# County of Mendocino

MENTAL HEALTH SERVICES ACT

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

COMPONENTS PLAN

MHSA Annual Plan Update for Fiscal Year 2016-2017

**July 12, 2016**

HEALTH AND HUMAN SERVICE AGENCY
MENTAL HEALTH SERVICES BRANCH

| **County Mental Health Director** | **Project Lead** |
|---|---|
| Name: Jenine Miller<br>Telephone Number: (707) 472-2341<br>E-mail: millerje@co.mendocino.ca.us | Name: Karen Lovato, Acting Deputy Director<br>Telephone Number: 707-472-2342<br>E-mail: lovatok@co.mendocino.ca.us |
| Mailing Address:<br>Mendocino County Health and Human Services Agency<br>Behavioral Health and Recovery Services<br>1120 S. Dora Street<br>Ukiah, CA 95482 | |

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

The 3-Year Plan has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft 3-Year Plan Annual Update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The 3-Year Program and Expenditure Plan Annual Update, attached hereto, was adopted by the County Board of Supervisors on July 12, 2016.

Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations, Section 3410, Non-Supplant. All documents in the attached 3-Year Plan Annual Update are true and correct.

Jenine Miller _____ _____

Local Mental Health Director/Designee Signature Date

County: Mendocino

Date:_____

| **County Mental Health Director** | **Auditor/Controller** |
|---|---|
| Name: Jenine Miller<br>Telephone Number: (707) 472-2341<br>E-mail: millerje@co.mendocino.ca.us | Name: Lloyd B. Weer, Auditor/Controller<br>Telephone Number: (707) 234-6860<br>E-mail: weerl@co.mendocino.ca.us |
| Mailing Address:<br>Mendocino County Health and Human Services Agency<br>Behavioral Health and Recovery Services<br>1120 S. Dora Street<br>Ukiah, CA 95482 | |

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

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

Jenine Miller _____ _____

Local Mental Health Director/Designee Signature Date

I hereby certify that for the fiscal year ended June 30, 2015, the County has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated December 2015 for the fiscal year ended June 30, 2015. I further certify that for the fiscal year ended June 30, 2015, the State MHSA distributions were recorded as revenues in the local MHSA Fund; that County MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County has complied with WIC section 5891(a), in that local MHSA funds may not be loaned to a county general fund or any other county fund.

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

Lloyd Weer. Auditor/Controller _____ _____

County Auditor Controller / City Financial Officer (Print) Signature Date

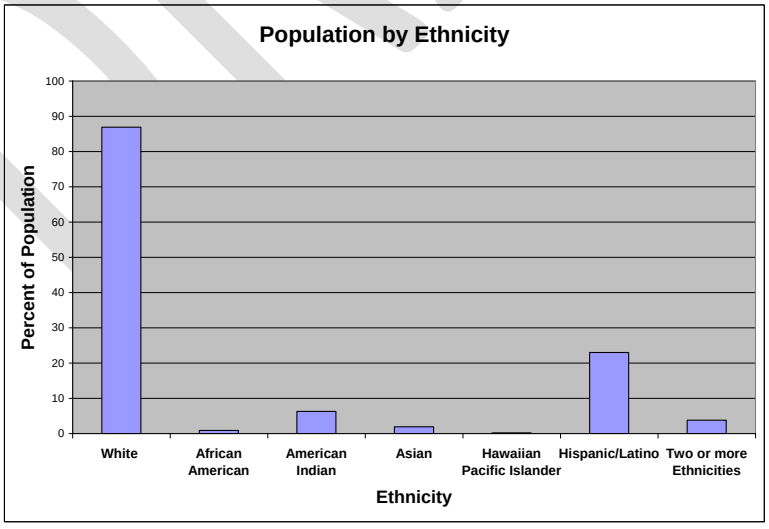
'Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)

## County Demographics

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

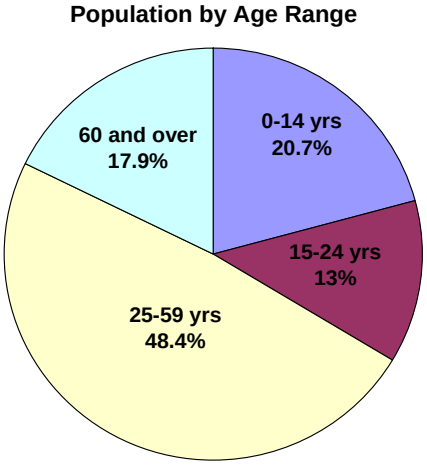
The US Census of 2010 provides the data on population trends. The US Census data of 2010 indicates that Mendocino County has a population of 87, 841 in 2010 with an estimated current population of 87,192 in 2013. Mendocino County ranks as 38th largest county by population of California's 58 counties.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

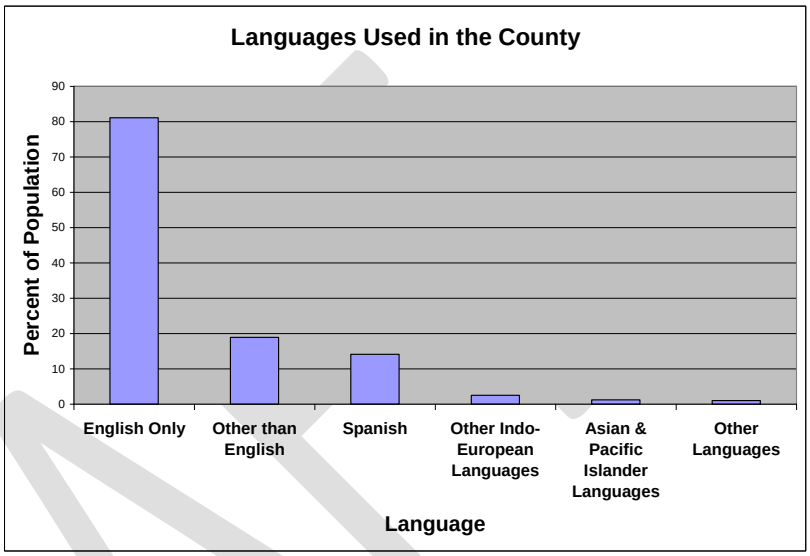
The US Census data of 2012 shows that 86% of Mendocino County's population identifies as White, 0.9% identifies as African American, 6.3% as American Indian, 1.9% as Asian, 0.2% as Native Hawaiian or Pacific Islander, 23% as Hispanic or Latino, and 3.8% as two or more ethnicities. Please note, that this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



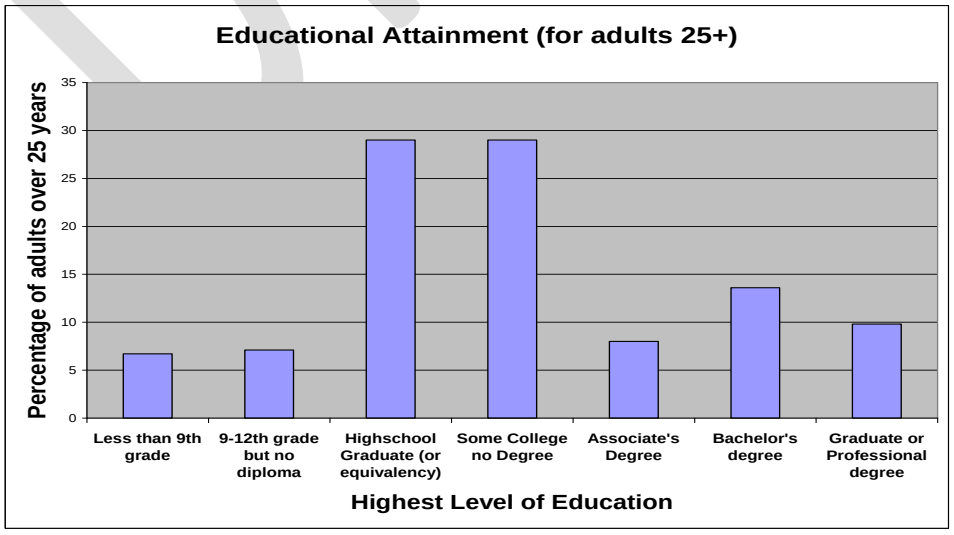

The Census data for age range does not break evenly into our Full Service Partnership (FSP) age categories, but when broken out as closely as possible, census data shows that

Mendocino County has 20.7% of children 0-14 years of age, 13% Transition Age Youth 15-24 years of age, 48.4% of Adults 25-59 years of age, and 17.9% of Older adults 60 and older. The majority of the population, 81% is identified as speaking English only. 18.9% speak languages other than English, with 14.1% speaking Spanish, 2.5% speaking other Indo-European Languages, 1.2% speaking Asian & Pacific Islander languages, and 1% speaking other languages. [2]

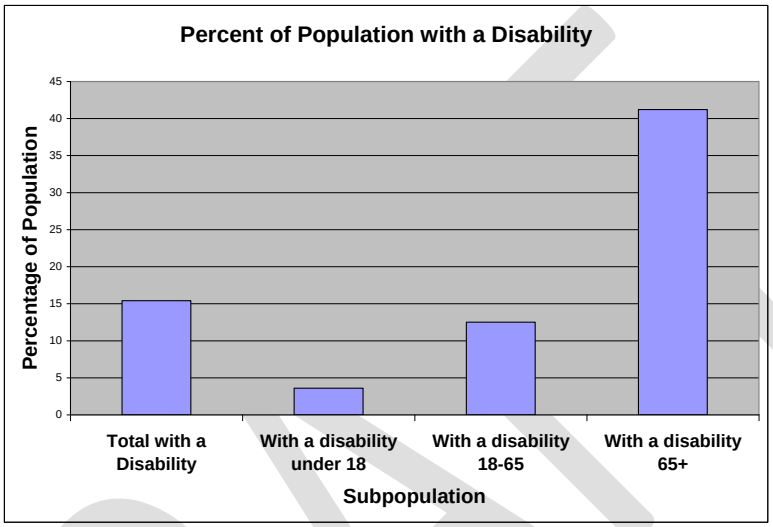


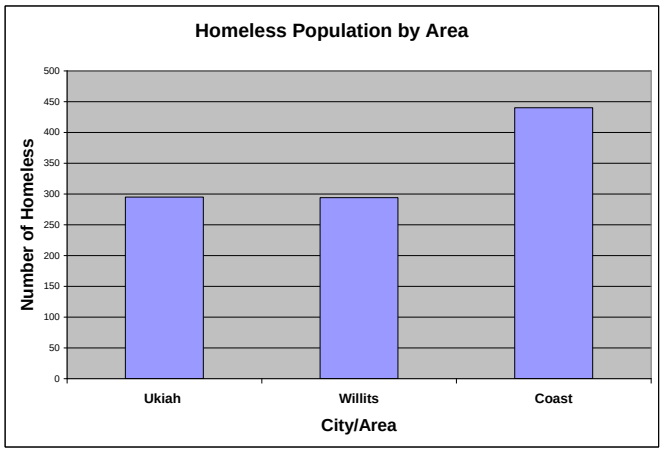

The US Census Bureau provides other indicators of interest in the socio-economic environment through the American Community Survey (ACS). The 2012 data indicates that Mendocino County's total Civilian Non-institutionalized population consists of 86,783 people, and that the percentage of those with a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

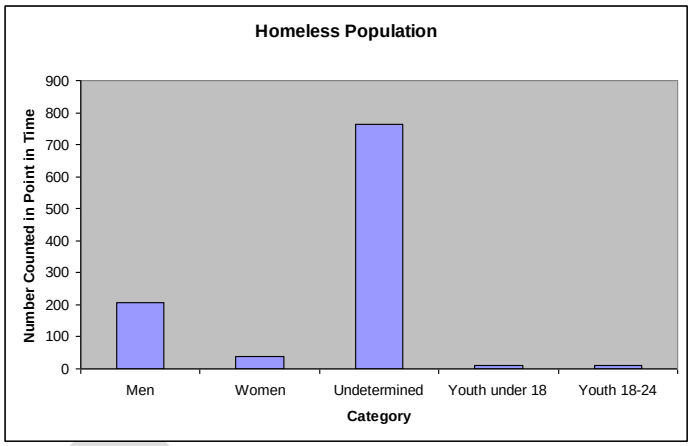


Additionally, the US Census Bureau and ACS indicate that the 2012 estimates the rate of Mendocino County High school graduates or higher (among those 25 years of age and older) to be 86.3% with 23.4% of the population having a bachelor's degree or higher. 6.7% of those 25 and older have less than a 9th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




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




References:


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

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

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

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

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

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

## Community Program Planning

Mendocino County's Community Program Planning (CPP) process for the development of the MHSA Plan Annual Update for Fiscal Year (FY) 2016/2017 includes obtaining stakeholder input in a variety of ways. MHSA Forums, Stakeholder Committee Meetings, Program/Fiscal Management Group Meetings, Behavioral Health Advisory Board Meetings, Suggestion boxes at MHSA funded programs, and e-mailed suggestions through the MHSA website are all means of gathering stakeholder input. Mendocino County is continuously reviewing our CPP processes to improve and expand the methods with which we collect stakeholder feedback.

**Stakeholder Description**

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

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

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

**Local Stakeholder Process**

Mendocino County has an ongoing continuous Community Planning Process. Mendocino County adapts our stakeholder processes based on stakeholder feedback to ensure that our stakeholders and stakeholder processes reflect the diversity and demographics of Mendocino County, including, but not limited to: geographic location, age, gender, and race/ethnic diversity of the County. Mendocino County endeavors to invite, include, and engage all stakeholders, taking special effort to engage those in rural areas and the underserved populations, by having meetings in consumer friendly environments and in rural and outlying areas. In developing our MHSA Annual Plan Update for FY 2016-2017 we have included the following:

1. MHSA Forums to discuss services for all Consumers; Children (0-15), Transition Age Youth (16-25), Adults (26-59), and Older Adults (60 +).
2. MHSA Joint Stakeholder Committee meetings
3. MHSA Program/Fiscal Management Group Meetings
4. Behavioral Health Advisory Board Meetings
5. County Mental Health MHSA Website

6. Quality Improvement Committee Meetings
7. Special Consumer Feedback Events
8. Behavioral Health Advisory Board Public Hearing on the 3- Year Plan Annual Update
9. Public Posting of the Plan through the 30 day local review process

**MHSA Forums**

MHSA Forums are held throughout the fiscal year and are focused on the services and needs of each specialty population: children & families, transitional age youth, adults, and older adults. The Forum time, length, and location varies in response to requests of stakeholders. Forums continue to be held in different locations throughout the County to improve access to remote stakeholders, and Mendocino County will continue to vary the location of the Forums. Consumers and family members are encouraged to attend and share their experiences with accessing and receiving services, and to provide feedback on successes and challenges with these programs. Service providers are invited to attend and to share information about their programs, including successes and any barriers working with their target population. The public is invited to attend to learn about MHSA programs. Forums are advertised in local newspaper and radio media as well as the MHSA website. Fliers are posted in MHSA funded programs, Mental Health service delivery locations, County buildings, and other popular stakeholder locations. Those who can't attend Forums but would like to share their feedback are encouraged to email Mendocino County's MHSA team or their service provider to represent their thoughts to the group at the Forum. Participation in Forums has a natural ebb and flow related to a number of factors. When Mendocino County recognizes an ebb in attendance at Forums we make a concerted effort to identify the source of the decreased attendance and determine if there is a change that can be made to improve convenience to stakeholders (time of day, location, day of week, providing food, length of meeting, etc) attending. Mendocino County MHSA team has implemented a survey at the end of Forums to collect anonymous input from stakeholders who may not want to express their feedback verbally. Wherever possible, suggestions from MHSA Forums are incorporated into MHSA programs as soon as they can be. Suggestions that can't be immediately responded to are compiled for incorporation into annual planning. Suggestions that require more substantive program or funding allocations that cannot be accommodated within an Annual Plan Update are collected for consideration during the MHSA Three Year Planning process.

**MHSA Joint Stakeholder Committee Meetings**

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

**MHSA Program/Fiscal Management Group**

The MHSA Program/Fiscal Management Group is comprised of Health and Human Services Agency (HHSA) Behavioral Health and Recovery Services (BHRS) staff that provides oversight to the delivery of MHSA services, the MHSA Coordinator, and Fiscal staff. This group meets regularly (at least twice a month) and is responsible for budget administration, plan development, implementation, and ongoing evaluation of the delivery of MHSA services. One of the meetings each month includes the Administrative Service Organizations overseeing delivery the majority of the MHSA services.

**Behavioral Health Advisory Board Meetings**

The Behavioral Health Advisory Board meets monthly and receives public comment on agenda and non-agenda items related to general mental health services. The Behavioral Health Advisory Board ad hoc committees work more closely with specific areas of mental health services, including Mental Health Services Act programs. The Behavioral Health Advisory Board invites the Behavioral Health and Recovery Services MHSA team for updates through Joint Stakeholder Committee Meetings.

**County Mental Health Services Act Website**

The County Mental Health Services Act Website posts the schedules, agendas, minutes, and other announcements for each of the six (6) MHSA components, as well as communicating other MHSA related news and events. The MHSA website is continuously updated with current information and announcements, as well as links to forms, surveys, training registrations, meeting agendas, meeting minutes, the MHSA Three Year Plan and Annual Updates. The MHSA Website can be found at: http://www.co.mendocino.ca.us/hhsa/mhsa.htm.

**Quality Improvement Meetings**

The Quality Improvement Committee Meeting occurs bi-monthly regarding all Mental Health Services. The Quality Improvement Committee meetings coordinate quality improvement activities throughout the continuum of care. The meetings are designed to periodically assess client care and satisfaction, service delivery capacity, service accessibility, continuity of care and coordination, and clinical and fiscal outcomes. Stakeholders attending the Quality Improvement Committee meetings have the opportunity to provide feedback on programs, submit issues or grievance forms, and learn statistics around service provision and access.

**Consumer Feedback Events**

Consumer Feedback Events are a new attempt to gain consumer feedback on the success of programs. Mendocino County will host an event semi-annually to gather consumer and family member feedback in a low pressure, consumer oriented venue, such as a social event. Incentives for participation will be offered. When possible, consumer and peer staff will be involved in the development and facilitation of the event.

**MHSA Issue Resolution Process**

In compliance with MHSA regulations, the Issue Resolution Process ensures that all stakeholders, consumers and family members have an opportunity to submit their concerns regarding Mendocino Counties Mental Health Plan Providers, MHSA funded programs and services. MHSA Issue Resolution forms are available at each MHSA provider site, on the Mental Health Services Website, and at all MHSA Forums. Issue Resolutions are tracked and issues are reviewed during MHSA Program/Fiscal Management Group meetings to identify trends and problem areas that need to be addressed. All written Issues are responded to formally in writing. Issues that are raised verbally to MHSA providers or BHRS MHSA staff are documented and tracked as if the Issue was submitted in writing. When verbal issues do not include enough information for a formal written response (for example when issues are submitted in a Forum or other group venue where no follow up contact information is available, or if the Issue is raised anonymously), the results are reported out during MHSA Forums so the response can be heard by stakeholders and captured in Forum Minutes.

**MHSA Annual Summary**

Beginning in FY 15/16, Mendocino County MHSA will separate the Annual Update into two documents. The MHSA Annual Plan Update, this document, which outlines MHSA

programs and activities for the fiscal year, and a MHSA Annual Summary, which is a review of the MHSA activities of the preceding year. The Summary will provide information and details about program accomplishments and participation as well as any available outcome data. This change is the result of stakeholder and state reviewer feedback on how to achieve greater clarity regarding the MHSA Plan and activities.

## Public Review

Mendocino County makes a concerted effort to collect public comment and feedback in a variety of methods and incorporate that feedback into the Annual Plan Update.

### Incorporation of Recommendations from the MHB on the FY 2015/2016 Annual Update

Each year the Behavioral Health Advisory Board provides formal recommendations and prioritizations to the MHSA team for implementation. Response to the recommendations is summarized in the new MHSA Annual Summary document.

### Community Needs & Issues Identified through the Community Planning Process MHSA Forums throughout FY 15/16

During the Community Planning Process, Stakeholder Participation Forums (MHSA Forums, Stakeholder Committee Meetings, and Special MHSA meeting) stakeholders are asked to provide feedback on the MHSA services currently being provided. They provide feedback on the success and challenges of existing programs and provide information on continuing needs in the community. Below is a compilation of the major community needs identified through FY 15/16 and Mendocino County's response to these needs. Where possible, existing MHSA programs incorporate the needs identified by the community into the programs best suited to fill those needs. Needs that require funding allocations are incorporated during the Annual Update process. Larger needs that require changes to the structure of the MHSA plan will be addressed during the 3-Year Planning process for FY 17/18- FY19/20.

## MHSA Community Forums - Needs identified during FY 15/16 Forums

| Identified Needs | Plan to Implement |
|---|---|
| **Children (0-15) & Family's Needs:** | |
| Foster Care Mental Health services | Provided through Redwood Community Services |
| Big Brother/Sister Program | Not a SMI need, but can be discussed with partner |

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| | agencies |
| Tapestry wants a Suicide Prevention presentation at their location | Can be arranged through the MHSA Coordinator- Scheduled dates in FY 16/17 |
| **Transition Age Youth (TAY) (16-25) Needs:** | |
| TAY Resource Center in Fort Bragg | To be explored by Redwood Community Services |
| Suicide Prevention presentation at Laytonville High School | MHSA Coordinator will schedule during FY 16/17 |
| Laytonville – youth outreach workers | MHSA funds administered in 15/16, and will continue in 16/17 |
| Laytonville – vocational training funds | MHSA funds administered in 15/16, and will continue in 16/17 |
| Laytonville – Signs of Safety Coordinator | Service Provided through Mendocino Youth Project |
| Laytonville – Mental Health de-stigmatization presentation in schools | Prevention and Early Intervention funding through Mendocino Youth Project- Explore expansion to Laytonville in 16/17 |
| Laytonville – Group services for Seniors | To be explored through Laytonville Healthy Start MHSA service |
| Round Valley – TAY resources like the Arbor in Ukiah | There are no current plans for TAY resources in Round Valley |
| Hopland – more SUDT counselors for students | Ukiah SUDT |
| **Adult (26-59) Needs:** | |
| Mental Health First Aid Training in Willits | Available through MCOE: Contact Natasha Carter |
| Hopland – Dual diagnosis / co-occurring – 30/45 day respite to stabilize | Dual diagnosis program exists through SUDT programs - discuss opportunities for outreach. Respite beyond resources at this time. |
| **Older Adult (60 +) Needs:** | |
| Outreach worker for Coastal Seniors Program | FY 15/16 attempted to engage in MHSA contract, unsuccessful. Continue attempts in FY 16/17 |
| Round Valley – SUDT funding | Innovation proposal includes overlap with SUDT supports |
| Hopland – Dual diagnosis / co-occurring – 30/45 day | Dual diagnosis program exists through SUDT |

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|---|---|
| respite to stabilize | programs - discuss opportunities for outreach. Respite beyond resources at this time |
| Hopland – more SUDT counselors for students | Dual diagnosis program exists through SUDT programs - discuss opportunities for outreach |
| **Across the Life Span Needs** | |
| Drug Treatment team component for RCMS Coastal | Not a SMI need. Dual diagnosis program exists through SUDT- discuss opportunities for outreach |
| An out-patient clinic to provide drug treatment once a week - Laytonville | Not a SMI need. Dual diagnosis program exists through SUDT - discuss opportunities for outreach |
| Psychiatrist on the South Coast | BHRS is in discussions around Memorandums of Understanding with the Clinics and other service options on South Coast |
| Physical therapy and other types of specialized therapy on the South Coast | Not a SMI need - does not fall under MHSA purview. |
| Art therapy on the South Coast | Will discuss with MHSA service providers on the South Coast |
| Shot Clinic in Willits | This service is scheduled to resume in FY16/17 |
| Crisis Warm Line | This service is provided by NBSP. If further is needed, discuss development by existing MHSA Peer Support and Wellness groups in 16/17 |
| Residential housing | MHSA Housing Program – Projected opening by 2018 |
| Need support groups for family support like NAMI doing a family to family support group | NAMI currently provides Family to Family Groups and Peer to Peer groups. |
| Services not linked to insurance | MHSA services are not linked to insurance. Services that can be reimbursed are, but MHSA funds several services that are available regardless of insurance. Please see MHSA Coordinator for more details. |
| Short-term Crisis Stabilization Center in Ukiah | Crisis Residential Treatment is being explored for development. Location is not determined. |
| Laytonville – 2 Clinicians: Data collection/manager of Child services and Manger of Adult services and Cast Management & Crisis Management | To be explored during the 16/17 Fiscal Year through MHSA contract with Laytonville Healthy Start. |

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| Laytonville – Trauma informed services program | To be explored during the 16/17 Fiscal Year through MHSA contract with Laytonville Healthy Start. |
| Laytonville – transportation to Ukiah | To be explored during the 16/17 Fiscal Year through MHSA contract with Laytonville Healthy Start. |
| Laytonville – Mobile Clinic to address transportation to services | This Innovation idea was not prioritized by stakeholders at this time. Innovation project ideas be reviewed following approval of pending innovation plan. |
| Laytonville – all ages / Peer in-home support | To be explored during the 16/17 Fiscal Year through MHSA contract with Laytonville Healthy Start. |
| Laytonville – Depression outreach | To be explored during the 16/17 Fiscal Year through MHSA contract with Laytonville Healthy Start. |
| Round Valley – public laundry | Not specific to SMI needs |
| Round Valley FRC – Staff funding | Not specific to SMI needs |
| Round Valley – homeless shelter | Not specific to SMI needs some overlap with Innovation Project proposal. |

**30 Day Public Comment**

The MHSA Annual Plan Update for FY 2016-2017 is posted for over 30 days from April 25, 2016 to May 25, 2016. Written and verbal comments are collected and consolidated during the Public Comment Period as well as during a Public Hearing, May 23, 2016. Public Comment can be mailed, emailed, dropped off, telephoned, submitted during the Public Hearing, provided verbally or otherwise delivered to one of the BHRS MHSA Team members. Responses to the questions and comments are responded to in writing and are attached at the end of this Plan.

**County Mental Health MHSA Website**

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

**Public posting of the 3-Year Plan, Annual Update throughout the 30 day local review process**

Copies of the MHSA Annual Plan Update were made available for public review at multiple locations across the County, which included MHSA funded programs, County BHRS buildings, key service delivery sites and Mental Health Clinics. MHSA funded programs were asked to review and open dialogue with consumers and family members during meetings/groups/client counsel activities. A copy the Annual Update was distributed via email to all members of the Behavioral Health Advisory Board, Mental Health and Human Services Leadership Team, and any MHSA Stakeholder members that provided email addresses. A copy of the Annual Update was also made available on the website. Hard copies were made available at the Public Hearing, and upon request.

**Public Hearing & Stakeholder Committee Meeting**

Mendocino County held a Public Hearing to obtain input from interested stakeholders. The Public Hearing was held on May 23, 2016.

**Public Comments on the Annual Update & Responses to Questions**

See Appendix C for Public Comments.

## Community Services and Supports Plan

Mendocino County continues to make adjustments and improvements in its ability to provide specialized services to its Full Service Partnership clients, as well as to outreach and engage underserved populations. Through the MHSA Three Year Plan FY 14/15 - 17/18 cycle, the delivery of outpatient services has been increasingly specialized during Mendocino County's system transformation of Mental Health Specialty Mental Health service delivery. Service delivery is becoming increasingly integrated and coordinated in an Integrated Coordinated Care Model of Mental Health Services. As services become increasingly integrated, more programs move from being identified as an age specific program, to a program that "crosses the lifespan" serving consumers of all ages but in a consumer driven, recovery oriented manner.

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

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

**Integrated Care Coordination Service Model**

The purpose of the Integrated Care Coordination Service Model is to better serve consumers with severe mental illness and severe emotional disturbances. The system

transformation and restructuring strategies are intended to promote focused system integration of comprehensive services across the Mental Health continuum. The integration of all programs including Community Services and Supports promote long term sustainability and leveraging of existing resources to make the entire system more efficient, integrated, and coordinated. Priority focus of the integrated Care Coordination model will be on reducing high risk factors and behaviors to minimize higher levels of care need including hospitalization and other forms of long term care.

Underpinning the Integrated Mental Health Services Model must be a "no wrong door" access to care approach as well as outcomes promoting both the improved mental health and recovery of the consumer and the quality and efficiency of the service system. The "no wrong door" approach, will allow for consumers to access services through the venue that is most comfortable to them, and through that service provider they will be triaged, linked, navigated, warm hand off transferred, and/or referred to appropriate services. Through the integrated care service model, MHSA services are not location or service provider specific. In partnership with the community stakeholders, Mendocino County will continue to develop a common set of outcome measures, recognizing that they will vary among age groups. These measures will be used to assess program efficiency, quality, and consumer satisfaction. Measurements and outcomes will be reported at least annually by unduplicated CSS Age group categories, (Children, TAY, Adult, and Older Adult).

**Goals for the MHSA 3-Year Plan for FY 14/15-FY 17/18**

- Create a service delivery system that provides a health care home which treats/coordinates care for the entire person.
- Integrate primary care with behavioral health.
- Participate in pilot projects through Mental Health Plan Providers designed to improve outcome measures, consumer satisfaction, and improved coordinated care.
- Reduce stigma and discrimination surrounding mental health treatment.
- Develop relationships with new partners.
- Position the County to be eligible for new funding opportunities.
- Explore regional opportunities for service delivery, and further expand remote and rural services.

- Provide outreach, engagement and information about mental health services and access services to consumers, schools, and families with children, remote rural areas and the coast, county staff and community partners.
- Further develop supportive housing.

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

**Recovery Oriented Consumer Driven Services**

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

**Integrated Intensive Care Management**

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

**Integrated Efficient Care**

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

**Quality Improvement**

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

**Collaboration with Community Partners**

- Forensic Treatment - develop collaboration with local law enforcement and Parole office to establish forensic services and a re-entry program that reduces the recidivism rate and ensures community re-entry. Through Mental Health Plan Providers, coordinate the referral of consumers to a medical facility for medication support. Refer consumers to treatment services, community services, housing, and other resources. Provide treatment plan, follow up transportation and care management services.

- Integration with Primary Care Centers - Mendocino County Health Plan providers will continue to develop collaboration with medical care and primary care services providing integrated and coordinated services that increasingly collaborate regarding treatment planning and care goals with identified medical home model of care, with "no wrong door" bi-directional referrals. Work toward improving health outcomes and life expectancies for the target populations.

- Improve coordination and communication with the community around programs, activities, events and resources available. In particular coordination and communication with natural supports, family and family integration.

- Establish relationships and interface with natural leaders and influential community members among the more isolated and underserved groups in our community to promote expansion of services in those areas, understanding of needs, improved communication about services and awareness, and to encourage trust among the members of the community.

## Community Services and Supports Programs

**Children and Family Services Programs**

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

1. **Full Services Partnerships (FSP):** Five (5) FSP at a time receive an array of services to support the recovery from serious emotional disturbance (SED). Services include crisis and post crisis support, linkage to individual/family counseling and other services to support the health, well-being and stability of the client/family and minimize the risk for incarceration, hospitalization, and other forms of institutionalization. These services are provided by a network of Mental Health Providers and are reviewed by the Mendocino County MHSA Team. These services are provided by Mental Health Providers, dedicated to working with Severe and Persistent Mental Illnesses (SPMI) population with priority for the underserved Native American and Latino communities; helping to bridge some of the gaps identified within these communities. Full Service partners will have individualized culturally responsive plans with a partner coordinator, that include 24/7 support. Outreach and Engagement will be utilized where needed, again with a priority for bilingual and bicultural awareness and competency.

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

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

**Transition Age Youth Programs**

For the MHSA Annual Plan Update for FY 2016-17, the Transition Age Youth (TAY) 16-25 up to the 26th birthday. Programs provide services to build resiliency and promote independence and recovery in the transition age youth population. Services include: Full Service Partnerships, the TAY Wellness program (which includes supported housing and wraparound components), therapeutic and clinical services for the County's bicultural, bilingual, and remotely located community through Mental Health Providers. This segment of the CSS program will include the implementations of an outcome measure (for example ANSA or CANS depending on age and/or other outcome measure

tools) for all Mental Health Providers to allow for evidenced based decision making and review of treatment services, as well as identifying areas for improvement.

1. **Full Service Partnerships (FSP):** Twenty-four (24) FSPs at a time will be offered services. These services are provided by a network of Mental Health Providers and are reviewed by the Mendocino County MHSA Team. Services include crisis & post crisis support, linkage to individual/family counseling and other services to support the health, well-being and stability of the client/family and minimize risk for incarceration, hospitalization, and other forms of institutionalization. These services are targeted to those with Severe and Persistent Mental Illness (SPMI) or Severe Emotional Disturbances (SED). Priority is given to the underserved Native American and Latino communities; helping to bridge some of the gaps identified within these communities. Full Service partners will have individualized culturally responsive plans with a partner coordinator, that include 24/7 support. Outreach and Engagement will be utilized where needed, again with a priority for bilingual and bicultural awareness and competency.

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

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

4. **Therapeutic and Clinical Services**: Therapeutic services to FSP's and other designated consumers are provided by Mental Health Providers often through Family Resource Centers. Priority is given to underserved cultural and linguistic

populations, and consumers in remote areas of the community. Services should emphasize consumer strengths and natural supports.

**Adult Services Programs**

The MHSA Annual Plan Update for FY 2016-17 Adult Services Program focuses on providing services for adults 26-59, to ensure consumers receive an array of services to support their recovery from severe and persistent mental illness (SPMI), build resiliency, and promote independence. Services include Full Service Partnerships, Wellness and Recovery Centers, Integration with Primary Care, therapeutic and clinical services for the County's bicultural, bilingual, remotely located, and other underserved populations. This segment of the CSS program will include the implementation of outcome measures (for example ANSA, and/or other outcome measure tools) for all Mental Health Providers to allow for evidenced based decision making and review of treatment services, as well as identifying areas for improvement.

1. **Full Service Partnerships (FSP):** Forty (40) FSPs can be served at one time with these services. Full Services Partnership services are provided by a network of Mental Health Providers and are reviewed by the Mendocino County MHSA Team. Services include crisis & post crisis support, linkage to individual/family counseling and other services to support the health, well-being and stability of the client/family and minimize risk for incarceration, hospitalization, and other forms of institutionalization. These services are targeted to those with Severe and Persistent Mental Illness (SPMI). Priority is given to the underserved Native American and Latino communities; helping to bridge some of the gaps identified within these communities. Full Service partners will have individualized culturally responsive plans with a partner coordinator, that include 24/7 support. Outreach and Engagement will be utilized where needed, again with a priority for bilingual and bicultural awareness and competency.

2. **Integration with Primary Care Centers**: In addition to the Wellness & Recovery Centers, Mendocino County will continue to focus on integrating and coordinating care with Primary Care services, providing linkage to primary care, providing patient navigation program outreach services, substance abuse services, and peer support and recovery programs for program consumers. Included in the provision of primary care services, Mendocino County Mental Health will develop an integrated treatment plan that is critical to ensure that the overall needs of the client are known and addressed by all providers. This is an integral component of the patient centered health home model of care. Mendocino County will look at the most effective and efficient resources to

develop and maintain the integrated treatment plan and bidirectional referrals. Additionally, we will utilize a consultant to build the appropriate interface and information exchanges between the BHRS record systems and the clinic electronic health record system.

**Older Adult Services Programs**

The MHSA Annual Plan Update for FY 2016-17 will focus on the Older Adult Services Program, 60 and older, continuing to provide services for the improvement of the aging population's quality of life, resiliency, and independence. These services are provided by a network of Mental Health Providers. Bicultural and bilingual outreach and engagement will be among the highest priorities of services to be provided to older adult consumers. This segment of the CSS program will include the implementation of an outcome measure (for example ANSA, and/or other outcome measure tools), for all Mental Health Providers, to allow for evidence based decision making and review of treatment services. In addition, the outcome measure will allow for identification of areas for improvement.

1. **Full Service Partnerships (FSP):** Fourteen (14) FSPs are available at a time for Older Adults. These services are provided by a network of Mental Health Providers and are reviewed by the Mendocino County MHSA Team. Services include crisis & post crisis support, linkage to individual/family counseling and other services to support the health, well-being and stability of the client/family and minimize risk for incarceration, hospitalization, and other forms of institutionalization. These services are targeted to those with Severe and Persistent Mental Illness (SPMI). Priority is given to the underserved Native American and Latino communities; helping to bridge some of the gaps identified within these communities. Full Service partners will have individualized culturally responsive plans with a partner coordinator, that include 24/7 support. Outreach and Engagement will be utilized where needed, again with a priority for bilingual and bicultural awareness and competency.

**Programs that Cross the Lifespan**

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

1. **Outreach and Engagement Activities:** Mendocino County Mental Health Providers will attempt to reach out to, identify, and engage un-served & underserved populations of all ages, in the community that may be suffering from severe emotional disturbance or severe and persistent mental illness, but

may be unable or unwilling to seek out services and support. The Outreach and Engagement program of CSS will seek to develop rapport and engagement with consumers that without special outreach would likely continue to be un-served or underserved, or without intervention would likely end up placed in a higher level of care such as jail, hospitalization, or long term placement. This program will develop rapport and engagement in order to determine appropriate services for consumer, to refer and support consumer in engaging with appropriate services that support recovery, independence, resiliency, and reduce risk factors for higher institutionalization, homelessness, and serious harm to the consumer. Often individuals that are served by this program will eventually be referred for Full Service Partnerships, but during the period of Outreach and Engagement, Full Service Partnership data is not yet available. Service information for clients served will be tracked through the Inclusion and Priority Criteria process in accordance with BHRS MHSA policies. These services may include psychiatric services to those with no other funding until Full Service Partnership can be established. Priority will be given to those clients that are underserved due to language or cultural barriers. Mental Health Providers will track the clients served, and will use outcome measures & reporting by Full Service Partnership Age categories, (Child, TAY, Adult, Older Adult) to allow for evidenced based decision making and review of treatment services, as well as identifying areas for improvement.

2. **Behavioral Health Court (formerly 11 O'clock Court Calendar)**: This program is a Full Service Partnership Program for adults 18 and over, (TAY, Adult, and Older Adults) that focuses on those who are incarcerated, on supervised release, on parole or probation, or at risk of incarceration. Ten (10) clients at a time can be served through this program. Clients are identified and referred by the Behavioral Health Court partners and the criminal justice system. Mental Health providers assess and review the referrals and make determinations of Full Service Partnership criteria. Those that qualify for the Full Service Partnerships are approved by the Mendocino County MHSA Team. Full Services Partnerships are determined by meeting MHSA criteria through the screening tool, the Inclusion Criteria form. Priority is given to the homeless or those at risk of becoming homeless. Full Service partners will have individualized culturally responsive plans with a partner coordinator, that include 24/7 support. The object of this program is to keep eligible individuals with mental illness from moving further into the criminal justice system by using a Full Service Partnership model of intensive and integrated care management. This program will have fluid services working for those most at risk for incarceration, and when

participants become lower risk they will be transitioned to other outpatient services. Behavioral Health Court hopes to reduce arrests, the number of days in jail, and the number of days in psychiatric hospitals for the individuals who participate. Mental Health Providers will use outcome measures & reporting by Full Service Partnership Age categories, (Child, TAY, Adult, Older Adult) to allow for evidenced based decision making and review of treatment services, as well as identifying areas for improvement.

3. **Adult Wellness and Recovery Centers**: Centers are currently located in Ukiah, Willits, and Fort Bragg. Resource Centers are available in Laytonville and Gualala, thus covering most of the County. The centers provide services for Full Service Partners and other Adults and Older Adults with serious and persistent mental illness (SPMI). The centers also provide Outreach and Engagement and some prevention and early intervention services for those not already identified and engaged in services for the SPMI population. Services include linkage to counseling and other support services, life skills training, nutritional and exercise education and support, finance management support, patient navigation, dual diagnosis support, vocational education, educational support, health management support, self-esteem building and developing healthy social relationships. The Wellness Centers provide a safe environment that promotes peer support, self-advocacy, and personalized recovery.

4. **MHSA Housing Program**: The MHSA Housing Program is in its development stage. The County completed a Request for Proposal (RFP) process to select a development company, which was awarded to Rural Community Housing Development Corporation (RCHDC). Community program planning processes are occurring regarding the size, type, and location of this program. The MHSA Housing Program will serve adults & older adults with severe and persistent mental illness who are homeless or are at risk of becoming homeless, or are coming back home to Mendocino County from higher levels of care, (hospitals and out-of-County Board and Care). A secondary component of the housing support program is for provision of Medi-Cal funded supportive services for the tenants. Support services will be provided by a Mental Health Providers. Mental Health Providers will use outcome measures and reporting by Full Service Partnership Age categories, (Child, TAY, Adult, Older Adult) to allow for evidenced based decision making and review of treatment services, as well as identifying areas for improvement

5. **Dual Diagnosis Program:** During this 3-Year Plan Mendocino County will develop

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

6. **Therapeutic Services to Tribal and Latino Communities:** Bilingual and bicultural services to our remote Tribal and Latino communities are provided through Mental Health Providers. Service providers offer outreach and engagement services to Latino and tribal members and families throughout the county. These programs offer linkage and engagement to needed services in a culturally and linguistically appropriate manner. These programs will report service delivery and outcomes by CSS age categories, (Child, TAY, Adult, and Older Adult), and culturally responsive evidence based practices and outcome measures used.

7. **AB 1421 Assisted Outpatient Treatment (AOT):** The Assisted Outpatient Treatment program was implemented January 1, 2016. Four (4) clients at a time will be designated as Assisted Outpatient Treatment (AOT) clients. Candidates for this program will be for those over 18, with Severe and Persistent Mental Illness (SMPI), and that meet other AOT criteria. Services include triage, referral to specialty mental health services, wrap around support, crisis support, transportation to medical appointments, linkage to counseling and other supportive services, access to immediate transitional permanent housing or a combination of these, food, support for life skills development, support for education, support for managing finances, and other appropriate integrated services according to individual client needs and minimize risk for incarceration, hospitalization, and other forms of institutionalization. This program will have fluid and transitional services working most intensively with those most at risk,

and when participants become lower risk they will be transitioned to other outpatient services.

8. **Mental Health Wellness Grant:** During FY 2015-16, Mendocino County BHRS has proposed a Crisis Residential Treatment (CRT) facility to be funded primarily through the Wellness grant. Funds were awarded to Mendocino County, which will support the establishment of a CRT facility that will be supported additionally in part by MHSA/CSS and Medi-Cal reimbursement. The proposed CRT facility will be a therapeutic milieu for consumers in crisis who have a major mental health diagnosis and may also have co-occurring substance abuse and/ or physical health challenges. Each consumer in the program will participate in an initial assessment period to evaluate ongoing need for crisis residential services, with emphasis on: reducing inpatient hospitalization, reducing emergency psychiatric services, reducing emergency room visits, reducing the amount of time in the emergency room and reducing recidivism for Crisis Residential Services. This program is still in the development phase, with plans to identify, purchase and renovate a site within FY 16/17.

9. **Adult Supported Recovery Housing and Services**: (Proposed for implementation in FY 2015/16 by existing Adult service provider, not yet implemented.) Adults and Older Adult FSPs will be eligible for the supported housing and recovery services program designed as a peer driven service, fostering healthy, independent living, while recognizing consumer preferences, promoting community integration and increasing the length of overall health and recovery, while decreasing the risk of relapse and homelessness. Opportunities to implement this program will be explored further in FY 16/17.

**Summary of Targeted Population Groups**

Mendocino County MHSA services seek to serve un-served and underserved consumers of all ages who have a serious emotional disturbance, a serious and persistent mental illness, or have acute symptoms that may necessitate use of higher levels of care. Specialized services target the age groups of Children (0-15) and their families, Transition Age Youth (16-25), Adults (ages 26-59), and Older Adults (60 and older). Some programs serve clients spanning two or more of these age groups and are identified as Programs that cross the lifespan, but they will report services and outcome measures by the above groups, (Child, TAY, Adult, and Older Adult). Services will be provided to all ethnicities, with an emphasis on reaching out to Latino and Native Americans as identified as underserved populations in Mendocino County. Mental Health Providers will utilize bilingual and biculturally trained individuals to outreach to

the Latino and Native American communities. Written documentation for all services are made available in English and Spanish, our two threshold languages. Translation services are available in Spanish for our monolingual consumers and their families when bilingual providers are not available. Services encompassing the lifespan will be integrated with all types of service provision and include care coordination to address medical health home and whole health needs.

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

## Mendocino County Mental Health Services Act Prevention and Early Intervention (PEI) Plan

The goal of the PEI project for Mendocino County is to provide crucial preventative, educational and early intervention services for consumers across the lifespan with the intent of reducing the severity of impact of mental health issues by addressing early signs and symptoms, increasing awareness and increasing early support. Mendocino County's PEI MHSA Annual Plan Update for Fiscal year 2016/17 was posted for a 30 day public review and comment period from April 25, 2016 to May 25, 2016 and was included with the Community Services and Supports (CSS), Workforce Education and Training (WET), Innovation (INN), and Capital Facilities and Technological Needs (CFTN) plans.

During the FY 15/16 the Mental Health Services Oversight and Accountability Commission finalized new Prevention and Early Intervention regulations. The new regulations became **effective on October 6, 2015 and are required to be fully implemented by December 30, 2017.**

Each prevention program is required to report Quarterly: Program name, data by age group with demographics, outcome indicators, and approaches used to select outcome indicators. Additionally, specific programs are required to report unduplicated numbers of clients served, numbers of those responding to outreach numbers of referrals and the numbers of those who have followed through with the referrals. All programs will refer directly to the regulations for specific reporting requirements.

**Prevention Programs:** These programs are focused on activities designed to reduce risk factors for developing a serious mental illness and to build protective factors. Program goals are to reduce development of mental illness or reduce the impact of negative

outcomes of mental illness. Prevention programs may include relapse prevention for individuals in recovery from a mental illness.

**Prevention Collaboration:** The PEI Prevention Collaboration provides education, de-stigmatization, peer support, and support services to youth in schools. Groups in Schools are a project of the Mendocino County Behavioral Health and Recovery Services in cooperation with a Mental Health Provider and various schools and school districts throughout Mendocino County. The project's goal is the early identification and treatment of young people experiencing the first signs of a serious mental illness. The PEI Groups in schools are led by Mental Health providers. These groups provide therapy, rehabilitation, and possibly alcohol and other drug treatment and prevention. These groups are designed to meet the particular needs of the students and to fit with the skills of the clinicians, rehabilitation specialists and prevention specialists. The group leaders use the Brief Screening Survey that was developed jointly with local pediatric psychiatrists and the MHSA PEI workgroup for the detection of symptoms of psychosis or serious mental illness.

a. **Prevention Collaboration - Point Arena:** The Prevention Collaboration is a project of the Mendocino County Behavioral Health and Recovery Services in cooperation with a Mental Health provider and the Point Arena School District (PASD) to provide prevention and early intervention services to students at PASD. Youth workers screen students and utilize the Brief Screening Survey. Youth workers provide services to students' one on one and /or in groups, on campus under the supervision of a Clinical Supervisor through PASD and the Program Director of the Mental Health provider.
b. **Prevention Collaboration- Anderson Valley:** The Prevention Collaboration is a project of the Mendocino County Behavioral Health and Recovery Services and Anderson Valley Unified School District (AVUSD) to provide school based screening and prevention services, paraprofessional services on campus, mental health clinician services, and community based family support services.
    - **School Based Screening and Prevention Services**: AVUSD provides these services utilizing the Response to Intervention and Student Team/Student Review Meeting process to assess and plan for students who are brought to the team for any referral or concern by a staff or family member.
    - **Paraprofessional Services on campus**: A Mental Health Paraprofessional works with a Health Corps member to conduct

outreach and education, deliver classroom presentations, and provide group intervention for up to 14 children each year.

- **Mental Health Clinician Services**: A bilingual Marriage and Family Therapist or Licensed Clinical Social Worker observes the Paraprofessional's work, provides guidance and recommendations.
- **Community Based Family Support Services**: Assistance is provided by two Family Resource Centers (in Covelo and South Coast) with intent to expand to additional Family Resource Centers during this three year cycle. Services provided assist parents with applications for food stamps, Medi-Cal, Healthy Families, or other benefit programs and to provide information on community resources

1) **Early Intervention Programs:** Treatment and other interventions to address and promote recovery and related functional outcomes for individuals with severe mental illness early in its emergence. These Programs can include an improvement in the negative outcomes that may result from untreated mental illness. Clients are in program no longer than 18 months, except in rare circumstances.
    a) **Wraparound Program (Formerly called Katie A. Wraparound)**: The Katie A. Class Action Lawsuit is implemented in Mendocino County. It mandates Mental Health and Child Welfare Services (CWA) to work in collaboration to provide Mental Health services when a child qualifies for services based on the Katie A. subclass criteria. Mendocino County has redesigned the service delivery through collaboration with the Social Services Department, the Safety Organized Practices (SOP) Program. This redesign of the existing service expands and introduces a proactive component in the investigation, assessments, and care plan development of the Foster Care placement program. This is a key component that has been introduced by the Core Practice Model as required by Katie A. legislation.

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

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

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

- Expands use of Child and Family Teams (CFT).
- Provides Integrated Care Coordination (ICC).
- Offers Treatment Foster Care (TFC).
- Offers Integrated Home Based Services (IHBS).
- It is Outcome Focused with Accountability.

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

b) **Senior Peer Counseling:** Senior Peer Counseling program is a project to decrease client risk factors for depression, decrease isolation, decrease risk for psychiatric hospitalizations, and identify and appropriately respond to client indicators of suicide risk through training and clinical supervision. Mendocino County Health Plan Providers provide these services inland and on the coast. Supervision and training is provided by licensed clinicians experienced in the Senior Peer Counseling model to at least twenty (20) Senior Peer Counselors to recognize signs of self-neglect, elder abuse, substance abuse, medication misuse/nonuse, suicide risk, depression, anxiety, and other mental illness. Through the Peer support model the volunteer counselors can help the at risk seniors to overcome barriers, reduce risk factors, and become more involved in self-care and wellness. Currently there are Senior Peer Counselors serving Ukiah, Willits, and Fort Bragg area. Supervision of Peer Counselors is provided by licensed clinicians experienced with the Senior Peer Counseling model who provide training and support.

2) **Outreach Programs for Increasing Recognition of Early Signs of Mental Illness:** Programs designed to engage, educate, train, or learn from potential clients or responders in order to more effectively respond to early signs of potentially severe and disabling mental illness. This can include increasing recognition of early signs, if that is listed as a strategy.

    a. **Mendocino County Youth Project – Breaking the Silence:** Interactive education modules and Peer support groups offered at the middle school level. Services are offered in Spanish and English. Youth that may benefit from receiving additional services are offered the opportunity to participate in on campus groups, individual mentoring, community Day Schools, prevention, education programs, and weekly groups. Fort Bragg services include Teen Lounge and Clothing Closet.
    b. **Child and Adolescent Substance Abuse Treatment Outreach:** Mendocino County will facilitate outreach, prevention, intervention and counseling programs that enhance the internal strengths and resiliency of children and adolescents while addressing patterns of substance abuse. These programs will include prevention and education groups, individual and group counseling, and a variety of clean and sober health activities, including community service projects.

3) **Stigma and Discrimination Reduction Programs:** Activities or programs designed to reduce negative feelings, improve attitudes/beliefs/perceptions, and reduce stereotypes or discrimination related to having a mental illness. Programs can include social marketing campaigns, speakers' events, targeted training, and web-based campaigns. Approaches shall be culturally congruent with the population for whom they are intended.

    a. **California Mental Health Services Authority (CalMHSA):** Mendocino County contributes funding for statewide prevention and early intervention projects. These projects promote mental health, reduce the risk of mental disorders, and diminish the severity and negative consequences associated with the onset of mental, emotional, and behavioral disorders in accordance with the statewide PEI Implementation Work plan, Phase 2.
    b. **Know the Signs (KTS) Campaigns:** Mendocino County collaborates with KTS (a CalMHSA program) to provide Suicide Prevention Materials, such as Know the Signs posters with informational tear away pages that provide the ACCESS phone numbers and the North Bay Suicide

Prevention Hotline number and are disseminated throughout the county through the Mendocino County Suicide Prevention Collaboration.

4) **Programs for Access and Linkage to Treatment:** Programs or activities designed to connect children or adults with severe mental illness, as early in the onset of these illnesses as possible, to medically necessary care and treatment.

5) **Programs to Improve Timely Access to Services for Underserved Populations:** Programs or activities designed to connect children or adults from a targeted underserved group with severe mental illnesss, as early in the onset of these illnesses as possible, to medically necessary care and treatment.

**6) <u>Suicide Prevention Programs</u>:** Organized activities that seek to prevent suicide as a consequence of mental illness. Programs do not focus on intended outcomes for specific individuals. These programs are targeted information campaigns, suicide prevention networks, and capacity building programs, culturally specific approaches, survivor informed models, hotlines, web based resources, and training and education.

**a. <u>Mendocino County Suicide Prevention Project</u>:** The goal of the project is to actively engage the community to promote mental health, prevent suicide, and reduce stigma across the lifespan. Suicide Prevention is addressed in MHSA monthly Forums to determine the community's unique needs and develop action plans tailored to fit the needs of the community, with an emphasis on reaching out to the bilingual, culturally diverse and remote populations. This project includes collaboration with the North Bay Suicide Prevention Hotline.

During FY 2014/15 the Mendocino County MHSA Coordinator obtained the certification to facilitate Applied Suicide Intervention Skills Training (ASIST) and safeTALK trainings. These are evidenced based suicide intervention and prevention techniques for the community and workforce. Mendocino County is committed to provide a minimum of three of each of these trainings per year during the three year cycle. In these training efforts we have made special efforts to invite and provide these trainings to linguistically and culturally diverse groups.

# Mendocino County Mental Health Service Act Workforce Education and Training Plan

Mendocino County's Workforce Education and Training (WET) Plan was submitted with the Mendocino County MHSA Annual Plan Update for Fiscal year 2016/17. It was posted for a 30 day public review and comment period from April 25, 2016 to May 25, 2016 and was included with the Community Services and Supports (CSS), Prevention and Early Intervention (PEI), Innovation (INN), and Capital Facilities and Technological Needs (CFTN) plans. Mendocino County's Workforce Education and Training component of the 3-Year Plan and Expenditure Plan address the shortage of qualified individuals who provide services in the County's Public Mental Health System. This includes community based organizations and individuals in single or small group practices who provide publicly funded mental health services to the degree they comprise the County's Public Mental Health System workforce.

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

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

6. Promote inter-professional care by working across disciplines.

All proposed education, training and workforce development programs and activities contribute to developing and maintaining a culturally competent workforce, to include individuals with client and family member experience that are capable of providing client and family driven services that promote wellness, recovery, and resiliency, leading to measurable, values driven outcomes.

Mendocino County continues to support the findings, recommendations and Work Force Education and Training Five Year Plan of the Office of Statewide Health Planning and Development that covers 2014-2019.

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

**Workforce Education and Training (WET) Coordination and Support**

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

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

1. Provide ongoing development and operation of workforce programs.
2. Promote the integration of wellness, recovery, and resiliency concepts throughout the mental health delivery systems at all levels of service.
3. Develop cultural competence of staff throughout the mental health system.
4. Increase capacity and capability for the provision of clinical supervision (mentoring, coaching, etc).
5. Improve coordination of training efforts through the mental health system.
6. Coordinate continuing education and ongoing training opportunities for workforce to ensure professional skills, in particular with Mendocino County Schools and educational programs.

7. Partner with outside community organizations on workforce development opportunities.
8. Provide outreach to high school and community college students regarding available mental health careers, educational requirements and resources, and 4-year university transfer requirements.
9. Ensure that consumers, family members and underserved and underrepresented populations are included as both trainers and participants.
10. Incorporate consumer and family member viewpoints and experiences in all training and educational programs.
11. Design training interventions to meet the needs of a multidisciplinary workforce.
12. Coordinate and disseminate information on federal, state, and local loan forgiveness programs.
13. Enhance collaboration with community based organizations (CBO).
14. Integrate WET Plan with other MHSA components.
15. Collaborate with Human Resources staff to recruit and support consumers and family members as employees.
16. Oversee all activities of Workforce Development Program and scholarship program.
17. Participate in statewide trainings as required or recommended in relation to carrying out WET activities.

**Workforce Development and Collaborative Partnership Training**

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

The Workforce, Education and Training work group meets as a part of MHSA forums, with special subcommittees called as needed, to insure that consumers, family members and all other stakeholders have an opportunity to participate in developing a WET Plan that supports the goal of developing a "grow our own" level of education, recruitment and retention of qualified individuals to provide Mental Health services.

**Objectives**: Provide education and training for all individuals who provide support or services in the public Mental Health System. Develop and implement a system of cross training for Mendocino County Mental Health staff, community partner agencies that also work with individuals with mental health issues, stakeholders, consumers, and family members on topics including:

1. **Consumer/Family Member Driven Services**
    a. Development of Peer support programs.
    b. Accessing training resources through e-learning websites.
    c. Expand financial incentive programs for the public mental health system workforce to include underrepresented, underserved, and inappropriately served populations and meet the needs of those populations.
2. **Cultural Competency and sensitivity**
    a. Expand awareness and outreach efforts to effectively recruit culturally and linguistically diverse individuals.
    b. Enhance curricula to improve cross cultural communication, including self awareness.
    c. Issues related to all special populations (e.g. LGBTQ, rural poor, older adults, TAY, ethnic minorities).
    d. Spirituality Initiative.
3. **Community Partnerships and Collaborations**
    a. First Responder training (e.g. Crisis Intervention Team).
    b. Forensic services and collaboration with criminal justice.
    c. Suicide prevention/risk identification.

d. Tarasoff, confidentiality, and mandated reporting.

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

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

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

**4. Wellness, Resiliency and Recovery**

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

b. Pre-Crisis recognition and intervention training.

c. Harm reduction.

**5. Evidence Based Practices**

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

b. Co-occurring disorders.

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

d. Quality assurance support and technical assistance.

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

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

Funds from this component will provide scholarships and loan assistance to those willing to make a commitment to work with the public mental health system. Funded coursework must be applicable to a certificate or degree related to the mental health field (e.g. human services, counseling, social work, psychology, etc.) Students receiving scholarships or loan assistance will commit to seeking work with the County Health and Human Service Agency or with a nonprofit contracted with the County to provide mental health consumer services. Internships required for the degree will be accomplished in one of the settings mentioned above. Anyone employed with behavioral health services organizations in Mendocino County may apply for assistance,

with priority given to consumers and family members, persons of Latino or Native American descent, and working directly with cultural and bi-lingual populations. This component was prompted by our identified need to encourage local people to enter and advance in fields related to public mental health.

**Objectives:**

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

**Work Group and Subcommittees**

The WET Coordinator will convene a regular work group meeting with community stakeholders and parties interested in mental health workforce development. The Coordinator will assist with the work group in identifying training priorities. Work Group meetings occur as a part of MHSA Forums in order to include all geographic areas in the Community Planning Process. The work group will establish subcommittee(s) as needed to carry out targeted projects or special actions of the WET component plan explained below:

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

# Mendocino County Mental Health Services Act Innovation Plan

In the FY 13/14 Mendocino County initiated the Community Planning Process around suggesting, selecting, and implementing an Innovative Project. Mendocino County held seven (7) Community Planning Meetings over the course of six months to discuss, brainstorm, and generate ideas for an Innovative Project. The meetings were held in different locations throughout the County (Ukiah, Willits, Fort Bragg, Point Arena, Booneville, Covelo, and Hopland), in consumer friendly environments in order to get the most community feedback. The ideas generated were ranked according to popularity, and then the top ten most popular ideas were sent out in an anonymous community wide survey. The top idea(s) selected by the survey have been further refined and plan presented for development by the MHSA team and interested stakeholders.

Mendocino County is working in coordination with an Innovation Planning stakeholder group, and is in dialogue with the Mental Health Services Oversight and Accountability Commission (MHSOAC) to develop a plan to meet MHSAOAC specifications.

**Crisis Response Systems & Resources to Rural Underserved Areas:**

During FY 13-14 Innovation stakeholders workgroup refined the top selected Innovations Project idea of improving crisis response resources to isolated rural populations heavily populated by underserved cultural groups. Target Populations prioritized by the stakeholder group were Covelo and Point Arena. Consultation with the MHSOAC, led the stakeholder group to begin with one target community (Covelo/Round Valley) and expand to the second (Point Arena) once the first is underway.

Mendocino County Behavioral Health and Recovery staff and Innovation Stakeholders are committed to identifying the most effective means of increasing access to Crisis support services for those who reside in the most rural communities of the county, in particular our underserved Latino and Native American Communities, using the Mental Health Services Act (MHSA) primary purposes of:

- increasing access to services
- increasing access to underserved groups
- promoting interagency collaboration, and
- improving the quality of services, including improved outcomes

The Innovation Project goal is to learn how a small isolated rural community can work together with Mendocino County providers to increase access to Crisis Response Systems in these targeted rural communities and build on their community cultural strengths to create crisis response systems in partnership with BHRS that meet the needs of each remote isolated community. We will evaluate the project's effectiveness; determine how to sustain the project and determine what recommendations could be made to other communities or counties wishing to initiate a similar project.

Our focus will be on:

1. Learning how to "grow our own" services to increase access to remote Latino or Native American communities, possibly, using a Peer Provider model.
2. Learning the best methods for reducing the trauma experienced by persons suffering from emotional crisis, when the situation requires contact with Law Enforcement, long drives to reach a hospital emergency room and the protracted assessment and placement process.
3. Determining the best methods to increase the number of trained Crisis Contacts in each community, thus reducing the reliance on Law Enforcement.
4. Learn whether the use of trained Peer Providers, to provide continued support to those needing further resources, will meet the needs of the community as a resource. If so, learn the needs of each community to recruit, support, train and employ the Peer Providers.

Experience has taught us that, attempting to have staff or other resources commute from the more populated areas of the county, into these outlying areas has not been successful.

Historically, crisis services have been located in Ukiah, Willits and Ft. Bragg (the current locations of Emergency Departments and local Law Enforcement) making Crisis Services more easily accessed in the more populated areas. The small rural communities have fewer occurrences of Mental Health Crisis, thus, expansion to each of the rural areas has been prohibitive. This lack of access is the foundation of our Innovative Plan.

We intend to learn, through cooperation and collaboration with each of these underserved communities, how to best use the available resources of each community to improve trust and knowledge of and access to, and in collaboration with Crisis Response and referral support to other Behavioral Health Services.

If successful, this project will not only fill the substantial gaps in Crisis Response provision for very rural communities, but it will offer the County an opportunity to learn the strengths and strategies as well as, whether utilizing Peer Providers will improve services and outcomes for consumers and to build new, geographically and culturally sensitive resources from the Peer population.

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

Mendocino County's Capital Facilities and Technological Needs (CFTN) MHSA Annual Plan Update was posted for a 30 day public review and comment period from April 25, 2016 – May 25, 2016 and was included with the Community Services and Supports (CSS) Plan, Workforce Education and Training (WET) Plan, Prevention and Early Intervention (PEI) Plan and Innovation Plan.

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

This component plan will provide an overview in the current technological needs of the mental health program that will be required to meet Meaningful Use Standards as set by the Goals of California Health Information Technology (HIT) Executive Order. The goal of the Capital Facilities and Technological Needs (CFTN) plan is to assess the needs and issues facing the Mendocino County Behavioral Health and Recovery Services Program (BHRS). During FY 15/16 a timeline for implantation was established and implementation of the Electronic Health Records (EHR) is in process.

The identified need for use of CFTN is for system redevelopment to include an overhaul of the current electronic health record and subsequent billing system of Mendocino County. The County has contracted with XPIO to conduct an assessment of the entire EHR, billing and reporting system to determine the County's needs to meet the Meaningful Use requirements.

Requirements: In the last fiscal year, the County had upgraded to the current version of Avatar system, MyAvatar 2013 (a Netsmart certified EHR program for use by mental health and substance use disorder treatment departments); this will assist the BHRS Agency in satisfy the following American Recovery and Reinvestment Act (ARRA), Mendocino County BHRS Program has had extensive experience collecting and inputting information into the MyAvatar. However, the need has arisen to be able to communicate and exchange information with other certified Electronic Health Record (EHR) Systems. Current exclusion of Federal incentives for the EHR requirements has

led BHRS to rely on the progress of the Meaningful Use Standards to be completed by our current data system. Netsmart has made great strides in meeting all stage 1 compliance standards for its MyAvatar system; and the system has been certified by the Office of the National Coordinator-Authorized Testing and Certification Board (ONC-ATCB).

| | |
|---|---|
| 1. Record Demographics | Fully Implemented |
| 2. Record Smoking Status | Fully Implemented |
| 3. Patient Clinical Summaries of Visit | System is capable of providing |
| 4. Patient Electronic EHR-Authorization of disclosures of EHR | Planning |
| 5. Summary of Care at Transitions of Care | System is capable of providing |
| 6. Active Medication Allergy List | Partially Implemented |
| 7. Lab Test Results | Planning |
| 8. Medication Reconciliation | Planning |
| 9. Patient Specific Education | System is capable of providing |
| 10. Problem List | System is capable of entering information |
| 11. Record Vital Signs | System is capable of entering information |
| 12. Patient Lists | Fully Implemented |
| 13. Clinical Patient Summary | System is capable of providing |

| | |
|---|---|
| 14. CMS Quality Measures | System is capable of entering information |
| 15. Patient Reminder List | System is capable of providing |
| 16. Record Vital Signs | Partially Implemented |
| 17. Exchange Clinical Information | Planning |
| 18. E-Prescribing | Planning |

Needs and Assessments: Mendocino County currently runs MyAvatar 2013 with RADplus 2010 and Clinical Work Station 2004 on a 2008 64 Bit virtual VMware platform supported by Mendocino County Information Service Department.

The Department recently implemented, April 2016, the Extensible Markup Language (XML) upload of the Service delivery from the ASO's data system, EXYM, directly into the County's MyAvatar's system. Client services are exported out of EXYM using XLM formatting and imported directly into MyAvatar's Client Charge Input.

The County is in the planning stage of The Health Information Exchange of client clinical information to be imported into their MyAvatar system, in the same XLM format as the Service information from the EXYM system.

The County is planning in the near future to use Redwood MedNet, Health Information Exchange (HIE) provider in the Region, to exchange Clinical Care Documentation (CCD) to increase overall client care by collaborating with local care providers.

## EHR Implementation Timeline

| Objective | Steps | % of Completion | Deadline |
|---|---|---|---|
| Exchange of Service Delivery from EXYM to MyAvatar-XLM Format | | 100% | 6/30/2016 |
| CWS: Assessments (BPSA, Screening 0-4, Screening 5-21) Modeling within MyAvatar | Model forms in the Test Environment | 60% | 6/30/2016 |
| | Clinical Staff need to look at the forms and give feed back. Address any feed back. | | |
| | Once Management approves froms, put into the LIVE environment | | |
| | Train County Staff on the Use of the Forms | | |
| CWS: Treatment Modeling within MyAvatar | Model forms in the Test Environment | 60% | 6/30/2016 |
| | Clinical Staff need to look at the forms and give feed back. Address any feed back. | | |
| | Once Management approves forms, put into the LIVE environment | | |
| | Train County Staff on the Use of the Forms | | |
| CWS: CANS Modeling within MyAvatar | Model forms in the Test Environment | 60% | 6/30/2016 |
| | Clinical Staff need to look at the forms and give feed back. Address any feed back. | | |
| | Once Management approves froms, put into the LIVE environment | | |
| | Train County Staff on the Use of the Forms | | |
| CWS: ANZA Modeling within MyAvatar | Model forms in the Test Environment | 60% | 6/30/2016 |
| | Clinical Staff need to look at the forms and give feed back. Address any feed back. | | |
| | Once Management approves forms, put into the LIVE environment | | |
| | Train County Staff on the Use of the Forms | | |
| CWS: Document Routing Training for County Staff | | 0% | 6/30/2016 |
| CWS: Audit tool Modeling within MyAvatar | | 60% | 6/30/2016 |
| PM: TARS set-up within MyAvatar | | 75% | 6/30/2016 |
| Exchange of Assessment data elements from EXYM to MyAvatar-XLM Format | Determine if the agency wants the information within MyAvatar. If yes, what information? | 0% | 6/30/2016 |
| | Create Additional Modeled Forms | | |
| | Coordinate with EXYM to create XLM Format | | |
| | Build interface program to enable upload into MyAvatar | | |
| CWS: Perception-Purchase, Implement plan and Scanning documents into MyAvatar | Watch Demo | 5% | 6/30/2016 |
| | Get Quote from Netsmart | | |
| | Purchase Perception and Install/Configure environment | | |
| | Train Staff on scanning and importing within approperiate area of MyAvatar | | |
| CWS: Appointment Scheduler Implementation | Configure Module with all County Staff informaiton | 80% | 6/30/2016 |
| | Testing with County Staff-Answer all questions/concerns that County staff has asked after the first initial testing with 2 clinical staff. | | |
| | Implementation and Training of the Scheduler | | |
| CWS: Scheduler-Training to County Staff | | 0% | 6/30/2016 |
| CWS: OrderConnect -Modual (e-prescribing) purchase, set-up and Implementation | | 0% | 10/30/2016 |
| Meaningful Use Objectives: See Mendocino County MU Roadmap by EXPIO | | 20% | 12/31/2016 |

## FY 2016/17 Mental Health Services Act Annual Update
### Funding Summary

County: Mendocino Date: 4/25/16

| | MHSA Funding | | | | | |
|---|---|---|---|---|---|---|
| | A | B | C | D | E | F |
| | Community Services and Supports | Prevention and Early Intervention | Innovation | Workforce Education and Training | Capital Facilities and Technological Needs | Prudent Reserve |
| **A. Estimated FY 2015/16 Funding** | | | | | | |
| 1. Estimated Unspent Funds from Prior Fiscal Years | 394,530 | 806,370 | 200,571 | 313,061 | 610,718 | |
| 2. Estimated New FY 2016/17 Funding | 2,927,158 | 731,657 | 192,500 | | | |
| 3. Transfer in FY 2016/17[a/] | 0 | | | | | |
| 4. Access Local Prudent Reserve in FY 2016/17 | 0 | 0 | | | | 0 |
| 5. Estimated Available Funding for FY 2016/17 | 3,321,688 | 1,538,027 | 393,071 | 313,061 | 610,718 | |
| **B. Estimated FY 2016/17 MHSA Expenditures** | 2,940,125 | 709,430 | 0 | 250,561 | 610,718 | |
| **G. Estimated FY 2016/17 Unspent Fund Balance** | 381,563 | 828,597 | 393,071 | 62,500 | 0 | |

| **H. Estimated Local Prudent Reserve Balance** | |
|---|---|
| 1. Estimated Local Prudent Reserve Balance on June 30, 2016 | 1,894,618 |
| 2. Contributions to the Local Prudent Reserve in FY 2016/17 | 0 |
| 3. Distributions from the Local Prudent Reserve in FY 2016/17 | 0 |
| 4. Estimated Local Prudent Reserve Balance on June 30, 2017 | 1,894,618 |

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

**FY 2016/17 Mental Health Services Act Annual Update**
**Community Services and Supports (CSS) Funding**

County: Mendocino Date: 4/25/16

| | Fiscal Year 2016/17 | | | | | |
|---|---|---|---|---|---|---|
| | A | B | C | D | E | F |
| | Estimated Total Mental Health Expenditures | Estimated CSS Funding | Estimated Medi-Cal FFP | Estimated 1991 Realignment | Estimated Behavioral Health Subaccount | Estimated Other Funding |
| **FSP Programs** | | | | | | |
| 1. Child & Family Programs | 101,010 | 77,402 | 23,608 | | | |
| 2. Transition Age Youth | 762,083 | 583,966 | 178,117 | | | |
| 3. Adult Programs | 1,106,046 | 888,460 | 217,586 | | | |
| 4. Older Adult Programs | 277,047 | 217,129 | 59,918 | | | |
| 5. Programs that cross the life span | 37,162 | 37,162 | | | | |
| 6. | 0 | | | | | |
| 7. | 0 | | | | | |
| 8. | 0 | | | | | |
| 9. | 0 | | | | | |
| 10. | 0 | | | | | |
| 11. | 0 | | | | | |
| 12. | 0 | | | | | |
| 13. | 0 | | | | | |
| 14. | 0 | | | | | |
| 15. | 0 | | | | | |
| 16. | 0 | | | | | |
| 17. | 0 | | | | | |
| 18. | 0 | | | | | |
| 19. | 0 | | | | | |
| **Non-FSP Programs** | | | | | | |
| 1. Child & Family Programs | 8,267,126 | 19,250 | 3,886,980 | | 4,360,896 | |
| 2. Adult Programs | 5,027,671 | 236,000 | 2,364,740 | | 1,670,624 | 756,307 |
| 3. Programs that cross the life span | 943,994 | 880,757 | 63,237 | | | |
| 4. | 0 | | | | | |
| 5. | 0 | | | | | |
| 6. | 0 | | | | | |
| 7. | 0 | | | | | |
| 8. | 0 | | | | | |
| 9. | 0 | | | | | |
| 10. | 0 | | | | | |
| 11. | 0 | | | | | |
| 12. | 0 | | | | | |
| 13. | 0 | | | | | |
| 14. | 0 | | | | | |
| 15. | 0 | | | | | |
| 16. | 0 | | | | | |
| 17. | 0 | | | | | |
| 18. | 0 | | | | | |
| 19. | 0 | | | | | |
| **CSS Administration** | 100,251 | | | | | |
| **CSS MHSA Housing Program Assigned Funds** | 0 | | | | | |
| **Total CSS Program Estimated Expenditures** | 16,622,389 | 2,940,125 | 6,794,186 | 0 | 6,031,520 | 756,307 |
| **FSP Programs as Percent of Total** | 77.7% | | | | | |

**FY 2016/17 Mental Health Services Act Annual Update**
**Prevention and Early Intervention (PEI) Funding**

County: Mendocino Date: 4/25/16

| | | Fiscal Year 2016/17 | | | | | |
|---|---|---|---|---|---|---|---|
| | | A | B | C | D | E | F |
| | | Estimated Total Mental Health Expenditures | Estimated PEI Funding | Estimated Medi-Cal FFP | Estimated 1991 Realignment | Estimated Behavioral Health Subaccount | Estimated Other Funding |
| 1. | Prevention | 179,770 | 179,770 | | | | |
| 2. | Early Intervention | 310,000 | 310,000 | | | | |
| 3. | Outreach | 145,089 | 145,089 | | | | |
| 4. | Stigma & Discriminination Reduction | 7,500 | 7,500 | | | | |
| 5. | Suicide Prevention Programs | 20,000 | 20,000 | | | | |
| 6. | | 0 | | | | | |
| 7. | | 0 | | | | | |
| 8. | | 0 | | | | | |
| 9. | | 0 | | | | | |
| 10. | | 0 | | | | | |
| 11. | | 0 | | | | | |
| 12. | | 0 | | | | | |
| 13. | | 0 | | | | | |
| 14. | | 0 | | | | | |
| 15. | | 0 | | | | | |
| 16. | | 0 | | | | | |
| 17. | | 0 | | | | | |
| 18. | | 0 | | | | | |
| 19. | | 0 | | | | | |
| 20. | | 0 | | | | | |
| **PEI Administration** | | 47,071 | 47,071 | | | | |
| **PEI Assigned Funds** | | 0 | | | | | |
| **Total PEI Program Estimated Expenditures** | | 709,430 | 709,430 | 0 | 0 | 0 | 0 |

**FY 2016/17 Mental Health Services Act Annual Update**
**Workforce, Education and Training (WET) Funding**

County: Mendocino Date: 4/25/16

| | | Fiscal Year 2016/17 | | | | | |
|---|---|---|---|---|---|---|---|
| | | A | B | C | D | E | F |
| | | Estimated Total Mental Health Expenditures | Estimated WET Funding | Estimated Medi-Cal FFP | Estimated 1991 Realignment | Estimated Behavioral Health Subaccount | Estimated Other Funding |
| **WET Programs** | | | | | | | |
| 1. | Wet Coordination Support | 48,834 | 48,834 | | | | |
| 2. | Workforce Development | 34,000 | 34,000 | | | | |
| 3. | Scholorship Assitance | 140,000 | 140,000 | | | | |
| 4. | | 0 | | | | | |
| 5. | | 0 | | | | | |
| 6. | | 0 | | | | | |
| 7. | | 0 | | | | | |
| 8. | | 0 | | | | | |
| 9. | | 0 | | | | | |
| 10. | | 0 | | | | | |
| 11. | | 0 | | | | | |
| 12. | | 0 | | | | | |
| 13. | | 0 | | | | | |
| 14. | | 0 | | | | | |
| 15. | | 0 | | | | | |
| 16. | | 0 | | | | | |
| 17. | | 0 | | | | | |
| 18. | | 0 | | | | | |
| 19. | | 0 | | | | | |
| 20. | | 0 | | | | | |
| **WET Administration** | | 27,727 | 27,727 | | | | |
| **Total WET Program Estimated Expenditures** | | 250,561 | 250,561 | 0 | 0 | 0 | 0 |

**FY 2016/17 Mental Health Services Act Annual Update**
**Capital Facilities/Technological Needs (CFTN) Funding**

County: Mendocino Date: 4/25/16

| | | Fiscal Year 2016/17 | | | | | |
|---|---|---|---|---|---|---|---|
| | | A | B | C | D | E | F |
| | | Estimated Total Mental Health Expenditures | Estimated CFTN Funding | Estimated Medi-Cal FFP | Estimated 1991 Realignment | Estimated Behavioral Health Subaccount | Estimated Other Funding |
| **CFTN Programs - Capital Facilities Projects** | | | | | | | |
| 1. | Structual Changeover & Special Expense | 75,000 | 75,000 | | | | |
| 2. | | 0 | | | | | |
| 3. | | 0 | | | | | |
| 4. | | 0 | | | | | |
| 5. | | 0 | | | | | |
| 6. | | 0 | | | | | |
| 7. | | 0 | | | | | |
| 8. | | 0 | | | | | |
| 9. | | 0 | | | | | |
| 10. | | 0 | | | | | |
| **CFTN Programs - Technological Needs Projects** | | | | | | | |
| 11. | Data Processing Services | 358,865 | 358,865 | | | | |
| 12. | Education & Training | 75,000 | 75,000 | | | | |
| 13. | Information Tec | 101,853 | 101,853 | | | | |
| 14. | | 0 | | | | | |
| 15. | | 0 | | | | | |
| 16. | | 0 | | | | | |
| 17. | | 0 | | | | | |
| 18. | | 0 | | | | | |
| 19. | | 0 | | | | | |
| 20. | | 0 | | | | | |
| **CFTN Administration** | | 0 | | | | | |
| **Total CFTN Program Estimated Expenditures** | | 610,718 | 610,718 | 0 | 0 | 0 | 0 |

## Attachments

**Attachment A:** Proposed MHSA Forum Schedule FY 16/17

**Attachment B:** Issue Resolution Form

**Attachment C:** Public Comment

**Attachment A: MHSA Forum Schedule**

**Mendocino County Behavioral Health and Human Services Agency**
***Healthy People, Healthy Communities***

# 2016/2017 Forums Schedule For the Mental Health Services Act

As part of the Community Planning Process, Mendocino County holds a series of stakeholder meetings for clients, consumers, their families, County staff, organizational providers, and the community to provide the County MHSA team with input on program needs and challenges as part of its annual program and budget discussion.

*Please note the Forums are at different locations and times throughout the Fiscal year.*

| | |
|---|---|
| **Wednesday, July 13, 2016**<br>**11:30 – 1:30**<br>**Manzanita Services Willits**<br>286 N. School St.<br>Willits, CA 95490 | **Wednesday, August 10, 2016**<br>**10:00 - Noon**<br>**Mendocino Coast Hospitality Center**<br>101 N. Franklin St.<br>Fort Bragg, CA 95247 |
| **Wednesday, August 31, 2016**<br>**10:30 - 12:30**<br>**Point Arena Library**<br>225 Main St.<br>Pt. Arena, CA 95428 | **Wednesday, September 14, 2016**<br>**3:00 – 5:00**<br>**Potter Valley Family Resource Center**<br>10270 Main St.<br>Potter Valley, CA 95469 |
| **Wednesday, October 12, 2016**<br>**11:30 - 1:30**<br>**Manzanita Services Ukiah**<br>410 Jones St. C-1<br>Ukiah, CA 95482 | **Wednesday, November 9, 2016**<br>**10:00 – Noon**<br>**Anderson Valley Health Center Conference Center**<br>13500 Airport Rd.<br>Boonville, CA 95415 |
| **Wednesday, November 30, 2016**<br>**10:30 – 12:30**<br>**Yuki Trails Human Services**<br>**Yuki Trail Conference Room**<br>23000 Henderson Rd.<br>Covelo, CA 95428 | **Wednesday, December 14, 2016**<br>**1:00 - 3:00**<br>**Laytonville Healthy Start Family Resource Center Harwood Hall**<br>44400 Willis Ave.<br>Laytonville, CA 95454 |
| **Wednesday, January 11, 2017**<br>**12:00 - 2:00**<br>**Hopland Band of Pomo Indian's Rancheria**<br>3000 Shanel Rd.<br>Hopland, CA 95449 | **Wednesday, February 8, 2017**<br>**11:30 – 1:30**<br>**HHSA – Conference Room 1**<br>1120 So. Dora St.<br>Ukiah, CA 95482 |

Please contact Robin Meloche, MHSA Coordinator, Behavioral Health and Recovery Services, with your questions at (707) 472-2332 or melocher@co.mendocino.ca.us.

**Attachment B: Issue Resolution Form**

**Mendocino County Health and Human Services Agency**
*"Healthy People, Healthy Communities"*
**Stacey Cryer ❖ Director**
**Tom Pinizzotto ❖ Assistant Director**

**Behavioral Health and Recovery Services**
***Providing Mental Health Services***

***Ukiah Offices*: 1120 S. Dora St. ● Ukiah ● CA ● 95482 ● (707) 472-2300 ● FAX (707) 472-2306**
***Fort Bragg Offices*: Avila Center ● 790-B S. Franklin St. ● Fort Bragg ● CA ● 95437 ● (707) 964-4747 ● FAX (707) 961-2698**
***Willits Integrated Services Center*: 221-B S. Lenore Ave ● Willits ● CA ● 95490 ● (707) 456-3850 ● FAX (707) 456-3808**

# MENTAL HEALTH SERVICES ACT (MHSA)
# ISSUE RESOLUTION REQUEST

**Today's Date: _____** **(*Office use - Date received*): _____**

We encourage you to discuss any issue about your Mental Health services with your Service Provider. However, you may file your concern by completing this form and mailing it.

| | |
|---|---|
| **Your Name:** | |
| **Your Date of Birth:** | |
| **Your Phone Number:** | |
| **Your Address:** | |
| **MHSA Provider:** | |

## MHSA Issue to be Resolved
**(Please include dates and names, if possible; use additional pages if necessary)**

| |
|---|
| **Date of the Issue:** |
| **Name of Agency Involved or Other:** |
| **What happened?** |
| |
| |
| |
| |
| |
| |
| |

***Over)***

**What would you like the resolution to be?**

| |
|---|
| |
| |
| |
| |
| |

**Whom have you talked to about this issue?**

| |
|---|
| |
| |

## PLEASE READ AND SIGN BELOW

You may authorize another person to act on your behalf, and this representative may use the Issue Resolution process if it is requested by you.

**For the purpose of resolving this issue, I authorize the following person to act on my behalf. (Please write N/A if you do not have anyone acting on your behalf):**

| | |
|---|---|
| **Name and phone number of your representative:** | |

I also understand that the MHSA Coordinator, (or designee), will be authorized to contact my representative (as named above) and any involved provider in order to resolve my issue. The MHSA Coordinator will also be authorized to discuss information needed to evaluate and resolve my issue. If a representative is assigned, a signed Release of Information (ROI) is also required.

X_____ _____

*Signature* *Date*

When you have completed, signed and dated this form please mail it to: **Behavioral Health & Recovery Services, Attn. MHSA Coordinator, Robin Meloche, 1120 S. Dora St., Ukiah, CA 95482.** You will be notified by mail of the resolution of your issue within 60 days of the MHSA team receiving it.

If you need further information regarding the Issue Resolution process, please call MHSA Coordinator, Robin Meloche at 707-472-2332.

## Attachment C: Public Comment

1. Q: Page 28- The description of the MHSA Housing Program doesn't include amount of money, it should include a number. I know the idea is to leverage the money through the use of tax credits, and I believe the leveraging would go to construction, but also have a percentage for service provision – I believe it's approx. $450, 000. Does the service provision amount get leveraged in addition to the construction funds?

   A: Note: Fiscal amounts are not included in the narrative portion of the plan (Page 28). Fiscal amounts are included in the Budget Summaries at the end of the plan. In the process of leveraging the funds Rural Community Housing Development has calculated leveraging the entire MHSA amount, however any of these calculations would be hypothetical as funds must be set aside for Capitalized Operating Subsidy Reserves. Approximately 1.3 Million dollars is dedicated to the MHSA Housing Project, 1/3 of which must be used for Capitalized Operating Subsidy Reserve (COSR), which is designed to last a minimum of 15 years of supporting costs coming from MHSA.

   MHSA Housing Funds
   Capital Funds = $861,500
   Capitalized Operating Subsidy Reserve = $430,800
   Discretionary Funds (Interest) = $49,867.85

2. Q: Part of the outreach services goes to Native Tribal communities - is that the only way of outreach going through Consolidated Tribal Health?

   A: No. There are a number of outreach services through both Community Services and Supports and Prevention and Early Intervention that serve Native Americans. The Community Services and Supports program described as Therapeutic Services to Tribal and Latino Communities (P30) includes MHSA funds to Consolidated Tribal Health, Action Network, and Youth Project.

3. Q: If Consolidated is the only outreach service provider, where are those representatives that are receiving funds? Why are they not present at the hearing?

   A: All providers of MHSA services are notified of MHSA Community Planning Process events; the Public Comment Hearing included, and are invited to attend. The MHSA team will make a more concerted effort to improve provider attendance at future events, as it is agreed that this Public Comment Hearing was poorly attended.

4. Q: Pg. 27 regarding Behavioral Health Court (BHC): Full Service Partnership slots – who determines FSPs? ASOs? Other Party?

   A: Full Service Partnerships are determined by the Access Centers and by the Full Service

Partnership service providers. In FY 15/16 this includes: Integrated Care Management Solutions, Redwood Quality Management Company, Redwood Community Services, Tapestry, Youth Project, Manzanita Services, Mendocino Coast Hospitality Center, and Mendocino County AIDS and Viral Hepatitis Network.

Referrals to Behavioral Health Court are determined and made by any of the Behavioral Health Court (BHC) agencies. Once the Referral form is completed it is delivered to the Therapeutic Courts Coordinator, to be disseminated to the District Attorney, Public Defender and Judge. Unless ruled out as not an appropriate referral by the District Attorney, the potential participant is discussed in pre-court among the participating agencies. If approved, a Care Manager is assigned and medical necessity for specialty mental health services is assessed. Clients referred to BHC, are served with outreach and engagement services, until it is determined whether enrolling in Full Service Partnerships is necessary. Full Service Partnership determination is based on Full Service Partnership criteria, which is based on risks for higher levels of care, combined with prioritizing criteria. The number of "slots" has been determined by the available funds and historical utilization.

5. Regardless of who determines the FSP slots, there are multiple funding streams for Behavioral Health Court. Who is coordinating funds so there isn't duplication, and ensuring that the MHSA funds to BHC are maximized?

   A: Mental Health Services Act and the Justice Assistance Grant are the two sources of funding to Behavioral Health Court. Specialty mental health services to BHC are also funded through Medi-Cal and EPSDT. Mental Health Services Act funds go to client care needs related to Full Service Partnership and FSP outreach and engagement needs and services not funded through Medi-Cal and EPSDT. Justice Assistance Grant funds go toward costs associated with tracking and collecting data, and some special treatment expenses.

6. Q: Does there need to be a determination of a SPMI (severe and persistent mental illness) in order to qualify for Behavioral Health Court (BHC) and FSP?

   A: Yes. Referrals to Behavioral Health Court and Full Services Partnerships can be made prior to establishment of whether an individual qualifies for specialty mental health services (through medical necessity with severe mental illness or severe emotional disturbance for youth), but part of the assessment is to determine criteria for those that are fully enrolled in either program. The outreach and engagement component of Community Services and Supports is to provide services to those who may not meet full criteria for SPMI.

7. Q: Pg. 29 Re: AOT: Implemented Jan 1, 2016, one year pilot project. Is that true? Can the starting date be later for duration of one year pilot project, that is mutually agreed upon, for when the pilot reflective of when the program began receiving referrals?

   A: Yes, the starting date of the AOT program was January 1, 2016. Preliminary trainings and meetings occurred in November and December of 2015 in preparation of January 1st implementation. The program was implemented and ready to receive clients as of January 1, with the first clients referred in March of 2016.

8. Comment: I participated heavily in the development of the MHSA process in its development phase. The large purpose was to get MH clients involved in provision of MH services. During the early implementation, dozens of clients were participating in meetings. Currently (this meeting) there are at most 6 participants.

9. Comment: The MHSA program has deflated Client Empowerment.

10. Comment: My understanding is that the existing programs before MHSA that used to be funded were wiped out. (Crisis Center, PHF, Outlying services to Native Americans). Mental Health Clients were offered Hope through MHSA, and no longer have Hope. I think there is a lot of disappointment in the MH services. Clients want to see improvement, I don't see evidence that knowledge of programs exists. Very active Jailing program.

11. Comment: Important conversations need to occur regarding Trauma of Treatment. Feel this topic is readily ignored by the professional community in Mendocino County- based on the poor quality of services in Mental Health.

12. Comment: Look into Trieste, Italy - revolutionary treatment on MH services there. Programs that replicate what are occurring there is a suggestion.

13. Comment: Suggestion that Alternatives, a conference FOR MH clients, 4th week of September in San Diego, funded by states and federal government, in empowering and enfranchising MH clients. County should provide means for clients to attend; it is very expensive, but an opportunity to show dollars going to MHSA clients. 19th through 23rd of September. 2 commenters supported these statements. Title of Alternatives, 30 years looking back - it is a landmark conference. Historically sending clients.

14. Q: Regarding the money situation:
    a. The estimated funds for 16/17, what is the total of MHSA expenditures (pg. 51)?

       A: Total MHSA expenditures for Fiscal Year 16/17 are $4,510,834.

    b. Total new budget for the coming year, where are we in the expenditures?

       A: The above is the total new budget for MHSA FY 16/17. We have not expended any funds to date.

    c. How much of the budget is coming from Indian Health Services? (Indian Health Services provides money to the county for MH services to schools and jails to care for natives in jail, how much of those funds go to MH for those services.)

       A: Neither Mendocino County Mental Health nor MHSA receive any funds from Indian Health Services.

15. Q: Why aren't Behavioral Health Board meetings set at consumer venues such as Willits, etc.? Forums have been doing that.

    A: The Behavioral Health Advisory Board did meet at a Wellness Center in Fiscal Year 15/16- Hospitality Center on the Coast. It was a very successful meeting with many consumers present. It is a goal to increase meetings at consumer friendly venues and Wellness Centers. The BHAB has Brown Act regulations that frame some location restrictions, and the venue must be large enough for the Board and consumers. The BHAB is open to additional suggestions of meeting venues. The schedule is set in December and once set is fixed related to Brown Act requirements.

16. Comment: Food should be served at meetings for clients.

17. Comment: The draft needs to state that there has been a poor participation rate of consumers, in spite of great efforts to move around the county. Advertisements are not on the radio.

18. Q: Pg. 19 regarding goals, Can the goals be prioritized? Why isn't housing on the top of the list?

    A: These goals are overarching, and have not been ranked or prioritized in the past. Goals s result from stakeholder feedback, it is not always possible to prioritize, as different stakeholders have different priorities. This update is the final update for the MHSA Three year plan for Fiscal

years 14/15 through 16/17. We can rank or prioritize goals in the development of the next three year plan, based on stakeholder feedback, and will explore methods to prioritize goals identified through the Community Planning Process.

19. Q: Regarding integrating with Primary care, Pg. 19, can there be funding sent to educate primary care providers regarding diagnosis, and referral possibilities, in addition schools etc.?

    A: MHSA has facilitated trainings of primary care, as well as schools, depending on the topic. For example; Applied Suicide Intervention Skills Training (ASIST), Safe Talk, and Suicide Prevention in Primary Care. In addition, Mendocino County Mental Health requires our Administrative Service Organizations to provide education to the community including, medical providers, schools, and other community partners regarding services available, qualifying medical necessity, and referral processes and contacts.

20. Q: Pg. 21 Quality Improvement section - Can this be focused on consumer quality of life rather than cost effectiveness of an overworked staff?

    A: The Quality Improvement Section of the Goals is intended to be focused on quality consumer services, hence the focus on outcome measures, productivity, data driven care, and training. These goals are to ensure that we have ways to measure, track, and monitor progress of consumer quality of life. The section of Recovery Oriented Consumer Driven Services outlines improvement to Consumer quality of life. In that section we outline that the consumer drives and decides what areas of care are needed to improve quality of life as defined by the individual.

21. Q: Pg. 22 and the discussion of forensic treatment with community partners: Why isn't family reintegration included in that section (with training)?

    A: Family is included in establishing relationships with natural and influential community members. We can attempt to make that more clear. Training of consumers and family members is outlined in more detail in the Workforce Education and Training Section.

22. Q: P 24 & 25: Regarding TAY (Transition Aged Youth), FSP (Full Service Partnership) and Clinical services, statements of priority being focused on Latino and Native American populations. Why is that? Why can't these funding services not be based on a percentage of the total Native American and Latino population? (Concern it may mean that with limited services-Concern being non-Latino or native clients may not be served - " this is coming from a Native person")

A: One of the overarching tenets of Mental Health Services Act is to provide services to the underserved, in particular underserved cultural groups. Native Americans and Latinos have been identified by several years of stakeholder meetings as our underserved cultural populations. The prioritization of these services to underserved groups should not mean that individuals from the dominant culture or cultures that are not recognized as underserved are excluded from services. The expectation is that specialty mental health services are providing the bulk of the services needed, MHSA services are above and beyond to help fill the gaps and reach those that were not being served (or sufficiently served) by the primary services, without additional MHSA supportive services.

23. Q: Pg. 30: Regarding MHSA Housing: Why isn't apartment rental help and support included so someone can rent an apartment in the general population?

    A: This funding is very specifically for the establishment of new permanent supported housing units for MHSA clients. Apartment rental help and support can be facilitated through other MHSA funding, in particular Full Service Partnership supports, provided that it is short term "whatever it takes" support, and ultimately the client can sustain independently.

24. Q: Pg. 38: WET objectives: Why aren't training for doctors, physician's assistants, Law enforcement, teachers, also included?

    A: While the groups listed above are not explicitly listed, they are included in Objective 2. Promote the integration of wellness, recovery, and resiliency concepts throughout the mental health delivery systems at all levels of service, and Objective 7 Partner with outside community organizations on workforce development opportunities. Workforce Education and Training objectives to Community Partners are outlined in more detail on page 41 under Community Partnerships and Collaborations.

25. Q: Follow up question to Q. 24: What kind of training? And how do we send referrals for training, especially for the education of family?
    A: Workforce Education and Training funds will be used to provide Training to the providers, consumers, family members, and the public.

    Training opportunities made available through the use of MHSA funds, are sent to stakeholders through an email list serve, are posted at MHSA service providers, are posted on the MHSA website, and Public Service Announcements are sent to local media outlets.

26. Q: P 52: funding for community services and supports: In general why aren't these categories broken down into further categories- subcategories? C: Don't understand how you can ask the BHAB to approve something with such large amounts for "adult programs". It makes it too difficult to comment without a specific budget- for all amounts.

    A: The Form that is used is what is required by the State. Mendocino County MHSA is working on ways to provide more detail in future Plans. However it is challenging to attach detailed amounts of dollars to programs during the plan process as all of the amounts are estimated based on Budget estimates, as well as because the agreements with ASOs have not yet been finalized by the time the plan is drafted. Additionally, setting fixed amounts limits flexibility during the year. Mendocino County MHSA has begun our planning process earlier each year to improve the amount of detail included in the plan, however, beginning too early limits the amount of consumer feedback and detailed budget information we have available.

27. Q: Pg. 52: For Non-Full Service Partnerships, why are the funds for Children & Family more amounts though for smaller number served? Why aren't the numbers served included for all categories?

    A: The Children and Family do not receive more funds than other amounts listed. You are likely looking at Column C which relates to Estimated Medi-Cal FFP. This is not an MHSA amount, but an alternate funding source (billable services) for the same population. Children and Youth Reimbursements are at a higher rate.

    The target numbers of FSP's served are included in the program component of the plan.

28. Q: Pg. 52: Re: Across the Lifespan, why can't more money be put in that section for housing?

    A: Full Service Partnership Programs do have flexible spending amounts for Full Service Partnerships that are used by programs for housing. These funds are spent based on client need, and so are not dictated by MHSA. Additionally when MHSA Housing is developed, the housing will be targeted for FSP/MHSA clients, please refer to question 1 for more details.

29. Q: Pg. 54: WET programs, Scholarship Assistance (#3) 140 Thousand: Do we know those that receive scholarship that they stay in the County after 3 years? In other words, is it an effective program that is worth the money?
    A: WET funds have not been spent on scholarship assistance to date. We are in the planning and development phase with Mendocino Community College to make those scholarships available. We do intend to obtain commitment to work in the community when granting scholarships.

30. Comment: Capital Facilities and Technology Needs (CFTN): Note that I hope with the funds identified, that the EHR moving forward will make it better for client care. The burden of no EHR has made it difficult for adult service providers. Manzanita services as a peer run service

organization with family and client staff, without an EHR, the agency has had undue burden providing necessary and essential client services. I have hope that by including this, the work can change to being focused from movement of records to supporting quality of life of our people, that it will provide a foundation to provide a seamless transition to more people.

31. Comment: Support for the above comment.

32. Q: Are any of the CFTN funds available to Manzanita Services or Hospitality Center?

    A: Not directly. The CFTN funds are being spent on upgrading the Electronic Health Record system of the County as well as its capacity to interface with the Administrative Service Organization Electronic Health Records. In this way, the benefits will be directly accessible to direct service providers such as Manzanita Services and Hospitality Center.

33. Comment: Clarification of Forum Schedule Pg. 57: Manzanita Services Ukiah, Address is 410 Jones, Suite C-1. And there is no West in the Jones address.

34. Q Pg. 29 - Therapeutic services to Tribal and Latino community, services to remote communities provided by MH providers, who are the MH providers. Who are those providers?

    A: Mental Health Providers includes any Mental Health Plan Providers (providers of specialty mental health services billing Medi-Cal) and Mental Health Services Act Providers. Specific providers are not named to allow for flexibility within the MHSA three year planning process. Specific providers serving the tribal and Latino communities in the remote areas include but are not limited to: Consolidated Tribal Health Project, Action Network, Laytonville Healthy Start Family Resource Center, Nuestra Alianza, Youth Project, and Tapestry Family Services.

35. Comment: Throughout whole plan, bi cultural and bi lingual providers are referenced that way.

36. Q: Throughout the plan discuss bicultural and bilingually trained staff. What training is offered to make qualify bi-culturally and bilingually trained?

    A: The terms bi-cultural and bilingual are emphasized in the plan, as a way to emphasize that culturally appropriate services are prioritized and expected to be provided, and that services are expected to be provided in the preferred language of the consumer for MHSA services. This is not a specific training of all staff. MHSA providers are expected to have a cultural competency training at least once per year. Program staff are indicated as bilingual if they are fluent in a second language. MHSA service providers provide lists of the cultural and linguistic capacities of their staff to MHSA at least twice per year. MSHA makes at least two cultural competency

trainings available to the provider and the community each year. Refer to the Mendocino County Cultural Competence Plan for a more comprehensive list of trainings. The plan is available on the Mendocino County Mental Health Webpage: https://www.co.mendocino.ca.us/hhsa/bhrs/cdc.htm.

37. Q: Pg. 30: Written documents for all services available in English & Spanish, as threshold languages. Does it occur a lot that we don't have bilingual providers available?

    A: All services can be translated through a translation service if a bilingual provider is not available. There should never be a situation in which a phone translator is not available. We do recognize that providing the service in the language preferred is best practice, and so MHSA emphasizes prioritizing bilingual providers when possible. Some treatment providers have more bilingual providers than others. The specialty mental health system is conducting a performance improvement project around services to Latinos, and we hope to use the information from that project to inform improvements in serving the Spanish/Latino community. Service providers report they generally have bilingual providers available, and have not had to use the language line more than a handful of times. Providers employ bilingual intake specialists and receptionists to ensure that Spanish language needs are met.

38. Q: Pg. 40: WET: regarding the objective to provide training to those in the Public Mental Health system on topics including the list of 5 topics: How are we identifying partner agencies, consumers and family members to participate in these trainings?

    A: Training notices are sent out to all MHSA stakeholders. Stakeholders include those parties listed on pages 8-9 of this document, as well as any individual that participates in a Forum and provides their contact information. In FY 16/17, following suggestions from the Community Planning Process, we will be sending out letters to community agencies, asking for updated contact information and recommitment to the MHSA stakeholder process.

39. Q: Regarding budgeting from the past: I need more detail about what actually happens to the funds. Of the total funds expended, what percentage is spent on salary for staff?

    A: 3.4% of total MHSA funds is projected to be spent for Fiscal Year 16/17 to be spent on Salaries & Benefits. This percentage has been consistent for the last three years.

40. Q: We've been told there will be expanded services through wellness centers on the coast and Manzanita. Are any MHSA moneys reallocated to those expanded services, and will they be

identified in this plan? Since it hasn't occurred yet, I would like to know what the expanded amounts are and where is it coming from?

A: MHSA allotments are not changing significantly this fiscal year to Mendocino County or to direct service providers. However with the Mental Health Services transition from two ASOs to one in FY 16/17, there are expected to be administrative savings to the providers as well as increased Medi-Cal billing opportunities through the "no wrong door" access model that are expected to increase services in the locations mentioned via the integrated care coordination model.

41. Q: Re: PEI: Pg. 35, Section 3, Stigma and Discrimination Reduction: SB 330 Alex Padilla, provided funding for curricula in state schools K-12 on Mental Health Education, currently these funds are held up in the State. Can our County MH (Jenine) go to school office of education to find out what the holdup is in release of those funds?

    A: This is not MHSA funding, so we are not directly involved in conversations about the release and use of said funds. The question will be forwarded to the Behavioral Health Director. MHSA Stigma and Discrimination Reduction programs are mandated through PEI based on regulation changes in October 2015, and so regardless of the outcome of SB330 there will be MHSA programs in this category.

42. Q: At recent BHAB meeting in Covelo, members of the public addressed MHSA allocation, would like to confirm that primary funding for Round Valley is solely through Innovation funds that has been stalled for years. What funding is allocated for Round Valley and Yuki Trails? Seems as though that area is not receiving funds for services, though a priority is for Native Americans.

    A: At the time of the Public Hearing no MHSA funding had been allocated to Round Valley and Yuki Trails. The MHSA plan for FY 15/16 intended for MHSA funds to be allocated to at least one of those programs, but through miscommunication had not. That is being rectified in in conversations about funding for FY 16/17.

    Separately, the Innovation project has been in development for the past 2 years of this Three Year Plan. Previous attempts at an approved Innovation project had been unsuccessful. The challenge with the Innovation Project, is that in order to be approved the project must develop a new mental health service delivery that is innovative in the State of California. The funds are intended as a learning project for the all California Counties. The community stakeholders want to develop projects that are innovative to our community. The result of the difference between State approval and stakeholder direction has been a delay in an approved project. We are continuing to refine the project proposed by the Round Valley community to meet Oversight and Accountability Commission criteria for an innovative project. It is our aim to have the project submitted for approval by the end of June 2016.

43. Comment: Regarding 3 Year Plan - I feel community is lacking an understanding of how funds are matched and coordinated by other funding streams to maximize resources and to further the goals of the MHSA 3 Year Plan.

44. Comment: BHAB will be conducting training in August around the complicated of MH funding & financing. That will be publicized to the public, and consumers, as that is recognized as a gap.

45. Q: Can matching and coordinating funds be reflected in MHSA budget summaries?

    A: Estimates for additional funding, when available, is included in the Community Services and Supports Table on page 52, columns C-F.

46. Q: Would like to see MHSA plan reflect intent of how programs can become sustainable, so monies in future can be allocated to further expand client care and recovery based programs.

    A: We agree that MHSA funds should not be the sole source of funding for any project. The intent of the Integrated Care Coordination Service Model is that MHSA funds are to support parts of programs that are not able to be funded in other ways, in ways that increase the Recovery focused, consumer driven, family/natural support oriented, and reduction in negative consequences of SMI.

47. Comment: When I started with the Mental Health Advisory Board, and did the MHSA report, and it was easier when the cost of each funding streams was included in the topic. Money budgeted for was included in each topic/components.

48. Can we provide additional sub-funding attached to CSS programs: would look be connected to the narrative?

    A: Yes, but not as a part of the MHSA Annual Plan Update. Contract agreements are not yet finalized between Mendocino County and the Administrative Service Organizations (ASOs), nor between the ASOs and their subcontractors.

49. Q: In 14/15 Innovation chart didn't have anything included. This time we do not have an innovation chart for budgeting. I know that we have spent funds toward the creation of the

implementation plan, and am wondering how close we are to approaching Innovation allotment.

A: Regulations do not outline allowable administrative costs. County administration costs have been kept below 15% and are reported in the Revenue and Expense reports. Innovation funds are received yearly, the 5% of our total MHSA funds go into Innovation. We have not yet been approved for an innovation project, so the majority of our Innovation funds have not been spent.

50. Q: P 13: Need assessments: why can't the collection of needs assessments be by surveyors to all consumers, including those isolated at home and homeless or in jail? Could we have payed surveyors go out to consumers isolated at home to identify what our needs are. The attendance at the public hearing is a poor showing, and is not representative enough, to be making so many important decisions on.

    A: We can take the suggestion that all MHSA recipients be surveyed under consideration for FY 16/17 and the suggestion of funding surveyors to go into isolated consumer homes and jails into consideration in planning for the new Three Year plan.

    Currently, MHSA providers are expected to support consumers to attend Community Planning Process events such as MHSA Forums and advocate for themselves. MHSA Forums are held as often as possible in consumer friendly, MHSA funded venues. We have better attendance at MHSA Forums and Community Planning Process Events. We will consider having the Public Comment Hearing in those venues as well.

51. Comment: In an effort to gain information, the means of collecting information needs to be user friendly. There's often poor attendance because, it's painful, and not a welcoming format for clients to want to participate. Effort from individuals, especially in North County, is monumental. Should be more effortless, and client centered. Not a nurturing process and we need to develop one.

52. Comment: The Survey for MHSA Housing was *not* user friendly. Many clients wanted to have feedback, Manzanita made an effort and MHSA made an effort to try to collect the feedback. It was immensely complicated when you have to train us in how to fill out the survey and as a result I feel the data is skewed. We need to invest in ways to make it possible to get that accurate information.

53. Comment: When you lose morale and hope you don't get the feedback you need, because they don't feel their input will be used.

54. Comment: Support for above comments, more experienced people had been in MH client movement, and were asking; will the promise of MHSA be kept? The promise was not kept, that MH county funds would not be stripped from MHSA, you have clients with lifetime of history to distrust authorities, and now MHAB. It is not user friendly to not provide food or coffee, but not even water.

55. Q: Most of clients have less than 10k a year, to get here, without recompense, support of way to get here today. What will be offered for coming here today? What will I get? Noting is expected, and I'm more positive than most clients.

    A: Your Questions and comments will be responded to and included in the Plan update. Stakeholders and clients do not have to be present at the Public Comment Hearing for their questions and comments to be included. Questions and Comments can be emailed, phoned, mailed, written and dropped off, or communicated in other ways.

56. Comment: When providing service and support, time is of the essence. Asking a community to wait 10-12 years, we don't have 10-12 years.

57. Q: Can the answerers to these questions and the comments be sent out and posted around the county in a timely fashion (within a month)? Such as wellness centers, libraries, clinics, Hopland, Covelo, etc.

    A: Yes. The Questions and Comments will be posted as a separate document on the MHSA Website: https://www.co.mendocino.ca.us/hhsa/mhsa.htm, as well as emailed to stakeholders. The responses will be included in the final draft of the Annual Plan Update which will be presented to the Behavioral Health Advisory Board on June 18, 2016 for approval. If approved by the Behavioral Health Advisory Board, the Plan will be submitted to the Board of Supervisors for approval on July 12, 2016.

58. Q: Do I have to go to Consolidated or other providers of Native American services, to get the info from meeting for information? On what they have done? How does information get out to tribal community members, what door to go through, how go to in order to access services? Clarification is needed (comment added that this question is coming from a Tribal Member).

A: You should not need to go to Consolidated Tribal Health or other Native American service providers for meeting information. Mental Health Services Act (MHSA) Meeting information is posted on the MHSA website, emailed to all stakeholders that have provided email addresses, posted by MHSA providers in public spaces, Public Service Announcements are sent to media outlets, including radio and newspaper, to share information about all Mental Health and MHSA public meetings. MHSA providers follow the "no wrong door" philosophy that a consumer in need should be able to go to any service provider and be assisted in getting access to the services needed and appropriate. MHSA will continue to work with our providers on increasing awareness of what services are available.

59. Question: Are MHSA Full Service Partnership funds are they capitated?

    A: Yes. Our allocation is a limited amount but the distribution is determined by the plan. There is not a capitated amount per individual Full Service Partner; however, there is an allocated and budgeted total amount for Full Service Partnerships.

60. Comment: Regarding the Behavioral Health Court Calendar, I would like to see data coming from the Behavioral Health Court calendar.

61. Comments: Submitted by Laytonville Mental Health Coalition. See below:

To: Robin Meloche, MHSA Coordinator
Behavior Health and Recovery Services

From: Jayma Spence, on behalf of the Laytonville Mental Health Coalition

May 22, 2016

Dear Robin;

I hope this finds you well. I am writing on behalf of our Laytonville Mental Health Coalition, a group of Laytonville citizens working together to enhance mental health services in our community. As you know, our Coalition is made up of representatives from the local school district, local health center, Family Resource Center, NAMI Mendocino, parents, and various professionals who serve on local boards and/or provide services to our community.

We are responding to the "MHSA Annual Plan Update for Fiscal Year 2016-17." Throughout the year we have been invited to and appreciate the opportunity to be stakeholders in the process. While our group appreciates the information contained in the MHSA update, we would like to note our comments:

For roughly the past year, Laytonville had virtually no mental health services available for adults, due to our local health center lacking a provider. The Family Resource Center is able to refer adults to crisis or to outside services (this is assuming the client is able to receive transportation to these services). Our Coalition was surprised to read on page 27 that Laytonville is included in the "Adult Wellness and Recovery Centers" section. While Laytonville Healthy Start Family Resource Center certainly is able to provide referral and information to adults seeking mental health services, it is not a site that provides mental health services to adults, nor does it receive funding to do so. In fact, the community of Laytonville is lacking "SPMI" services for adults with mental health issues or who are experiencing crisis. Too many times, adults under crisis are either transported by Sheriff's Deputies or to Howard Hospital. Thankfully, the Long Valley Health Center recently hired a LCSW and is able to provide mental health services to adults, notably, without funding provided by the County.

Noted on page 14, under the section "Transition Age Youth Needs", Laytonville was listed for several planned items and/or services that were administered in FY 14-15. It would be helpful to our Coalition to know the agency that is currently providing these services and where these services are taking place, since it is not noted.

On page 15, under the section "Across the Life Span Needs", Laytonville was listed as needing an outpatient clinic to provide drug treatment once a week. Our Coalition would like to know what is "SUDT" and where does the "dual diagnosis program" exist? Laytonville has a serious need for substance abuse service providers. The Long Valley Health Center (the only provider of care in Laytonville) is the most appropriate place for these types of services to take place. The Health Center has identified the need to establish a Medi-Cal billing program for substance abuse treatment services. Standard mental health services to adults and families along with special areas of need of substance abuse and SPMI are not currently provided at Long Valley Health Center. Long Valley Health Center would like to know how to link with SPMI

services, and would like to have an on-site substance abuse counselor. Would County Behavioral Health be able to provide information on how a program like this could be funded under MHSA?

Our Coalition supports any type of mobile outreach to Laytonville and to the North County; is there a solid plan to address this need in the MHSA plan?

Due to unfortunate community tragedies, we continue to seek additional funding for prevention and early intervention. We appreciate Redwood Quality Management Company working with our Family Resource Center to establish a small MHSA/PEI contract. Laytonville continues to host the NAMI Mendocino support group for family members and those dealing with a loved one experiencing a mental health disorder. However, these services are just providing a small drop in a big bucket.

While our community has done a fair job in advocating for services to our area, we recognize that Laytonville, along with the North County, appears to not be getting much of the MHSA pie. The Family Resource Center and schools host a Tapestry Family Services therapist two days a week. Due to a high number of referrals for students who need on-going therapy, our Coalition would like to advocate for an increase in MHSA funds to support either an additional Tapestry Family Services therapist, or an increase in the days the therapist could serve Laytonville. We would also like to note there is no service provider to conduct assessments for the 5 years and younger population of Laytonville. Since our community's "BRONCO" grant ended a few years ago, there is no longer funding to support targeted services/interventions for those 5 years and younger (the school has noted an increased need in this area).

In closing, our Laytonville Mental Health Coalition would like to express support for a facility in the North County where those in crisis (any age) can access a safe and supportive environment (24 hours a day, 7 days a week), that isn't the local hospital or the county jail. We would also like to also advocate for additional psychiatric services, since none are available in our area. Transportation to appointments outside the area continues to be a need at the top of our list, as many residents lack the resources to be able to drive to mental health services.

We appreciate you taking the time to read our Coalition's comments and welcome a response to the questions asked. If you should have any questions or comments, please feel free to reach Jayma Shields Spence at (707) 984-8089 or jaymashields@pacific.net

Sincerely,

Jayma Shields Spence
On behalf of the Laytonville Mental Health Coalition