County of Mendocino

MENTAL HEALTH SERVICES ACT

INNOVATION

COMPONENT WORK PLAN

A component of the MHSA Annual Plan
for Fiscal Years 2017-2018 through 2019-2020

March 2017

HEALTH AND HUMAN SERVICES AGENCY
MENTAL HEALTH SERVICES BRANCH

Mendocino County
Health & Human
Services Agency

MENDOCINO COUNTY INNOVATION WORK PLAN
Round Valley – Crisis Response Services
Mendocino County Innovation Plan #1, New

1. **Brief description of the Community Program Planning Process for development of the Innovation Work Plan.**

   Mendocino County Behavioral Health and Recovery Services Mental Health Services Act team moved through several phases Community Program Planning Processes for the Innovative Project over the course of several years in order to develop and refine the project. MHSA Stakeholder Forums are held throughout the County annually and special Innovative Planning meetings were held to brainstorm community Innovative ideas. These meetings are hosted by local community based organizations which serve and represent diverse stakeholders. They are held in various geographic locations throughout the county to insure that stakeholders from various communities have an opportunity to learn about the MHSA programs available in each small community and to provide feedback on services provided in each community. Each of these meetings are advertised in local media, fliers are posted in MHSA funded service providers, and invitations are emailed to all stakeholder participants that have provided email addresses. Refining stakeholder project prioritization and needs to Innovation requirements has taken some time.

   PHASE I: This particular Innovation Project idea began with targeted Project Planning Meetings to select a general need and focus for the Innovation Project from July 2013 to January 2014. General innovation project ideas were collected, discussed, and refined to a selection of the top 10 suggested broad project topics. These top ten community generated topics were voted on in a County wide survey which asked participants to rank each idea in highest priority. The general topic of crisis respite was selected as top priority, with second place as care management services to outlying areas.

   PHASE 2: The next phase, from January 2014 to July 2015, was to have an Innovation Task Force Committee refine the topic to meet Innovation requirements. Because Crisis respite and response in itself, is not an innovative topic, the Task Force explored options of using peer providers, traditional healers and tele-health options were discussed to make the project more innovative and determined that the true objective of the program is to find a working crisis respite/response solution for one of the outlying areas of Laytonville, Covelo, or Point Arena.

   During this time we sought advice from the Mental Health Services Oversight and Accountability Commission (OAC). With the OAC support, we were able to refine the project to be a learning project about <u>how</u> one of our unique remote, rural, communities with limited resources, and heavily populated by underserved ethnic populations works to address and try to resolve the crisis respite needs, would be our Innovative Project.

PHASE 3: The Innovation task force selected the community of Covelo, as the community to learn in first. Innovation Task Force meetings were moved to Covelo/Round Valley. Focused planning sessions there included more local stakeholders and local community feedback to refine the learning objectives and project challenges. These meetings have occurred from July 2015 to present.

PHASE 4: Finalization of draft plan proposal by the OAC, and feedback on refinement, and eventual approval. The plan will go through a 30 day public review process prior to approval by the Board of Supervisors.

PHASE 5: Project implementation. Implement regular review and measurement by the community and all involved providers. Measurements will include trust of providers, communication between providers, success of collaboration, success of models attempted, and awareness of the project in the community, and other feedback on how the community works with specialty mental health providers on this project.

PHASE 6: Project Evaluation and Sustainability. During this phase we will compile the results of the feedback and measurements obtained through project implementation. Community feedback will again be collected on the overall learning from the project, and things that could have made the project more successful. Depending on the success of the project, develop plans for sustainability, and begin either terminating or transitioning the project. Complete the final report to the OAC.

2. Stakeholder entities involved in the Community Program Planning Process include but are not limited to:

- Action Network
- Anderson Valley School District
- The Arbor – TAY Resource 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 Behavioral 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 of Mendocino County
- Nuestra Alianza
- 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 Corporation
- Round Valley Indian Health Center
- Round Valley Family Resource Center
- Round Valley Tribal TANF
- Round Valley Tribal Council
- Round Valley Unified School District
- ICWA
- Tribal Courts
- Native Connections
- American Indian Women Domestic Violence Advocacy (AIWVA)
- Senior Peer Counseling
- Tapestry Family Services
- Ukiah Police Department
- Ukiah Senior Center
- Willits Community Center
- Yuki Trails Health and Human Services

Local Round Valley Organizations participating in the Innovation Planning Process

- Round Valley Tribal Police
- Round Valley Indian Health Center
- Round Valley American Indian Women – Domestic Violence Advocacy(AIWVA)
- Round Valley Native Connections
- Round Valley Community Members
- Round Valley Tribal Council
- Tribal TANF
- Building Horizons, After School Program
- Round Valley Tribal Housing Authority
- Round Valley Unified School District
- Round Valley ICWA
- Round Valley Tribal Courts
- Mendocino Community College
- Yuki Trails Health and Human Services

Participants in the Stakeholder Community Program Planning Process reflect the diversity of Mendocino County including clients and family members, transition age youth, Behavioral Health and Recovery Services administration, providers with program and line staff experience, community-based and organizational providers of local public health, behavioral health, social services, vocational rehabilitation services, and agencies that serve and/or represent unserved, underserved, Native American, and rural communities, as well as Mental Health Board Members.

3. List the dates of the 30-day stakeholder review and public hearing. Attach substantive comments received during the stakeholder review and public hearing and responses to those comments. Indicate if none received.

There was a 30-day Review and Public Comment period with the review of the Mental Health Services Act Plan Annual Update from: April 25, 2016-May 25, 2016

A Public Hearing was held on:

Date: May 23, 2016

Time: 10:30-12:00

Place: 1120 South Dora St. Ukiah, with video Conference with offices in Willits and Fort Bragg

Copies of the MHSA Innovation Plan are available in conjunction with the MHSA Plan Annual Update to all stakeholders and interested parties through the following methods:

- Electronic format: Mendocino County Behavioral Health and Recovery Services, Mental Health, MHSA website: www.co.mendocino.ca.us/hhsa
- Printed format: Behavioral Health and Recovery Services, 1120 S. Dora, Ukiah, CA 95482
- Fliers outlining Public Review and Comment details are mailed to locations throughout the county, including MHSA Programs, public libraries, health care clinics, tribal organizations, senior centers, and other public formats.

- Plans are e-mailed or mailed to anyone who requests a copy.
- All stakeholders are emailed a flier with information about obtaining a copy, where and how to make comments and the date and location of the Public Hearing.
- Announcements are placed in the local Newspapers with information regarding the plan's availability, where to obtain a copy, and where to make comments.

During the public review period comments will be received in a variety of way, including, e-mail, written and delivered, phone calls, and verbally collected at the Public Hearing.

Mendocino County Innovation Work Plan Narrative

County: Mendocino **Date: 3/9/17** **Innovation Work Plan: 1**

Purpose of Proposed Innovation Project

X INCREASE ACCESS TO SERVICES

Our goal for this project is to increase access to services, in particular to our underserved groups, through the promotion of improved interagency communication and collaboration. Mendocino County is a geographically large county with several isolated, rural, communities which often lack supportive resources, such as hospitals, pharmacies and access to Specialty Mental Health Services. These communities are often more heavily populated by underserved and under-represented cultural groups, such as Native Americans and/or Latinos, who, due to the language and cultural barriers, historical trauma and institutional distrust, and the stigma of Mental Illness, are often apprehensive about seeking assistance outside their community.

The Round Valley, Covelo Community learning goals are: How does the Round Valley community identify and develop culturally appropriate, client driven trauma-informed care for crisis response in the Round Valley community?

- Will Community members in Round Valley accept crisis intervention/suicide prevention support from "Natural Helpers" (trained peer support and community responders) in a local respite setting, more readily than through the existing "institutional" County Health and Human Services, Behavioral Health and Recovery crisis response resources?
- Will a local, grass roots community crisis response team lead to increased use of crisis intervention and respite support services compared to the conventional local and county Behavioral Health Services?
- How do more "institutional" type helpers and local helpers work together to overcome historical mistrust to develop the identified and desired programs?
- Are "Natural Helpers, working as an integrated part of the crisis response/suicide prevention team able to provide increased and improved use of short-term support in this geographically isolated community?

The Round Valley community is predominantly Native American, with a long history of cultural trauma. The community has a considerable lack of resources and high rates of poverty. There is no public transit within the community which is remote and rural, and no public transportation to the larger community making access to services in larger communities almost impossible for those without transportation.

The American Indian and Alaska Native Population: 2010 a 2010 Census Brief issued in January of 2012, shows the 2015 Census data indicates that the Covelo

population includes 1,346 people, 31.8% of whom identify as American Indian/Alaskan Native. The rest of the population is composed of 70.4% that identify as white, 1.0% that identify as Black/African American, 0.2% that identify as Asian, 3.5% that identify as having two or more races, and 19.8% that identify as persons of Hispanic or Latino origin of any race. 2015 Census data also indicates that 51.5% of the population is female and the median age is 32.8 years old. The poverty level identified as $23,850 for a household of 4. Covelo 2010 Census Quick Facts indicate that 24-35% of households have incomes ranging from $10,000-$24,999.

California Department of Mental Health Office of Suicide Prevention 2009 data showed Mendocino County Suicide rate at 23.8, compared to the California rate of 9.7 deaths per 100,000 population. Health Mendocino Data from 2012-2014 shows the rate is maintained at 23.9, though North Bay Suicide Prevention. The California Department of Mental Health office of Suicide Prevention data shows that the Mendocino County suicide death rate is higher among males (36.8 rate), youth 12-24 (44.4 rate), and adults 45-54 (38.9 rate). Among ethnic groups in Mendocino County Native American suicide death rates are at 17.7 per 100,000, White at 24.9 rate, Hispanic suicide death rate of 21.4 per 100,000 population. Preliminary suicide rate data for 2016 from the Mendocino County Coroner indicate that of the 19 suicides in Mendocino County (with two investigations still pending), one in Covelo.

Mendocino County MHSA team proposes to work with the Round Valley, Covelo community to develop relationships, brainstorm solutions to the crisis response/respite needs, test various crisis respite response options, and monitor the satisfaction of the local community. This would be a community collaboration that would attempt to address the persistent challenge of crisis response to an outlying area, as well as the seemingly intractable challenge of improving trust and there for access to mental health services among our Native American communities.

Our hope is that by engaging in this project we will learn what strategies are needed to respond to crisis needs in this uniquely remote community that result in favorable responses of trust and confidence in services. We hope to explore and refine techniques for engaging with local community providers, and develop and refine techniques for coordinating services between local community resources and specialty mental health providers, if that is the desire of the community. If successful, we will build the service capacity of the community and the mental health system in the county.

Success of this program should result in an increase in trust and use of crisis response services provided by trained Round Valley Community Members, Natural Helpers and of specialty mental health providers, when necessary. We would hope to develop a sustainable program that supports the local community in reducing the level of crisis and suicide rates in the valley.

This Innovation program explores a community driven practice or approach to resolving crisis needs, and anticipates that the solution will be found in non-mental health settings. The focus will be on how the mental health programs and community members and programs work together to solve the persistent and seemingly intractable challenge of institutional distrust and isolation existing between Round Valley residents and crisis services provided by specialty mental health providers. We hope the project will result in new education and training opportunities for providers working in the Round Valley Community. With the possibility of new services and interventions, this may contribute to increased outreach, community development and capacity building, and the incorporation of non-traditional practitioners into the system of care.

The following is an educated perspective of Round Valley historic, cultural trauma from Round Valley Tribal members:

"When evaluating and assessing crisis response in Round Valley, trauma is a foundational determinate that cannot be ignored. Trauma affects our minds, bodies and genes. Trauma is at work in our neuroendocrine system. That is to say, "our genes carry memories of trauma experienced by our ancestors and can influence how we react to trauma and stress." (Pember M. A., 2015). The trauma and stress response of Native peoples in the rural, mountainous regions of coastal northern California, as elsewhere in Native North America, thread back to indictment that "the origins of trauma begin in genocide" (Brave Heart, Chase. AIHEC Behavioral Health Institute, 2014).

Mary Annette Pember, an editorial Journalist of the University of Wisconisn-Madison, explains that our endocrine system is "strongly influenced by experience." Consider the trauma experience of Native Americans: it has been and remains pervasive, it is historical and embedded in the contemporary culture of Native communities, it manifests as alcoholism, chronic excessive drug abuse, suicide rates higher than the national average, domestic violence and other mental health issues.
Today, trauma is thought to be directly linked to illness. It is enlightening to recognize that "American Indians have an adult trauma exposure rate of 62.4% to 69.8% to at least one traumatic event; a substantial proportion of these entail death of a loved one (Manson, Beals, Klein, Croy, & AI-SUPERPFP Team, 2005). There now exists a strong possibility that our genes may "switch on" adverse reactions and negative responses to stress and trauma. The now famous 1998 ACES study conducted by the Centers for Disease Control (CDC) and Kaiser Permanente showed that such adverse experiences could contribute to mental and physical illness. (Pember M. A., 2015). Considering the fact that "epigenetics is beginning to uncover scientific proof that intergenerational trauma is real. Historical trauma, therefore, can be seen as a contributing cause in the development of illnesses such as PTSD, depression…"

In April 2014, a fact sheet was published by the National Indian Child Welfare Association, the Child, Adolescent and Family Branch (CAFB), Center for Mental Health Services (CMHS), Substance Abuse and Mental Health Services Administration (SAMHSA) entitled: "Trauma-Informed Care Fact Sheet". This fact sheet briefly outlines trauma in Indian Country highlighting the research of the Indian Country Childhood Trauma Center (ICCTC). Important research that addresses trauma as the specific conditions and experiences of American Indians/Alaska Natives as a "unique individual experience associated with a traumatic event or enduring conditions, which can involve an actual death or other loss, serious injury, or threat to a child's well-being, often related to the cultural trauma, historical trauma and intergenerational trauma that has accumulated in AI/AN communities through centuries of exposure to racism, warfare, violence and catastrophic disease." As logic will dictate, traumatized AI/AN children will grow into traumatized AI/AN adults. These adults will continue to perpetuate the insidious cycle of self-destruction fueled by historical trauma, prolonged and unresolved grief, psychological distress and under-resourced mental health services and facilities."

A synopsis of Round Valley history from Round Valley tribal member:

"Initially, the Round Valley Reservation was established as the Nome Cult Farm in 1856; hence, Round Valley Indian Tribes is historically one of the earliest examples of systemized forced removals of Native people by the U. S. Federal government in a concerted effort to make way for Euro-American settlers. Round Valley Indian Tribes is comprised of six member tribes, none of which are linguistically related to the original people of the area, the Yuki; historically most of the tribes had cultural ties to the area, but retained separate and distinct tribal identities."

In Benjamin Madley's recently published, "*An American Genocide: The United States and the California Indian Catastrophe,*" (2016), he proclaims, "Between 1846 and 1873, perhaps 80% of all California Indians died…mass death silenced thousands of California Indian voices…" (pg.10). Round Valley Indian Tribes is a direct result of this well documented collective trauma. The Yuki people were nearly annihilated, as were many of the now member tribes that were subsequently relocated by forced marches to Round Valley. The tribal people of Round Valley suffered under intolerable physical and psychological conditions engendering a deep and pervasive historical trauma. This trauma remains a lingering corrosive wound that has historically preyed upon tribal families and their social structures, and a wound that still haunts the individual and collective psyche of the Valley. From the Gold Rush to approximately 1880, California Indian peoples suffered through a violent crescendo of brutal and relentless assaults upon their lifeways, bodies and mental states. Unparalleled loss of homeland, culture, of natural and human resources occurred throughout the Round Valley bioregion, resulting in devastated native populations. Throughout California, the native population experienced a decrease of 90% of the estimated population of 300,000 to approximately 15,000 at the turn of the century. Generations of Round Valley tribal people during these times and the subsequent century has simply endeavored to survive. Current expressions of historical trauma include depression, suicide,

alcoholism, domestic violence, chronic grief and loss, in addition to an even wider spectrum of mental health issues.

Much scholarly research and best-practice approaches have contributed to national and local grass-roots models that have produced important examples of tribally invested projects. Success of these projects is perhaps is attributable to an innovative embrace of well-intended therapeutic services based in a tribal perspective while expertly incorporating professional mental health treatment paradigms. Native communities have a long history of identifying and putting into service "natural healers," in combination with the strength found in cultural knowledge and traditional perspectives. A shared commitment to capacity building results in success and increased healing over time. Balance and well-being is a yearning innate to every human being, although untenable and out of reach for those suffering from traumatic experience. Just as innate is the need to create safety for each other, regretful such opportunities are too few, or are mired in institutionalized rigidity and suffer from a lack of creativity and vision." – Frank Tuttle, Yuki-Concow, Doctoral Candidate, Ph.D

We intend to learn through cooperation and collaboration within this community, how to best use the available resources to improve trust, knowledge of and access to crisis response and referral support to other Behavioral Health and Recovery Services when necessary.

We hope that the knowledge gained from this project will not only help to improve the substantial gaps in Crisis Response communication and provision for this very rural native community, it will offer the County an opportunity to learn better ways to build on community strengths, such as:

- How to best build services in economically challenged, rural communities, populated by Native Americans with historical trauma.
- How to develop the best strategies to collaborate, communicate and work together to build the most effective service modalities in communities of this type.

<u>Evaluation and demonstration of outcome measures:</u>

The project will test and learn about:

- Enhancement of respectful communication between County providers and Tribal Community members
- New outreach and engagement strategies and approaches
- New capacity building approaches: Sustainability, Social Model Detox to reintroduce healthy lifestyles
- Potential new treatment and recovery collaborations for services and interventions

The community members propose to explore whether it would improve outcomes to offer Social Model rehabilitation support opportunities to any and all persons who are in crisis, including detox models as the rate of Alcohol and Drug use is very high in this area, and is a contributing factor in many crisis situations. The members of this community also would like to learn whether offering support to the native population in regard to healing from historical trauma by offering traditional healing practices and using "natural helpers" in the community might decrease the need for law enforcement, hospitalizations, and incarcerations. Some proposed models to build from is the "Welbriety: Journey to Forgiveness" a movement facilitated by White Bison ad charitable organization supporting wellness and recovery among Native American/Alaskan Native communities nationwide.

In addition we will use simple outcome measure tools to determine that the services provided through our strategies are showing improvement. We plan to use the Patient Health Questionaire-2 (PHQ2) and Patient Health Questionaire-9 (PHQ9) to develop baseline data and measure improvement in individuals who seek support services along with beneficiary satisfaction surveys, and other outcome and evaluation tools, such as SAMHSA measures provided by the "Kiosk" assessment tool, being used by the local Indian Health Center. They are using the results to support improved mental health for those who report struggling with behavioral health issues.

The timeline for this plan is as follows:

- 36 months for operational testing
- 6 months for assessment and evaluation and reporting to stakeholders

Key Milestones:

- 0-3 months: Consistent stakeholder participation, maintain core group with expected growth
- 1-6 months: Gathering of community support, recruitment of Natural Helper expertise.
- 1-18 months: Monitoring for consistent positive response of collaboration, local collaboration of core stakeholders, improved trust responses. Monitored at least once every six months.
- 1-18 months: Planning, developing and training for Crisis response plan models
- 6-36 months: Implementation and testing of Crisis response plan proposal. Monitored at least once every six months.
- 30-36 months: Evaluation of Crisis response plan sustainability
- 30-36 months: Evaluation of Crisis response and Suicide Prevention, ongoing training and education

Proposed Questions & Strategies for Measuring Successful Collaboration

Identification of Community Crisis needs:

- What is the current rating of trust and mutual respect with outside agencies? Proposed strategy survey and community feedback meetings.
- What are existing crisis resources in Round Valley? Proposed strategy: Meetings & Forums with community members.
- What are specialty mental health service needs that exist elsewhere in the County that are lacking in Round Valley? Proposed strategy: review of service providers?
- What are the primary barriers to crisis resources, resolution, and trust of those services?
- Are all Round Valley Resources represented in the Innovation project Task Force?
- What is the best way to reach out to unrepresented Round Valley crisis Resources?
- Are all specialty mental health services represented in the Innovation project Task Force?
- What is the best way to include unrepresented specialty mental health service providers in the Project Task Force in a way that is inclusive and respectful of the community?

Communication:

- How, where, how frequent, to whom should communication between County, SMI providers and the Community occur? Proposed Method: Meeting/Forum (face to face)
- Development and implementation of measurement tools to collect response on success of trust, method, frequency, location, and target audience of communication. Proposed method: Survey
- What do we call this project/service that is both representative of the project and is inclusive and inviting to the community?
- When we hit challenges or trust concerns along this project, what processes will be put in place to resolve them, and prevent further development of mistrust/doubt?

Works Cited:

Brave Heart, Maria Yellow Horse and Josephine A. Chase. "Historical Trauma Informed Clinical Intervention Research and Practice 2014." Historical Trauma and Community Based Participatory Research- Towards a Model of Participation for Tribal Colleges and Universities. 2014 American Indian Higher Education Consortium (AIHEC) Behavioral Health Institute.

Beals, J., Manson, S., Whitesell, N. Spicer, P., Novins, D. & Mitchell, C. (2005). "Prevalence of DSM-IV disorders and attendant help-seeking in 2 American Indian reservation populations." *Archives of General Psychiatry, 162,* 99-108.

Coyhis, Don. [Don Coyhis]. (2017, March 13). *The Wellbriety Journey to Forgiveness.* [Video file]. Retrieved fromhttps://www.youtube.com/watch?v=vZwF9NnQbWM
Pember, Mary Annette. "Trauma May Be Woven Into DNA of Native Americans." *Indian Country Media Network.* 28 May 2015. https://indiancountrymedianetwork.com/news/native-news/trauma-may-be-woven-into-dna-of-native-americans/

Madley, Benjamin. An American Genocide: The United States and the California Indian Catastrophe. 2016.

Covelo CDP, CA. 2015, U.S. Census Bureau. <www.census.gov>

Data Summary Sheet on Suicide Deaths and Nonfatal Self-Inflicted Injuries, Mendocino County. California Department of Mental Health Office of Suicide Prevention. 2009.

Substance Abuse and Mental Health Services Administration. (2014). Native Children: Trauma and Its Effects. Trauma Informed Care Fact Sheet. April 2014.

Attachments:

A. Proposed and Draft Measurement Tools
    i. Round Valley Kiosk Questionnaire Tool
    ii. PHQ2
    iii. PHQ9 (English and Spanish)
    iv. Proposed Innovation Evaluation Survey
B. Proposed Project Budget
C. Project Logic Models
D. Project Planning Tool (Provided by Deborah Lee)
E. Mendocino County Board of Supervisor Minutes Approving MHSA 3 Year Plan Annual Update program and expenditure plan (Agenda Item 5E)
F. Public Response to the MHSA Innovation Plan 30 day Public Comment Period
G. Mendocino County Behavioral Health Advisory Board Letter of Support

Round Valley Kiosk Questionnaire Tool

ROUND VALLEY INDIAN HEALTH CENTER
HEALTH CARE MAINTENANCE SCREENING QUESTIONNAIRE

WHY DO WE ASK THESE QUESTIONS?
Your Health Center is concerned about all matters that affect your health. To substantially improve the quality of health care for our patients we are including these screenings.

Depression Screen:

How often do you feel down, depressed or hopeless?
- ☐ I Hardly ever feel down or not at all
- ☐ Several days in the past week
- ☐ More than half the days in the past week
- ☐ Nearly every day

How many days a week do you have little interest in daily activities?
- ☐ This is not a problem for me.
- ☐ Several days in the past week.
- ☐ More than half the days in the past week.
- ☐ Nearly every day

What is your tobacco use?
- ☐ Current Smoker (cigarettes, cigars) How much do you use each day? _____
- ☐ Previous Smoker: Date of last use_____
- ☐ Current Smokeless Use (Tobacco chew) How much do you use each day?_____
- ☐ Previous Smokeless: Date of last use_____
- ☐ Ceremonial use only: _____ How many times a year_____
- ☐ Never used tobacco products.

Alcohol Screen:

For Women: When was the last time you had more than 4 alcohol drinks in one day?

_____

For Men: When was the last time you had more than 5 alcohol drinks in one day?

_____

Domestic Violence Screen:

	YES	NO
Are you presently a victim of domestic violence?	☐	☐
Have you been a victim of domestic violence in the past?	☐	☐
I do not wish to answer this question at this time ☐		

Patient Name _____ Date _____

Provider _____ Date _____

PHQ2

STABLE RESOURCE TOOLKIT

The Patient Health Questionnaire-2 (PHQ-2) - Overview

The PHQ-2 inquires about the frequency of depressed mood and anhedonia over the past two weeks. The PHQ-2 includes the first two items of the PHQ-9.

- The purpose of the PHQ-2 is not to establish final a diagnosis or to monitor depression severity, but rather to screen for depression in a "first step" approach.
- Patients who screen positive should be further evaluated with the PHQ-9 to determine whether they meet criteria for a depressive disorder.

Clinical Utility

Reducing depression evaluation to two screening questions enhances routine inquiry about the most prevalent and treatable mental disorder in primary care.

Scoring

A PHQ-2 score ranges from 0-6. The authors[1] identified a PHQ-2 cutoff score of 3 as the optimal cut point for screening purposes and stated that a cut point of 2 would enhance sensitivity, whereas a cut point of 4 would improve specificity.

Psychometric Properties[1]

Major Depressive Disorder (7% prevalence)				Any Depressive Disorder (18% prevalence)			
PHQ-2 Score	Sensitivity	Specificity	Positive Predictive Value (PPV*)	PHQ-2 Score	Sensitivity	Specificity	Positive Predictive Value (PPV*)
1	97.6	59.2	15.4	1	90.6	65.4	36.9
2	92.7	73.7	21.1	2	82.1	80.4	48.3
3	82.9	90.0	38.4	3	62.8	95.4	76.0
4	73.2	93.3	45.5	4	50.9	97.9	81.2
5	53.7	96.8	56.4	5	31.1	98.7	84.6
6	26.8	99.4	78.6	6	12.3	99.8	92.9

** Because the PPV varies with the prevalence of depression, the PPV will be higher in settings with a higher prevalence of depression and lower in settings with a lower prevalence.*

1. Kroenke K, Spitzer RL, Williams JB. The Patient Health Questionnaire-2: Validity of a Two-Item Depression Screener. Medical Care 2003, (41) 1284-1294.

STABLE RESOURCE TOOLKIT

The Patient Health Questionnaire-2 (PHQ-2)

Patient Name _____ Date of Visit _____

Over the past 2 weeks, how often have you been bothered by any of the following problems?	Not At all	Several Days	More Than Half the Days	Nearly Every Day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed or hopeless	0	1	2	3

PHQ9 (English and Spanish)

PHQ-9 Patient Depression Questionnaire

For initial diagnosis:

1. Patient completes PHQ-9 Quick Depression Assessment.
2. If there are at least 4 ✓s in the shaded section (including Questions #1 and #2), consider a depressive disorder. Add score to determine severity.

Consider Major Depressive Disorder
- if there are at least 5 ✓s in the shaded section (one of which corresponds to Question #1 or #2)

Consider Other Depressive Disorder
- if there are 2-4 ✓s in the shaded section (one of which corresponds to Question #1 or #2)

Note: Since the questionnaire relies on patient self-report, all responses should be verified by the clinician, and a definitive diagnosis is made on clinical grounds taking into account how well the patient understood the questionnaire, as well as other relevant information from the patient.
Diagnoses of Major Depressive Disorder or Other Depressive Disorder also require impairment of social, occupational, or other important areas of functioning (Question #10) and ruling out normal bereavement, a history of a Manic Episode (Bipolar Disorder), and a physical disorder, medication, or other drug as the biological cause of the depressive symptoms.

To monitor severity over time for newly diagnosed patients or patients in current treatment for depression:

1. Patients may complete questionnaires at baseline and at regular intervals (eg, every 2 weeks) at home and bring them in at their next appointment for scoring or they may complete the questionnaire during each scheduled appointment.
2. Add up ✓s by column. For every ✓: Several days = 1 More than half the days = 2 Nearly every day = 3
3. Add together column scores to get a TOTAL score.
4. Refer to the accompanying **PHQ-9 Scoring Box** to interpret the TOTAL score.
5. Results may be included in patient files to assist you in setting up a treatment goal, determining degree of response, as well as guiding treatment intervention.

Scoring: add up all checked boxes on PHQ-9

For every ✓ Not at all = 0; Several days = 1;
More than half the days = 2; Nearly every day = 3

Interpretation of Total Score

Total Score	Depression Severity
1-4	Minimal depression
5-9	Mild depression
10-14	Moderate depression
15-19	Moderately severe depression
20-27	Severe depression

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PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME:_____ **DATE:**_____

Over the last *2 weeks,* how often have you been bothered by any of the following problems?
(use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so figety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3
		add columns	+	+

(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card). TOTAL:

10. If you checked off *any problems,* how *difficult* have these problems made it for you to do your work, take care of things at home, or get along with other people?	Not difficult at all _____ Somewhat difficult _____ Very difficult _____ Extremely difficult _____

A2663B 10-04-2005

Patient Health Questionnaire PHQ-9
Nine Symptom Checklist (Spanish)

Nombre_____ Médico_____Fecha De Hoy_____

Durante las últimas 2 semanas, ¿cuan qué frecuencia le han molestado los siguientes problemas?

	Nunca	Varios dias	Más de la mitad de los dias	Casi todos los dias
	0	1	2	3
a. Tener poco interés o placer en hacer las cosas	☐	☐	☐	☐
b. Sentirse desanimado/a, deprimido/a, o sin esperanza	☐	☐	☐	☐
c. Con problemas en dormirse o en mantenerse dormido/a, o en dormir demasiado	☐	☐	☐	☐
d. Sentirse cansado/a o tener poca energía	☐	☐	☐	☐
e. Tener poco apetito o comer en exceso	☐	☐	☐	☐
f. Sentir falta de amor propio – o que sea un fracaso o que decepcionara a si mismo/a su familia	☐	☐	☐	☐
g. Tener dificultad para concentrarse en cosas tales como leer el periódico o mirar la televisión	☐	☐	☐	☐
h. Se mueve o habla tan lentamente que otra gente se podria dar cuenta – o de lo contrario, esta tan agitado/a o inquieto/a que se mueve mucho más de lo acostumbrado	☐	☐	☐	☐
i. Se le han ocurrido pensamientos de que sería mejor estar muerto/a o de que haría daño de alguna manera*	☐	☐	☐	☐

1. Si usted se identificó con cualquier problema en este cuestionario, ¿cuan difícil se le ha hecho cumplir con su trabajo, atender su casa, o relacionarse con otras personas debido a estos problemas?

☐ Nada en absoluto ☐ Algo difícil ☐ Muy difícil ☐ Extremadamente difícil

11. Si estos problemas le han causado dificultad, ¿le han causado dificultad por dos años o más?

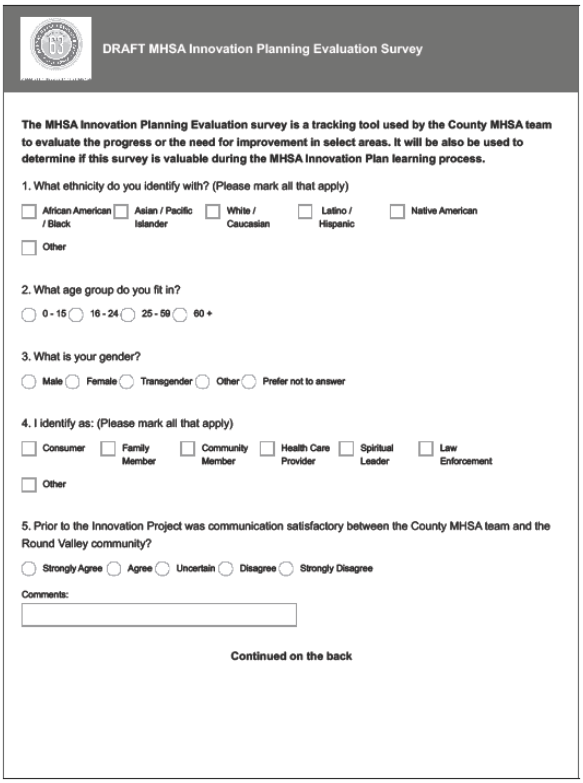
☐ Sí, he tenido dificultad con estos problemas por dos años o más.

☐ No, no he tenido dificultad con estos problemas por dos años o más.

*Si tiene pensamientos de que es major estar muerto/a o hacerse daño en alguna manera, favor de hablar con su médico, ir a una sala de emergencia o llamar al 911.

Number of symptoms:_____ Total score:_____

Proposed Innovation Evaluation Survey



DRAFT MHSA Innovation Planning Evaluation Survey

The MHSA Innovation Planning Evaluation survey is a tracking tool used by the County MHSA team to evaluate the progress or the need for improvement in select areas. It will be also be used to determine if this survey is valuable during the MHSA Innovation Plan learning process.

1. What ethnicity do you identify with? (Please mark all that apply)

☐ African American / Black ☐ Asian / Pacific Islander ☐ White / Caucasian ☐ Latino / Hispanic ☐ Native American ☐ Other

2. What age group do you fit in?

◯ 0 - 15 ◯ 16 - 24 ◯ 25 - 59 ◯ 60 +

3. What is your gender?

◯ Male ◯ Female ◯ Transgender ◯ Other ◯ Prefer not to answer

4. I identify as: (Please mark all that apply)

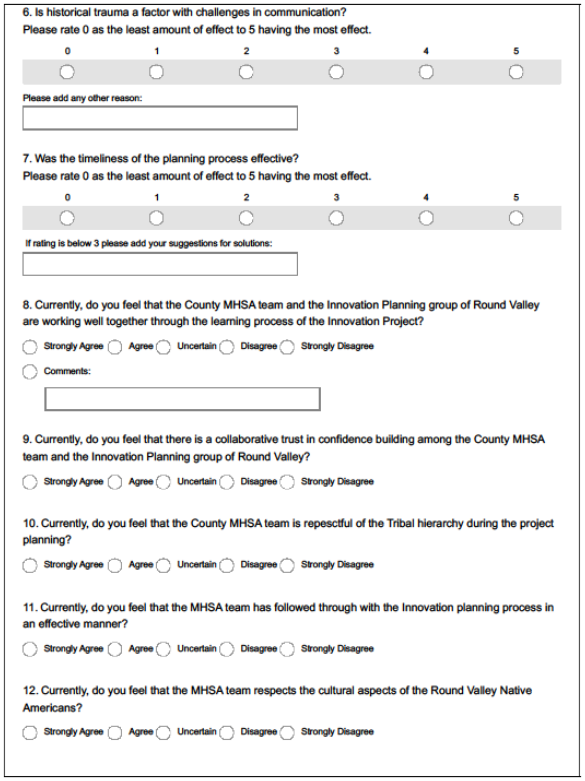
☐ Consumer ☐ Family Member ☐ Community Member ☐ Health Care Provider ☐ Spiritual Leader ☐ Law Enforcement ☐ Other

5. Prior to the Innovation Project was communication satisfactory between the County MHSA team and the Round Valley community?

◯ Strongly Agree ◯ Agree ◯ Uncertain ◯ Disagree ◯ Strongly Disagree

Comments:

Continued on the back



6. Is historical trauma a factor with challenges in communication?
Please rate 0 as the least amount of effect to 5 having the most effect.

0	1	2	3	4	5
◯	◯	◯	◯	◯	◯

Please add any other reason:

7. Was the timeliness of the planning process effective?
Please rate 0 as the least amount of effect to 5 having the most effect.

0	1	2	3	4	5
◯	◯	◯	◯	◯	◯

If rating is below 3 please add your suggestions for solutions:

8. Currently, do you feel that the County MHSA team and the Innovation Planning group of Round Valley are working well together through the learning process of the Innovation Project?

◯ Strongly Agree ◯ Agree ◯ Uncertain ◯ Disagree ◯ Strongly Disagree

◯ Comments:

9. Currently, do you feel that there is a collaborative trust in confidence building among the County MHSA team and the Innovation Planning group of Round Valley?

◯ Strongly Agree ◯ Agree ◯ Uncertain ◯ Disagree ◯ Strongly Disagree

10. Currently, do you feel that the County MHSA team is repesctful of the Tribal hierarchy during the project planning?

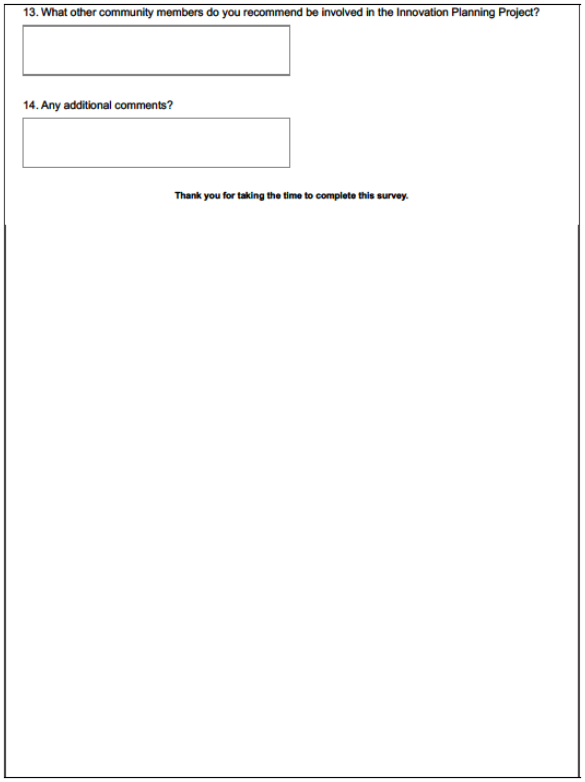
◯ Strongly Agree ◯ Agree ◯ Uncertain ◯ Disagree ◯ Strongly Disagree

11. Currently, do you feel that the MHSA team has followed through with the Innovation planning process in an effective manner?

◯ Strongly Agree ◯ Agree ◯ Uncertain ◯ Disagree ◯ Strongly Disagree

12. Currently, do you feel that the MHSA team respects the cultural aspects of the Round Valley Native Americans?

◯ Strongly Agree ◯ Agree ◯ Uncertain ◯ Disagree ◯ Strongly Disagree



13. What other community members do you recommend be involved in the Innovation Planning Project?

14. Any additional comments?

Thank you for taking the time to complete this survey.

Proposed Project Budget

New Innovative Project Budget By FISCAL YEAR (FY 2017/18-2019/20)					
EXPENDITURES					
PERSONNEL COSTs (salaries, wages, benefits)		**FY 2017/18**	**FY 2018/19**	**FY 2019/20**	**Total**
1.	Salaries				
2.	Direct Costs	$ 215,568	$ 226,346	$ 237,664	$ 679,578
3.	Indirect Costs	$ 45,000	$ 47,250	$ 49,613	$ 141,863
4.	Total Personnel Costs	$ 260,568	$ 273,596	$ 287,277	$ 821,441
OPERATING COSTs		**FY 2017/18**	**FY 2018/19**	**FY 2019/20**	**Total**
5.	Direct Costs	$ 29,000	$ 31,900	$ 33,350	$ 94,250
6.	Indirect Costs	$ 45,600	$ 50,160	$ 52,440	$ 148,200
7.	Total Operating Costs	$ 74,600	$ 82,060	$ 85,790	$ 242,450

NON RECURRING COSTS (equipment, technology)		**FY 2017/18**	**FY 2018/19**	**FY 2019/20**	**Total**
8	Direct Costs	$ 3,500	$ -	$ -	$ 3,500
9.	Indirect Costs	$ 4,100	$ -	$ -	$ 4,100
10.	Total Non-recurring costs	$ 7,600	$ -	$ -	$ 7,600

CONSULTANT COSTS/CONTRACTS (clinical, training, facilitator, evaluation)		**FY 2017/18**	**FY 2018/19**	**FY 2019/20**	**Total**
11.	Direct Costs	$ 16,880	$ 17,745	$ 18,177	$ 52,802
12.	Indirect Costs				$ -
13.	Total Operating Costs	$ 16,880	$ 17,745	$ 18,177	$ 52,802

BUDGET TOTALS	**$ 359,648**	**$ 373,401**	**$ 391,244**	**$ 1,124,293**

Direct Costs (add lines 2, 5 and 11 from above)	$ 261,448	$ 275,991	$ 289,191	$ 826,630
Indirect Costs (add lines 3, 6 and 12 from above)	$ 90,600	$ 97,410	$ 102,053	$ 290,063
Non-recurring costs (line 10)	$ 7,600	$ -	$ -	$ 7,600
TOTAL INNOVATION BUDGET	**$ 359,648**	**$ 373,401**	**$ 391,244**	**$ 1,124,293**

Expenditures By Funding Source and FISCAL YEAR (FY 2017/18-2019/20)					
A.	**Estimated total Mental Health expenditures for ADMINISTRATION for the entire duration of this INN Project by FY & the following funding sources:**	**FY 2017/18**	**FY 2018/19**	**FY 2019/20**	**Total**
1.	Innovative MHSA Funds	$ 260,568	$ 273,596	$ 287,277	$ 821,441
3.	1991 Realignment				
5.	Other funding*				
6.	**Total Proposed Administration**	**$ 260,568**	**$ 273,596**	**$ 287,277**	**$ 821,441**
Evaluation:					
B.	**Estimated total mental health expenditures for EVALUATION for the entire duration of this INN Project by FY & the following funding sources:**	**FY 2017/18**	**FY 2018/19**	**FY 2019/20**	**Total**
1.	Innovative MHSA Funds	$ 99,080	$ 99,805	$ 103,967	$ 302,852
2.	Federal Financial Participation				
3.	1991 Realignment				
4.	Behavioral Health Subaccount				
5.	Other funding*				
6.	**Total Proposed Evaluation**				
TOTAL:					
C.	**Estimated TOTAL Mental Health expenditures (this sum to total funding requested) for the entire duration of this INN Project by FY & the following funding sources:**	**FY 2017/18**	**FY 2018/19**	**FY 2019/20**	**Total**
1.	Innovative MHSA Funds	$ 359,648	$ 373,401	$ 391,244	$ 1,124,293
2.	Federal Financial Participation				
3.	1991 Realignment				
4.	Behavioral Health Subaccount				
5.	Other funding*				
6.	**Total Proposed Expenditures**	**$ 359,648**	**$ 373,401**	**$ 391,244**	**$ 1,124,293**
*If "Other funding" is included, please explain.					

Mendocino County Round Valley Innovation Project Proposed Logic Models

What is the problem: The Round Valley community has experienced (recent) historical trauma that contributes to institutional distrust.

Inputs	Outputs	Outcomes		
If we have:	And we do:	Then we expect: (Change in measures)	And we want: (short term outcome goals)	And we hope: (Long term outcome goals)
•	•	•	•	•

What is the problem: The Round Valley Community is extremely remote and rural making it difficult for providers to get to the community.

Inputs	Outputs	Outcomes		
If we have:	And we do:	Then we expect: (Change in measures)	And we want: (short term outcome goals)	And we hope: (Long term outcome goals)
•	•	•	•	•

What is the problem: Institutional Crisis services do not include traditional or spiritual healing practices as options for crisis resolution.

Inputs	Outputs	Outcomes		
If we have:	And we do:	Then we expect:	And we want:	And we hope:
•	•	•	•	•

What is the problem: We haven't identified the crisis response/respite modalities that are the most desired and effective.

Inputs	Outputs	Outcomes		
If we have:	And we do:	Then we expect:	And we want:	And we hope:
•	•	•	•	•

What is the problem: If we experience challenges/increased institutional distrust, how will we respond to address and improve trust?

Inputs	Outputs	Outcomes		
If we have:	And we do:	Then we expect:	And we want:	And we hope:
•	•	•	•	•

Innovation Project Plan Refinement Process

Service Need	• Crisis & Respite Response • Covelo and other outlying area strong need • Services needed that target outreach to Native American Groups while still serving the total population
What do we know about that service need?	• Crisis services have never been offered in Covelo beyond 911 • It can take several hours for Law Enforcement to respond to Covelo • It takes several hours to get to the Emergency Department from Covelo • There is a noted number of suicide attempts and completed suicides in our remote areas, in recent years in particular • Traditional crisis response is felt by the Round Valley Community to be Insufficient • The community believes that there is higher need than is represented in crisis statistic, as they believe many residents to not call based on fear of having Law Enforcement response, stigma around accessing crisis services, transportation challenges, and the response time • Significant institutional and governmental distrust impacts the Round Valley community's willing ness to access "institutional services" • Specialty mental health services are have an underrepresentation of ethnic diversity and bilingual services • Specialty mental health services are not currently offering Traditional healing practices
Innovative ideas around the service need (What don't we know about Crisis need in Covelo?	• How current and ongoing interactions between the community and SMI providers are continuing to impact institutional trauma and mistrust • What are the best methods to communicate with one another • How to repair and build trust • What crisis modalities will work in the community? • What resources are currently available in the community and which will need to be built, trained, and/or brought in. • What are the best strategies to train and bring services into the community that don't negatively impact trust • How do we identify trust issues as they occur, and develop new strategies to address and improve trust • What crisis services will be the most utilized, effective, and sustainable in such a small remote area?
What Outcome Measures will we use to track changes and improvements?	• Surveys or focus groups to collect feedback on level of trust • PHQ9 • Community Readiness tool • Front Desk Kiosk • Satisfaction Surveys • Testimonials • Program Participation increasing over time
Project Summary	How the Round Valley Community can work together with specialty mental health providers to develop a Crisis Response model that is trusted and utilized by the local Native American population but available to all cultural groups in the area that can attempt to address: • Serve people in emotional mental health crisis to include: suicidal thought, trauma, and decompensation • Serve people in need of substance use that may contribute to crisis • Social model rehabilitation including detox that allows people in need to be locally • Support transitioning back to Round Valley from SUDT services, 5150 hospitalization, prison, jail, or other out of area rehabilitation services • Provide integrated services that address the co-occurrence of Substance use and mental health or other needs as they so often occur together. • Consider residential needs of community • Consider need for warm line/ call line for resource support • Addresses the best possible interface with Law Enforcement and EMTs to reduce trauma, stigma, and further distrust • Collaboration with spiritual, and faith based practices • Incorporate available traditional healing practices such as healers, sweat lodge, dances, and other community events

Mendocino County Board of Supervisor Minutes Approving MHSA Three Year Plan Annual Update program and expenditure plan (Agenda Item 5E)

MENDOCINO COUNTY BOARD OF SUPERVISORS

ACTION MINUTES – July 12, 2016

BEFORE THE BOARD OF SUPERVISORS
COUNTY OF MENDOCINO - STATE OF CALIFORNIA
FAIR STATEMENT OF PROCEEDINGS
(PURSUANT TO CALIFORNIA GOVERNMENT CODE §25150)

AGENDA ITEM NO. 1 – OPEN SESSION (PLEDGE OF ALLEGIANCE AND ROLL CALL – 9:07 A.M.)

Present: Supervisors Carre Brown, John McCowen, Tom Woodhouse Dan Gjerde and Dan Hamburg. Chair Gjerde presiding.

Staff Present: Ms. Carmel J. Angelo, Chief Executive Officer/Clerk of the Board; Ms. Katharine L. Elliott, County Counsel; and Ms. Karla Van Hagen, Deputy Clerk of the Board.

Pledge of Allegiance: Mr. Louis Bigfoot.

AGENDA ITEM NO. 3 – PUBLIC EXPRESSION

Presenter/s: Ms. Uta Telfor, Legal Secretary, County Counsel; Mr. Thomas Allman, Sheriff; Ms. Chemisse Amata; Mr. Christopher Shaver, Deputy Chief Executive Officer; Executive Office; and Ms. Mariah Montanos.

AGENDA ITEM NO. 4 – APPROVAL OF CONSENT CALENDAR

Board Action: Upon motion by Supervisor McCowen, seconded by Supervisor Woodhouse, and carried unanimously, IT IS ORDERED THAT CONSENT ITEMS 4(a); 4(c); and 4(e) - 4(v) are approved as follows:

4A) CLAIM OF WILLIAM HENDRICKSON

Denied;

4C) ADOPTION OF TWO (2) RESOLUTIONS ESTABLISHING THE PROPOSITION 4 GANN SPENDING LIMIT APPROPRIATIONS FOR FISCAL YEAR 2016-17 – SPONSOR: TREASURER – TAX COLLECTOR

Adopted and Chair is authorized to sign same;

Enactment No: Resolution 16-076, 16-077

4E) APPROVAL OF INSURANCE REIMBURSABLE AGREEMENT WITH BELFOR RESTORATION SERVICES IN AN AMOUNT NOT TO EXCEED $600,000 FOR PROPERTY REMEDIATION AND RESTORATION SERVICES AT THE MENDOCINO COUNTY MUSEUM – SPONSOR: EXECUTIVE OFFICE

Approved;

Enactment No: BOS Agreement 16-051

4F) APPROVAL OF RECOMMENDED APPOINTMENTS/REAPPOINTMENTS

Approved;

4G) APPROVAL OF AGREEMENT WITH UKIAH SENIOR CENTER, INC., IN THE AMOUNT OF $57,300 TO PROVIDE SENIOR HEALTH AND WELFARE OUTREACH, INFORMATION AND REFERRAL, AND FINANCIAL SERVICES FOR ADULT PROTECTIVE SERVICES REFERRALS IN FISCAL YEAR 2016-17 - SPONSOR: HEALTH AND HUMAN SERVICES AGENCY

Approved;

Enactment No: Resolution 16-052

4H) APPROVAL OF PURCHASE OF DESK SYSTEM/WORK STATION FOR ENVIRONMENTAL HEALTH ADMINISTRATION IN THE AMOUNT OF $7,333.04; APPROVAL OF APPROPRIATION TRANSFER FROM BUDGET UNIT 86-4360 TO BUDGET UNIT 86-4370; AND ADDITION OF ITEM TO THE FIXED ASSET LIST - SPONSOR: HEALTH AND HUMAN SERVICES AGENCY

Approved;

4I) ADOPTION OF RESOLUTION AUTHORIZING SALARY GRADE ADJUSTMENT TO THE CLASSIFICATION OF COOK AS FOLLOWS: FROM SALARY GRADE S21D TO SALARY GRADE S23D - SPONSOR: HUMAN RESOURCES

Adopted and Chair is authorized to sign same;

Enactment No: Resolution 16-078

4J) APPROVAL OF AGREEMENT WITH NEOGOV IN THE AMOUNT OF $58,081 FOR FISCAL YEAR 2016-17 AND $47,081 RECURRING ANNUALLY THEREAFTER, TO PURCHASE ADDITIONAL ONLINE EMPLOYMENT SERVICES SOFTWARE AND LICENSING OF INSIGHT ENTERPRISE EDITION, PERFORM, AND POSITION CONTROL INTEGRATION TO INCLUDE RECRUITMENT, SELECTION, APPLICANT TRACKING, REPORT AND ANALYSIS, HR AUTOMATION SERVICES, UNLIMITED CUSTOMER SUPPORT, PROVISIONING, TRAINING, SETUP AND IMPLEMENTATION SERVICES, TO ENHANCE INSIGHT ENTERPRISE EDITION AND GOVERNMENTJOBS.COM, THE SOFTWARE PROGRAM CURRENTLY BEING UTILIZED BY HUMAN RESOURCES FOR PERSONNEL MANAGEMENT AND SUBSCRIPTION WITH GOVERNMENTJOBS.COM FOR UNLIMITED JOB POSTINGS AND ADVERTISEMENT - SPONSOR: HUMAN RESOURCES

Approved and Chair is authorized to sign same;

Enactment No: Resolution 16-053

4K) ADOPTION OF RESOLUTION APPROVING CHANGES OF DEPUTY CLERK OF THE BOARD OF SUPERVISORS TO DEPUTY CLERK OF THE BOARD OF SUPERVISORS I; AND SENIOR DEPUTY CLERK OF THE BOARD OF SUPERVISORS TO DEPUTY CLERK OF THE BOARD OF SUPERVISORS II; AND CHANGES TO THE POSITION ALLOCATION TABLE AS FOLLOWS: BUDGET UNIT 1010 - DELETE ONE (1) FTE SENIOR DEPUTY CLERK OF THE BOARD OF SUPERVISORS, ONE (1) FTE DEPUTY CLERK OF THE BOARD OF SUPERVISORS, AND ONE (1) FTE ADMINISTRATIVE ANALYST II; ADD THREE (3) FTE DEPUTY CLERK OF THE BOARD OF SUPERVISORS II - SPONSOR: HUMAN RESOURCES

Adopted and Chair is authorized to sign same;

Enactment No: Resolution 16-079

4L) AUTHORIZATION OF THE ISSUANCE OF ADMINISTRATIVE COASTAL DEVELOPMENT PERMIT NO. CDP_2015-0020 (SEARS) TO PARTITION THE INTERIOR OF AN EXISTING DETACHED 598 SQUARE FOOT STRUCTURE (41600 COMPTCHE-UKIAH ROAD, APN 121-180-03), AS APPROVED BY THE COASTAL PERMIT ADMINISTRATOR - SPONSOR: PLANNING AND BUILDING SERVICES

Approved;

4M) ADOPTION OF PROCLAMATION RECOGNIZING JULY 17 - 23, 2016, AS PROBATION SERVICES WEEK IN MENDOCINO COUNTY - SPONSOR: BROWN AND PROBATION

Adopted;

4N) ADOPTION OF RESOLUTION AUTHORIZING REVENUE AGREEMENT WITH STATE OF CALIFORNIA, DEPARTMENT OF TRANSPORTATION (CALTRANS) IN THE AMOUNT OF $215,000 FOR FISCAL YEARS 2016-17 AND 2017-18 TO PROVIDE ONE CORRECTIONAL DEPUTY TO SUPERVISE COUNTY INMATE CREWS PERFORMING CERTAIN ROADSIDE MAINTENANCE AND REPAIR WORK SPECIFIED BY CALTRANS - SPONSOR: SHERIFF-CORONER

Adopted and Chair is authorized to sign same;

Enactment No: Resolution 16-080, BOS Agreement16-054

4O) APPROVAL OF AMENDMENT TO REVENUE AGREEMENT NO. 11-147 WITH LEGACY INMATE COMMUNICATIONS TO UPDATE INMATE TELEPHONE RATES WITHIN THE ORIGINAL AGREEMENT IN ACCORDANCE WITH AND TO COMPLY WITH THE FEDERAL COMMUNICATIONS COMMISSION (FCC) ORDER NO. 15-136 - SPONSOR: SHERIFF-CORONER

Approved and Chair is authorized to sign same;

Enactment No: BOS Agreement 11-147 A1

4P) APPROVAL OF THE 2016 EDWARD BYRNES JUSTICE ASSISTANCE GRANT (JAG) AWARD FROM THE U.S. DEPARTMENT OF JUSTICE IN THE AMOUNT OF $20,222 - SPONSOR: SHERIFF-CORONER

Approved;

4Q) ADOPTION OF RESOLUTION APPROVING PARCEL MAP FOR MINOR SUBDIVISION (MS) NUMBER 03-2015 (SNYDER) AND ACCEPTING ON BEHALF OF THE PUBLIC, ITEM (A) OF THE OWNER'S STATEMENT FOR THE PURPOSES SPECIFIED THEREON AND SPECIFICALLY REJECTING ITEM (B) OF THE OWNER'S STATEMENT, LOCATED AT 420 LAKE MENDOCINO DRIVE; ASSESSOR'S PARCEL NUMBER (APN) 169-080-10 (UKIAH AREA) - SPONSOR: TRANSPORTATION

Adopted and Chair is authorized to sign same;

Enactment No: Resolution 16-081

4R) ADOPTION OF RESOLUTION AUTHORIZING THE DIRECTOR OF TRANSPORTATION TO ACT AS THE LITTLE RIVER AND ROUND VALLEY AIRPORTS SPONSOR'S OFFICIAL REPRESENTATIVE AND TO SIGN FEDERAL AVIATION ADMINISTRATION (FAA) ENTITLEMENT TRANSFERS FROM EITHER COUNTY AIRPORT TO NEVADA COUNTY AIRPORT UP TO THE AMOUNT OF $300,000 ON BEHALF OF MENDOCINO COUNTY (LITTLE RIVER AND ROUND VALLEY AREAS) - SPONSOR: TRANSPORTATION

Adopted and Chair is authorized to sign same;

Enactment No: Resolution 16-082

4S) ADOPTION OF RESOLUTION APPROVING DEPARTMENT OF TRANSPORTATION (DOT) AGREEMENT NO. 160058, PROFESSIONAL SERVICES AGREEMENT WITH QUINCY ENGINEERING, INC. (QUINCY), IN THE AMOUNT OF 55,000 AND AUTHORIZING AN ADDITIONAL CONTINGENCY AMOUNT OF $5,500, FOR CONSTRUCTION MANAGEMENT SERVICES FOR THE BAECHTEL CREEK BRIDGE REPLACEMENT OVER BAECHTEL CREEK AT MUIR MILL ROAD, COUNTY ROAD (CR) 301C, (WILLITS AREA) - SPONSOR: TRANSPORTATION

Adopted and Chair is authorized to sign same;

Enactment No: Resolution16-083, BOS Agreement16-056

4T) ADOPTION OF RESOLUTION APPROVING DEPARTMENT OF TRANSPORTATION (DOT) AGREEMENT NO. 160059, PROFESSIONAL SERVICES AGREEMENT WITH QUINCY ENGINEERING, INC. (QUINCY), IN THE AMOUNT OF $50,000 AND AUTHORIZING AN ADDITIONAL CONTINGENCY AMOUNT OF $5,000, FOR CONSTRUCTION MANAGEMENT SERVICES FOR THE SEISMIC RETROFIT OF THE MOORE STREET BRIDGE OVER THE RUSSIAN RIVER, COUNTY ROAD (CR) 229B, (CALPELLA AREA) – SPONSOR: TRANSPORTATION

Adopted and Chair is authorized to sign same;

Enactment No: Resolution 16-084, BOS Agreement 16-057

4U) APPROVAL OF OUTDOOR FESTIVAL APPLICATION FOR THE ART IN THE REDWOODS FESTIVAL, TO BE HELD AUGUST 11-14, 2016, IN GUALALA, CALIFORNIA - SPONSOR: TREASURER-TAX COLLECTOR

Approved;

4V) APPROVAL OF THE OUTDOOR FESTIVAL APPLICATION FOR NORTHERN NIGHTS MUSIC FESTIVAL TO BE HELD JULY 15-17, 2016, AT THE COOKS VALLEY CAMPGROUND IN PIERCY, CALIFORNIA - SPONSOR: TREASURER-TAX COLLECTOR

Approved;

4B) APPROVAL OF THE CERTIFICATION OF THE JUNE 7, 2016, PRESIDENTIAL PRIMARY ELECTION - SPONSOR: BOARD OF SUPERVISORS

Board Directive: BY ORDER OF THE CHAIR a future item be scheduled with the Auditor/Clerk-Recorder to explore options (if any) to speed up the process of tallying and providing election results.

Board Action: Upon motion by Supervisor McCowen, seconded by Supervisor Woodhouse and carried unanimously, IT IS ORDERED that the Board of Supervisors approves the Certification of the June 7, 2016, Presidential Primary Election.

5E) DISCUSSION AND POSSIBLE ADOPTION OF THE MENTAL HEALTH SERVICES ACT (MHSA) ANNUAL PLAN UPDATE FOR FISCAL YEAR 2016-17 AND AUTHORIZATION FOR THE MENTAL HEALTH DIRECTOR AND AUDITOR-CONTROLLER TO SIGN AND SUBMIT THE ANNUAL PLAN UPDATE TO THE STATE MENTAL HEALTH SERVICES OVERSIGHT AND ACCOUNTABILITY COMMISSION - SPONSOR: HEALTH AND HUMAN SERVICES AGENCY

Presenter/s: Ms. Tammy Moss Chandler, Director, Health and Human Services Agency; Ms. Jenine Miller, Behavioral Health Director, Health and Human Services Agency; Ms. Camille Schraeder; Ms. Chandra Gonzales; and Ms. Karen Lovato, Acting Behavioral Health Program Manager, Health and Human Services Agency.

Public Comment: Ms. Nancy Sutherland.

Board Action: Upon motion by Supervisor McCowen, seconded by Supervisor Woodhouse, IT IS ORDERED that the Board of Supervisors adopt the Mental Health Services Act (MHSA) Annual Plan Update for Fiscal Year 2016-17 and authorizes the Mendocino County Mental Health Director and Mendocino County Auditor-Controller to sign and submit the Annual Plan Update to the State Mental Health Services Oversight and Accountability Commission. The motion carried by the following vote:

Aye: 5 - Supervisor Brown, Supervisor McCowen, Supervisor Woodhouse, Chair Gjerde, and Supervisor Hamburg

5F) DISCUSSION AND POSSIBLE ACTION REGARDING THE STATUS OF ADULT MENTAL HEALTH SERVICES TRANSITION AND RELATED ACTIVITIES AND THE KEMPER CONSULTING GROUP MENTAL HEALTH SERVICES REVIEW – SPONSOR: HEALTH AND HUMAN SERVICES AGENCY

Presenter/s: Ms. Tammy Moss Chandler, Director, Health and Human Services Agency and Ms. Jenine Miller, Behavioral Health Director, Health and Human Services Agency.

Public Comment: None.

Board Action: No action taken.

6B) DISCUSSION AND POSSIBLE ADOPTION OF A POLICY FOR THE FORMATION AND GOVERNANCE OF MUNICIPAL ADVISORY COUNCILS (MAC) - (SPONSOR: GENERAL GOVERNMENT COMMITTEE)

Presenter/s: Mr. Christopher Shaver, Deputy Chief Executive Officer, Executive Office.

Public Comment: Ms. Sheilah Rogers.

Board Action: Upon motion by Supervisor Woodhouse, seconded by Supervisor McCowen, IT IS ORDERED that the Board of Supervisors incorporate Supervisor McCowen's changes into a clean draft MAC policy; distribute to the local area MAC's for comment; and bring forward as a Consent Agenda item to a future meeting (should there not be criticism from local MAC's); otherwise it will be placed as a Regular Agenda item. . The motion carried by the following vote:

Aye: 4 - Supervisor Brown, Supervisor McCowen, Supervisor Woodhouse, and Chair Gjerde
No: 1 - Supervisor Hamburg

5H) NOTICED PUBLIC HEARING - ADOPTION OF ORDINANCE AMENDMENT OA_2015-0003, AMENDING THE COUNTY COASTAL ZONING CODE (TITLE 20, DIVISION II) MODIFYING THE PERMITTING PROCESS FOR CERTAIN TYPES OF WIRELESS COMMUNICATION FACILITIES AND ADOPTION OF RESOLUTION AUTHORIZING PLANNING AND BUILDING SERVICES TO SUBMIT A LOCAL COASTAL PROGRAM AMENDMENT TO THE CALIFORNIA COASTAL COMMISSION TO CERTIFY THE UPDATES PROPOSED BY THIS AMENDMENT - SPONSOR: PLANNING AND BUILDING SERVICES

Presenter/s: Mr. Andy Gustafson, Chief Planner, Planning and Building Services; Ms. Julia Acker, Planner II, Planning and Building Services.

Public Comment: Ms. Randi Dalton.

Board Action: Upon motion by Supervisor Hamburg, seconded by Supervisor McCowen, IT IS ORDERED that the Board of Supervisors adopts Ordinance Amendment No. OA 2015-0003, to amend the Coastal Zoning Code (Title 20, Division II) and modify the permit process for certain types of wireless communication facilities as recommended by the Planning Commission finding that: (1) An Initial Study has been prepared for the project in accordance with the California Environmental Quality Act; and that a Negative Declaration be adopted, and (2) The proposed amendment is consistent with the applicable goals and policies of the Local Coastal Plan. Adopt a resolution authorizing Planning and Building Services to submit a Local Coastal Program Amendment to amend Title 20, Division II for the authorized changes approved under Ordinance OA_2015-0003; and authorizes Chair to sign same. The motion carried by the following vote:

Aye: 5 - Supervisor Brown, Supervisor McCowen, Supervisor Woodhouse, Chair Gjerde, and Supervisor Hamburg.

Enactment No: Ordinance 4358

5G) PRESENTATION OF EMPLOYEE SERVICE AWARDS TO MENDOCINO COUNTY EMPLOYEES WITH 15-35 YEARS OF SERVICE

Presenter/s: Ms. Heidi Dunham, Director, Human Resources; Ms. Shari Schapmire, Treasurer/Tax Collector; Ms. Julie Forrester, Assistant Treasurer/Tax Collector; Ms. Cathy Harpe, Deputy Treasurer/Tax Collector; Mr. Lloyd Weer; Auditor; Ms. Chris Oldham; Mr. Bruce Mordhurst, Director, Child Support Services; Ms. Melanie Rafanan, Accounting Specialist, Child Support Services; Mr. Rick Welsh, Assistant District Attorney; Mr. Kevin Bailey, Chief District Attorney Investigator, District Attorney; Mr. Andrew Alvarado, Supervising District Attorney Investigator; District Attorney; Mr. Butch Gupta; Mr. Alan D. Flora, Assistant Chief Executive Officer; Ms. Bekki Emery, Deputy Director, Health and Human Services Agency; Mr. Art Davidson, Deputy Director Health and Human Services Agency; Ms. Sandra Enzler, Senior Community Health Worker, Health and Human Services Agency; Debra Lovett; Program Administrator, Health and Human Services Agency; Ms. Gloria Nordyke; Senior Program Specialist, Health and Human Services Agency; Ms. Susan Glass; Social Worker Assistant II, Health and Human Services Agency; Ms. Chrystine Sullivan, Eligibility Worker II, Health and Human Services Agency; Mr. Steve Dunnicliff, Director, Planning and Building Services; Ms. Linda Thompson, Public Defender; Mr. Thomas Allman, Sheriff; Mr. Howard Dashiell, Director, Transportation; and Ms. Carmel J. Angelo, Chief Executive Officer.

Board Action: No action taken.

ADJOURNED TO LUNCH RECESS: 12:16 P.M.

RECONVENED IN OPEN SESSION 1: 35 P.M.

5C) DISCUSSION AND POSSIBLE ACCEPTANCE OF PRESENTATION FROM PACIFIC, GAS AND ELECTRIC (PG&E) REGARDING COMMUNITY PIPELINE SAFETY INITIATIVE TO INCLUDE TREE REMOVAL AND REPLACEMENT AND PUBLIC OUTREACH EFFORTS – SPONSOR: EXECUTIVE OFFICE

Presenter/s: Mr. Christopher Shaver; Assistant Chief Executive Officer; Mr. Darin Cline, Government Relations Representative, Pacific, Gas & Electric; and Ms. Leslie Horak, Public Affairs Representative, Pacific Gas and Electric.

Public Comment: None.

Board Action: No action taken.

5D) DISCUSSION AND POSSIBLE ADOPTION OF RESOLUTION TO PRESENT TO THE VOTERS OF THE COUNTY A MEASURE ADDING CHAPTER 6.23 OF TITLE 6 TO THE MENDOCINO COUNTY CODE ESTABLISHING CANNABIS BUSINESS LICENSE TAXES AND ORDERING CONSOLIDATION OF SAID ELECTION WITH THE CONSOLIDATED GENERAL ELECTION CALLED FOR NOVEMBER 8, 2016; AND INTRODUCTION AND WAIVE READING OF AN ORDINANCE ADDING CHAPTER 6.23 TO THE MENDOCINO COUNTY CODE IMPOSING A CANNABIS BUSINESS TAX ON COMMERCIAL CANNABIS BUSINESSES

Supervisor Hamburg recused himself from this item due to a conflict with a family member involved in the County's 9.31 Medical Cannabis Program.

SUPERVISOR HAMBURG ABSENT: 1:48 P.M.

Presenter/s: Ms. Carmel J. Angelo, Chief Executive Officer; Mr. Alan D. Flora, Assistant Chief Executive Officer; Mr. David McPherson, Principal, HdL Companies; and Ms. Shari Shapmire, Treasurer/Tax Collector.

Public Comment: None.

Board Action: GENERAL CONSENSUS OF THE BOARD that this item shall be continued to the July 19, 2016, Board of Supervisors meeting.

BOARD RECESS: 3:17 P.M. - 3:32 P.M.

SUPERVISOR HAMBURG PRESENT 3:32 P.M.

5K) DISCUSSION AND POSSIBLE ADOPTION OF RESOLUTION TO PRESENT TO THE VOTERS OF THE COUNTY A MEASURE ADDING CHAPTER 5.160 OF TITLE 5 TO THE MENDOCINO COUNTY CODE IMPOSING A COUNTY TRANSPORTATION TRANSACTIONS (SALES) AND USE TAX COLLECTED IN THE UNINCORPORATED AREAS OF THE COUNTY AND ORDERING CONSOLIDATION OF SAID ELECTION WITH THE CONSOLIDATED GENERAL ELECTION CALLED FOR NOVEMBER 8, 2016, AND INTRODUCTION AND WAIVE READING OF AN ORDINANCE ADDING CHAPTER 5.160 OF TITLE 5 TO THE MENDOCINO COUNTY CODE IMPOSING A COUNTY TRANSPORTATION TRANSACTIONS (SALES) AND USE TAX (COUNTYWIDE) – SPONSOR: TRANSPORTATION

Presenter/s: Supervisor Gjerde and Mr. Howard Dashiell, Director, Transportation.

Public Comment: None.

Board Action: No action taken.

5J) TRANSPORTATION DIRECTOR'S REPORT

Presenter/s: Mr. Howard Dashiell, Director, Transportation.

Public Comment: None.

Board Action: No action taken.

6C) DISCUSSION AND POSSIBLE DIRECTION TO STAFF REGARDING A DRAFT MEDICAL CANNABIS CULTIVATION ORDINANCE, DRAFT MEDICAL CANNABIS CULTIVATION SITE ZONING REGULATION AND COMMENCING A CALIFORNIA ENVIRONMENTAL QUALITY ACT (CEQA) PROJECT DESCRIPTION AND INITIAL STUDY - SPONSOR: GENERAL GOVERNMENT COMMITTEE

Supervisor Hamburg recused himself from this item due to a conflict with a family member involved in the County's 9.31 Medical Cannabis Program.

SUPERVISOR HAMBURG ABSENT: 3:57 P.M.

Presenter/s: Ms. Sarah Dukett, Administrative Analyst II, Executive Office; Mr. Chuck Morse, Agricultural Commissioner; and Mr. Andy Gustavson, Chief Planner, Planning and Building Services.

Public Comment: Mr. Don Adams.

Board Action: No action taken.

4D) APPROVAL OF SETTLEMENT AGREEMENT AND MUTUAL RELEASE OF CLAIMS BETWEEN PAUL SEQUEIRA AND THE COUNTY OF MENDOCINO - SPONSOR: DISTRICT ATTORNEY

Presenter/s: Ms. Kathryn Cavness, Senior Department Analyst; District Attorney; and Ms. Katharine L. Elliott, County Counsel.

Public Comment: None

Upon motion by Supervisor Brown, seconded by Supervisor Woodhouse, IT IS ORDERED that the Board of Supervisors Approves the Settlement Agreement and Mutual Release of Claims between Paul Sequeira and the County of Mendocino; and authorizes Chair to sign same. The motion carried by the following vote:

Aye: 5 - Supervisor Brown, Supervisor McCowen, Supervisor Woodhouse, Chair Gjerde, and Supervisor Hamburg

5I) INFORMATIONAL UPDATE ON THE STATUS OF THE MENDOCINO TOWN LOCAL COASTAL PLAN AMENDMENT (LCPA) AND POSSIBLE DIRECTION OR CONSIDERATION OF COASTAL COMMISSION COMMENTS REGARDING THE SUBMITTED MENDOCINO TOWN LCPA - SPONSOR: PLANNING AND BUILDING SERVICES

Presenter/s: Mr. Andy Gustavson, Chief Planner, Planning and Building Services.

Public Comment: None.

Board Action: No action taken.

5A) CHIEF EXECUTIVE OFFICER'S REPORT

Board Action: Withdrawn.

5B) DISCUSSION AND POSSIBLE ACTION INCLUDING REVIEW, ADOPTION, AMENDMENT, CONSIDERATION OR RATIFICATION OF LEGISLATION PURSUANT TO THE ADOPTED LEGISLATIVE PLATFORM

Board Action: No action taken.

6A) SUPERVISORS' REPORTS REGARDING BOARD SPECIAL ASSIGNMENTS, STANDING AND AD HOC COMMITTEE MEETINGS, AND OTHER ITEMS OF GENERAL INTEREST - SPONSOR: BOARD OF SUPERVISORS

Board Action: No action taken.

THERE BEING NOTHING FURTHER TO COME BEFORE THE BOARD, THE MENDOCINO COUNTY BOARD OF SUPERVISORS ADJOURNED AT 5:38 P.M.

Attest: KARLA VAN HAGEN
Deputy Clerk of the Board

DAN GJERDE, Chair

NOTICE: PUBLISHED MINUTES OF THE MENDOCINO COUNTY BOARD OF SUPERVISORS MEETINGS

- Effective March 1, 2009, Board of Supervisors minutes will be produced in "action only" format. As an alternative service, public access to recorded Board proceedings will be available on the Board of Supervisors' website in indexed audio format
- LIVE WEB STREAMING OF BOARD MEETINGS is now available via the County's YouTube Channel. If technical assistance is needed, please contact The Mendocino County Executive Office at (707) 3463-4441.
- Minutes are considered draft until adopted/approved by the Board of Supervisors
- The Board of Supervisors' action minutes are also posted on the County of Mendocino website at: www.co.mendocino.ca.us/bos
- To request an official record of a meeting of the Mendocino County Board of Supervisors, please contact the Executive Office at (707) 463-4441
- Please reference the departmental website to obtain additional resource information for the Board of Supervisors and Clerk of the Board: www.co.mendocino.ca.us/bos

Thank you for your interest in the proceedings of the Mendocino County Board of Supervisors

Public Hearing Responses to the MHSA Innovation Plan 30 day Public Comment Period

Mendocino County
Behavioral Health & Recovery Services
Public Comment on the Innovation Plan and Responses

Facilitated by Robin Meloche and Jan McGourty | Held in Covelo on 08/01/2017 and Ukiah on 08/07/2017

1. **Will it be a drop-in style facility?**
    a. We anticipate, based on current stakeholder input, that the project will include a drop in option for those individuals that are actively seeking crisis prevention and recovery services.

2. **What are the services we can do out of this center and how is it going to benefit our community?**
    a. Because this is a learning project, throughout the development of the project, we will work on trial and testing of which services are able to be provided in the community, by the community. We hope to successfully include:
        i. Learning how County mental health programs, community members, and community programs work together to overcome the persistent challenges of institutional distrust and isolation.
        ii. Using community members as natural helpers for building services and support.
        iii. Testing various crisis response strategies.
        iv. 5150 assessment and triage.
        v. Respite needs.
        vi. Option of traditional Native American healing practices.
        vii. Resources and triage for alcohol and drug detox needs in collaboration with the Round Valley Indian Health Center.
        viii. Other services added as needed as prioritized by stakeholders and community.

    b. Benefits
        i. We anticipate the project will improve trust between the Round Valley community, service providers, and specialty mental health providers.
        ii. We anticipate the project will provide local access to crisis services.
        iii. We anticipate the project will reduce the necessity to involve law enforcement in crisis intervention.
        iv. We anticipate the project will reduce the need for traveling out of the valley to address crisis needs.
        v. We anticipate a number of employment opportunities to the local community/residents of the Round Valley community.
        vi. Seek to improve the conditions caused by historical trauma from the forced systematic relocation of the six tribes into Round Valley.

3. **We have a lot of people who you may not want to come sit on your furniture as they may be in need of a shower and basic hygiene things. Is this something they can come and access here or do you have to have a mental health crisis?**

    a. The intention at this time is to serve all who are requiring or seeking services to work on their recovery needs. Services may or may not include showers and basic hygiene services based on stakeholder input.

4. **We do feel like this is an important project and we do need the resources to manage it, but we need to figure out the sustainability and making sure we have all of the resources to make that happen. Is DrugMedi-Cal going to be the answer?**

    a. The initial funding for the project is limited to three years for the learning project. The funding that may be available to sustain the project will depend on the services that are developed throughout the learning process. There are multiple possibilities for sustainability, such as Medi-Cal, Mental Health Services Act (MHSA) funding, and/or grant funding. Consistent community participation will be indicative of the longevity of the project.

5. **Will this project be able to provide a patient advocate?**

    a. The development of a formal patient advocate role can be proposed and tested in the learning process.

    b. It is our intention that every employee, voluntary or otherwise, involved in the project will provide advocacy for those in need.

6. **In the budget, there is a budget line item for a County Mental Health Liaison:**

    a. **What would that be for?**

        i. The MHSA team will be responsible for monitoring outcome measurements, tracking data, and the evaluation of the Innovation project. The MHSA team will also continue to be a liaison between the Round Valley Project Team and the Mental Health Services Oversight and Accountability Commission, and between the Round Valley Project Team and the specialty mental health providers.

    b. **Is evaluation and monitoring by the liaison a requirement by the MHSA?**

        i. Yes, evaluation and monitoring by the liaison is required during the full three years that the Innovation funding is provided for state reporting purposes.

    c. **Serving as a liaison to whom?**

        i. The MHSA team will be serving as a liaison between the Round Valley project and the Mental Health Services Oversight and Accountability Commission, and between the Round Valley Project Team and the specialty mental health providers.

    d. **At $45,000, is that for a FTE or is it full time for the job position?**

        i. The $45,000 in the Innovation project plan represents the use of MHSA staff time for developing, evaluating, and measuring effectiveness of the project.

e. **Would they be hiring additional staff or would this be coming from existing staff?**

   i. At this time, the evaluation piece is anticipated to be completed by existing MHSA staff that track their time to the Innovation project. Only time spent on the Innovation project would be billed to the project budget.

7. **Questions regarding the liaison position for the Innovative project:**

   a. **Are we using this money just to supplement a county position?**

      i. The County is responsible for designing evaluation methods and conducting the evaluations as to the effectiveness and feasibility of the Innovation Project.

   b. **If this could be a local person, what would the requirements be, and if the county has to have oversight can a local resident be trained?**

      i. Throughout the funding period of the Innovation project, the liaison duties will be performed by existing MHSA team members.

8. **I would like to know essentially, if it is approved, do you feel like all of the contributing parties are prepared to start with the initial implementation of the project?**

   a. The MHSA Team believes that the stakeholder planning discussions to this point have us prepared to begin implementation of the project. The plan is to do a step by step startup.

      The first six months of the project are dedicated to developing consistent stakeholder and community member participation and building community stakeholder support while identifying natural helpers. Stakeholder input will be reviewed with a focus on communication and trust, the development of a working plan for decision making, and the development of the testing tools to be both culturally appropriate and useful. Utilizing the current crisis team, the goal is to create a process to connect clients that meet the 5150 criteria to relevant level of care services.

      Our goal is to develop a drop-in center where consumers can speak with someone about their needs and be triaged for appropriate services. The intention is to have our natural helpers trained and ready to handle crisis calls and triage as soon as possible. Details will be developed over time with stakeholder input, and testing of whether this strategy is successful.

9. **For people that are already getting services from Yuki Trails, is there anything written about what that looks like, do they have to actively be seeing a counselor or attending groups?**

   a. Stakeholder discussions up to this point have not put restrictions on access to the crisis response services, the project is intended to serve anyone seeking crisis or recovery support services, including both Tribal and non-Tribal members. Because this is a learning project, a large part of the project will be testing which strategies are most successful in the community, as well as how we build from community needs and resources to implement those strategies.

10. **Have they purchased a van for transport for this project? If not, is it in the budget?**

    a. A vehicle has not been purchased, as the plan and budget have not been approved by the Mental Health Services Oversight and Accountability Commission at this time, but there is a vehicle allocated in the budget.

11. **Can you think of anything that the Round Valley Indian Health Center are not prepared to handle within the initial implementation, that any of the providers would be able to help with?**

    a. Psychiatric services is the area that will need additional support. It is expected that the Round Valley project will easily liaise with Redwood Community Crisis Center as needed for out of county psychiatric hospitalizations.

12. **How could an apprenticeship, for people who are already living in the Round Valley community, be developed for a local individual to gain the job skills that would make them eligible for a trade position?**

    a. An apprenticeship process is not a part of the current Innovation project. The stakeholders and community members will analyze which specific skills are needed for crisis response, and strategies to build the necessary skills of local providers may be tested as a part of the project.

13. **How can we help to deal with intertribal prejudices and personal differences between all parties involved?**

    a. The project hopes to work towards mitigating the impacts of Native American historical trauma and improving relationships and communication between all parties involved. We plan to gather input from all participating stakeholders and community members regarding what is believed to contribute to barriers and impediments, and to test strategies to overcome them. This includes intertribal challenges, not just challenges that exist between the County/governmental services and the Round Valley community.

14. **How can we offer unconditional support concerning the adverse effects of intertribal conflict?**

    a. Planning processes to this point have suggested putting together some activities that are inclusive to multiple tribes, bringing the tribes together to interact with one another in Native traditional ways. This may be one of our initial strategies of gathering community support and identifying natural helper expertise and resources.

15. **How long was the Transitional Living Center in Round Valley open prior to it shutting down?**

    a. The building that is being provided for the Innovation project by the Round Valley Indian Health Center was previously used for the Transitional Living Center for 8 years prior to closing.

16. **Will this project be able to be sustained after the period of the county funding has ended?**

    a. The successful components of the project will help determine the means in which the program can maintain sustainability. A minimum of a six month operating period will be required to determine which indicators will need to be addressed. There are multiple ways to develop financial sustainability for this project after those three years have passed, such as but not limited to Medi-Cal reimbursable services with the potential of being eligible for MHSA funding.

Comments:

1. **Comment:** Some things in the early planning process appear to have changed. It seems to be a little more focused on the suicide prevention program, in the objectives. This is good, as it would mean sustainability. We are also working on creating a Crisis Intervention team, so it could be the same team that we would create. I was thinking more along the lines that people could come to this place for help. In the early planning process, it listed several things you could not do when going to the facility, and not what we could do at the facility.

2. ***Comment:*** The spirit in which this project was presented, on behalf of our committee, is not encapsulated in the current iteration of the project. Part of the problem is the templates required by the state are not very empowering to the community. We give you all of our feedback and you try to put it in these boxes. Another problem is that we asked to speak to the state people directly and were not allowed. When we finally were able to, we were told the specific criteria for the project, but it differed from what we believe the county relayed to us. We didn't feel that we were totally included in the process. We received all kinds of extra information that we did not receive from those we were working with directly. The Indian communities have been "Needs Assessment'd out". Our health center that oversees Yuki Trails is open to the whole public and has been from day one in 1968. We were told the on reservation population was not enough to justify a health center, but the Board of Supervisors said that we could include the whole population of Round Valley. The need has always been here in the community since day one. If we are going to meet these needs then we have to take these things into consideration.

3. ***Comment:*** I don't understand why the state board does not find this innovative, this could set a model for the whole entire state. This was an issue prior to the turnover with the Oversight and Accountability Commission.

4. ***Comment:*** I see a service that is needed for our community. It is very hard when consumers come in and say that they need something and do not to have the money to send them to where they need to go. If people can go in and learn to take better care of their children or themselves, this is what we need.

5. ***Comment:*** Seeing this project from the Indian prospective would really show how innovative and needed this project is. It may not be innovative to the state, but it is very innovative to this community and to this county. Again, it is a service that is needed and it has to have some form of sustainability. We definitely do not want to start something that we have to close down the road because there is no money to run it. That is my biggest concern.

6. ***Comment:*** The reason that this room is not full today is because nothing ever happens. It is like a game of attrition, the state will outlast us until everyone gets discouraged. People feel like their input does not matter.

7. ***Comment:*** With the proposal that is on the table, we are looking at funding staff for this respite house. We can all see that this is developmental and we will find out exactly how things are going to work. However, at the same time Round Valley Indian Health Center is bringing a doctor on full time. The Round Valley community struggle is that we try to take on these programs, but we are just struggling to see how we are going to be able to fund these doctors. There is a doctor that is retiring from the VA clinic in Ukiah and coming to Round Valley Indian Health Center, which could be a good resource for this project. He is interested and will be coming on right after Labor Day.

8. ***Comment:*** Sustainability is becoming difficult with the cutbacks that are expected under this administration.

9. ***Comment:*** I understand that MHSA has to go through red tape too, but people in this community are getting very discouraged.

10. ***Comment:*** I hope this project can have an advocate for the people in need that will help them to reach the next step and work through issues that arise. This could be done through the providers and natural helpers. We need someone who is well versed regarding these issues who can provide insight and answers.

11. ***Comment:*** I feel excited and hopeful for this project.

12. ***Comment:*** It does not matter how we get there, as long as we get there.

13. ***Comment:*** It is important that we have made it this far and that it will be going in front of the OAC.

14. ***Comment:*** Spirituality is very important in this project and Frank Tuttle is vital to this process.

15. ***Comment:*** I think that it would be beneficial for Mr. Russ to attend the Presentation to the OAC; he has a lot that he can share.

16. ***Comment:*** If the budget was broken down all the way by line item, we would be able to understand where all the money is going. We talked about some startup cost for the building, but it is not really delineated here.

17. ***Comment:*** One of the things that we were asked to do was to make projections, so we turned in a budget, which was kind of a template. We were looking at operating cost for the building from when it was still a 10-bed group home. We wanted an accurate, realistic cost projection and the staffing costs. This is one of the things we were asked to do and it looks like it was used as a basic template for this, but lacking the detail.

18. ***Comment:*** People are really frustrated that it has been 4 years and nothing has happened.

19. ***Comment:*** There are very limited housing options and access to water on properties is limited in certain areas. Four Corners and Round Valley share similar obstacles.

20. ***Comment:*** Transportation will be important in order to provide access to out of the area services that are unavailable in the Round Valley community currently. There is no MTA bus service in Covelo.

21. ***Comment:*** There is historical trauma that exists in the community. Historically the parents had no choice in their children going to the boarding schools. Many parents were arrested and sent to Alcatraz for resisting this law. There are 6 tribes in Round Valley. Many people were taken to the missions in the early part of the 1700s, these missions became boarding schools.

22. ***Comment:*** I recommend that all parties that are part of this project read the book, "Genocide – the Tragic History of California Indians" as an excellent resource to learn about Northern Californian Native American historic trauma.

23. ***Comment:*** The younger generation knows the history, genealogy, and details of their tribe and families very well. They tend to have an extreme pride for their specific heritage and tribal history.

Mendocino County Behavioral Health Advisory Board Letter of Support

Mendocino County Health and Human Services Agency
"Healthy People, Healthy Communities"
Tammy Moss Chandler ♦ HHSA Director

Behavioral Health and Recover Services
Jenine Miller, Psy.D. ♦ Behavioral Health Director
Providing Mental Health and Substance Use Disorders Treatment Services

Mendocino County Behavioral Health Advisory Board
1120 S. Dora Street, Ukiah CA 95482 ✦ (707) 472-2310 Fax (707) 472-2331

February 21, 2017

Mental Health Services Oversight & Accountability Commission
1325 J Street, Suite 1700
Sacramento, CA 95814

Re: Mendocino County Innovation Plan

Dear Mental Health Services Oversight & Accountability Commission Members,

This letter is to support our Behavioral Health Department's Mental Health Services Oversight & Accountability Commission Innovation Plan. Mendocino County is a rural county with few mental health services. Any additional services would be an innovation here, regardless of whether they had been implemented elsewhere. However, there are some unique aspects to our county that make this plan truly innovative statewide due to the unique features of the population.

The location of this Innovation Plan is Round Valley in Mendocino County. This bucolic valley is very isolated with no public transportation available. It is the original site of the "Nome Cult Farm," established in 1856 as an extension of the Nome Lakee Reservations located on the Northwestern edge of the Sacramento area. It is now federally recognized as the Round Valley Indian Reservation.

The Nome Cult Farm became the destination of a forced march of multiple Native American tribes who were herded there to clear the Sacramento Valley for white settlers - California's own "Trail of Tears." The result was an assemblage of Native peoples with different languages, different ceremonies,

and many of these tribes had been longtime rivals. To make matters even more difficult, White settlers also moved into the valley in spite of the fact that it was designated as a reservation for the

Native people. One cattle baron in particular terrorized the community which was already ravaged with murder and mayhem. Life was further complicated for the native people by legislative acts from Washington DC which compromised their titles to land ownership.

Today, 161 years later, the poverty and tension still exist as well as the remainders of intergenerational trauma. Suicide rates are high for the Native American people in this region, as is substance abuse/dependency, violence, poverty and unemployment. Yet there is also a strong Native American community in Round Valley, as evident by the many stakeholders who came together in the process of creating this Innovation Plan with the hope of making life better.

The stakeholders advocated for Native American Healer(s) who could help decrease the above rates by instilling hope, teaching alternatives to violence and abuse/dependency of substances and by healing wounds. This can be done through Native American ceremony and/or working with individuals, families, groups and neighbors.

The Mendocino County Behavioral Health Advisory Board heartily supports their efforts and emphatically appeals to the OAC to grant this petition with the funding to make it possible.

Sincerely,

MENDOCINO COUNTY BEHAVIORAL HEALTH ADVISORY BOARD

Jan McGourty, Chairperson