or approach that has been successful in a non-mental health context or setting to the mental health system

☐ Supports participation in a housing program designed to stabilize a person's living situation while also providing supportive services onsite

CHOOSE A PRIMARY PURPOSE:

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

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

Section 2: Project Overview

PRIMARY PROBLEM

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

Mendocino County is small and rural, its geographic area contains large forest and agricultural areas with densely populated small towns spread throughout. Its land mass is comparative to that of the states of Delaware and Rhode Island combined. It is also home to the most condensed areas of several federally and non-federally recognized Tribes. Post COVID-19, the struggles with mental health in the large Native community has grown exponentially. The community recognizes this and has been working to pull together as one community to address this. A big problem that was identified in this process was the lack of one identified place a Native person could turn to when in need of support. Stakeholders have shared experiences of getting different answers depending on who was asked when in search of resources. While resources for the Native community here are expanding, this disconnect in knowledge of resources is in desperate need of a central hub that can connect the Native community to the resources currently or becoming available. As we know, it might take a lot for a person to reach out for help, but when they have to go through multiple different people/agencies to finally get to what they need, they might give up and not ask for help next time. The challenge is even greater for the Native Community given the historic and current traumas associated with government entities. This is what led to the idea of a Native warm line. A warm line is an alternative to a crisis line, run by "peers," trained to respond to non-acute situations. The Native Warm Line will be a low barrier, easily accessible resource for the Native community to call. The warm line staff will

do the upfront research for the caller, be a supportive ally on the other end of the phone, and work to connect them directly to the resources they need in that moment. Part of the challenge, especially post Pandemic, is that often the number on the brochure found at a clinic or community organization is outdated as programs closed or changed, leaving community members frustrated that they left a message thinking they are making the first step to getting help, only to never hear back because that agency unfortunately went out of business, or their grant funding ran out. We believe that this connection to resources can help the Native community get what they need BEFORE it reaches crisis level. If things do reach crisis level, the warm line can work collaboratively with the already functioning crisis hotline and mobile crisis team to effectively get the person the support they need.

Suicide risk and prevalence in American Indian communities is extremely high. The Substance Abuse and Mental Health Services Administration (SAMHSA) data from 2010 on Suicide Clusters in American Indians indicated suicide as the eighth leading cause of death, with higher rates among youth 5-25 (2nd leading cause of death). Rates of suicide are more likely to occur in clusters in Native American adolescents. Fragmented resources, geographic isolation, and tight-knit communities were cited as potential contributing factors. While the data reflects that complicated grief, marginalization, and learned behavior/normalization where other suicide deaths have occurred showed evidence of contributing to suicide clusters in Native Communities, an alternate theory of high-risk individuals tending to associate with other high risk individuals was also considered as a potential contributing factor. Higher risk was associated in males, those that also had substance use concerns, and loss of traditional cultural practices in the community. These factors indicate that a Native community peer based warm line would potentially mitigate the increased risk. The study cites the importance of the American Indian community having a prominent and meaningful role in preventing suicide risk as well as offering culturally relevant strategies and interventions. Additionally, the study indicated that care provided by non-Native professionals is often culturally inappropriate or not accessed by the American Indian communities and so is not effective.

The additional isolation and behavioral changes associated with safety precautions COVID-19 are also risk factors for suicide, and there are some studies that show correlated increases in suicide deaths and attempts among those with existing mental health disorders during the pandemic (Pathirathna et al., 2022). California suicide rates of 11.2 deaths per 100,000 population are lower than the National rate of 14.5 per 2019 data from the American Association of Suicidology. Mendocino County suicide rate have historically been roughly double the state rate, consistent with other rural counties. California Department of Public Health Data indicates that suicide rates in California from 2018-2020 averaged 10.5 individuals per 100,000, while Mendocino County during the same period of time had a suicide rate of 20.8 individuals per 100,000 and were ranked 8th highest suicide rate in the state. Cal Matters provides additional data that from 2018- 2021, 109 Native Americans took their own lives, indicating higher rates of death by suicide compared to the population as a whole and three times higher for Native American men than women. This study also referenced contributing factors of historical trauma, loss of cultural traditions, and higher associated social determinants of health such as high poverty rates and unemployment.

PROPOSED PROJECT

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

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

This Native warm line is a mental health warm line tailored to the needs of the Native American communities in Mendocino County. Upon successful implementation, the project could be duplicated and/or expand to other counties and Tribal communities.

Pinoleville Pomo Nation will utilize its demonstrated strength of providing services and connecting people to resources to develop and facilitate the warm line. Peer-level operators from within Mendocino County will be trained to answer calls for assistance, ultimately reducing hospitalization and forced treatment as a cost effective and non-intrusive, voluntary intervention.

Outreach encouraging utilization of the warm line will be distributed broadly within Mendocino County. Callers experiencing life struggles will be greeted by a live person who will listen to the caller, offer trained support, and referrals or other supportive resources.

The warm line is an alternative to a crisis line, that will be run by “peers,” trained to respond to non-acute situations. Warm line operators are trained to listen carefully and ensure appropriate resource information is provided to meet the immediate needs of the caller. Due to the impacts on the native community in accessing mental health/crisis professionals in the county, combined with a lack of culturally appropriate interventions, the Native warm line would bridge the gap in access to resources. Other warm lines are not adequately prepared to address concerns stemming from historical trauma, cultural differences, unique needs specific to the Mendocino County communities, and long-standing mistrust with government and service providing agencies.

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

The project will implement the general requirement of “makes a change to an existing practice in the field of mental health, including but not limited to, application to a different population”. The Native warm line will enhance

the existing model of a peer based warmline by adding cultural aspects and resources to be more comprehensive and inclusive of the unique needs of the Native American communities of Mendocino County.

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

Warm lines have been successfully implemented nationwide. By enhancing the existing model and tailoring the resource to the population of focus, Native warm line will eliminate barriers that are deterring Natives from reaching out for help for non-acute situations.

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

The Native warm line expects to serve over 1,200 callers annually. According to the CDC, suicide disproportionately impacts Native Americans; over 3.5x higher rates than other racial groups with the lowest rates and over 70% of Native Americans struggle with mental health issues within their lifetime. Due to a number of factors, including mistrust, data that includes Native Americans is not readily available and is often underreported.

As of March 2023, there are approximately 6,217 Native Americans in Mendocino County, which is 6.79% of the entire county population (Healthy Mendocino). This is significantly higher than California's overall Native American population averaging 1.69%. This number does not take into account those that identified as multiethnic and may also be Native. The prevalence rate is 21% for mental health disorders (NAMI, 2021), this does not include those that are struggling with situational events and other life struggles outside this category.

The North Bay Suicide Prevention Hotline demographics for Mendocino County in FY 21/22 show that 6% of their callers identify as Native American, 5% identify as white, and 90% decline to state. Through this project, the hope is to learn more about the 90% that decline to state, to ensure their needs are being met through this type of resource.

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

The primary population served will be Native Americans in Mendocino County. Demographics are difficult to ascertain due to underreporting in

US Census' and a lack of other data keepers. Estimations were formulated through applying overarching population percentages from Healthy Mendocino for the county to the reported Native American populations.

- 20.9% Youth under the age of 18
- 54.2% Adults age 18-64
- 24.9% Elders over the age of 65
- 49.5% Male
- 50.5% Female
- 11.9% families below poverty (75.6% of these families are with children)

Primary language to communicate will be English.

RESEARCH ON INN COMPONENT

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

The Native warm line is different from similar projects in that it is not only a Native specific warm line but targets a rural population. Most warm lines found during the research process target more city-like areas or are nationally based, which are not able to help a small, rural population find the resources they need/have access to. This warmline will be familiar with specific area resources and barriers. Referrals will take into consideration geographic challenges and concerns such as availability of transportation which are not factors often considered by warmlines that server larger populations and urban areas.

There was an innovation project done with Round Valley (2018-2022) for a crisis center/hotline. That project moved away from the hotline aspect and operated as a drop in respite center. During the learning period of the Round Valley project, one area noted as harmful to the community was the utilization of crisis modalities, especially detention, and transportation away from native areas without consideration for how individuals would get back home. Additionally, individuals who needed more acute care were unlikely to identify as needing higher levels of care but were willing to seek help from a place where peers were offering services. Through the Round Valley project, another important area of learning was that services that focused on culturally relevant activities (i.e. beading, plant care and use) encouraged people to participate in activities that provided healing and support for Natives. While the focus of this Tribal project had different learning objectives, what was learned has influenced how this proposal was structured. The outcomes, especially regarding culturally significant

services, support this project's goal to observe an alternative approach when addressing mental health in a Native American population.

As CalMHSA Peer Certification is implemented, there is an increasing movement for peer specialization to be as specific as possible including being peers in demographics and areas of intersectionality of equity. Services will primarily be delivered in English/Spanish, with a goal of expansion to include access to Native Speakers. This project will amplify the best practice in the modality of a warmline and include lived experience peers, family and friend peers, and cultural peers.

B) Describe the efforts made to investigate existing models or approaches close to what you're proposing. Have you identified gaps in the literature or existing practice that your project would seek to address? Please provide citations and links to where you have gathered this information. According to the American Psychiatry Association, over 30 states have warmlines and hotlines. Extensive searches online and through peer networking resulted in limited best practices or existing models. Hotlines tailored to Native Americans exist, but many have a specific topics or a crisis level threshold. As stated above, crisis services have the stigma of previously harmful practices, and many Native Americans do not wish to engage in crisis services. Warmlines exist, but are generally, not designed with Native Americans in mind. A gap in existing practices that this project seeks to address is a warmline that serves rural Native American communities. Below are some of the examples of hotlines for Natives and general warmlines.

Existing warmlines and hotlines tailored to Native Americans include:

- California Redline: Started out to provide emotional support during COVID-19. While they have broadened this scope, they are still statewide instead of county-based and only open 9am-5pm Monday through Friday.
- National Suicide Hotline (Crisis Textline): National Suicide Hotline operators utilize a tip sheet when the caller/texter uses the Native American line. This tip sheet has links to some national resources specifically for Native Americans, definitions for things pertaining to Native Americans, and tips to help the texter feel heard and understood. While the caller can receive information to locate an IHS healthcare facility in their area, other local or county specific resources are not available. In Mendocino County this line is triaged to the North Bay Suicide Prevention Hotline for more regional resources. However it is still located out of urban areas. With the roll out of 988 it is even easier for individuals to access this line.
- StrongHearts Native Help Line: a Native-specific national domestic violence hotline provides an excellent example of what a culture-specific service can do. Through promotion and building of awareness,

over a 5-year span, they saw a 1,616% increase in calls from year one to year five (StrongHearts, 2021).

Non-Native specific warmlines that serve rural communities include:

- Mendocino County Behavioral Health Warmline: Operable between 7:30 am and 6:00 pm, offers "emotional support and compassion" to residents. The warmline takes subacute calls of those needing to have a supportive person to talk to. As this line is staffed by County employees, the Native community may be less likely to utilize it if they are impacted by government distrust.
- California Peer Run Warmline: Operable 24/7 as a non-crisis emotional support and chat line. Responders are completely peer based with lived experience of mental health challenges. Also available by text. Unlike many other warm lines and crisis lines, this line does not practice non-consensual active rescue, they do not call emergency services without caller consent/approval.

Other Hotlines, Access lines, crisis lines in Mendocino County

- Mendocino County Crisis Line: Operable 24/7, and answered by mental health crisis workers contracted by the County. The line is for those in mental health crisis to determine if there is any suicidal, homicidal, or gravely disabled risk factors that warrant further intervention and referral to acute hospitalization. This line is used for those in crisis and
- Mendocino County Access Line: Operable 24/7 and answered by County staff and an afterhours call center. This line helps connect Mental Health Plan beneficiaries with benefits associated with the plan, including referrals to treatment providers, support with processing problem resolution documentation, and other supports.

LEARNING GOALS/PROJECT AIMS

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

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

The Native warmline will contribute to the expansion of knowledge around effective practices in peer run warmlines specific to Native Americans that can be replicated by other rural Native American communities.

Learning Goals:

1) Does creating a local, Native American based warmline overcome barriers to calling warmlines (as determined by comparing data to other warmlines and Native focused hotlines)
2) Does the local community require peer ethnicity and peer lived experience to overcome barriers to calling warmlines?
3) Are there specific tip sheets/call center guidelines or best practices that can be developed from the learning lessons of the warmline that can be shared? Perhaps an adaptation of the state tip sheet for local concerns.
4) Are there specific triggers/retraumatizing practices that should be avoided by warmlines (eg. Involving law enforcement, removal of someone from tribal land by force/5150, etc.)

Project Aims:

1) Increase access to cost effective, non-intrusive and voluntary intervention by providing a local population-specific warmline. During the course of this project, PPN will identify what is needed to help facilitate Native Americans being more comfortable and apt to use a warm line when they are in need.
2) Decrease stigma in accessing services and encourage utilization of warm line assistance. During the course of this project, PPN will develop replicable outreach for the population of focus and determine if having a warm line run by Native Americans or those culturally trained to work with the Tribes will increase calls for service.
3) Identify barriers to their resource needs and/or causing restriction to access of services for warm line callers. During the course of this project, PPN will identify what types of resources are being sought out to make the warm line effective.
4) Increase the rate of community members utilizing a lower level of intervention when dealing with mental health issues.

Additional non learning goals are to improve access and better address mental health needs and prevent suicide within the population of focus. Factors such as long-term isolation during the COVID-19 pandemic and accessibility of fentanyl contributed to an increase in substance abuse and overdoses. Suicide is a prevalent issue in Native American communities. According to the CDC, suicide disproportionately impacts Native Americans who have over 3.5x higher rates than other racial groups and over 70% of Native Americans struggle with mental health issues within their lifetime. Locally, Mendocino County Tribal communities reported having a least five Native Americans complete suicides and at least nine attempted suicides during the development of this proposal. Addressing these issues is a priority because the need is present and outweighs the availability and usage of current local resources. Implementing the Native warm line will bridge an access gap to resources and intervention tools, while providing insight into better strategies to overcome barriers. Native

Americans are more apt to seek assistance when the provider is culturally appropriate and familiar. Mendocino County's first Innovation project, learning about Native American specific crisis modalities in an isolated geographic community, demonstrated that the local Native community is more likely to seek help with local native peer-based providers, especially when the services are not labeled as mental health services.

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

The Native warmline learning goals related to the enhancement/change to an existing practice by applying the warmline concept to the population of focus: rural Native Americans. Due to the limited access to mental health/crisis professionals in the county, combined with a lack of culturally appropriate interventions, the Native warm line would bridge the gap in access to resources. Other warmlines are not adequately prepared to address concerns stemming from historical trauma, cultural differences, and long-standing mistrust with government and service providing agencies. Other warmlines lack that connection to culturally relevant, local resources that will best suit the population of callers. The project will result in lessons learned/ best practice for application of warm lines, duplicable by other Counties and tribal communities ultimately.

The learning goals will inform the project of the local community barriers to accessing available services and will apply peer and warmline principles to the local Native American community.

The learning goals will inform the project of stigma and trauma triggers for the Native community around accessing services/call centers and may serve to inform local community defined best practices.

The learning goals will inform the project where existing communication and access gaps exist in the Native community, which may inform future best practices in outreach and engagement.

EVALUATION OR LEARNING PLAN

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

Learning Goal 1/2:

1. Compare demographics of the Native warmline calls to Mendocino County Crisis line and 988 Call data.

2. Create a list of barriers indicated by callers related to accessing preventative services/call lines
3. Create a list of strategies indicated by callers related to accessing preventative services/call lines.
4. Success will be determined if calls to the Native warmline calls are higher than other rates to other call lines.

Learning Goal 3/4:

1. Identify a list of stigma and/or trauma triggers identified by callers related to accessing preventative services and call centers.
2. Identify a list of suggested strategies to overcome stigma and/or trauma triggers from callers.
3. Extrapolate from caller suggestions to create recommendations to avoid stigma and/or trauma triggers for other call centers specific to local Native community members such as community defined best practices or tip sheet.
4. Success will be determined based on a product such as a tip sheet or community defined best practice, which is vetted by the larger stakeholder group.

Approach Project Aim Goal 1:

1. Measure: Operable warm line open minimum of 40 hours per week.
    a. Identify resources available and needed by conducting surveys/interviews of:
        i. Tribal, local government and non-profit organizations and agencies serving Native Americans in Mendocino County
        ii. Tribal members.
2. Measure: # of staff
3. Measure: # of staff training completed
4. Measure # of policies/procedures developed for operations, data collection, etc.
    a. Project implementation will include hiring staff, training and developing policies/procedures.

Approach Project Aim Goal 2:

1. Measure: increase in calls for service by 25% each year
2. Measure: # of materials developed (i.e. brochure, poster, PSA)
3. Measure: # of materials disseminated
    a. Development and implementation of a comprehensive marketing/communication plan.

Approach Project Aim Goal 3:

1. Measure: # of survey respondents

2. Measure: list of met needs/filled gaps and an increase in the number of resources available to callers
3. Measure: develop communication strategies between service providers and local community, based on gaps in knowledge.
4. Measure: list of unmet needs/gaps to utilize for future projects/funding opportunities.
    a. A pre-survey will be conducted to identify gaps in the current services, barriers to seeking help before crisis and to assess likelihood of utilizing a warm line.

Approach Project Aim Goal 3:

1. Measure: Quarterly project reports that quantify:
    a. # of callers (including some non-identifying demographic data)
    b. # of resources available
    c. Gaps identified and unmet
    d. # of callers requests met in full, met partially and unable to be met (including primary reason).
2. Measure: # of post-call surveys completed and # of self-identified repeat callers/escalated situations within 3 months.
    a. Post-call surveys/follow-up within 72 hours (and in 3 months) to identify caller satisfaction/unmet needs and recurrence/escalation.

Section 3: Additional Information for Regulatory Requirements

CONTRACTING

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

Mendocino County has developed this plan with Pinoleville Pomo Nation and the execution of the Innovation project would be contracted to Pinoleville Pomo Nation. Contractual relationships will include involvement of Mendocino County MHSA staff to ensure communication and continuity with MHSA Community Program Planning Processes, and adherence to MHSA Innovation regulations and data reporting expectations.

The evaluation of the Innovation project would be contracted to a third-party contractor [likely Nancy Callahan] for a neutral evaluation based on the outcomes and learning lessons during the innovation project.

COMMUNITY PROGRAM PLANNING

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

This project will be presented through the following MHSA Stakeholder Review processes:

1. MHSA Stakeholders through MHSA Forums.
2. Behavioral Health Advisory Board Meetings.
3. Board of Supervisors approval with the MHSA Three Year Program and Expenditure Plan.

In addition, the project was developed in consultation within meetings specifically with the Native community. The proposal will be reviewed by the Pinoleville Pomo Nation Council prior to final review by stakeholders.

Outside of the process already in place through the Innovation Project approval process, prior to implementation we plan to do the following:

1. Conduct a community survey to the Native population in Mendocino County to be served by this warmline to inquire on what types or resources they have needed/would want in a non-emergent crisis. To also inquire on the holes in the current warmlines/access to services and what Natives would want to see that would make them dial the number before they end up in a crisis.
2. Conduct a survey to the organizations and agencies that serve the Native population in Mendocino County, to see what types of resources are commonly needed for the people they serve.
3. Provide a quarterly report to stakeholders on the progress of this project and the performance of it once it is up and running.
4. Provide a quarterly report to the Native community once the project is up and running, to provide information on what we are doing, statistics, and any other helpful information.

MHSA GENERAL STANDARDS

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

A) Community Collaboration

The development of this project originated as a collaboration between a need identified by Pinoleville Pomo Nation and collaboration with Mental Health Services Act. Once the idea was conceived, it was also discussed with NAMI partners and the larger MHSA stakeholder group.

Building and maintaining community collaborations is essential to the Native warm line to address the needs of callers. Collaborations will involve meetings with local, state and federal stakeholders including community-based organizations, tribes, healthcare and mental health providers. Staff will routinely research, review and establish referral processes for new and existing resources available in the community. In addition, opportunities will be provided to the Native American community to share cultural ideals to better engage and meet the needs of callers.

B) Cultural Competency

This warmline is tailored to meet the unique needs of Native Americans experiencing a non-acute event. All staff will be required to undergo Native American cultural competency training through Pinoleville Pomo Nation's Historical Trauma Informed Care Certification Program. Further, a cultural consultant will ensure program cultural competency training of staff. This training will be built into the infrastructure of the project and evaluated to make sure needs are being met, during the first two years. The purpose of the project is learn more specific ways to meet the cultural responsiveness of our communities, and to develop community driven practices to overcome culturally specific barriers and advance equity.

C) Client-Driven

From the onset of planning through implementation, the Native warm line is client-driven, in that it incorporates the voices of the population of focus, while simultaneously addressing a significant gap in services and high rates of mental health/suicide. Staffing of the warm line will be peer certified to allow for a basic level of connection for the callers on a human level. The basis of this project is to increase requests for assistance when experiencing non-acute events before escalation to a higher level of crisis.

D) Family-Driven

The Native warm line is family-driven in that it incorporates the entire community into the planning process and once operable, is available to family members of those experiencing non-acute events. Family and community are a big part of healing and recovery. The line can provide Native American approaches to wellness and wellbeing that encompasses these ideals to better serve the clients.

E) Wellness, Recovery, and Resilience-Focused

The Native warm line promotes wellness, recovery and resilience within the population of focus by providing tailored resources that are not currently available for rural Native Americans. Peer-level operators from within Mendocino County

will be trained to answer calls for assistance, ultimately reducing hospitalization and forced treatment as a cost effective and non-intrusive, voluntary intervention. In the end, the Native warm line wants to see all Natives in a state of wellness and have the resources they need to recover from their experiences. The warmline will provide a preventative resource for a high needs community to address wellness concerns before they become acute.

F) Integrated Service Experience for Clients and Families

The Native warm line will connect callers to resources tailored to each specific caller and their (and their family's) needs. Through the warm line's partnership with Mendocino County MHSA and NAMI Mendocino, BHRS, and other peer driven organizations the Native warm line will offer connections for peer-to-peer groups/resources including groups for those experiencing mental health issues facilitated by others experiencing the same, and for family members, groups facilitated by other family members with someone experiencing mental health issues.

CULTURAL COMPETENCE AND STAKEHOLDER INVOLVEMENT IN EVALUATION

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

The Native warmline is culturally driven. PPN is experienced in serving Native Americans across Mendocino County and will work directly with the evaluator to ensure project evaluation is culturally competent.

Evaluation will utilize terminology that utilizes lay-terms and keeps the questions short and precise, as to fit generally all ages and education levels around middle school and above. Those providing the evaluations will be trained to be culturally sensitive and competent, specifically in the Native American culture.

To provide a therapeutic approach to historical trauma, all those involved in the Native warm line will be asked to go through Pinoleville Pomo Nation's Historical Trauma Informed Care certification training. During the first two years of the program, the evaluator will consult with a cultural consultant to ensure cultural competency is being built appropriately into the program.

INNOVATION PROJECT SUSTAINABILITY AND CONTINUITY OF CARE

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

Depending on the outcomes of the learning project, if the program is successful as defined above, the County may continue the program with MHSA funding to augment existing warmline and cultural responsiveness activities. If the warm line has progressively met an agreed upon percentage of usage that warrants the continuation of the project for the betterment of the Native American community it is serving, the County would use this to determine the fate of the project getting County support. Partnerships with the Tribal governments for those in the service area are also a viable option, to see what monetary support they can provide to keep the line operating. In conjunction with this, additional funding can be sought out through other grants and applying for federal crisis resources that may come out.

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

While the primary purpose of this line is not specific to those with serious mental illness, there will be protocol for triaging calls to specialty mental health access and/or Crisis Line as needed. This will include a sub-section of resources that can provide assistance for those dealing with serious mental illness. Such resources include but are not limited to county contractors and Tribal health offices that specialize in serious mental illness, as well as case management resources. During the post-call survey/follow-up, the operator will ensure they follow up on if the resources were accessed or if they need additional support in accessing said services.

Upon completion of the learning project, the operator and County will determine whether alternate funding or closure of the project will occur based on the success of learning goals. A successful project will pursue funding through MHSA Suicide Prevention resources, grants, and/or Culturally specific/Indian Health funding. If the learning goals are unsuccessful, the final quarter will be used to transition clients to the Specialty Mental Health System and the Tribal Health Clinics.

COMMUNICATION AND DISSEMINATION PLAN

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

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

- Quarterly reports giving statistics on number of callers, types of resources given out, number of successful follow-up calls such as (Types of calls, crisis verses suicide, define crises reported, member of Federally recognized tribe, if so which tribe, age/gender, whether they have used the line before/number of times).

- Quarterly reports on learning goals such as changes in Native Community statistics related to by suicide, increasing resource knowledge awareness, identification of trauma triggers and solutions to accessing care.

- Mendocino County MHSA has Stakeholder Forum every other month for stakeholder input and sharing information about MHSA programs. Innovation reports and information will be shared at these meetings in addition to stakeholder meetings specific to the project. MHSA has additional stakeholder communications through Consumer Events, postings on the MHSA Website, emails to stakeholders, and other reports in larger BHRS stakeholder meetings such as Behavioral Health Advisory Board meetings and reports to the Board of Supervisors.

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

Native Warmline

Native Wellness Support

Native Suicide Support

Native Crisis Support

Native Resources

TIMELINE

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

Exact Dates TBD upon approval.
Estimated Pinoleville Pomo Nation Approval: January 2024
Estimated BHAB Approval April 2024
Estimated BOS Approval June 2024
Estimated OAC Approval May 2024
Estimated Contract Finalization August/September 2024
Estimated Project Start Date September 2024
Estimated First Annual Evaluation September 2025
Estimated Second Annual Evaluation September 2026
Estimated Third Annual Evaluation September 2027
Estimated Sustainability Planning December 2027
Estimated Transition to permanent funding/SMH services depending on project outcomes March 2028- August 2028
Estimated Final Evaluation and Report to Stakeholders September 2028

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

48 months

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

Quarter Completed	Key Activities	Milestones	Deliverables
Y1,Q1	Project Initiation	Finalized Contract	Tribal Council and Board of Supervisors Approval
		Hire Project Staff	Job Description, Recruitment & Training
Y1, Q2	Project Staff - Planning	Identify Warmline Partners/ Stakeholders/ Community Resources	Signed MOUs or letters of participation/support List of Resources Survey or Interviews
		Assess gaps and barriers	Pre-Survey Conducted
		Secure Phone & Phone Number	Purchase, Account Set-Up
Y1, Q3	Warmline Infrastructure	Policies & Procedures	Developed & Approved: Training; Answering Calls (including post-call survey, caller escalation, staff absence, after-hours callers, etc); Administration/Reporting; Resource Maintenance; Confidentiality; Others.
		Communication / Marketing	Quarterly Report Format Communication / Marketing Plan with Outreach Materials (brochure, flyers, social media posts, posters, key chains, bumper stickers, advertisements, etc.)
Y1, Q4	Project Implementation	Test & Modify	Warmline Callers / Scenarios Quarterly Report

			Communication/Marketing Materials
		Pre-Launch	Date Selected Communication/Marketing Plan Implemented
Y2, Q1	Project Launch	Open Warmline, conduct quarterly Data reviews	[INSERT NAME] Operable Continue Communication / Marketing Plan Implementation Review post-call survey results, other information to modify/enhance project. Implement regular staff meetings
		Reporting	Year 1 Summary Report Year 2, Quarter 1 Report
Y2, Q2 Y2, Q3 Y2, Q4	Project Operable, ongoing data measurement	Open & Operational, quarterly Data reviews	Maintain Staff, hours of operation Continue Communication / Marketing Plan Review post-call survey results and staff response to enhance and modify policies/procedures, plans.
		Reporting	Quarterly Reports
Y3, Q1	Project Operable, ongoing data measurement	Review	Stakeholder Review Meeting
		Open & Operational, quarterly Data reviews	Increase hours of operation Continue Communication / Marketing Plan Review post-call survey results and staff response to enhance and modify policies/procedures, plans.

		Report	Quarterly Report Year 2 Summary Report
Y3, Q2 Y3, Q3 Y3, Q4	Project Operable, ongoing data measurement	Open & Operational, quarterly Data reviews	Maintain Staff, hours of operation Continue Communication / Marketing Plan Review post-call survey results and staff response to enhance and modify policies/procedures, plans. Draft a sustainability plan to be reviewed at Stakeholder Review Meeting in Y4 Q1
		Reporting	Quarterly Reports
Y4, Q1	Project Operable, ongoing data measurement	Review	Stakeholder Review Meeting including sustainability plan review
		Open & Operational, quarterly Data reviews	Increase hours of operation Continue Communication / Marketing Plan Review post-call survey results and staff response to enhance and modify policies/procedures, plans.
		Report	Quarterly Report Year 3 Summary & Evaluation Report
Y4, Q2 Y4, Q3	Project Operable, Final Evaluation and Sustainability	Open & Operational, quarterly Data reviews	Maintain Staff, hours of operation Initiate Final Project Evaluation Initiate funding sustainability based on outcomes. Continue Communication / Marketing Plan Review post-call survey results and staff response to enhance and

Y4, Q4			modify policies/procedures, plans. Identify SMH participants. Begin Sustainability Transition. Finalize sustainability plan and apply for outside funds to ensure no lapse in services. Review and finalize Evaluation, post for stakeholder review.
		Reporting	Quarterly Reports Final Annual Summary Report including lessons learned/best practices Disseminate any tools, community defined best practices toolkits, etc.

Section 4: INN Project Budget and Source of Expenditures

INN PROJECT BUDGET AND SOURCE OF EXPENDITURES

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

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

BUDGET NARRATIVE

Provide a brief budget narrative to explain how the total budget is appropriate for the described INN project. The goal of the narrative should be to provide the interested reader with both an overview of the total project and enough detail to understand the proposed project structure. Ideally, the narrative would include an explanation of amounts budgeted to ensure/support stakeholder involvement (For example, “$5000 for annual involvement stipends for stakeholder representatives, for 3 years: Total $15,000”) and identify the key personnel and contracted roles and responsibilities that will be involved in the project (For example, “Project coordinator, full-time; Statistical consultant, part-time; 2 Research

assistants, part-time…"). Please include a discussion of administration expenses (direct and indirect) and evaluation expenses associated with this project. Please consider amounts associated with developing, refining, piloting, and evaluating the proposed project and the dissemination of the Innovative project results.

The majority of costs will be contracted by County BHRS with Pinoleville Pomo Nation to administer the Innovation Project. County will collaborate with Pinoleville for Community Program Planning, Evaluation, and Administrative Oversight including data collection and reporting to the larger MHSA stakeholder community.

YEAR 1:

1. Personnel ($86,570)

Warm Line Coordinator (WLC): is responsible to train to take on the day-to-day activities of the grant. During the first year, their main responsibilities will be to train to answer the warm line, collect local resources, and create a resource book to be used once the line is live. The WLC will report directly to the Self- governance Director; $28/hr x 40hr/week x 52 weeks = **$58,240**

Direct Costs: Fringe rate of 30% includes: Employer Taxes - OASDI Tax Rate; Medicare Tax Rate; CA SUI Tax Rate; Federal Unemployment Tax Rate; Employer Paid Health Insurance - Medical, Vision, and Dental. WLC $58,240 x 30% =
$17,472.

Indirect Costs: PPN approved IDC rate 14.34%. WLC $58,240 + $17,472 = $75,712 x 14.34% = **$10,858.**

2. Operating Costs ($57,211)

IT Services: $200 x 12 months = **$2400.**

Vehicle Cost: Gas for local outreach to tribes in the area to conduct meetings, surveys, etc. $400 x 12 months = **$4,800.**

Utilities: Cell phone for WLC at $150 x 12 months = **$1,800**
Copy machine $50 x 12 months = **$600**
PG & E (portion) $50 x 12 months = **$600**
Internet (portion) $50 x 12 months = **$600**

Office Supplies: Covers the basic supplies to complete the project activities. The cost shall include paper, computer materials, postage, stationary, water, and cartridges at $1,000 x 12 months = **$12,000.**

Travel and Training: Training for Warmline Coordinator yearly at **$10,000.**

Promotional Material: Outreach and marketing material that will cover program brochures, flyers, and promotional items with program logo for the year at **$5,236.**

Office Space at a yearly cost of **$12,000.**

Indirect Costs: PPN approved IDC rate 14.34%. Operating Costs = $50,036 x 14.34% = **$7,175.**

3. Non-Recurring Costs ($7,306)

Computer: $2,400 + Laptop: $2,400 = **$4,800**
Desk: $600 + Chair: $206 = **$806 +** Setup charge for the 1-800#: **$1,700 = $2,506.**

4. Contractual ($62,430)

Consultant: We will hire a consultant that will complete all written policies and the marketing plan along with begin the strategic plan and formulating a data collection tool. Year 1 consultant will be hired at $35 x 1,560 hours = **$54,600.**

Indirect Costs: PPN approved IDC rate 14.34%. $54,600 x 14.34% = **$7,830.**

5. County Payment ($25,000)
The County will charge an annual amount of $25,000 for services rendered.
YEAR 2:

1. Personnel ($156,443)

Lead Warm Line Coordinator (LWLC): will move into a lead position and will be responsible for training the new coordinator and will continue taking on the day-to-day activities of the grant. The LWLC will report directly to the Self- governance Director; $29/hr x 40hr/week x 52 weeks = **$60,320.**

Warm Line Coordinator (WLC): During the second year we will hire another position to train under the LWLC. Their main responsibilities will be to train to answer the warm line, continue to collect and become familiar with local resources. The WLC will report directly to the Lead Warm Line Coordinator; $27/hr x 32hrs/week x 52 weeks = **$44,928.**

Direct Costs: Fringe rate of 30% includes: Employer Taxes - OASDI Tax Rate; Medicare Tax Rate; CA SUI Tax Rate; Federal Unemployment Tax Rate; Employer Paid Health Insurance - Medical, Vision, and Dental. LWLC $60,320 x 30% = $18,096; WLC $44,928 x 30% = $13,478; $18,096 + $13,478 =
$31,574.

Indirect Costs: PPN approved IDC rate 14.34%. LWLC $60,320 + WLC $44,928 + Direct Cost $31,574 = $136,822 x 14.34% = **$19,621.**

2. Operating Costs ($43,449)

IT Services: $200 x 12 months = **$2400.**

Vehicle Cost: Gas for local outreach to tribes in the area to conduct meetings, surveys, etc. $300 x 12 months = **$3,600.**

Utilities: Cell phone for WLC at $150 x 12 months = **$1,800**
Copy machine $50 x 12 months = **$600**
PG & E (portion) $50 x 12 months = **$600**
Internet (portion) $50 x 12 months = **$600**
1-880# annual cost **= $250**

Office Supplies: Covers the basic supplies to complete the project activities. The cost shall include paper, computer materials, postage, stationary, water, and cartridges at $500 x 12 months = **$6,000.**

Travel and Training: Training for Lead and Warmline Coordinator yearly at **$6,150.**

Promotional Material: Outreach and marketing material that will cover program brochures, flyers, and promotional items with program logo for the year at **$4,000.**

Office Space at a yearly cost of **$12,000.**

Indirect Costs: PPN approved IDC rate 14.34%. Operating Costs = $38,000 x 14.34% = **$5,449.**

3. Non-Recurring Costs ($811)

New employee Desk: $600 + Chair: $211 = **$811.**

4. Contractual ($22,891)

Consultant: The consultant will complete the strategic plan and data collection tool. $35 x 572 hours = **$20,020.**

Indirect Costs: PPN approved IDC rate 14.34%. $20,020 x 14.34% = **$2,871.**

5. County Payment ($25,000)

The County will charge an annual amount of $25,000 for services rendered.

YEAR 3:

1. Personnel ($197,325)

Lead Warm Line Coordinator (LWLC): The lead position will be responsible for supervising the LWLC and the training of a new part-time position, along with overseeing the scheduling of

employees and the day-to-day activities of the grant. The LWLC will report directly to the Self-governance Director; $30/hr x 40hrs/week x 52 weeks = **$62,400.**

Warm Line Coordinator (WLC): During the second year the WLC will continue to train to answer the warm line and help in training of the new part-time employee. The WLC will report directly to the Lead Warm Line Coordinator; $28/hr x 32hrs/week x 52 weeks = **$46,592.**

Trainee: During the third year we will hire a part-time position to train under the LWLC and the WLC. Their main responsibilities will be to train to answer the warm line and become familiar with local resources. The Trainee will report directly to the Lead Warm Line Coordinator; $27/hr x 1,040 hrs = **$28,080.**

Direct Costs: Fringe rate of 30% includes: Employer Taxes - OASDI Tax Rate; Medicare Tax Rate; CA SUI Tax Rate; Federal Unemployment Tax Rate; Employer Paid Health Insurance - Medical, Vision, and Dental. LWLC $62,400 x 30% = $18,720; WLC $46,592 x 30% = $13,977; $28,080 x 10% = $2,808; $18,720 + $13,977 + $2,808 =
$35,505.

Indirect Costs: PPN approved IDC rate 14.34%. LWLC $62,400 + WLC $46,592 + TR $28,080 Direct Cost $35,505 = $172,577 x 14.34% = **$24,748.**

2. Operating Costs ($31,958)

IT Services: $120 x 12 months = **$1440.**

Vehicle Cost: Gas for local outreach to tribes in the area to conduct meetings, surveys, etc. $200 x 12 months = **$2,400.**

Utilities: Cell phone for WLC at $150 x 12 months = **$1,800**
Copy machine $50 x 12 months = **$600**
PG & E (portion) $50 x 12 months = **$600**
Internet (portion) $50 x 12 months = **$600**
1-880# annual cost **= $250**

Office Supplies: Covers the basic supplies to complete the project activities. The cost shall include paper, computer materials, postage, stationary, water, and cartridges at $200 x 12 months = **$2,400.**

Travel and Training: Training for Lead and Warmline Coordinator yearly at **$3,800.**

Promotional Material: Outreach and marketing material that will cover program brochures, flyers, and promotional items with program logo for the year at **$2,060.**

Office Space at a yearly cost of **$12,000.**

Indirect Costs: PPN approved IDC rate 14.34%. Operating Costs = $27,950 x 14.34% = **$4,008.**

3. Non-Recurring Costs (0)

4. Contractual ($2,859)

Consultant: During Year 3 we will hire a consultant to input all data collected during the year. $25 x 100 hours = **$2,500.**

Indirect Costs: PPN approved IDC rate 14.34%. $2,500 x 14.34% = **$359.**

5. County Payment ($25,000)

The County will charge an annual amount of $25,000 for services rendered.

YEAR 4:

1. Personnel ($204,197)

Lead Warm Line Coordinator (LWLC): The lead position will be responsible for supervising the LWLC and the training of a new part-time position, along with overseeing the scheduling of employees and the day-to-day activities of the grant. The LWLC will report directly to the Self-governance Director; $31/hr x 40hrs/week x 52 weeks = **$64,480.**

Warm Line Coordinator (WLC): During the second year the WLC will continue to train to answer the warm line and help in training of the new part-time employee. The WLC will report directly to the Lead Warm Line Coordinator; $29/hr x 32hrs/week x 52 weeks = **$48,256.**

Trainee: During the third year we will hire a part-time position to train under the LWLC and the WLC. Their main responsibilities will be to train to answer the warm line and become familiar with local resources. The Trainee will report directly to the Lead Warm Line Coordinator; $28/hr x 1,040 hrs = **$29,120.**

Direct Costs: Fringe rate of 30% includes: Employer Taxes - OASDI Tax Rate; Medicare Tax Rate; CA SUI Tax Rate; Federal Unemployment Tax Rate; Employer Paid Health Insurance - Medical, Vision, and Dental. LWLC $64,480 x 30% = $19,344; WLC $48,256 x 30% = $14,476; $29,120 x 10% = $2,912; $19,344 + $14,476 + $2,912 =
$36,732.

Indirect Costs: PPN approved IDC rate 14.34%. LWLC $64,480 + WLC $48,256 + TR $29,120 + Direct Cost $36,732 = $178,588 x 14.34% = **$25,609.**

2. Operating Costs ($25,086)

IT Services: $120 x 12 months = **$1,440.**

Vehicle Cost: Gas for local outreach to tribes in the area to conduct meetings, surveys, etc. $100 x 12 months = **$1,200.**

Utilities: Cell phone for WLC at $150 x 12 months = **$1,800**
Copy machine $50 x 12 months = **$600**
PG & E (portion) $50 x 12 months = **$600**
Internet (portion) $50 x 12 months = **$600**
1-880# annual cost **= $250**

Office Supplies: Covers the basic supplies to complete the project activities. The cost shall include paper, computer materials, postage, stationary, water, and cartridges at $100 x 12 months = **$1,200.**

Travel and Training: Training for Lead and Warmline Coordinator yearly at **$1,250.**

Promotional Material: Outreach and marketing material that will cover program brochures, flyers, and promotional items with program logo for the year at **$1,000.**

Office Space at a yearly cost of **$12,000.**

Indirect Costs: PPN approved IDC rate 14.34%. Operating Costs = $21,940 x 14.34% = **$3,146.**

3. Non-Recurring Costs (0)

4. Contractual ($2,859)

Consultant: During Year 3 we will hire a consultant to input all data collected during the year. $25 x 100 hours = **$2,500.**

Indirect Costs: PPN approved IDC rate 14.34%. $2,500 x 14.34% = **$359.**

5. County Payment ($25,000)

The County will charge an annual amount of $25,000 for services rendered.

EXPENDITURES						
PERSONNEL COSTS (salaries, wages, benefits)		YEAR 1 FY 23/24	YEAR 2 FY 24/25	YEAR 3 FY 25/26	YEAR 4 FY 26/27	TOTAL
1	Salaries	$58,240	$105,248	$137,072	$141,856	$442,416
2	Direct Costs	$17,472	$31,574	$35,505	$36,732	$121,283
3	Indirect Costs	$10,858	$19,621	$24,748	$25,609	$80,836
4	Total Operating Costs	$86,570	$156,443	$197,325	$204,197	$644,535

	OPERATING COSTS	YEAR 1 FY 23/24	YEAR 2 FY 24/25	YEAR 3 FY 25/26	YEAR 4 FY 26/27	TOTAL
5	Direct Costs	$50,036	$38,000	$27,950	$21,940	$137,926
6	Indirect Costs	$7,175	$5,449	$4,008	$3,146	$19,778
7	Total Operating Costs	$57,211	$43,449	$31,958	$25,086	$157,704

	NON RECURRING COSTS	YEAR 1 FY 23/24	YEAR 2 FY 24/25	YEAR 3 FY 25/26	YEAR 4 FY 26/27	TOTAL
8	*computer/laptop*	$4,800				$4,800
9	*office furniture/ securing line*	$2,506	$811			$3,317
10	Total Non-recurring costs	$7,306	$811	$0	$0	$8,117

	CONSULTANT COSTS/ CONTRACTS	YEAR 1 FY 23/24	YEAR 2 FY 24/25	YEAR 3 FY 25/26	YEAR 4 FY 26/27	TOTAL
11	Direct Costs	$54,600	$20,020	$2,500	$2,500	$79,620
12	Indirect Costs	$7,830	$2,871	$359	$359	$11,419
13	Total Consultant Costs	$62,430	$22,891	$2,859	$2,859	$91,039
	OTHER EXPENDITURES	YEAR 1 FY 23/24	YEAR 2 FY 24/25	YEAR 3 FY 25/26	YEAR 4 FY 26/27	TOTAL
14	*COUNTY Administrative oversight*	$25,000	$25,000	$25,000	$25,000	$100,000
15						$0
16	Total Other Expenditures	$25,000	$25,000	$25,000	$25,000	$100,000

BUDGET TOTALS	YEAR 1 FY 23/24	YEAR 2 FY 24/25	YEAR 3 FY 25/26	YEAR 4 FY 26/27	TOTAL
PERSONNEL (Line 1)	$58,240	$105,248	$137,072	$141,856	$442,416
DIRECT COSTS (add lines 2,5, & 11)	$122,108	$89,594	$65,955	$61,172	$338,829
INDIRECT COSTS (add lines 3,6, & 12)	$25,863	$27,941	$29,115	$29,114	$112,033
NON-recurring costs (line 10)	$7,306	$811	$0	$0	$8,117
Other Expenditures (line 16)	$25,000	$25,000	$25,000	$25,000	$100,000
TOTAL INNOVATION BUDGET	$238,517	$248,594	$257,142	$257,142	$1,001,395

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

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