# MENDOCINO COUNTY BEHAVIORAL HEALTH ADVISORY BOARD

## REGULAR MEETING

# AGENDA

## February 26, 2025
## 10:00 AM – 12:00 PM

Location: Behavioral Health Regional Training Center, 8207 East Road, Redwood Valley, CA 95470

**Chairperson**
Jo Bradley

**Vice Chair**
Mo Mulheren

**Secretary/Treasurer**
Jenniffer Estevo

**BOS Supervisor**
Mo Mulheren

**MEMBERSHIP:**

**ANTHONY BAROZA,** *25 YRS AND UNDER*
**JO BRADLEY,** *5TH DISTRICT*
**MARK DONEGAN,** *VETERAN*
**JENNIFER ESTEVO,** *2ND DISTRICT*
**DENISE GORNY,** *1ST DISTRICT*
**PERRI KALLER,** *3RD DISTRICT*
**VACANT,** *4TH DISTRICT*
**MARTIN MARTINEZ,** *5TH DISTRICT*
**JEFF SHIPP,** *3RD DISTRICT*
**GINA DANNER,** *LOCAL EDUCATION AGENCY*

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

| | Agenda Item / Description | Action |
|---|---|---|
| **1.** 3 minutes | **Call to Order, Roll Call, Quorum Notice, & Approve Agenda:** *Review and Possible Action.* | Board Action: |
| **2.** 10 minutes (Maximum) | **Public Comments:** *Members of the public wishing to comment on the BHAB will be recognized now. Any additional comments can be provided through email to bhboard@mendocinocounty.gov* | Board Action: |
| **3.** 20 minutes | **5150 Assessments –** *Karen Lovato, Acting Deputy Director, Behavioral Health & Recovery Services* | Board Action: |
| **4.** 20 minutes | **MHSA Annual Update for 25-26 and opening the 30-day Public Comment Period –** *Rena Ford, Acting Program Manager, Behavioral Health & Recovery Services* | Board Action: |
| **5.** 5 minutes | **Approval of Minutes from the January 22, 2025, BHAB Regular Meeting:** *Review and Possible Action.* | Board Action: |

| | | |
|---|---|---|
| **6.**<br>**10 minutes** | **Board & Committee Reports:** *Discussion and Possible Action*<br>A. Chair – *Jo Bradley*<br>- 2025 Meeting Schedule<br>- Measure B Update<br>- Advertising of Meetings Scheduled in Outlying/Coastal Areas<br>B. Vice Chair – *Mo Mulheren*<br>C. Secretary/Treasurer – *Jenniffer Estevo*<br>D. Appreciation Committee – *Member Martinez* | Board Action: |
| **7.**<br>**10 minutes** | **Mendocino County Youth Project Report Out –** *Amanda Archer/Designee*<br>A. Services Update | Board Action: |
| **8.**<br>**10 minutes** | **Redwood Community Services Report Out –** *Victoria Kelly/Designee*<br>A. Services Update | Board Action: |
| **9.**<br>**10 minutes** | **Tapestry Report Out –** *Kendra Palma/Designee*<br>A. Services Update | Board Action: |
| **10.**<br>**10 minutes** | **Mendocino County Hospitality Center –** *Paul Davis/Designee*<br>A. Services Update | Board Action: |
| **11.**<br>**10 minutes** | **Anchor Health Management Report –** *Anchor Health Management Inc.*<br>A. Services Update | Board Action: |
| **12.**<br>**10 minutes** | **Mendocino County Report –** *Jenine Miller, Director of Health Services*<br>A. Director Report Questions | Board Action: |
| **13.**<br>**3 Minutes** | **Member Comments:** | Board Action: |
| **14.**<br>**2 minutes** | **Adjournment:** | Board Action: |

**AMERICANS WITH DISABLITIES ACT (ADA) COMPLIANCE**

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


## BHAB CONTACT INFORMATION:

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

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

# Mental (Behavioral) Health Services Act

## 2025-2026 Annual update to the Three Year Program and Expenditures Plan 2023-2026
## And Annual Summary 2023-2024 and 2024-2025

WELLNESS • RECOVERY • RESILIENCE

# Table of Contents

# Message from the Behavioral Health Director

**Behavioral Health and Recovery Services**
Jenine Miller, Psy.D., Director of Behavioral Health
*Providing Mental Health and Substance Use Disorders Treatment Services*

Dear Mendocino County Stakeholders,

Many changes have occurred in Mendocino County during the 2020-2023 MHSA Three Year Plan cycle, including an increased focus on the overlapping impacts of mental health and public health concerns following the COVID-19 Pandemic. Mental health staff shortages, both locally and nationally, have stretched our systems of care even as we look to expand services and provide quality mental health care. Through the recent years of planning, the stakeholders, service providers, Behavioral Health Advisory Board Members, community partners, staff, and other concerned community members have been dedicated in their commitment to the mental health needs of the community and ensuring the needs of clients are met. Some of the highlights from the last three years include:

- Implementation of Mendocino County's second Innovation Project, Healthy Living Community
- Opening of the Crisis Residential Treatment Center
- Transition to a BHRS run Wellness Center
- Ongoing community-based meetings, outreach, and education events and a return to in person stakeholder meetings
- Early development of Native American Warmline Innovation Project
- Ongoing implementation and participation in therapeutic courts including Assisted Outpatient Treatment, and participation and development of Behavioral Health Diversion programs
- Continued development and implementation of the BHRS Warmline

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

Sincerely,

Jenine Miller, Psy.D.
Behavioral Health Director

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

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

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

The Annual Update to the Three Year Plan has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft Annual Plan was circulated to stakeholders and any interested party for 30-days for review and comment. In addition, the local Behavioral Health Advisory Board held a public hearing on the MHSA Three Year Plan. All input has been considered with adjustments made, as appropriate. The Annual Plan and Expenditure Plan, attached hereto, was adopted by the County Board of Supervisors on MONTH DAY, YEAR. The Three Year Plan and Expenditure Plan was adopted by the County Board of Supervisors on MONTH DAY, YEAR.

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

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

_____ _____

Signature Date

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

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

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

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

_____
Signature Date

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

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

Lloyd Weer. Auditor/Controller
County Auditor Controller / City Financial Officer

_____
Signature Date

# Introduction to the Mental (Behavioral) Health Services Act

## History of the Mental Health Service Act

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

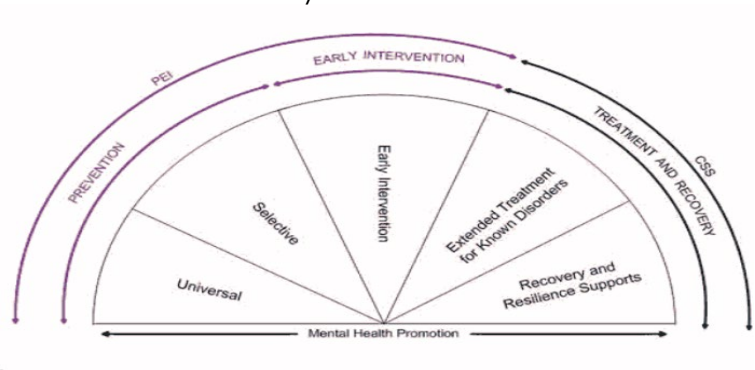
MHSA was designed to provide a wide range of prevention, early intervention, and treatment services, including the necessary infrastructure, technology, and enhancement of the mental health workforce to support it.

With the passage of Proposition 1 in 2024, the Mental Health Services Act will transform into the Behavioral Health Services Act and will be inclusive of substance misuse conditions. Throughout this plan the terms MHSA and BHSA can be used interchangeably, and will be formally changed during the 25-26 Fiscal Year.

## California's MHSA Vision

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

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




## Three Year Program and Expenditure Plan with Annual Planning Component

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

## MHSA Components

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

**Community Services and Support**

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

**Prevention and Early Intervention**

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

**Innovation**

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

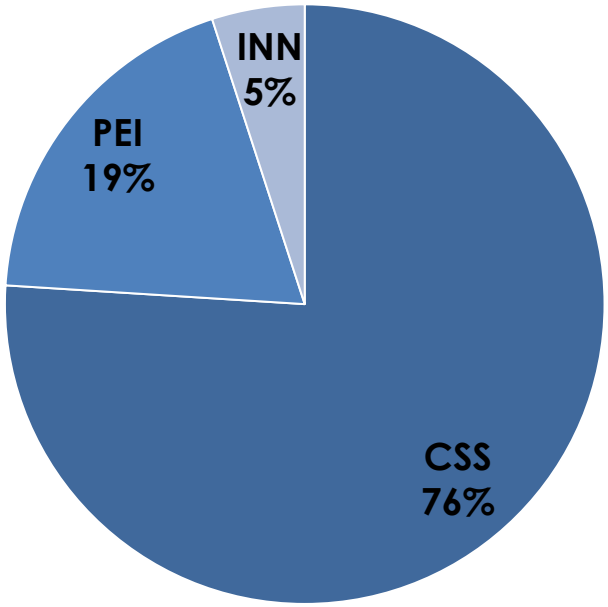
**Capital Facilities and Technological Needs**

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

**Workforce Education and Training**

The goal of the Workforce Education and Training (WET) component is to fund the development of a diverse workforce and address the shortage of licensed and non-licensed professionals. Clients and families/caregivers may also

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



# County Demographics


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

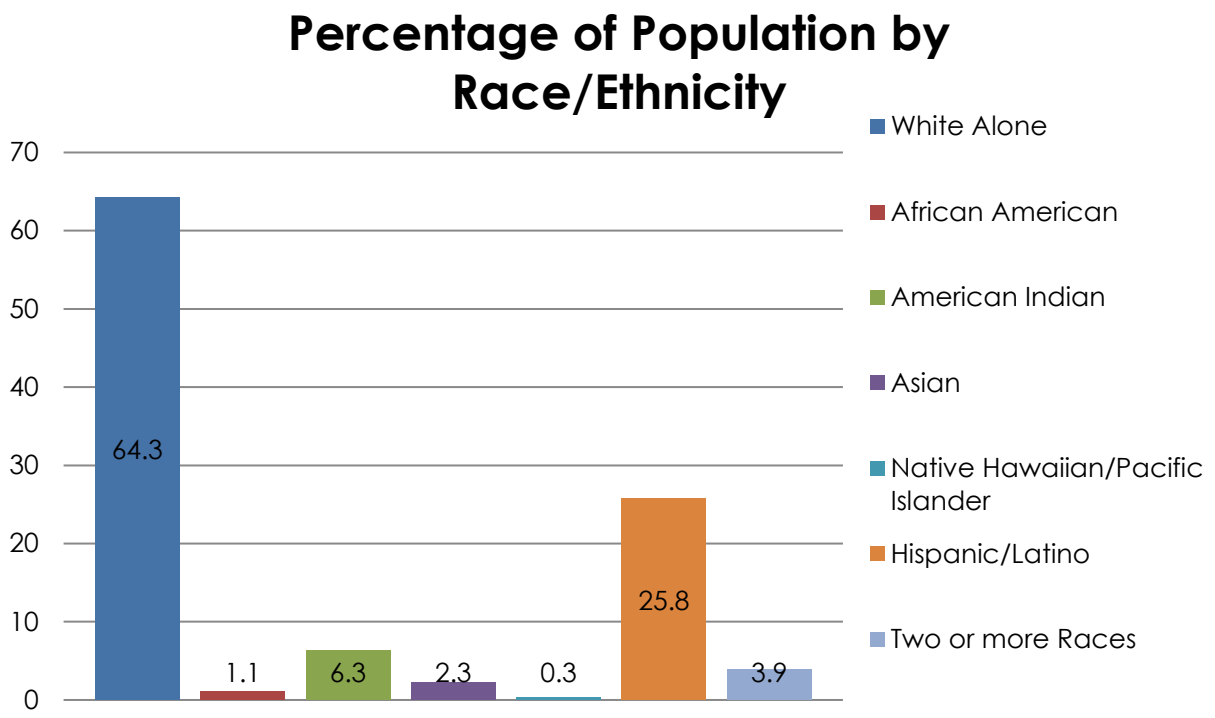
The US Census Bureau provides the following data on population trends: Mendocino County had a population of 86,740 in 2019, which is a decrease by approximately one thousand people and a little over 1%. Mendocino County is the 38th largest county by population of California's counties. Mendocino County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

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

[1] (Center for Economic Development, 2010)

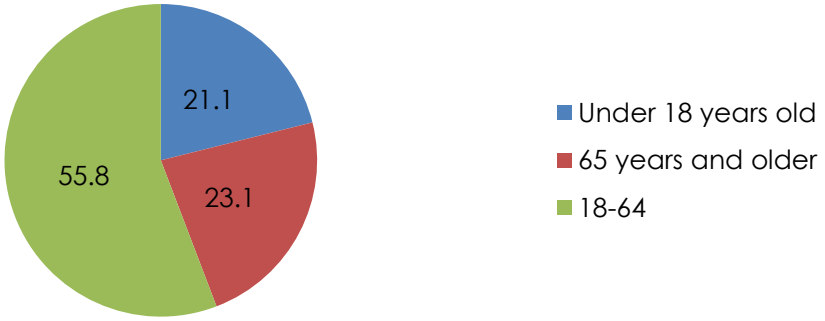
cities: Ukiah, Fort Bragg, Willits, and Point Arena. The distances between cities spans from 23 miles (Ukiah to Willits) to 76 miles (Willits to Point Arena). The US Census Bureau estimates that from 2015 through 2019 the mean travel time to work for workers over 16 years of age was 20.8 minutes.[2]

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



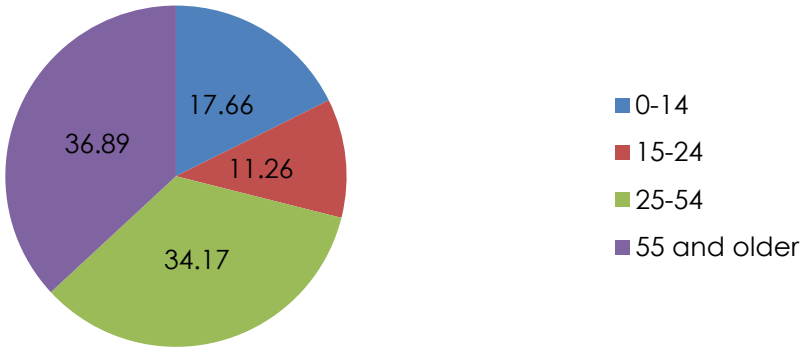

[2] (U.S. Census Bureau, 2019)
[3] (U.S. Census Bureau, 2016)

## US Census Percentage of Population by Age




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

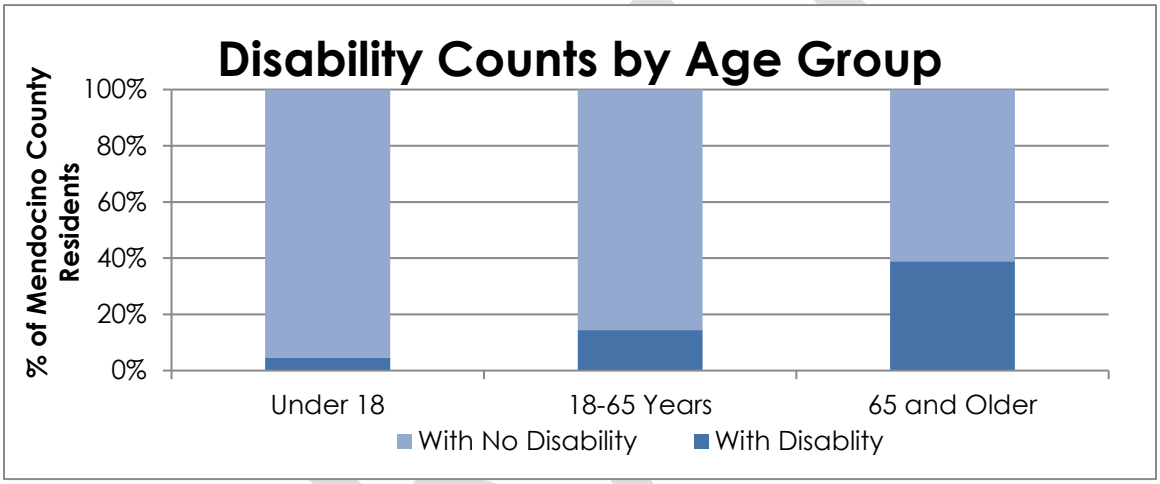
## Healthy Mendocino Percentage of Population by Age




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

[4] Healthy Mendocino, 2021

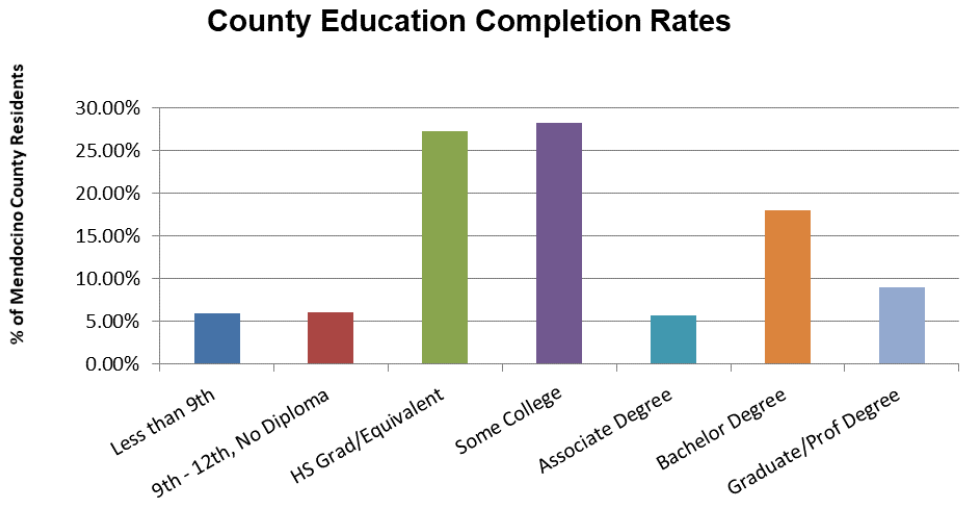
Furthermore, there are very limited public transportation options within the county. No public bus routes go farther north than Willits or Fort Bragg. In addition, the Mendocino Transit Authority has a limited number of routes. For instance, the longest route (Route 65) only leaves twice during week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



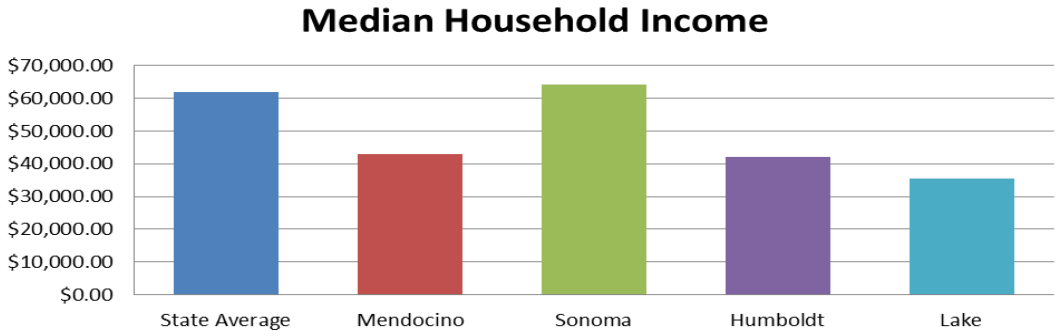

The US Census Bureau provides statistics on the percentage of residents with a that are working and those with a disability. The data from between 2015 and 2019 shows that 58.2% of the population over age 16 was in the labor force and 12.6% of the population under age 65 years of age had a disability.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

[5] (Mendocino Transit Authority, 2016)

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



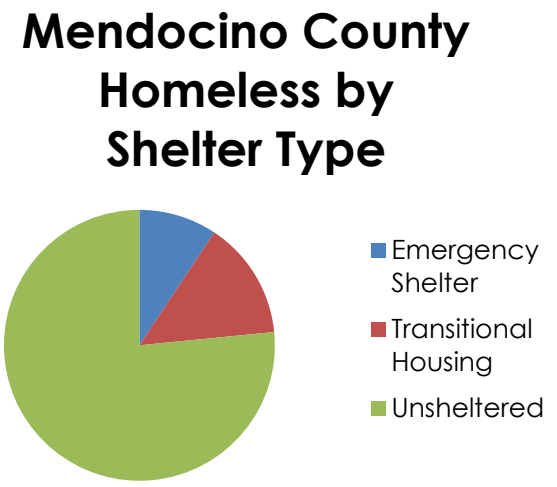

According to 2016 estimates of the US Census Bureau and ACS, 86.5% of Mendocino County residents were high school graduates or an equivalent. Of those who graduated high school, 24.1% obtained a bachelor's degree or higher. Additionally, the data indicates that 6.3% have less than a 9th grade education,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

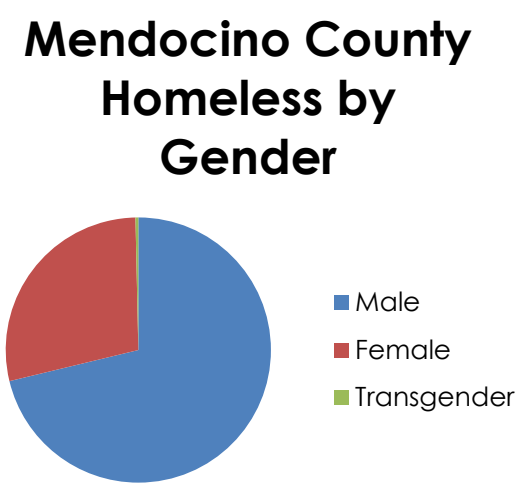



[6] (U.S. Department of Commerce, 2016)
[7] (U.S. Census Bureau, 2016)
[8] (U.S. Census Bureau, 2019)

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

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




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

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

Mendocino County has experienced a series of disasters during the past seven years, including the Redwood Complex Fire in 2017, the Mendocino Complex fires in 2018, the Usal Fire in 2019, flooding in 2019, the Oak Fire in 2020, the August Complex Fire in 2020, and the COVID-19 Pandemic for which we began emergency response in March of 2020 and disaster response continues into 2021. In December 2022 into 2023, multiple flooding and wind events from atmospheric rivers impacted numerous areas of California and Mendocino County specifically. The Mendocino Complex Fire and the August Complex fires each set records for wildfires. Fire prevention activities in the form of Public Safety Power Shutoff events shut down power during high heat and high wind situations that impact the health and safety of residents that are dependent on electronics for oxygen, prevention of heat related illness, and other medical concerns. Crisis services have noted a correlation between crisis calls and contacts during disasters that seems to be triggered by the state and sense of chronic emergency alert and disaster response.

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

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

experiencing homelessness have a serious mental illness. These are the individuals that we anticipate will be utilizing the Mental Health Services Act funded services.

## Works Cited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# CHANGES AND PREPARATIONS FOR 2024-2025

**Mendocino County Planning for FY 2024-2025**

Mendocino County completed targeted Community Program Planning for the 2023-2026 Three Year Program and Expenditure Plan for during Fiscal Year 22/23 including targeted listening sessions in the South Coast, Fort Bragg, Covelo, and Ukiah. We completed a Request for Proposal (RFP) process during Fiscal Year 22/23 for MHSA providers interested in providing services for the Three-Year Plan. The RFP process did not generate enough proposals to sustain the MHSA continuum of care as was prioritized by stakeholders, and so additional providers were sought, and continue to be sought, through the exception to bid process. Some funding has been set aside to target recruitment for specific underserved, priority populations such as Seniors and Native Americans.

Mendocino County completed Community Program Planning for the 2024-2025 Annual update through six listening and education sessions across Mendocino County at our Joint MHSA/QIC Forums. These meetings occurred throughout the County during fiscal year 2023-2024. Additionally, two consumer events were held in the Ukiah area, one in September 2023, and one in May 2024. During Fiscal Year 2023-2024, plans to expand MHSA services into underserved populations was successful, and several contracts with local tribes are in process.

**MHSA Modernization**

The proposed Modernization of MHSA regulations and funding requirements were considered while budgeting for the FY 2023-2026 Three-Year plan. The main differences in the proposed MHSA Modernization versus the previous rules and regulations are with regards to funding requirements.

With the passing of Proposition 1 in 2024, the MHSA will be transitioning to BHSA (Behavioral Health Services Act), and the funding will be divided into three categories: Housing, FSP, and Behavioral Health Services and Supports. The funding proportions for the new BHSA are 30% to Housing, 35% to FSP, and 35% to all BHSS and Early Intervention services. BHSS will contain two funding requirements, Early Intervention, which will receive 51% of the BHSS funds, and all other Services. Early Intervention services are prioritized to focus 51% of the EI services to individuals 25 years and younger. These changes will reduce the amount of available funds for current non-FSP services and PEI services.

The BHSA funding and program requirements will be fully operational beginning with the 2026-2029 Three year plan, and expenditures for Community Program Planning Process begin on January 1, 2025. As the legislative guidelines for BHSA are developed and shared with the public, BHRS Staff will provide updates through the current CPP process including education processes throughout the county during MHSA Forums.

**Fiscal Impacts and the COVID 19 Pandemic**

During the COVID-19 pandemic, a workforce shortage arose within the mental health professional field, and in Mendocino County's system of care. This contributed to fewer proposals being submitted by community providers than in past planning processes. Strong inflation has also increased costs associated with many programs, especially those that have and maintain offices. This has led to nearly all proposals requesting additional funding to maintain services at a consistent level as prior allocations were inadequate to address increased costs in comparison to the beginning of the last Three-Year cycle. As the funding for MHSA has not changed significantly, this has led to a need to prioritize programs and focus on high need services, and stakeholder prioritized feedback. Additionally, State guidance has been to leverage funding opportunities through other means for programs that can be funded through other health care priorities. As such, our focus in the 2023-2026 Three-Year cycle is to fund MHSA programs that fulfill regulatory need and represent the founding principles of MHSA.

**Summary of Changes from the Last Three Year Plan**

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

1. New Programs added or re classified in CSS: Oak and Valley House was added to expand capacity for supported housing for FSP clients. Tapestry now serves FSP Adults and Older Adults as well as TAY.
2. New Programs Added to PEI: none
3. Change in Program Component: CRT moved from GSD to FSP program; Action Network PEI program is classified as Prevention.
4. Programs funded last Three Year plan but not in this Three Year Plan: Action Network CSS program; Round Valley Indian Health Center Family Resource Center; Round Valley Indian Health Center Yuki Trails; Ukiah Senior Center Senior Peer Counseling; Redwood Coast Senior Center; Coastal Seniors Center; Anderson Valley School District; Tapestry Outreach to underserved populations program; MCAVHN CSS Outreach and Engagement program; MCAVHN FSP program;

5. Change in Program Description: Consolidated Tribal Health CSS program, Consolidated Tribal Health reduced PEI program to be more aligned with capacity; First Five Mendocino will not provide positive Indian Parenting programs due to staffing capacity; North Bay Suicide Hotline's services are being expanded to include outreach and 988 activities. Mendocino County Youth Project PEI program will be dedicated to Anti-Bullying and Stigma Reduction programs within PEI.
6. Planned adjustments in the next three year cycle: Outreach and possible contracting with Senior Centers for PEI programs; Outreach and possible contracting with Native American communities; increase Jail inreach/discharge planning to include Juvenile Hall; Expand resources to Foster Care involved youth.

**Summary of Changes for Fiscal Year 24-25**

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

1. New Programs Added to PEI: Indigenous Wellness Alliance Incorporated, Round Valley Indian Clinic Wellness Center
2. Change in Program Component: None
3. Programs funded 2023-2024 that are not funded 2024-2025: Consolidated Tribal Health Project.
4. Change in Program Description: None
5. Planned adjustments in 2024-2025: Outreach and possible contracting with Senior Centers for PEI programs; Outreach and possible contracting with Native American communities; increase Jail inreach/discharge planning to include Juvenile Hall; Expand resources to Foster Care involved youth. Formalize Early Intervention program. Expand services to veterans. Explore additional opportunities for Workforce Education and Training opportunities. Expansion of Mobile Outreach and other field based services.

**Summary of Changes for Fiscal Year 25-26**

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

No Changes from 24-25 Fiscal Year to Fiscal Year 25-26

# Community Program Planning

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

**Stakeholder Description**

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

**Some of our CPP stakeholders include**:

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

- Mendocino County Behavioral Health Advisory Board
- Mendocino County Probation Department
- Mendocino County Health and Human Services (HHSA)
- Mendocino County HHSA Public Health
- Mendocino County HHSA Behavioral Health and Recovery Services
- Mendocino County HHSA Adult Services
- Mendocino County HHSA Child Welfare Services
- Mendocino County Sheriff's Office
- Mendocino County Youth Project
- Mendocino County specialty mental health and MHSA consumers and family members
- NAMI Mendocino
- Native Connections
- Nuestra Alianza de Willits
- Pinoleville Band of Pomo Indians/Vocational Rehabilitation Program
- Mendocino County Office of Education
- Point Arena School District
- Project Sanctuary
- Raise and Shine
- Redwood Community Services
- Redwood Coast Regional Center
- Redwood Coast Senior Center
- Redwood Quality Management Company
- Round Valley Indian Health Center
- Safe Passage Family Resource Center
- Senior Peer Counseling
- State Council on Developmentally Disabled
- Tapestry Family Services
- Ukiah Police Department
- Ukiah Senior Center
- Willits Community Center
- Willits High School
- Yuki Trails

**Local Stakeholder Process**

Mendocino County has an ongoing Community Planning Process (CPP).

Mendocino County's MHSA team adapts stakeholder processes to ensure that stakeholders reflect the diversity and demographics of Mendocino County, including, but not limited to geographic location, age, gender, ethnic diversity, and target populations. Mendocino County endeavors to approach and engage all stakeholders, taking special effort to engage those in rural areas and the underserved populations by having meetings in consumer friendly environments including outlying areas. In developing the MHSA Three Year Plan for fiscal year 2023-26, CPP included the following events/meetings:

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

**MHSA Stakeholder Forums**

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

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

Forums are advertised in local newspaper and radio media, as well as the MHSA website. Flyers are posted in MHSA funded programs, mental health service delivery locations, county buildings, and other popular stakeholder locations with information regarding forums. Those who cannot attend forums but would like to share their feedback are encouraged to email Mendocino County's MHSA team or their service provider to represent their thoughts to the group during the forum.

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

**MHSA Joint Stakeholder Meetings**

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

**MHSA Program/Fiscal Meetings**

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

development, implementation, and ongoing evaluation of the delivery of MHSA services.

**Behavioral Health Advisory Board Meetings**

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

**Mendocino County Mental Health Services Act Website**

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

**Quality Improvement Meetings**

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

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

increased attendance and allowed for easy transition during the social distancing orders.

**Consumer Feedback Events**

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

**MHSA Issue Resolution Process**

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

**MHSA Annual Summary**

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

**Targeted Three Year Plan Feedback**

Mendocino County conducted several listening sessions to collect feedback from MHSA stakeholders. Stakeholder feedback sessions were held In Fort Bragg on July 27th, 2022, in Covelo on August 3rd, 2022, in Point Arena August 30th, and in Ukiah on August 31st, 2022. During these listening sessions, previously identified priorities were confirmed and added to. On February 22nd, 2023, the Behavioral Health Advisory Board meeting discussed MHSA priorities for the upcoming Three-Year Plan cycle. The priorities from the listening sessions and the BHAB meeting are in addition to the priorities from the 2019 listening sessions.

Prioritizations from the 2019 listening sessions:

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

Additional Priorities Identified in the 22/23 listening sessions:

15. Transportation Support
16. Education/Training
17. Rapid ReHousing
18. Homelessness
19. Children/Youth Services
20. Behavioral Health Court
21. Evidence Based Services
22. Re-Entry Programs
23. Anti-Bullying Program
24. Critical Incident Debriefing/response

**Public Review**

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

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

The Community Planning Process allows stakeholders to provide feedback on the MHSA services currently being provided. Feedback is gathered regarding the success and challenges of existing programs and information offered on continuing

needs in the community. MHSA programs incorporate the needs identified by the community into the programs best suited to fill those needs.

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

This Annual Plan was made available to the public for review and comments over a 30-day period. Written and verbal comments are collected and consolidated during the Public Comment Period from April 24, 2024 to May 24, 2024, as well as during a Public Hearing on May 22, 2024. Public comments can be mailed, emailed, dropped off, telephoned, and/or submitted during the Public Hearing, provided verbally, or otherwise delivered to one of the BHRS MHSA Team members. All questions and comments collected during the 30 Day Public Comment Period are responded to in writing, and are attached at the end of the Annual Plan.

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

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

**Public Comments on the Annual Plan & Responses:**

See Appendix A for Public Comments from the Public Comment Period April 24- May 24, 2024.

# Community Services and Supports

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

General System Development

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

Outreach and Engagement

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

Full Service Partnership

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

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

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

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

**Integrated Care Coordination Service Model**

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

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

including specialty mental health services, MHSA funds, and other grant funding resources such as Whole Person Care.

**Goals for the Mendocino County MHSA Three Year Plan for Fiscal Years 23/24 through 25/26 as prioritized by stakeholders during Stakeholder Feedback Sessions:**

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

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

**Recovery Oriented Consumer Driven Services**

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

**Components of Recovery Oriented Consumer Driven Services are:**

- Closely work with the consumer to address their mental and physical health needs in a coordinated and integrated manner.
- Promote shared decision making, problem solving, and treatment planning.
- Maintain and promote linkages to family and support members as identified by the consumer.
- Maintain and promote Drop-In/Wellness Centers who focus on Wellness and Recovery services that support everyday life, promote resiliency and independence, utilize Peer Support and Mentoring, patient navigation and

offer training for consumers to meet, retain and sustain education, employment, advocacy, and meaningful life goals.

- Promote a high quality of life for all consumers.

**Integrated Intensive Care Management**

- Decrease out-of-county placements and increase the percentage of behavioral health consumers living independently within their communities.
- Ensure timely follow up of contact, within an average goal of forty eight (48) hours of post-discharge for all behavioral health consumers with acute care discharges (psychiatric and medical).
- Increase access to housing for the most vulnerable consumers.

**Integrated Efficient Care**

- Develop and implement integrated crisis services with medical Urgent Care in Ukiah and Immediate Care in Fort Bragg.
- Implement managed access to ensure all consumers enter the behavioral health system through a standardized triage and assessment. Screen consumers for medical necessity and refer consumers to services. Enroll consumers in appropriate levels of care.
- Develop a coordinated, seamless continuum of care for all age groups with an expanded ability to leverage funding.
- Support individuals to navigate through the system, utilizing the Wellness and Resource Centers, use care integration, and identify medical homes.

**Quality Improvement**

- Ensure that all contracts include MHSA outcome measures and efficiency standards to improve cost effectiveness of services. Outcome measure reports shall be delivered by all programs across all age categories (Child, TAY, Adult, and Older Adult). Mendocino County behavioral health contract providers use internal reviews and oversight to monitor quality improvement activities. External Quality Assurance/Quality Improvement processes review improvement measures over time.
- Utilize data reports to monitor and support staff productivity goals.
- Utilize the Quality Improvement Committee's data and evaluation models to improve access and quality of services.

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

**Collaboration with Community Partners**

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

| Consumer Services and Supports by Ages Served | | | | |
|---|---|---|---|---|
| | **0-15** | **16-25** | **26-59** | **60+** |
| **General System Development** | | | | |
| Integrated System Development | Yes | Yes | Yes | Yes |
| Dual Diagnosis Services | | 18-25 | Yes | Yes |
| Wellness Centers & Family Resource Centers | Yes | Yes | Yes | Yes |

| | | | | |
|---|---|---|---|---|
| **Full Service Partnership** | | | | |
| Flex Funds for Whatever it Takes Wraparound | Yes | Yes | Yes | Yes |
| Supported Housing Units | With family | 18-25 | Yes | Yes |
| Crisis Residential Treatment | | 18-25 | Yes | Yes |
| Behavioral Health Court | | 18-25 | Yes | Yes |
| Assisted Outpatient Treatment | | 18-25 | Yes | Yes |
| **Outreach and Engagement** | | | | |
| Culturally Specific Services and Outreach for Underserved Populations | Yes | Yes | Yes | Yes |
| Crisis After Care and Outreach and Engagement | Yes | Yes | Yes | Yes |

# Community Services and Support (CSS) Programs

**Integrated Full Service Partnerships**

MHSA serviced Full Service Partnerships (FSPs) in all age groups, from youth to older adult.

| FSP | Youth 0-15 | TAY 16-25 | Adult 26-59 | Older Adult 60+ | BHC | Outreach |
|---|---|---|---|---|---|---|
| 2021-2022 | 0 | 26 | 77 | 21 | 7 | 11 |
| 2022-2023 | 16 | 66 | 144 | 37 | 5 | 81 |
| 2023-2024 | 134 | 169 | 458 | 146 | | 274 |
| 2024-2025 | 115* | 109* | 255* | 60* | | 103* |

Total Served through FSP Programs in 2023-2024: 1181

Total Served through FSP Programs in 2024-2025: 642*

*Q1 and Q2 data available, full summary will be added as an addendum to the plan after FY 24-25

## Children and Family Services Programs

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

***Full Services Partnerships (FSP)*:** MHSA aims to serve up to three (3) FSP at a time to receive an array of services to support wellness and promote the recovery from a severe emotional disturbance (SED). These services are provided by a network of behavioral health contract providers dedicated to working with the SED youth by helping to overcome barriers, identifying children and families in need, and

engaging them in services. Outreach and engagement utilized where needed. FSP services can be utilized by qualifying individuals that are indigent or uninsured.

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

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

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

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

   **Child Aged FSP Cost per Client 2023-2024:** $8,057

   **Child Aged FSP Cost per Client 2024-2025:** $2,600*

*Q1 and Q2 data available, full summary will be added as an addendum to the plan after FY 24-25

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

1. **Population Served:** Children, youth, and families in rural communities. This program aims to serve 150 youth and families per year.

2. **Services Provided:** Parenting classes and family support to those needing assistance with navigating public support systems.

3. **Program Goals:** To provide children, youth, and families with support and resources. Increase parenting skills, social supports, and other protective factors.

4. **Program Evaluation Methods:** The program staff conducts evaluation activities and provides data to the MHSA Team. This includes collecting demographic data on each individual person receiving services, the type of service delivered, and the frequency and duration of services provided. An effectiveness survey is used to determine the overall success of the program annually and at the end/termination of services. Data is reported to the MHSA Team throughout the year.

**Parent Partner Program Cost Per Client in FY 2023-2024:** Not staffed in FY 23-24

**Parent Partner Program Cost Per Client in FY 2024-2025:** Not staffed in FY 24-25

## Transition Age Youth (TAY) Programs

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

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

1. **Population Served:** MHSA aims to serve up to twenty-four (24) Transition Aged Youth at a time aged 16 to 25 with serious mental illness (SMI) or

severe emotional disturbance (SED), with a priority for underserved Native American and Latino communities.

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

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

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

**TAY Aged FSP Cost per Client 2023-2024:** $7,591

**TAY Aged FSP Cost per Client 2024-2025:** $2,269*

*Q1 and Q2 data available, full summary will be added as an addendum to the plan after FY 24-25

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

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

2. **Services Provided:** Groups, classes, and workshops designed to promote life skills, independent living, vocational skills, educational skills,

managing health care needs, and self-esteem. Services address youth and family communication, as well as parenting support. Services address both mental health and substance misuse issues, developing healthy social skills, and other topics relevant to youth. The Center provides a safe environment to promote healthy appropriate social relationships, peer support, and advocacy.

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

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

**Arbor Youth Resource Center Cost per Client FY 2023-2024:** $668

**Arbor Youth Resource Center Cost per Client FY 2024-2025:** $694*

*Q1 and Q2 data available, full summary will be added as an addendum to the plan after FY 24-25

## Adult Services Programs

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

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

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

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

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

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

**Adult FSP Cost per Client 2023-2024:** $7,444

**Adult FSP Cost per Client 2024-2025:** $2,956*****

*Q1 and Q2 data available, full summary will be added as an addendum to the plan after FY 24-25

## Older Adult Services Programs

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

***Full Service Partnerships (FSP)*:** MHSA aims to serve up to fourteen (14) FSPs at a time for Older Adults. These services are provided by a network of behavioral health contract providers. Outreach and engagement services utilized as needed. Priority is given to the underserved Native American and Latino communities, with the goal of reducing disparities within these communities. FSP services can be utilized by qualifying individuals that are indigent or uninsured.

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

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

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

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

**Older Adult FSP Cost per Client 2023-2024:** $7,749

**Older Adult FSP Cost per Client 2024-2025:** $3,808*****

*Q1 and Q2 data available, full summary will be added as an addendum to the plan after FY 24-25

## Programs that Cross the Lifespan

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

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

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

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

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

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

**Outreach and Engagement Cost per Client FY 2023-2024:** $3266

**Outreach and Engagement Cost per Client FY 2024-2025:** $2261*****

*Q1 and Q2 data available, full summary will be added as an addendum to the plan after FY 24-25

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

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

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

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

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

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

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

**Behavioral Health Court Cost per Client FY 2023-2024: $**7,610**

**Behavioral Health Court Cost per Client FY 2024-2025: $**2,744**

**BHC cost per client includes other FSP services

***Adult Wellness and Recovery Centers and Family Resource Centers***: Wellness Centers are currently located in Ukiah, Willits, and Fort Bragg. Family Resource Centers are available in Willits, Fort Bragg, and Laytonville. These centers provide outreach and engagement resources for FSP and other Adults and Older Adults with serious mental illness (SMI). The centers also provide outreach and engagement services for those not already identified and engaged in services for the SMI population. The Wellness Centers provide a safe environment that promotes access to services, peer support, self-advocacy, and personalized recovery. This program will explore opportunities to expand to Clubhouse model programs with participants and stakeholders. These are General System Development programs.

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

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

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

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

**Mendocino Coast Hospitality Cost per Client FY 2023-2024:** $634

**Mendocino Coast Hospitality Cost per Client FY 2024-2025:** Cost per client not yet available

**Mendocino County BHRS Cost per Client FY 2023-2024:** $451

**Mendocino County BHRS Cost per Client FY 2024-2025:** $387*

*Q1 and Q2 data available, full summary will be added as an addendum to the plan after FY 24-25

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

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

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

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

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

end/termination of services. Information on timeliness of services and referrals to community services is also collected. Data are collected using one or more of the following instruments: the Child Assessment of Needs (CANS) and Adult Needs and Strengths Assessment (ANSA), the Partnership Assessment Form (PAF), the Key Event Tracking (KET), and Quarterly Assessment Form (3M). Data is reported to the MHSA team throughout the year.

**TAY WELLNESS (Stepping Stones) Cost Per Client 2023-2024:** $8,235

**TAY WELLNESS (Stepping Stones) Cost Per Client 2024-2025:** $7,000*

**Oak and Valley Cost Per Client 2023-2024**: $5,700

**Oak and Valley Cost Per Client 2024-2025**: $4,750*

*Q1 and Q2 data available, full summary will be added as an addendum to the plan after FY 24-25

***Dual Diagnosis Program*:** Mental Health and Substance Use Disorder Treatment (SUDT) services for those with a SED or SMI. Co-occurring specific group and individual services are offered, as well as assessment, treatment planning, crisis prevention and intervention, collateral sessions with family and support people, and ultimately discharge planning. The Dual Diagnosis Program promotes a healthy, balanced lifestyle, free of alcohol and other drug abuse. Whole Person Care provides the opportunity to expand dual diagnosis resources. This is an Outreach and Engagement Program.

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

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

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

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

**Dual Diagnosis Cost Per Client Fiscal Year 2023-2024:** $486

**Dual Diagnosis Cost Per Client Fiscal Year 2024-2025:** $480*

*Q1 and Q2 data available, full summary will be added as an addendum to the plan after FY 24-25

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

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

2. **Services Provided:** Referral screening, outreach, and triage for referred clients. For those that meet the nine criteria, services include court monitored treatment planning and specialty behavioral health services. Treatment planning and care include pre and post crisis support, wrap-around support, crisis support, transportation to medical appointments, linkage to counseling and other supportive services, and access to transitional housing when needed. Support for life skills development, education, managing finances, and other appropriate integrated services according to individual client needs.

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

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

**Assisted Outpatient Treatment cost per client FY 2023-2024:** $31,025

**Assisted Outpatient Treatment cost per client FY 2024-2025:** $36,195*

AOT Costs includes housing eligible clients.

*Q1 and Q2 data available, full summary will be added as an addendum to the plan after FY 24-25

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

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

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

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

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

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

**Crisis Residential Treatment Cost per Client FY 2023-2024:** CRT is utilized through FSP programs and is not funded separate from FSP costs.

**Crisis Residential Treatment Cost per Client FY 2024-2025:** CRT is utilized through FSP programs and is not funded separate from FSP costs.

**Summary of Targeted Population Groups**

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

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

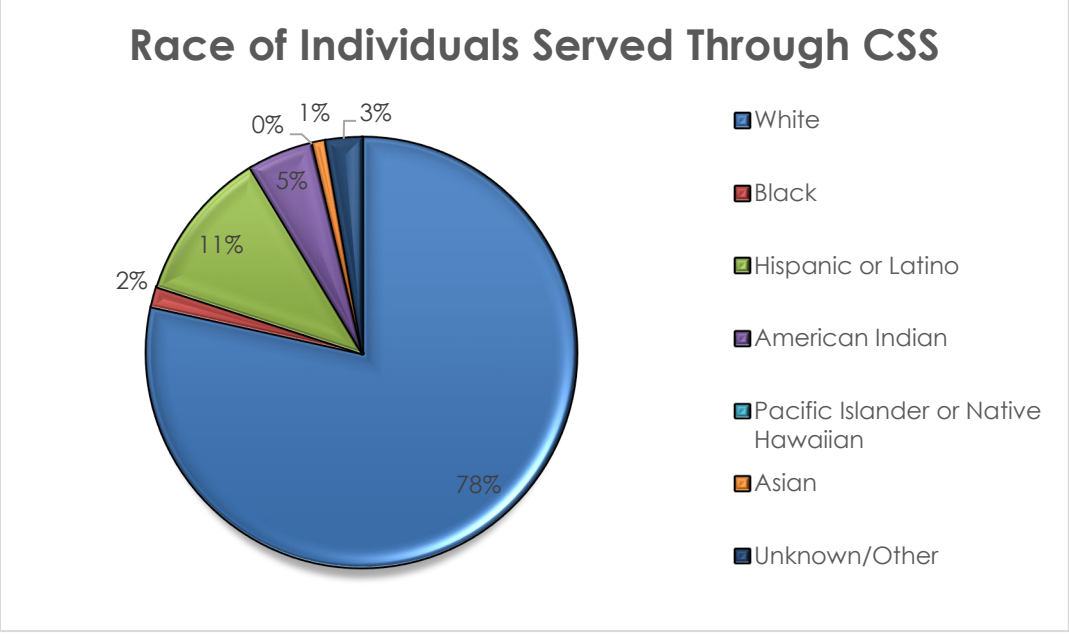


Figure CSS 1. CSS services delivered to individuals by race as reported by those receiving services in FY 23-24. The most served group are white at 78%, Hispanic or Latino at 11%, American Indians at 5%, Black at 2%, Asian and Pacific Islander at less than 1%. Unknown/other is shown and represents 3% of the responses from individuals served.

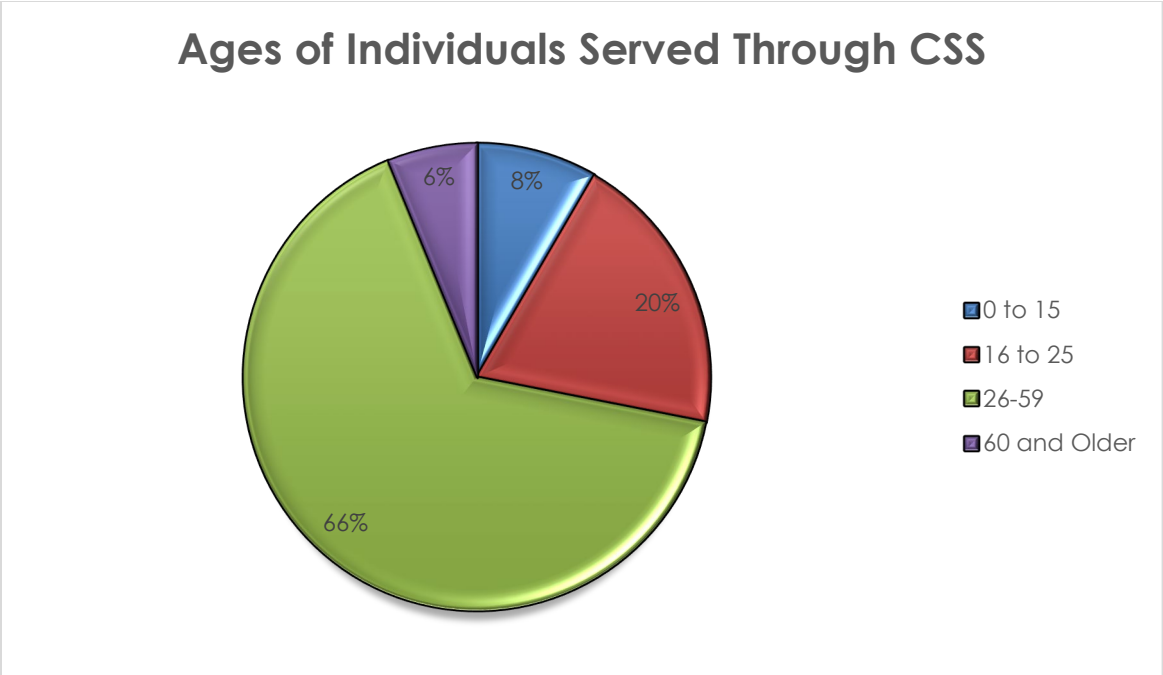



Figure CSS 2. Self-reported ages of individuals served through PEI programs in FY 23-24 are shown. The age category for 26-59 is the largest group of individuals served (Adult) which could be in part because it represents the most number of possible ages in any of the four groups. Another possible reason that the largest group of those served is that many CSS programs require a diagnosis prior to services, and there may be an underrepresentation of younger individuals who do not yet have a diagnosis.

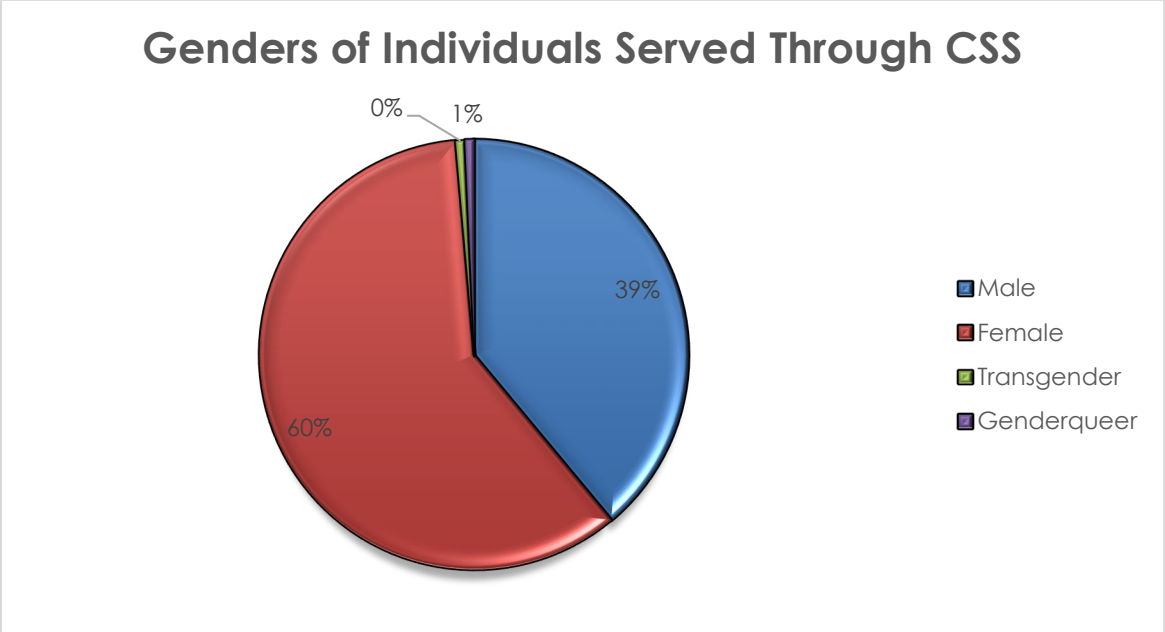



Figure CSS 3. Gender of individuals receiving CSS services in FY 23-24 is shown. There is an overrepresentation of those identifying as female over the general population. Of those seeking services, 60% identified as female, 39% identified as female, 1% genderqueer, and less than 1% transgender.

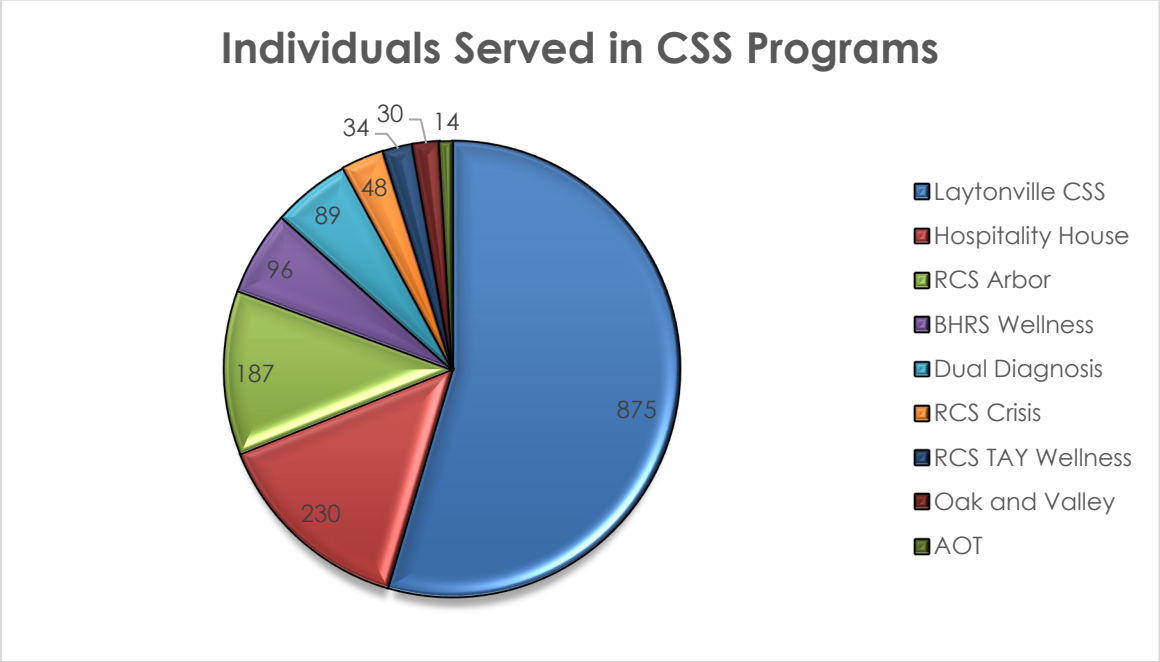



Figure CSS 4. Individuals served across the CSS programs in FY 23-24 is shown. Some programs utilize drop in service types that allow for a lower threshold to services (such as Wellness Centers at Hospitality, Arbor, and BHRS Wellness), and other have appointment based one on one services.

# Prevention and Early Intervention (PEI)

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

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

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

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

## Prevention Programs:

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

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

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

**Status of MHSA Funding:** Program funded for the entirety of the MHSA Three Year Plan, Fiscal Years 23-24 through 25-26.

1. **Population Served**: Up to 200 children and youth with mental illness symptoms who are between the ages of 15 and 25, who have been identified as having used substances and have or are at risk of developing serious mental health issues, substance misuse disorders, or those who have been referred by law enforcement, mental health providers, or child welfare. These services are provided on specific school campuses and service provider sites. Individuals served will be Children and their families and Transition Aged Youth under 26 years of age.

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

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

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

**Adolescent SUDT Cost per Client FY 2023-2024:** $2,589

**Adolescent SUDT Cost per Client FY 2024-2025:** Data not yet available

***Positive Opportunities for Parents of Infants and Young Families***: Mendocino County Behavioral Health and Recovery Services Mental Health and Substance Use Disorder Treatment (SUDT) will provide relapse prevention, recovery support, relationship, and parenting groups for individuals with young families to reduce

risk of substance misuse or mental health symptom or relapse risk potential to create Adverse Childhood Experiences for infants or young children in the home.

**Status of MHSA Funding:** New program proposed for Fiscal Year 25-26.

1. **Population Served**: Up to 100 women or parents with substance misuse history and/or mental health symptoms who have children under age 18. These services will support recovery and relapse prevention and will encourage positive parenting practices to reduce negative impacts and adverse childhood experiences secondary to behavioral health conditions for the minors in the home. Individuals served will be Families of children under 18 years old, with a focus on very young children.

2. **Services Provided**: Prevention and intervention services to reduce relapse and sustain recovery for parents with young children or minors in the home. Programs will support skills building and resiliency for women and parents of young children by addressing patterns of substance misuse mental health and relapse risk factors.

3. **Program Goals**: Improved level of functioning in major life domains in particular mental health and substance use recovery, family relationships, and reduction of adverse childhood experiences. Outcomes include reduced mental health symptoms, substance misuse, increased sense of competence in parenting, improved self awareness in parenting, and improved mental health and substance risk for the minors in the family.

4. **Program Evaluation Methods**: The program will conduct evaluation activities that meet the PEI requirements. This includes collecting information on demographics, service type, frequency, and duration of services for all individuals receiving services.

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

**Status of MHSA Funding:** Program funded following completion of RFP and contracting process for the final two years of the MHSA Three Year Plan, Fiscal

Years 23-24 through 25-26. Program receives other funding sources beyond MHSA funding.

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

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

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

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

**Triple P Cost per Client FY 2023-2024:** $514

**Triple P Cost per Client FY 2024-2025:** $382*

*Q1 and Q2 data available, full summary will be added as an addendum to the plan after FY 24-25

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

protective factors and reduce the negative outcomes related to untreated mental illness.

**Status of MHSA Funding:** Program funded for the entirety of the MHSA Three Year Plan, Fiscal Years 23-24 through 25-26. Program receives other funding sources beyond MHSA funding.

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

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

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

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

**National Alliance on Mental Illness Cost per Client 2023-2024:** $400

**National Alliance on Mental Illness Cost per Client 2024-2025:** $228*

*Q1 and Q2 data available, full summary will be added as an addendum to the plan after FY 24-25

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

**Status of Senior Programs:** Outreach is planned for these communities and contracting activities are not yet completed.

**Status of MHSA Funding**: Program funded for the entirety of the MHSA Three Year Plan, Fiscal Years 23-24 through 25-26. Program receives other funding sources beyond MHSA funding.

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

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

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

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

***Action Network Prevention Program:*** This program will provide screenings, education, awareness, and support connecting to mental health resources, through the Family Resource Center.

**Status of MHSA Funding**: Program funded following completion of RFP and contracting process for the final two years of the MHSA Three Year Plan, Fiscal Years 23-24 through 25-26. Program receives other funding sources beyond MHSA funding.

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

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

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

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

**Action Network Cost per Client FY 2023-2024:** $34

**Action Network Cost per Client FY 2024-2025:** $50*

*Q1 and Q2 data available, full summary will be added as an addendum to the plan after FY 24-25

## Early Intervention Programs:

These programs provide treatment and other interventions that address and promote recovery and related functional outcomes for individuals with serious mental illness early in the emergence stage. These programs also address the

negative outcomes that may result from untreated mental illness. These programs shall not exceed 18 months for any individual; with the exception of individuals experiencing a first break psychosis.

***First Episode & Early Intervention for Psychosis and Severe Mental Health diagnoses:*** This program will provide wraparound early intervention services in preparation for a formal First Episode Psychosis program. Services will build and develop the supports and resources needed to provide a Coordinated Specialty Care program for individuals under 26 that are experiencing first symptoms of psychosis or other severe impairments from behavioral health symptoms. Services will be provided within two years of the first experience of symptoms and will augment and expand wraparound supports beyond reimbursable specialty mental health services to include education, employment, psychiatric, therapeutic, peer, and family supports.

**Status of MHSA Funding:** Program initiation was funded in part through grants. Expanded and funded for the entirety in Fiscal Year 25-26.

1. **Population Served**: Youth and young adults with first onset of symptoms of severe mental illness symptoms, in particular psychosis who are under the age of 25. Services will include the youth's family and will be provided in a coordinated service model to address all aspects of the youth's wellbeing. Individuals served will be Youth and their families and Transition Aged Youth under 26 years of age.

2. **Services Provided**: Early intervention treatment and wraparound services addressing various aspects of wellbeing negatively impacted by psychosis and severe mental health symptoms including intensive psychiatric and therapeutic supports to manage symptoms and maintain treatment adherence, educational support to reduce risk of drop out, employment support to encourage productive engagement, family support to maintain relationships and natural supports, peer supports for advocacy and lived experience guidance and to provide the embodiment of recovery and resiliency. Additional supports and collaboration with medical providers, intellectual or developmental disability supports, substance misuse treatments and supports, or other collaboration appropriate for individual youth needs.

3. **Program Goals**: Improved level of functioning in major life domains including mental health and substance use recovery, education, employment, family relationships, social connectedness, and physical and mental well-being. Reduce negative impacts of severe mental illness such as hospitalization, out of home placement, incarceration, homelessness, suicidal ideation, negative health impacts, and isolation.

Outcomes include reduced mental health symptoms, substance misuse, increased school attendance, reduced contact with law enforcement, reduced emergency department use, and reduced substance related crisis and deaths.

4. **Program Evaluation Methods**: The program will conduct evaluation activities that meet the PEI requirements. This includes collecting information on demographics, service type, frequency, and duration of services for all individuals receiving services. Consumer satisfaction surveys will be collected.

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

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

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

**Status of MHSA Funding:** Program funded for the entirety of the MHSA Three Year Plan, Fiscal Years 23-24 through 25-26.

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

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

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

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

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

**Status of MHSA Funding:** Program funded for the entirety of the MHSA Three Year Plan, Fiscal Years 23-24 through 25-26.

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

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

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

4. **Program Evaluation Methods:** The program will conduct evaluation activities that meet the PEI requirements. Mendocino County MSHA team tracks the number, location, and types of awareness activities and events provided or attended. For each event, Mendocino County MHSA team reports separately the number of individuals that attended

speaker events, count of individuals that stopped by booths, and the amount of material handed out, including a breakdown of the different type of materials provided.

## Stigma and Discrimination Reduction Programs:

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

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

**Status of MHSA Funding:** Program funded for the entirety of the MHSA Three Year Plan, Fiscal Years 23-24 through 25-26. Program receives other funding sources beyond MHSA funding.

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

2. **Services Provided**: Youth that may benefit from receiving additional services are offered the opportunity to participate in on-campus groups, individual mentoring, Community Day School prevention, education programs, weekly groups, and may also be referred for other services. Services are offered in Spanish and English.

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

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

   **Mendocino County Youth Project Cost per Client FY 2023-2024:** Program was not run during 23-24 due to staffing.

   **Mendocino County Youth Project Cost per Client FY 2024-2025: $600**

*Q1 and Q2 data available, full summary will be added as an addendum to the plan after FY 24-25

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

**Status of MHSA Funding:** Program funded for the entirety of the MHSA Three Year Plan, Fiscal Years 23-24 through 25-26.

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

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

knowledge, reduce stigma or discrimination, and/or facilitate dialogue about cultural groups.

3. **Program Goals:** Decrease stigma through increased awareness and exposure to behavioral health services. Reduce disparities and promote equity in behavioral health services in Mendocino County. Improve attendance and participation by the community in CDC meetings by making them more relevant and meaningful to underserved cultural groups of consumers and the public. Identify strategies to improve equity in behavioral health services. Identify opportunities to train behavioral health providers in community informed and evidence-based culturally responsive practices.

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

   **Cultural Diversity Committee Cost per Client FY 2023-2024:** $330

   **Cultural Diversity Committee Cost per Client FY 2024-2025:** Data not yet available

## Programs for Access and Linkage to Treatment:

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

***Mobile Outreach and Prevention Services (MOPS)*:** Mobile Outreach and Prevention Service is a collaboration between Mendocino County Behavioral Health and Recovery Services and the Mendocino County Sheriff's Office focusing on outreach to individuals at risk of going into behavioral health crisis, prioritizing those in outlying target areas of the county. Many areas of the county are remote, with long distances to emergency rooms and crisis services. The team connects with clients in their neighborhoods and on the street to local and larger area resources prior to meeting 5150 criteria, thereby reducing the duration of untreated mental illness, and dependency on emergency room services. Mobile team members travel to the various communities and meet with referred individuals that have been identified as in need of urgent services. This category may include additional Mobile Outreach and Service Activities that reduce likelihood of crisis or follow up after crisis contacts

to ensure connection to appropriate services. Mobile programs that full under this item may include additional programs such as the Heads Up Collaboration with law enforcement and homeless outreach teams; Community Outreach, Response and Engagement a diversion program for individuals coming in contact with law enforcement due to behavioral health conditions and/or homelessness; and Mobile Crisis response for those without public or private benefits.

**Status of MHSA Funding:** Program funded in part through grant and qualifying billable services. Program funded, in part, for the entirety of the MHSA Three Year Plan, Fiscal Years 23-24 through 25-26, program expansion in 25-26.

1. **Population Served:** Adults over 18, in the identified targeted areas that are experiencing behavioral health symptoms and referred by a health provider, law enforcement, specialty mental health provider, community member, or themselves for urgent intervention. This program will aim to serve at least 600 clients per year. This program will serve Transition Age Youth, Adults, and Older Adults.

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

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

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

**Mobile Outreach and Prevention Services Cost per Client FY 2023-2024:** $514

**Mobile Outreach and Prevention Services Cost per Client FY 2024-2025:** Data not yet available

**Jail & Juvenile Hall Inreach, Discharge Linkage and Referral Services:** Facilitation of referrals to appropriate mental health, substance misuse, and/or co-occurring services coordinated by a Jail and/or Juvenile Hall Discharge Planner, to

ensure that individuals with mental health, substance misuse, and/or co-occurring issues leaving the jail and/or Juvenile Hall are referred to appropriate behavioral health services.

**Status of MHSA Funding:** Program funded for the entirety of the MHSA Three Year Plan, Fiscal Years 23-24 through 25-26.

1. **Population Served:** Individuals in Jail or Juvenile Hall, scheduled for release from incarceration and who are experiencing mental health or substance misuse symptoms. This program will aim to serve approximately 150 clients per year. This program will serve Youth, Transition Aged Youth, Adults, and older Adults.

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

3. **Program Goals:** Reduce time from incarceration to accessing necessary behavioral health resources by initiating rapport and linkage prior to release. Identify immediate client needs, begin to link clients to appropriate resources in order to reduce duration of untreated behavioral health issues, and reduce jail recidivism. Improve utilization of local and preventative resources to address mental health and substance misuse treatment needs before they develop into a crisis or re-incarceration. Refer clients to appropriate levels of care needed to overcome mental health, substance misuse, or co-occurring challenges.

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

**Jail Discharge Linkage and Referral Services Cost per Client FY 2023-2024:** $554

**Jail Discharge Linkage and Referral Services Cost per Client FY 2024-2025:** $1796*

*Q1 and Q2 data available, full summary will be added as an addendum to the plan after FY 24-25

## Programs to Improve Timely Access to Services for Underserved Populations:

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

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

**Status of MHSA Funding:** Program funded for the entirety of the MHSA Three Year Plan, Fiscal Years 23-24 through 25-26.

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

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

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

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

**Nuestra Alianza Cost per Client FY 2023-2024:** $29

**Nuestra Alianza Cost per Client FY 2024-2025:** $267*

*Q1 and Q2 data available, full summary will be added as an addendum to the plan after FY 24-25

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

**Status of MHSA Funding:** Program funded for the entirety of the MHSA Three Year Plan, Fiscal Years 23-24 through 25-26.

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

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

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

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

**Consolidated Tribal Health Project Cost per Client FY 2022-2023:** $377**

**Consolidated Tribal Health Project Cost per Client FY 2023-2024:** not staffed during 23-24 due to work force shortage

**CTHP not contracted in 2024-2025

***Outreach to Native Populations:*** This program will serve Native Americans in Rural areas with behavioral problems that may indicate mental and emotional

difficulties. The program may include reach out to Native students in their schools and increase access to timely services and reduce likelihood of school failure.

**Status of MHSA Funding:** Program funded for the entirety of the MHSA Three Year Plan, Fiscal Years 23-24 through 25-26.

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

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

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

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

**Future Development Cost per Client:** $377*

*Budgeted for development

***Increased Access to Youth at Risk of out of home placement due to incarceration or involvement in Children and Family Services:*** This program will serve youth under age 26 that have involvement in the foster care system or juvenile hall or are at risk of involvement with those agencies that also have behavioral health challenges. The program may include services in the hall, at social services, in treatment environments, or in the community.

**Status of MHSA Funding:** Program budgeted for development in Fiscal Year 25-26.

1. **Population served:** Mendocino County youth involved in or at risk of out of home placement in Child Welfare Services or Juvenile Hall that also have behavioral health conditions.

2. **Services Provided:** This program aims to expand outreach and engagement connecting youth to treatment services earlier in their experience of symptoms and institutional involvement in an attempt to build resiliency, reduce risk factors, and maintain youth home or locally based placement where possible. Increase connection to services by identifying needed services and facilitating connections to service providers and providing wraparound supports.

3. **Program Goals:** To increase timely access to treatment services for individuals with high risk of severe emotional disturbance, reduce institutionalization such as incarceration and high level STRTP placements, reduce likelihood of psychiatric hospitalization, and reduce likelihood of school failure.

4. **Program Evaluation Methods**: The program staff will conduct evaluation activities that meet PEI requirements. The program will provide quarterly data on the number of outreach sessions with schools and the youth served. Individual data may include improvement CANS and PCS-35 scores. The program will provide caregiver and client satisfaction surveys, surveys for any workshops or trainings provided. The program will provide quarterly data on all services provided including number of referrals made, where individuals were referred to, numbers of referrals that were successfully followed through, and time frames for follow through.

*Budgeted for development

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

**Status of MHSA Funding:** Program funded following completion of RFP and contracting process for the final two years of the MHSA Three Year Plan, Fiscal Years 23-24 through 25-26. Program receives other funding sources beyond MHSA funding.

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

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

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

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

**Laytonville Healthy Start Cost per Client FY 2023-2024:** $23

*Q1 and Q2 data available, full summary will be added as an addendum to the plan after FY 24-25

## Suicide Prevention Programs:

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

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

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

**Status of MHSA Funding:** Program funded for the entirety of the MHSA Three Year Plan, Fiscal Years 23-24 through 25-26.

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

2. **Services Provided**: Suicide Prevention resources and concerns are addressed in MHSA Forums to determine needs of the community as well as a Post Suicide Review to review deaths by suicide with response agencies and explore strategies for prevention and education. This project includes collaboration with the North Bay Suicide Prevention Hotline, Mendocino County's Speak Against Silence wrist bands, and statewide outreach materials such as awareness raising materials that are printed with the North Bay Suicide Prevention Hotline number and/or the Mendocino County Access Line number, and are disseminated at awareness raising events. Mendocino County will initiate train the trainer to resume offering training in Applied Suicide Intervention Skills Training (ASIST) and SafeTALK which were interrupted during the COVID 19 Pandemic and subsequent loss of staffing. These are evidence based suicide intervention and prevention techniques for the community and workforce.

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

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

**North Bay Suicide Hotline Cost per Client FY 2023-2024:** $359

*Q1 and Q2 data available, full summary will be added as an addendum to the plan after FY 24-25

## Summary of Prevention and Early Intervention

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

**Summary of Prevention and Early Intervention for Fiscal Year 2023-2024:**

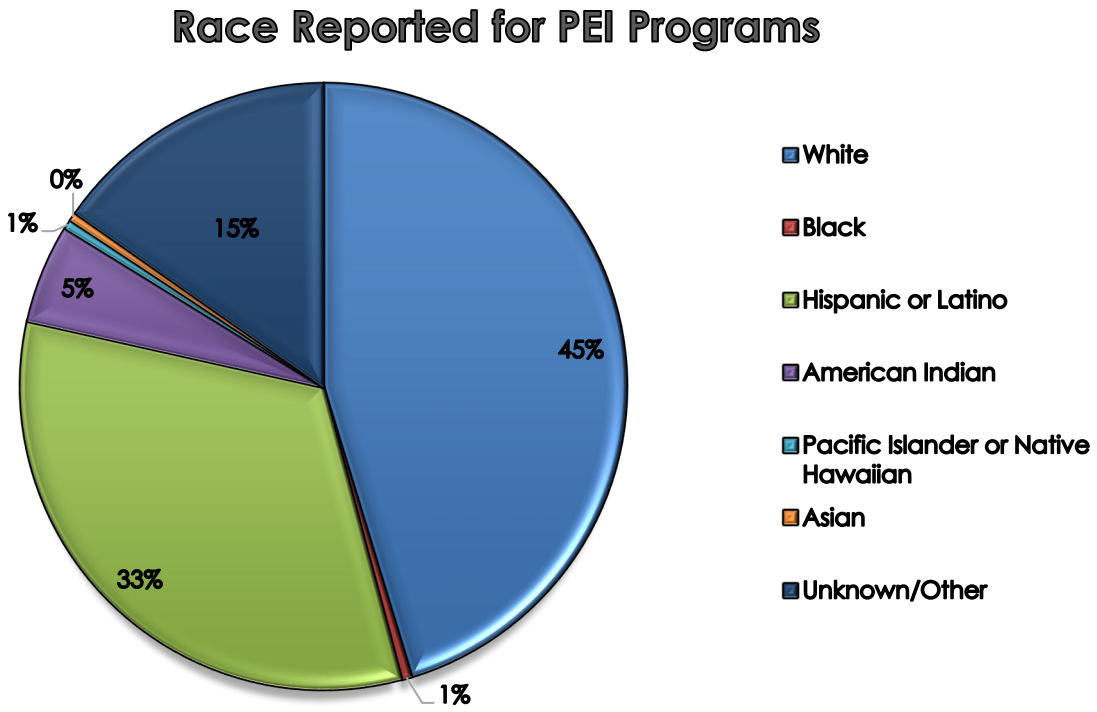



**Figure PEI 1.** PEI services delivered to individuals by race as reported by those receiving services. The most served group are white at 45%, Hispanic or Latino at 33%, American Indians at 5%, Asian, Pacific Islander and Black all at 1%. Unknown/other is shown and represents 15% of the responses from individuals served.

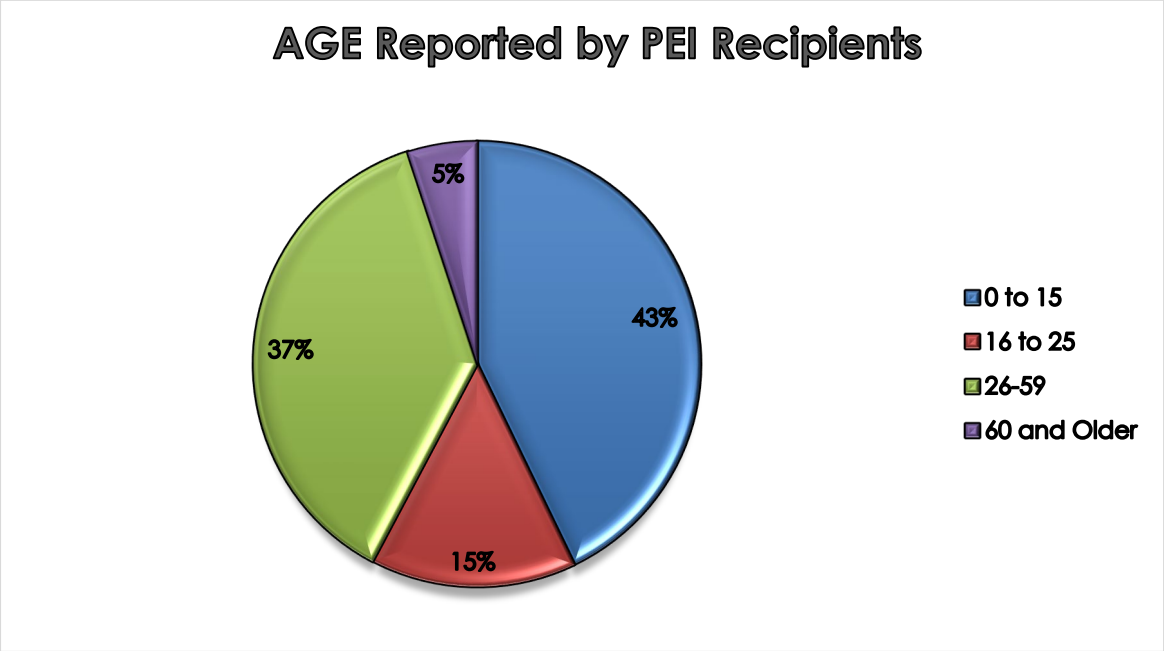



**Figure PEI 2**. Self-reported ages of individuals served through PEI programs in FY 23-24 are shown. The age category for 0-15 is the largest group of individuals served (Child) with 26-59 (Adult) is second. For PEI, there is a requirement that 51% of the funding be aimed at those 25 and younger. As seen in the graph for Age Reported by PEI Recipients, the majority of people served in PEI programs for FY 23-24 were 25 years and under.

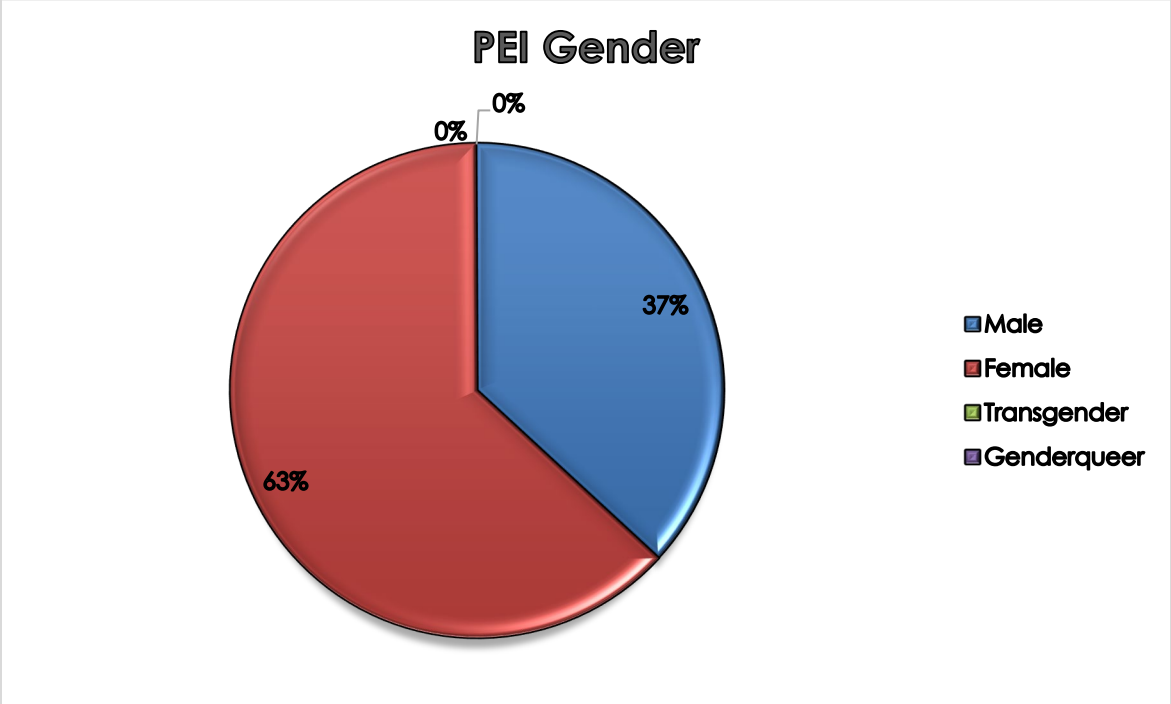



**Figure PEI 3**. Gender of individuals receiving PEI services in FY 23-24 is shown. The large difference between male identifying and female identifying services is potentially due to good outreach into a population with strong gendered stigma.

Specifically, the Nuestra Alianza program reaches many more women than men at a rate of 3 to 1. This is not the only program that tends to serve more women than men, but it is the largest ratio of women to men in our PEI programs.

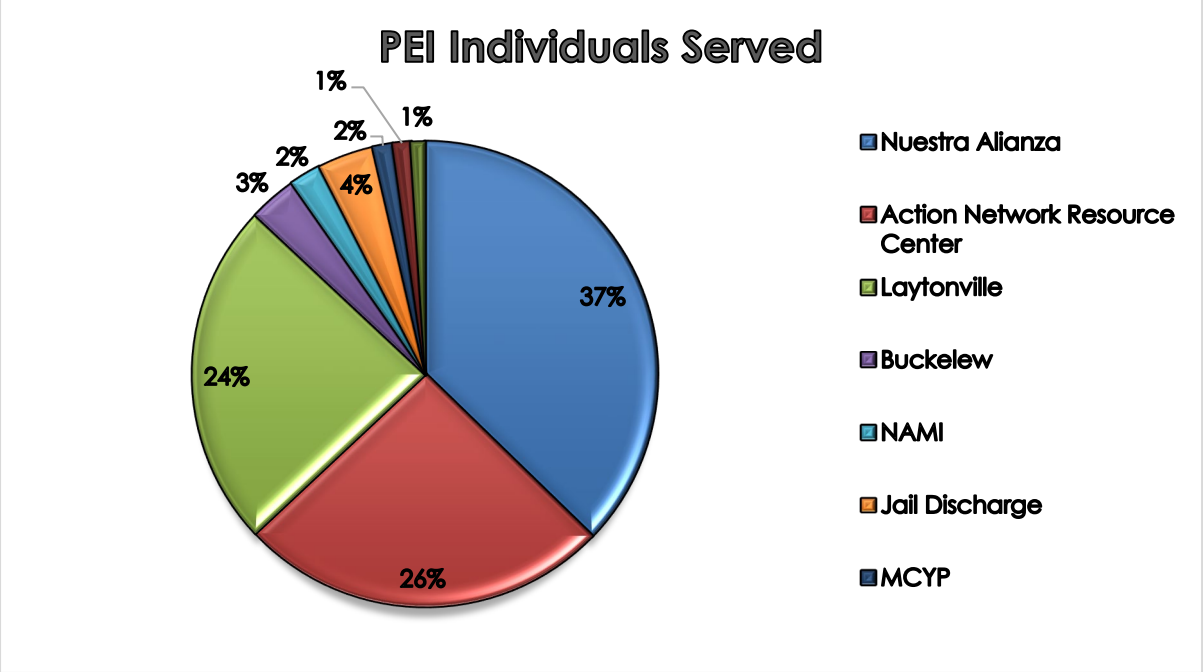



**Figure PEI 4.** Individuals served across the PEI programs in FY 23-24 is shown. Some programs utilize drop in service types that allow for a lower threshold to services (such as Action Network and Nuestra Alianza), and other have appointment based class type of services.

# Innovation

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

As of Fiscal Year 23-24, The Round Valley Crisis Response Services Innovation Project has ended. Project #2, the Healthy Living Community project is still going though had many stalls due to COVID 19 precautions and limitations. Project #3 Tech 4 Trauma is not being moved forward at this time. Project #4 is still in early development stages with the Pinoleville Tribe taking lead on the project.

To read more about our Innovation projects, please visit our website at:

https://www.mendocinocounty.org/departments/behavioral-health-and-recovery-services/mental-health-services/mental-health-services-act/innovation

**Innovation Project #1: Round Valley Crisis Response Services:**

**Status:** Completed

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

**Status of MHSA Funding:** Innovation project approved in Fiscal Year 19-20 and final expenditures and evaluation in 2025. The entirety of the funding for this project comes from reverted and reallocated Innovation (INN) funds.

1. **Population served:** Mendocino County specialty mental health recipients, in particular those stepping down from Lanterman-Petris-Short (LPS) Conservatorships, from higher levels of care, those that have been homeless and at risk of homelessness, and/or the most isolated and difficult to engage of Full Service Partners.
2. **Innovative Idea:** Advancing wellness, peer, and social rehabilitative models further by testing strategies in the home environment, and that further consumer development beyond engagement of social activities in service venues toward independent development of lasting friendships, and relationships.
3. **Program Goals:** Increase the quality of mental health services. Strategies would include building weekend activities, evening social groups, and activities that occur in housing venues, and testing whether these activities can move from program/service initiated activities to consumer initiated and sustained activities. Improve consumer report of sense of isolation. Improve consumer report of lack of programming after business hours. Improve consumer report of self-advocacy and self-determination. Reduce return of consumers to higher levels of care.
4. **Program Evaluation Methods**: Measure changes in consumer isolation, sense of self-advocacy, sense of self-determination. Measure changes in participation of consumers in developing projects. Measure levels of higher level of care utilization.
5. **Estimated Funding:** $1,230,000 from Reversion Plan funding to be spent before reverted. Additional Innovation funding for the remainder of the project which will be outlined in the project plan.

The Innovation Project, Healthy Living Community can be viewed in its entirety on the Mendocino County, MHSA Website at: https://www.mendocinocounty.org/home/showpublisheddocument/51370/637903885922630000

Healthy Living Community served 28 individuals in FY 2023-2024. The services included help accessing food, cooking classes, wellness classes, social trips, coffee and news, as well as several holiday gatherings.

**Cost per Client for Health Living Community FY 2023-2024:** $1311

**Cost per Client for Health Living Community FY 2024-2025**: $1714*

*Q1 and Q2 data available, full summary will be added as an addendum to the plan after FY 24-25

**Innovation Project #3: Tech for Trauma (Formerly Computer Program and Virtual Reality Applications for Services to Youth):**

**Status:** Not approved, and not currently being revised

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

**Innovation Project #4: Pinoleville Native Warm Line:** The Native Warmline is being developed to address a critical need within the Native Community of Mendocino County. When people from Native communities need help or services, they are statistically less likely to seek help. The Native Warm Line is meant to provide a more culturally sensitive setting where people from Native Communities can receive resources designed for and by the Native Community.

**Status: In development & Stakeholder Feedback Process**

**Status of MHSA Funding:** This project has not yet been approved by the MHSOAC. It has yet to go before the MHSOAC for approval.

1. **Population served:** Mendocino County Native Americans. This project aims to reduce barriers to services and resources for the Native Community in Mendocino County by offering a warm line staffed by Native people.
2. **Innovative Idea:** Native people understand the struggle of other Native people and have a stronger network of Native specific resources than the Mendocino County Access Line. This project aims to be staffed by Tribal members to help connect people from Native Communities to services.
3. **Program Goals:** To determine if people from the Native Communities in Mendocino County will engage with a warm line staffed by Native people more than they will reach out for help from the Mendocino County Access Line or the North Bay Suicide Prevention Line.
4. **Program Evaluation Methods**: Currently will compare data from Access Line, Crisis Line, and North Bay Suicide Hotline to Native Connections

line to see if engagement is higher when provided with a service that is culturally more sensitive.

5. **Estimated Funding:** Budget has not been determined at this time.

## Summary of Innovation

Mendocino County has one active Innovation project currently. Mendocino County has one proposal that needs further development and stakeholder review prior to seeking MHSOAC approval. Mendocino County has one project that did not receive MHSOAC approval to pursue. Mendocino County intends to discuss with stakeholders additional Innovation projects during the MHSA Three Year period of 23-24 through 25-26 to develop and initiate these project, as well as to collect stakeholder input regarding new projects should the stakeholders feel strongly about a project.

# Workforce Education and Training

At this time Mendocino County has expended all time limited one-time funds specifically designated to Workforce Education and Training (WET). Mendocino County may redirect a percentage of CSS funding to WET depending on availability of CSS funds. Should funding be redirected, Mendocino County will prioritize the following the following WET projects.

Mendocino County WET overarching priorities continue to be:

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

**Workforce Development, Retention, and Training**

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

Additional projects to support development of behavioral health professionals. Workforce development will prioritize growing Mendocino local workforce in a variety of classifications from peer provider to advanced degrees.

**Peer Provider Certification**

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

helping to collaborate with others in developing supports, problem solving skills, and coping mechanisms. The certification process will provide a set of requirements to allow for consistency between curriculum, training, and expectations of peer providers.

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

# Capital Facilities and Technological Needs

At this time Mendocino County has expended all time limited one-time funds specifically designated to Capital Facilities and Technology Needs (CFTN). Mendocino County has not redirected CSS funding to CFTN at this time. Should funding be available for redirection, Mendocino County will prioritize the following the following Capital Facilities and Technological Needs.

**Capital Facilities:**

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

**Technological Needs:**

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

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

# Prudent Reserve

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

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

Mendocino County will transfer the funds to the component from which it originated, Community Services and Supports. This transfer amount, approximately $879,378, was transferred during Fiscal Year 19-20 and to be spent by Fiscal Year 23-24. The intent is for the bulk of the funds to be expended during the period of the Three Year Plan for Fiscal Years 20-21 through 22-23, so that the expenditures will have the benefit of a thorough community planning process. The Prudent Reserve is scheduled to be reassessed in the 2023-2026 cycle, as it is on a 5 year assessment in accordance with DHCS Informatino Notice 19-017.

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

# Budget Expenditure Plans

Budget Expenditure Plan currently reflects the budget utilized for the 2023-2024 Annual Update. Updated Budgets for 2024-2025 and 2025-2026 will be included in an addendum before the end of FY 2024-2025.

**FY 2023/24 Mental Health Services Act Annual Update**
**Funding Summary**

County: Mendocino  Date: 4/16/24

| | MHSA Funding | | | | | | |
|---|---|---|---|---|---|---|---|
| | A | B | C | D | E | F | |
| | Community Services and Supports | Prevention and Early Intervention | Innovation | Workforce Education and Training | Capital Facilities and Technological Needs | Prudent Reserve | |
| **A. Estimated FY 2023/24 Funding** | | | | | | | |
| 1. Estimated Unspent Funds from Prior Fiscal Years | 1,013,208 | 3,292,114 | 2,624,360 | | | | |
| 2. Estimated New FY 2023/24 Funding | 6,764,682 | 1,691,216 | 445,009 | | | | *Interest not included |
| 3. Transfer in FY 2023/24 | | | | | | | |
| 4. Access Local Prudent Reserve in FY 2023/24 | | | | | | 0 | |
| 5. Estimated Available Funding for FY 2023/24 | 7,777,890 | 4,983,330 | 3,069,369 | | | | |
| **B. Estimated FY 2023/24 MHSA Expenditures** | 6,799,776 | 2,574,411 | 509,432 | 0 | 0 | | |
| **G. Estimated FY 2023/24 Unspent Fund Balance** | 978,114 | 2,408,919 | 2,559,937 | 0 | 0 | | |

| **H. Estimated Local Prudent Reserve Balance** | |
|---|---|
| 1. Estimated Local Prudent Reserve Balance on June 30, 2024 | 1,018,338 |
| 2. Contributions to the Local Prudent Reserve in FY 2024/25 | 0 |
| 3. Distributions from the Local Prudent Reserve in FY 2024/25 | 0 |
| 4. Estimated Local Prudent Reserve Balance on June 30, 2025 | 1,018,338 |

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

FY 2023/24 Mental Health Services Act Annual Update

Community Services and Supports (CSS) Funding

County: Mendocino | Date: 4/16/24

| | | Fiscal Year 2023/24 | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | A | B | C | D | E | F | |
| | | Estimated Total Mental Health Expenditures | Estimated CSS Funding | Estimated Medi-Cal FFP | Estimated 1991 Realignment | Estimated Behavioral Health Subaccount | Estimated Other Funding | |
| **FSP Programs** | | | | | | | | |
| 1. | Full Service Partnerships | 7,968,229 | 3,618,229 | 4,350,000 | | | | (SMH) FSP,WIT |
| 2. | Haven House AOT-FSP | 434,350 | 434,350 | | | | | RCS-Haven House |
| 3. | Supporting Housing | 751,350 | 751,350 | | | | | LPS |
| 4. | Tay Wellness-FSP | 280,000 | 280,000 | | | | | RCS Stepping Stones |
| 5. | | 0 | | | | | | |
| 6. | | 0 | | | | | | |
| 7. | | 0 | | | | | | |
| 8. | | 0 | | | | | | |
| 9. | | 0 | | | | | | |
| 10. | | 0 | | | | | | |
| 11. | | 0 | | | | | | |
| 12. | | 0 | | | | | | |
| 13. | | 0 | | | | | | |
| 14. | | 0 | | | | | | |
| 15. | | 0 | | | | | | |
| 16. | | 0 | | | | | | |
| 17. | | 0 | | | | | | |
| 18. | | | | | | | | |
| 19. | | 0 | | | | | | |
| **Non-FSP Programs** | | | | | | | | |
| 1. | Parent Partner Program / Therapeutic-GSD | 48,000 | 48,000 | | | | | Action Network |
| 2. | Cielo House | 49,000 | 49,000 | | | | | |
| 3. | Substance Abuse Counselor Dual Diagnosis-O&E | 49,626 | 49,626 | | | | | SUDT Angie S&B, |
| 4. | Communique | 6,000 | 6,000 | | | | | |
| 5. | Consolidated Tribal Health | 19,000 | 19,000 | | | | | |
| 6. | Outreach and Engagement | 30,000 | 30,000 | | | | | Laytonville (Healthy Start) |
| 7. | Wellness & Recovery Center/BHC-GSD | 156,000 | 156,000 | | | | | Hospital Wellness |
| 8. | RCS Crisis Services Cross the life Span | 150,000 | 150,000 | | | | | RCS Crisis |
| 9. | Crisis Residential Treatment Program (CRT) Wellness Grant-GSD | 364,423 | 364,423 | | | | | CRT to MH |
| 10. | Youth Resource Center-GSD | 125,000 | 125,000 | | | | | Arbor |
| 11. | | 0 | | | | | | |
| 12. | | 0 | | | | | | |
| 13. | | 0 | | | | | | |
| 14. | | 0 | | | | | | |
| 15. | | 0 | | | | | | |
| 16. | | 0 | | | | | | |
| 17. | | | | | | | | |
| 18. | | 0 | | | | | | |
| 19. | | 0 | | | | | | |
| **CSS Administration** | | 718,798 | 718,798 | | | | | Communication, Food,insurance,membership, office exp.,A-87, info tech, travel,S&B, Admin to MH,, SUDT Admin |
| **CSS MHSA Housing Program Assigned Funds** | | | | | | | | |
| **Total CSS Program Estimated Expenditures** | | 11,149,776 | 6,799,776 | 4,350,000 | 0 | 0 | 0 | |
| **FSP Programs as Percent of Total** | | 138.7% | 4,350,000 | | | | | |

## Prevention and Early Intervention (PEI) Funding

County: Mendocino  Date: 4/16/24

| | | Fiscal Year 2023/24 | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | A | B | C | D | E | F | |
| | | Estimated Total Mental Health Expenditures | Estimated PEI Funding | Estimated Medi-Cal FFP | Estimated 1991 Realignment | Estimated Behavioral Health Subaccount | Estimated Other Funding | |
| **PEI Programs - Prevention** | | | | | | | | |
| 1. | Prevention Program | 84,000 | 84,000 | | | | | First 5, NAMI, |
| 2. | Education and Training | 2,500 | 2,500 | | | | | BHRS Education&Training, |
| 3. | | 0 | | | | | | |
| 4. | BHRS Awareness Events | 10,900 | 10,900 | | | | | BHRS Awareness Events |
| 5. | CDC Events | 40,713 | 40,713 | | | | | CDC contract expansion, CDC events, S&B Mel. |
| 6. | Wellness | 23,775 | 23,775 | | | | | S&B Lindsey |
| 7. | Hopland Band of Pomo Indians | 5,000 | 5,000 | | | | | |
| 8. | Discharge Planning | 62,766 | 62,766 | | | | | S&B Cliff&Katie |
| 9. | Program Expansion | 756,796 | 756,796 | | | | | |
| 10. | | 0 | | | | | | |
| **PEI Programs - Early Intervention** | | | | | | | | |
| 11. | Early Intervention Program | 30,000 | 30,000 | | | | | Layton Ville Healthy Start |
| 12. | Suicide Prevention Program | 99,850 | 99,850 | | | | | Suicide Prev, Buckelew |
| 13. | Stigma and Discrimination Reduction Progran | 78,000 | 78,000 | | | | | Action Network, MCYP |
| 14. | Access and Linkage to Treatment Program | 229,168 | 229,168 | | | | | Nuestra Alianz, MOPs |
| 15. | SUDT | 95,868 | 95,868 | | | | | SUDT |
| 16. | Consolidated Tribal Health | 30,000 | 30,000 | | | | | |
| 17. | | 0 | | | | | | |
| 18. | | 0 | | | | | | |
| 19. | | | | | | | | |
| 20. | | | | | | | | |
| **PEI Administration** | | 0 | | | | | | |
| **PEI Assigned Funds** | | 1,025,075 | 1,025,075 | | | | | Cal MHSA, IDEA,communication, food,office expense,travel,SUDT Indirect,S&B, Admin to MH, S&B |
| **Total PEI Program Estimated Expenditures** | | 2,574,411 | 2,574,411 | 0 | 0 | 0 | 0 | |
| | | | 0 | | | | | |

## FY 2023/24 Mental Health Services Act Annual Update
## Innovations (INN) Funding

County: Mendocino  Date: 4/16/24

| | Fiscal Year 2023/24 | | | | | | |
|---|---|---|---|---|---|---|---|
| | A | B | C | D | E | F | |
| | Estimated Total Mental Health Expenditures | Estimated INN Funding | Estimated Medi-Cal FFP | Estimated 1991 Realignment | Estimated Behavioral Health Subaccount | Estimated Other Funding | |
| **INN Programs** | | | | | | | |
| 1. Project 3 | 218,154 | 218,154 | | | | | |
| 2. | 0 | | | | | | |
| 3. | 0 | | | | | | |
| 4. | 0 | | | | | | |
| 5. | 0 | | | | | | |
| 6. | 0 | | | | | | |
| 7. | 0 | | | | | | |
| 8. | 0 | | | | | | |
| 9. | 0 | | | | | | |
| 10. | 0 | | | | | | |
| 11. | 0 | | | | | | |
| 12. | 0 | | | | | | |
| 13. | 0 | | | | | | |
| 14. | 0 | | | | | | |
| 15. | 0 | | | | | | |
| 16. | 0 | | | | | | |
| 17. | 0 | | | | | | |
| 18. | 0 | | | | | | |
| 19. | 0 | | | | | | |
| 20. | 0 | | | | | | |
| **INN Administration** | 291,278 | 291,278 | | | | | S&B,Van |
| **Total INN Program Estimated Expenditures** | 509,432 | 509,432 | 0 | 0 | 0 | 0 | |
| | | 0 | | | | | |

## FY 2023/24 Mental Health Services Act Annual Update
## Workforce, Education and Training (WET) Funding

County: Mendocino  Date: 4/16/24

| | Fiscal Year 2023/24 | | | | | |
|---|---|---|---|---|---|---|
| | A | B | C | D | E | F |
| | Estimated Total Mental Health Expenditures | Estimated WET Funding | Estimated Medi-Cal FFP | Estimated 1991 Realignment | Estimated Behavioral Health Subaccount | Estimated Other Funding |
| **WET Programs** | | | | | | |
| 1. | 0 | | | | | |
| 2. | 0 | | | | | |
| 3. | 0 | | | | | |
| 4. | 0 | | | | | |
| 5. | 0 | | | | | |
| 6. | 0 | | | | | |
| 7. | 0 | | | | | |
| 8. | 0 | | | | | |
| 9. | 0 | | | | | |
| 10. | 0 | | | | | |
| 11. | 0 | | | | | |
| 12. | 0 | | | | | |
| 13. | 0 | | | | | |
| 14. | 0 | | | | | |
| 15. | 0 | | | | | |
| 16. | 0 | | | | | |
| 17. | 0 | | | | | |
| 18. | 0 | | | | | |
| 19. | 0 | | | | | |
| 20. | 0 | | | | | |
| **WET Administration** | 0 | 0 | | | | |
| **Total WET Program Estimated Expenditures** | 0 | 0 | 0 | 0 | 0 | 0 |

## FY 2023/24 Mental Health Services Act Annual Update
## Capital Facilities/Technological Needs (CFTN) Funding

County: Mendocino  Date: 4/16/24

| | Fiscal Year 2023/24 | | | | | |
|---|---|---|---|---|---|---|
| | A | B | C | D | E | F |
| | Estimated Total Mental Health Expenditures | Estimated CFTN Funding | Estimated Medi-Cal FFP | Estimated 1991 Realignment | Estimated Behavioral Health Subaccount | Estimated Other Funding |
| **CFTN Programs - Capital Facilities Projects** | | | | | | |
| 1. | 0 | | | | | |
| 2. | 0 | | | | | |
| 3. | 0 | | | | | |
| 4. | 0 | | | | | |
| 5. | 0 | | | | | |
| 6. | 0 | | | | | |
| 7. | 0 | | | | | |
| 8. | 0 | | | | | |
| 9. | 0 | | | | | |
| 10. | 0 | | | | | |
| **CFTN Programs - Technological Needs Projects** | | | | | | |
| 11. | 0 | | | | | |
| 12. | 0 | | | | | |
| 13. | 0 | | | | | |
| 14. | 0 | | | | | |
| 15. | 0 | | | | | |
| 16. | 0 | | | | | |
| 17. | 0 | | | | | |
| 18. | 0 | | | | | |
| 19. | 0 | | | | | |
| 20. | 0 | | | | | |
| **CFTN Administration** | 0 | 0 | | | | |
| **Total CFTN Program Estimated Expenditures** | 0 | 0 | 0 | 0 | 0 | 0 |

# Appendix A: Public Comments

# MENDOCINO COUNTY BEHAVIORAL HEALTH ADVISORY BOARD

## REGULAR MEETING

# MINUTES

**January 22, 2025**
**1:00 PM – 5:00 PM**

Location: Behavioral Health & Recovery Services, Conference Room 1, 1120 S. Dora Street, Ukiah, CA 95482

**Chairperson**
Jo Bradley

**Vice Chair**
Mo Mulheren

**Secretary/Treasurer**
Jenniffer Estevo

**BOS Supervisor**
Mo Mulheren

**MEMBERSHIP:**

**ANTHONY BAROZA,** *25 YRS AND UNDER*
**JO BRADLEY,** *5TH DISTRICT*
**MARK DONEGAN,** *VETERAN*
**JENNIFER ESTEVO,** *2ND DISTRICT*
**DENISE GORNY,** *1ST DISTRICT*
**PERRI KALLER,** *3RD DISTRICT*
**LOIS LOCKART,** *1ST DISTRICT*
**MARTIN MARTINEZ,** *5TH DISTRICT*
**JEFF SHIPP,** *3RD DISTRICT*
**GINA DANNER,** *LOCAL EDUCATION AGENCY*

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

| | Agenda Item / Description | Action |
|---|---|---|
| **1.** **3 minutes** | **Call to Order, Roll Call, Quorum Notice, & Approve Agenda:** *Review and Possible Action.*<br>• Chair Bradley called the meeting to order at 1:06 PM.<br>• Members present Chair Bradley, Member Baroza, Danner, Donegan, Martinez, and Shipp.<br>• Member not present Member Kaller.<br>• Members excused Member Estevo and Gorny.<br>• Member Lockart resigned from the board.<br>• Supervisor Haschak and Supervisor Mulheren were present.<br>• Director Jenine Miller was present.<br>• The current and new board members introduced themselves.<br>• Member Martinez arrived at 1:15 PM. | Board Action: None. |
| **2.** **10 minutes (Maximum)** | **Public Comments:**<br>*Members of the public wishing to comment on the BHAB will be recognized now. Any additional comments can be provided through email to bhboard@mendocinocounty.gov*<br>• No comments. | Board Action: None. |

| | | |
|---|---|---|
| **3.**<br>**90 minutes** | **Specialty Mental Health 101 and Question & Answer**<br>• Director Miller introduced herself and presented the Specialty Mental Health 101 presentation included in the agenda packet.<br>• It was mentioned that the County contracts with providers to provide specialty mental health services for the community. Although the county does also provide some services.<br>• The service providers present at the meeting presented an overview and updates of their services and programs.<br>**Question & Answer:**<br>• **Question**: A member of the public spoke about their family member that was receiving services at Madrone House and wants to ensure there is services and support when their family member leaves Madrone House. The individual also noted that the services their family member was currently receiving were supportive and meeting their needs.<br>o **Answer**: Redwood Community Service (RCS) provided information to this individual to contact about services for their family member.<br>• **Question**: A member of the public asked if there is a MOU between crisis and the Sheriff office for release of someone while SMI from jail for everyone to have evaluation, sign agreement, and have follow up?<br>o **Answer**: Currently there is no MOU, however the jail offers two discharge planners, one from Behavioral Health and one from Naphcare. The discharge planners work with individuals, who are willing, to connect to services as they discharge from the jail.<br>• **Question**: A member of the public ask could patients/clients sign their annual "release of information" at the same time that they sign their annual Medi-Cal eligibility form?<br>o **Answer**: The two forms are required by different agencies, so it might be difficult to sign them both at the same time. However, ROI's should be signed yearly as part of the yearly paperwork review.<br>• **Question**: Mobile Crisis – who to call first?<br>o **Answer**: Director Miller stated to call the Crisis Line for 5150 assessment and not 911 unless it's a medical emergency or there is a danger to the community.<br>• **Question:** Member Donegan stated more communication, and advertising is needed to share about the Crisis Line.<br>o **Answer**: Several individuals agreed. Victoria Kelly, Executive Director, RCS, mentioned they were working on advertising the Crisis Line on the coast on a bridge.<br>• **Question**: Will mobile response attend to a street person in crisis? Are the MOPS Team and the dual crisis response the same team performing different duties? Who do I call in crisis? MOPS? Police? Crisis Line? Is there any way to streamline to consolidate who to call in a crisis so it is one phone number for these issues?<br>o **Answer**: Director Miller stated some staff are the same team members, and all are under the same supervisor. Mobile response is 24/7/365 through Mendocino County | ` |

| | | |
|---|---|---|
| | and coordinated with RCS and goes through the Crisis Line 1-855-838-0404.<br>• **Question**: A member of the public asked which agency or individuals are providing street outreach on a regular basis or mentally ill/homeless? Will Ukiah ever provide a street outreach team for homeless or addicted/mentally ill? Similar to the "street ambassadors" in San Francisco?<br>o **Answer**: There were discussions about the Homeless Outreach Team, Heads Up, and CORE.<br>• Board meeting commenced a break at 4:04 PM.<br>• Member Shipp departed the meeting at 4:04 PM.<br>• Board meeting resumed at 4:28 PM. | |
| **4.**<br>**10 minutes** | **Approval of Minutes from November 20, 2024, and December 18, 2024, BHAB Regular Meetings:** *Review and Possible Action.*<br>• Motion made by Member Baroza, seconded by Member Donegan to approve November 20, 2024, Minutes.<br>• Motion made by Member Martinez, seconded by Member Baroza to approve December 18, 2024, Minutes. | Board Action: Motion passes with approvals with Member Danner abstaining as she was not present at the meetings. |
| **5.**<br>**10 minutes** | **Board & Committee Reports:** *Discussion and Possible Action*<br>A. Chair – *Jo Bradley*<br>- 2025 Meeting Schedule<br>• Board members requested that the meeting schedule to be revised for meeting locations on April 23, July 23, October 22, and December 17 be moved to in Ukiah at Behavioral Health & Recovery Services, Conference Room 1, 1120 S. Dora Street and reviewed at the next meeting.<br>• Vice Chair Mulheren mentioned of more communication and advertising of the meetings scheduled in outlying and coastal areas and to be added for a discussion item at the next meeting.<br>• Member Martinez mentioned of a meeting that should be scheduled on the south coast too.<br>- Measure B Update<br>• There were no updates. However, still receive complaints of how funding is being used. Chair Bradley has taken photos of the Psychiatric Health Facility (PHF) to share.<br>• It was mentioned for the board members to follow the BHRS social media accounts including Facebook, Instagram, and Twitter X to see updates and information that is shared. BHRS to also look into to possibly creating a social media account through Blue Sky.<br>B. Vice Chair – *Mo Mulheren*<br>• Nothing to report.<br>C. Secretary/Treasurer – *Jenniffer Estevo*<br>• Not present.<br>D. Appreciation Committee – *Member Martinez*<br>• Member Martinez mentioned of a bid for an appreciation workshop for providers and would like to invite another board | Board Action: |

| | | |
|---|---|---|
| | member to attend. Also, asked about the next Brown Act training. County staff to follow up about the Brown Act next training. | |
| **6.** **15 minutes** | **Mendocino County Youth Project Report Out** – *Amanda Archer/Designee*<br>A. Services Update<br>• Not present. | Board Action: None. |
| **7.** **15 minutes** | **Redwood Community Services Report Out** – *Victoria Kelly/Designee*<br>A. Services Update<br>• Victoria Kelly, Executive Director, RCS, provided a handout including an overview of their services and programs provided to the board members and public.<br>• Jolene Treadway, Chief Clinical Director, RCS, mentioned their focus is on relationship building and staying with clients through their client centered approach.<br>• Samantha Stafford, Clinical Director, RCS, stated that specialty mental health services are provided in Ukiah, Willits and Fort Bragg and she presented the services provided. | Board Action: None. |
| **8.** **15 minutes** | **Tapestry Report Out** – *Kendra Palma/Designee*<br>A. Services Update<br>• Bryan Erickson, Operations and Development, Tapestry Family Services, provided a handout with overview of services and programs to the board members and public. Mr. Erickson also welcomed the board and public for a walk through of their office and if anyone has questions, they may call him at (707) 508-7756. | Board Action: None. |
| **9.** **15 minutes** | **Mendocino County Hospitality Center** – *Paul Davis/Designee*<br>A. Services Update<br>• Paul Davis, Executive Director, Mendocino County Hospitality Center, mentioned that care management services and specialty mental health services have been provided since 2016. They have care management, mental health rehabilitation, and work with partners to ensure clients receive appropriate services. They are currently working on staffing issues and client share systems are working well. Their current caseload is 64, and 34 are experiencing homelessness and of the 31 housed are assisted with mental health staff. They also have included in their contract a wellness center that aids in patient navigation. Additionally, they have the transitional housing project with a target for families with children and those with mental health needs to help provide stable housing and provides a homeless shelter which currently holds 16 beds with 6 being used by mental health clients and is collocated on their property. Their street medicine program provides patient navigation and medical care. Additionally, they are working on a contract with City of Fort Bragg for the Prop 47 grant. | Board Action: None. |

| | | |
|---|---|---|
| **10.**<br>**15 minutes** | **Anchor Health Management Report –** *Anchor Health Management Inc.*<br>A. Services Update<br>• Tim Schraeder, Anchor Health, provided an update and overview of services and programs provided by Anchor Health. They provide medication management, facilitate communication between crisis, and working on hospital communications and updates. They work closely with the whole person care program that provides enhanced care management and community care. They train and support agency providers and work with the county. As well as promote wrapping of clients and communication between whole person care.<br>• Christina Jamison, Clinical Nurse Case Manager, Anchor Health, shared that they continue to provide services. She shared a client story that resulted in housing being obtained and has been 2 years since this client has been re-hospitalized. They work closely with crisis and continue support medication services. They work with the jail and when discharged to ensure outreach and collaboration.<br>• Sarah Walsh, Data Analyst, Anchor Health, provided data, outcomes, and collaborates to ensure all receive a current report.<br>• Sarah Livingston, Anchor Health, mentioned of their Mental Health Rehabilitation Center (MHRC), outpatient clinic that will include a therapist and med management.<br>• Whitney Longvelt, Whole Person Care Program, Anchor Health, mentioned they are currently serving 227 in their Enhanced Care Management (ECM) program. She mentioned for those to qualify they need to be an adult (18+) Mendocino County resident and once enrolled are assigned a care manager. In 2024, they provided services to 315 members. | Board Action:<br>None. |
| **11.**<br>**15 minutes** | **Mendocino County Report –** *Jenine Miller, Director of Health Services*<br>A. Director Report Questions<br>• Report included in the agenda packet and additional items as requested at the last meeting for staffing and LPS additions to the report.<br>• Public Comment: Angle Slater, Public Health Manager, stated she was impressed by the meeting attendance and appreciated everyone's input during this meeting. Also, mentioned that she has begun overseeing BHRS Prevention & Wellness team. | Board Action:<br>None. |
| **12.**<br>**3 Minutes** | **Member Comments:**<br>• Member Donegan provided an update from the State training he attended by Teresa Comstock, Executive Director, CA Association of Local Behavioral Health Boards & Commissions. He also mentioned of only 4 peer certifications in the county. It was then mentioned of how to apply for peer certification on the website at www.capeercertification.org if anyone is interested or may contact Rena Ford by email at fordr@mendocinocounty.gov. He also requested that there be an agenda item for service provider updates on the Board of Supervisor (BOS) meetings and learning the process of 5150. First year every new BHAB member should have board buddy to help fill in the gaps and questions of the board. | Board Action:<br>None. |

| | | |
|---|---|---|
| **13.**<br>**2 minutes** | **Adjournment: 5:02 PM** | Board Action:<br>None. |

**AMERICANS WITH DISABLITIES ACT (ADA) COMPLIANCE**

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


## BHAB CONTACT INFORMATION:

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

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

DRAFT

# MENDOCINO COUNTY
# BEHAVIORAL HEALTH ADVISORY BOARD

## 2025 Meeting Schedule

| DATE | LOCATION |
|---|---|
| **January 22**<br>01:00 PM - 05:00 PM | Behavioral Health & Recovery Services, Conference Room 1<br>1120 South Dora St., **Ukiah** |
| ****February 26**<br>10:00 AM - 12:00 PM | Behavioral Health Regional Training Center<br>8207 East Road, **Redwood Valley** |
| **March 19**<br>01:00 PM - 03:30 PM | Behavioral Health & Recovery Services, Conference Room 1<br>1120 South Dora St., **Ukiah** |
| **April 23**<br>01:00 PM - 03:30 PM | Behavioral Health & Recovery Services, Conference Room 1<br>1120 South Dora St., **Ukiah** |
| ****May 28**<br>10:00 AM - 12:00 PM | Behavioral Health Regional Training Center<br>8207 East Road, **Redwood Valley** |
| **June 18**<br>01:00 PM - 03:30 PM | Seaside Conference Room<br>778 S Franklin St., **Fort Bragg** |
| **July 23**<br>01:00 PM - 03:30 PM | Behavioral Health & Recovery Services, Conference Room 1<br>1120 South Dora St., **Ukiah** |
| ****August 27**<br>10:00 AM - 12:00 PM | Behavioral Health Regional Training Center<br>8207 East Road, **Redwood Valley** |
| **September 17**<br>01:00 PM - 03:30 PM | Yuki Trails Community Room<br>23000 Henderson Lane., **Covelo** |
| **October 15**<br>01:00 PM - 03:30 PM | Behavioral Health & Recovery Services, Conference Room 1<br>1120 South Dora St., **Ukiah** |
| **November 12**<br>10:00 AM - 12:30 PM | Behavioral Health & Recovery Services, Conference Room 1<br>1120 South Dora St., **Ukiah** |
| **December 17**<br>01:00 PM - 03:30 PM | Behavioral Health & Recovery Services, Conference Room 1<br>1120 South Dora St., **Ukiah** |

**Measure B meeting is on the same day

## Board of Supervisors:

**Recently passed items or presentations:**

- Mental Health:
  - Approval of Agreement with California Mental Health Services Authority to Participate in the Health Care Access and Information Workforce Education Funds and Training Program in the Amount of $0 to Provide Workforce Education Funds and Training to Mental Health Professionals in Mendocino County Working in the Public Mental Health Care System
  - Approval of Agreement (Amendment to Agreement No. PA 25-30) with Maple Healthcare in the Amount of $54,000, for a New Agreement Total of $104,000, to Provide Residential Care to Mendocino County Lanterman-Petris-Short Clients, Effective July 01, 2024, through June 30, 2025
  - Approval of Amendment to Agreement No. BOS 24-052 with California Psychiatric Transitions, Inc., in the Amount of $360,000, for a New Agreement Total of $670,000, to Provide Residential Care to Mendocino County Lanterman-Petris-Short Clients, Effective July 1, 2024, through June 30, 2025

- Substance Use Disorders Treatment:
  - None.

**Future BOS items or presentations:**

- Mental Health:
  - None.

- Substance Use Disorders Treatment:
  - None.

## Staffing Updates:

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

- Departures:
  - Mental Health: 0
  - Substance Use Disorder Treatment: 0
- Percent of Vacancies in Mental Health and Substance Use Disorder Treatment:
  - Mental Health/Mental Health Services Act: 37%
  - Substance Use Disorder Treatment: 23%

## Audits/Site Reviews: January 2025

- Audits/Site Reviews
  - Program Evaluation: Mendocino County DUI Program Evaluation of North Coast Drivers, Ukiah.
  - Program Evaluation: Mendocino County DUI Program Evaluation of North Coast Drivers, Willits.
  - Program Evaluation: Mendocino County DUI Program Evaluation of Yuki Trails, Covelo.

## Grievances/Appeals:

**January 2025**

- MHP Grievances:
  - Pending: 1 new grievance
  - Resolved: 0
- SUDT Grievances: 0
- MHSA Issue Resolutions: 0
- Second Opinions: 0
- Change of Provider Requests: 0
  - Pending: 0
  - Resolved: 0
- Provider Appeals: 0
- Consumer Appeals: 0

## Meetings of Interest:

- Safe Rx Coalition Meeting on Tuesday, February 25, 2025, 11:00 am – 12:00 pm via Teams.
- MHSA Forum/QIC on Thursday, April 3, 2025, 2:00 pm - 4:00 pm in Willits, Library, 390 E. Commercial Street, CA, 95490 and via Teams.

## Grant Opportunities:

- None.

## Significant Projects/Brief Status:

**Assisted Outpatient Treatment (AOT): AB 1421/Laura's Law January 2025 Data:**

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

- Referrals to date (duplicated): 163
- 24/25 Total Referrals: 3
- Total that did not meet AOT criteria: 2

- Currently in Investigation/Screening/referral: 2
- Unable to locate/Connect: 0
- Pending Assessment to file Petition: 0
- Settlement Agreement/Full AOT FY 24/25: 2

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

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

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

## Educational Opportunities:

- Safe Rx Coalition Meeting on Tuesday, February 25, 2025, 11:00 am – 12:00 pm via Teams.
- MHSA Forum/QIC on Thursday, April 3, 2025, 2:00 pm - 4:00 pm in Willits, Library, 390 E. Commercial Street, CA, 95490 and via Teams.

## Mental Health Services Act (MHSA):

- MHSA Forum/QIC on Thursday, April 3, 2025, 2:00 pm - 4:00 pm in Willits, Library, 390 E. Commercial Street, CA, 95490 and via Teams.

## Lanterman Petris Short Conservatorships (LPS):

Total Number of individuals on LPS Conservatorships in January 2025: 64

- In County: 25
- Out of County: 39
- In: 1
- Out: 1

## Substance Use Disorders Treatment Services:

Number of Substance Use Disorders Treatment Clients Served in December 2024:

- Total number of clients served: 96
- Total number of services provided: 443
- Fort Bragg: 24 clients served for a total of 92 services provided

- Ukiah: 59 clients served for a total of 309 services provided
- Willits: 13 clients served for a total of 42 services provided

Number of Substance Use Disorder Clients Completion Status:

- Completed Treatment/Recovery: 6
- Left Before Completion: 3
- Lost Contact/Service Unavailable: 6
- Incarceration: 0
- Discharged to Rehab Facility: 2
- Pre-Admission Discharge: 0

## New Contracts:

- None.

## Capital Facilities Projects:

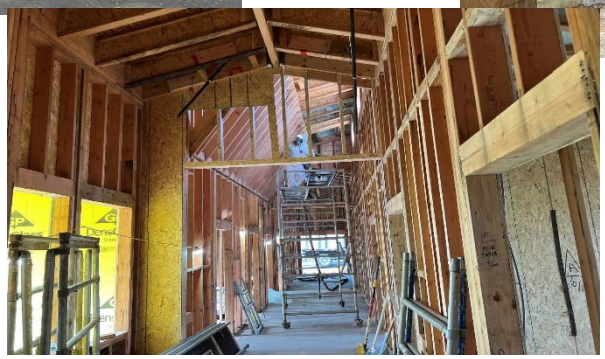
- **Willow Terrace Project and Orr Creek Commons Phase 2:**
  - Continue to accept applications as vacancies arise. Support services are offered by Innovation and Mobile teams.

- **CRT: Phoenix House:**

  January 2025:

  - 10 individuals served, 4 duplicated clients
  - 180 total bed days
  - 1 open beds at time of report
  - Success stories: 1 client successfully completed and moved to housing of their choosing

- **Psychiatric Health Facility:**
  - Exterior work is moving along but dependent on weather. The plumbing rough-in continues, and flat roof installers are scheduled.



**Mendocino County Behavoiral Health and Recovery Services**
**Behavioral Health Advisory Board General Ledger**
**FY 24/25**
**2/12/2025**

| ORG | OBJ | ACCOUNT DESCRIPTION | YR/PER/JNL | EFF DATE | AMOUNT | INVOICE # | CHECK # | VENDOR NAME | COMMENT |
|---|---|---|---|---|---|---|---|---|---|
| MHB | 862080 | FOOD | 2025/02/001268 | 08/29/2024 | 69.57 | | 4398354 | SAFEWAY | ACCT# 85006 |
| MHB | 862080 | FOOD | 2025/03/001159 | 09/26/2024 | 85.97 | | 4399788 | SAFEWAY | ACCT# 85006 |
| MHB | 862080 | FOOD | 2025/04/001406 | 10/31/2024 | 61.96 | | 4401516 | SAFEWAY | ACCT# 85006 |
| MHB | 862080 | FOOD | 2025/06/000935 | 12/19/2024 | 101.70 | | 4403812 | SAFEWAY | ACCT# 85006 |
| | | **FOOD Total** | | | **$319.20** | | | | |
| MHB | 862150 | MEMBERSHIPS | | | | | | | |
| | | **MEMBERSHIPS TOTAL** | | | **$0.00** | | | | |
| MHB | 862170 | OFFICE EXPENSE | 2025/04/000981 | 10/08/2024 | 35.78 | | | | Amazon.com Z81VW3EY2 - Purchas |
| MHB | 862170 | OFFICE EXPENSE | 2025/05/000893 | 11/08/2024 | 62.29 | | | | WALMART.COM 8009256278 - Purch |
| | | **OFFICE EXPENSE Total** | | | **$98.07** | | | | |
| MHB | 862190 | PUBL & LEGAL NOTICES | | | | | | | |
| | | **PUBL & LEGAL NOTICES Total** | | | **$0.00** | | | | |
| MHB | 862210 | RNTS & LEASES BLD GRD | 2025/04/001395 | 10/30/2024 | 45.00 | | | | BHAB 10.23.24 INV 24.25-020 |
| | | **RNTS & LEASES BLD GRD Total** | | | **$45.00** | | | | |
| MHB | 862250 | TRNSPRTATION & TRAVEL | 2025/03/000586 | 09/12/2024 | 80.40 | | 4398916 | MARTINEZ MARTIN D | 08/28/2024 IN CO MIL BHAB MTG |
| MHB | 862250 | TRNSPRTATION & TRAVEL | 2025/03/000887 | 09/19/2024 | 69.01 | | 4399311 | GORNY DENISE | 08/28/2024 IN CO MIL |
| MHB | 862250 | TRNSPRTATION & TRAVEL | 2025/04/001174 | 10/24/2024 | 87.10 | | 4401035 | MARTINEZ MARTIN D | 09/25/2024 IN CO MIL BHAB MTG |
| | | **TRNSPRTATION & TRAVEL Total** | | | **$236.51** | | | | |
| | | **TRAVEL & TRSP OUT OF COUNTY Total** | | | **$0.00** | | | | |
| | | **Grand Total** | | | **$698.78** | | | | |

**Summary of Budget for FY 24/25**

| OBJ | ACCOUNT DESCRIPTION | Budget Amount | YTD Exp | Remaining Budget |
|---|---|---|---|---|
| 862080 | Food | 1,000.00 | 319.20 | 680.80 |
| 862150 | Memberships | 700.00 | 0.00 | 700.00 |
| 862170 | Office Expense | 500.00 | 98.07 | 401.93 |
| 862190 | Publ & Legal Notices | 0.00 | 0.00 | 0.00 |
| 862210 | Rents & Leases Bld | 360.00 | 45.00 | 315.00 |
| 862250 | In County Travel | 3,000.00 | 236.51 | 2,763.49 |
| 862253 | Out of County Travel | 2,000.00 | 0.00 | 2,000.00 |
| | Total Budget | $7,560.00 | $698.78 | $6,861.22 |

# Behavioral Health and Recovery Services
# Mental Health FY 2024-2025
# Budget Summary
# Year-to-Date as of February 12, 2025

| | Program | FY 24-25 Approved Budget | Expenditures | | | | | | Revenue | | | | | Total Net Cost |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Salaries & Benefits | Services & Supplies | Other Charges | Fixed Assets | Operating Transfers | Total Expenditures | 2011 Realignment | 1991 Realignment | Medi-Cal FFP | Other | Total Revenue | |
| 1 | Mental Health (Overhead) | (7,220,987) | - | 53,700 | 7,970,051 | - | - | 8,023,751 | - | - | (10,729,023) | (516,292) | (11,245,316) | (3,221,565) |
| 2 | Administration - MHAD75 | 1,042,476 | 407,534 | 69,464 | - | - | - | 476,998 | - | - | - | (17,641) | (17,641) | 459,357 |
| 4 | MHARPA | - | 5,552 | 5,608 | - | - | - | 11,160 | - | - | - | (1,822) | (1,822) | 9,338 |
| 5 | CalWORKs - MHAS32 | - | 247 | - | - | - | - | 247 | - | - | - | (309) | (309) | (62) |
| 6 | Mobile Outreach Program - MHAS33 | - | 3,018 | 103 | - | - | - | 3,121 | - | - | - | - | - | 3,121 |
| 7 | Adult Services - MHAS75 | 12,200 | 37,076 | 3,008 | - | - | - | 40,084 | - | - | - | - | - | 40,084 |
| 8 | Path Grant - MHAS91 | - | - | 10,741 | - | - | - | 10,741 | - | - | - | (4,559) | (4,559) | 6,182 |
| 9 | SAMHSA Grant - MHAS92 | - | - | 59,890 | - | - | - | 59,890 | - | - | - | (36,547) | (36,547) | 23,343 |
| 10 | Mental Health Board - MHB | 7,560 | - | 699 | - | - | - | 699 | - | - | - | - | - | 699 |
| 11 | CCMU -BCHIP - MHBCMU | - | 52,738 | 59,592 | - | - | - | 112,330 | - | - | - | (140,125) | (140,125) | (27,795) |
| 12 | Business Services - MHBS75 | 931,860 | 581,988 | 57,828 | - | - | - | 639,816 | - | - | - | (10,549) | (10,549) | 629,267 |
| 13 | MHCALA - Cal-Aim | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 14 | CCMU Grant - CCRRSAA Funds | - | 256,587 | - | - | - | - | 256,587 | - | - | - | - | - | 256,587 |
| 15 | MH Grant (Other) | - | 46,463 | - | - | - | - | 46,463 | - | - | - | - | - | 46,463 |
| 16 | AB109 - MHMS70 | (21,989) | 81,829 | 92 | - | - | - | 81,921 | - | - | - | (68,806) | (68,806) | 13,115 |
| 17 | Conservatorship - MHMS75 | 2,537,033 | 73,909 | 26,685 | 1,926,762 | - | - | 2,027,356 | - | - | - | (85,769) | (85,769) | 1,941,587 |
| 18 | Public Conservator Office - MHPC75 | 253,545 | 158,379 | 18,476 | 1,576 | - | - | 178,431 | - | - | - | (1,908) | (1,908) | 176,523 |
| 19 | QA/QI - MHQA99 | 2,458,302 | 367,961 | 967,288 | - | - | - | 1,335,249 | - | - | - | - | - | 1,335,249 |
| | | | | | | | | | | | | | | |
| a | Total YTD Expenditures & Revenue | - | 2,073,282 | 1,333,173 | 9,898,390 | - | - | 13,304,845 | - | - | (10,729,023) | (884,328) | (11,613,351) | 1,691,494 |
| b | FY 2024-2025 Adjusted Budget | - | 5,217,919 | 5,523,496 | 23,577,144 | - | 3,970,135 | 38,288,694 | - | - | (17,824,736) | (20,463,958) | (38,288,694) | - |
| c | Variance | - | 3,144,637 | 4,190,323 | 13,678,754 | - | 3,970,135 | 24,983,849 | - | - | (7,095,713) | (19,579,630) | (26,675,343) | (1,691,494) |

# Behavorial Health and Recovery Services
# Mental Health Services Act (MHSA) FY 2024-2025
# Budget Summary
# Year-to-Date as of February 12, 2025

| | Program | FY 24-25 Approved Budget | Expenditures | | | | | | Revenue | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Salaries & Benefits | Services & Supplies | Other Charges | Fixed Assets | Operating Transfers | Total Expenditures | Revenue Prop 63 | Medi-Cal FFP | Other-Revenue | Total Revenue |
| 1 | **Community Services & Support** | (261,848) | 431,794 | 195,135 | 5,161,360 | | 372,850 | **6,161,139** | (4,534,618) | (3,089,494) | (114,636) | **(7,738,749)** |
| 2 | **Prevention & Early Intervention** | 1,302,360 | 157,108 | 99,590 | - | - | 7,996 | **264,695** | (1,116,999) | | (3,457) | **(1,120,456)** |
| 3 | **Innovation** | 366,783 | 32,053 | 1,346 | - | - | - | **33,399** | (298,534) | | - | **(298,534)** |
| 4 | **Workforce Education & Training** | - | - | | - | - | - | **-** | **-** | | - | **-** |
| 5 | **Capital Facilities & Tech Needs** | - | - | - | - | - | - | **-** | **-** | | - | **-** |
| a | **Total YTD Expenditures & Revenue** | **1,407,295** | 620,955 | 296,072 | 5,161,360 | - | 380,846 | **6,459,233** | **(5,950,151)** | **(3,089,494)** | **(118,093)** | **(9,157,739)** |
| b | **FY 2024-2025 Adjusted Budget** | **-** | 1,722,283 | 2,961,717 | 6,913,006 | - | 980,907 | **12,577,913** | **(7,096,483)** | **-** | **(5,481,430)** | **(12,577,913)** |
| c | **Variance** | - | 1,101,328 | 2,665,645 | 1,751,646 | - | 600,061 | **6,118,680** | **(1,146,332)** | **3,089,494** | **(5,363,337)** | **(3,420,174)** |

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

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

# Behavioral Health and Recovery Services
# Substance Use Disorder Treatment (SUDT) FY 2024-2025
# Budget Summary
# Year-to-Date as of February 12, 2025

| | Program | FY 24-25 Approved Budget | Expenditures | | | | | | Revenue | | | | | Total Net Cost |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Salaries & Benefits | Services and Supplies | Other Charges | Fixed Assets | Operating Transfers | Total Expenditures | SABG and FDMC | 2011 Realignment | Medi-Cal FFP | Other | Total Revenue | |
| 1 | SUDT Overhead | (2,816,730) | | 254,209 | 770,136 | | | 1,024,344 | (350,505) | (10,080,059) | (153,713) | (179,079) | (10,763,356) | (9,739,012) |
| 2 | County Wide Services - SU0035 | 1,350,760 | | 16,695 | | | | 16,695 | | | | - | - | 16,695 |
| 3 | Elevate Youth - SU00EY | - | | | | | | - | | | | | - | - |
| 4 | Ukiah Adult Treatment Services - SU0100 | 101,199 | 140,347 | 19,362 | | | | 159,709 | | | | (61,499) | (61,499) | 98,210 |
| 5 | Drug Court Services - SU0105 | 22,406 | 40,003 | 37 | | | | 40,040 | - | | | (33,984) | (33,984) | 6,056 |
| 6 | Women in Need of Drug Free Opportunities - SU0125 | 62,035 | 35,478 | 1,944 | | | | 37,422 | - | | | (17,794) | (17,794) | 19,629 |
| 7 | Family Drug Court - SU0127 | - | 137,313 | 1,334 | | | | 138,647 | | | | (57,784) | (57,784) | 80,862 |
| 8 | Friday Night Live - SU0158 | 4,229 | 6,087 | 972 | | | | 7,059 | | | | | - | 7,059 |
| 9 | Willits Adult Services - SU0200 | (97,309) | 66,373 | 963 | | | | 67,336 | | | | (31,555) | (31,555) | 35,781 |
| 10 | Fort Bragg Adult Services - SU0300 | 211,861 | 126,726 | 11,365 | | | | 138,091 | | | | (1,230) | (1,230) | 136,861 |
| 11 | SU0MIP | - | 41,336 | 27,440 | | | | 68,776 | | | | (55,213) | (55,213) | 13,563 |
| 11 | Administration - SUADMN | 1,294,938 | 274,967 | 77,298 | | | | 352,266 | | | | (9,206) | (9,206) | 343,060 |
| 12 | Adolescent Services - SUADOL | (33,500) | 96,869 | 1,437 | | | | 98,306 | (36,090) | | | (3,516) | (39,606) | 58,700 |
| 13 | SABG ARPA - SUARPA | - | 22,813 | 13,880 | | | | 36,694 | | | | - | - | 36,694 |
| 14 | COSSAAP - SUCOSP | - | 67,155 | | | | | 67,155 | | | | | - | 67,155 |
| 15 | SUGRNT | - | 53,313 | 86,194 | | | | 139,507 | | | | (9,684) | (9,684) | 129,823 |
| 16 | Prevention Services - SUPREV | (99,889) | 77,866 | 1,785 | | | | 79,651 | (43,035) | | | - | (43,035) | 36,617 |
| a | tal YTD Expenditures & Revenue | - | 1,186,646 | 514,915 | 770,136 | - | - | 2,471,696 | (429,630) | (10,080,059) | (153,713) | (460,543) | (11,123,945) | (8,652,249) |
| b | FY 2024-2025 Adjusted Budget | - | 2,633,262 | 12,626,691 | - | - | - | 15,259,953 | (1,765,156) | (71,360) | (478,768) | (12,944,669) | (15,259,953) | - |
| c | Variance | - | 1,446,616 | 12,111,776 | (770,136) | - | - | 12,788,257 | (1,335,526) | 10,008,699 | (325,055) | (12,484,126) | (4,136,008) | 8,652,249 |

# Timeliness Charts and Graphs

1.

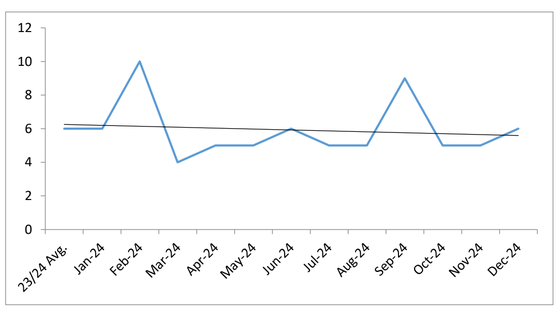
QI Work Plan 2.1

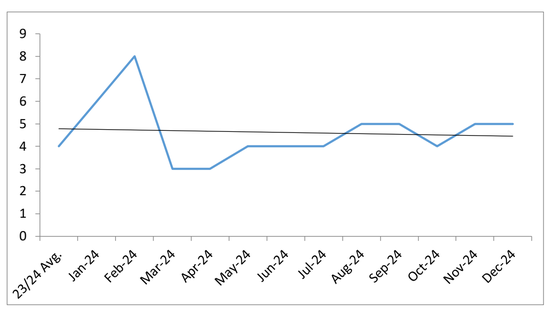
| Length of Time from Initial Request to first offered Appt. - Mean<br>BPSA - MHP Standard or Goal - 10 Business Days - 90% | | | | |
|---|---|---|---|---|
| | All Services | Adult Services | Children's Services | Foster Care |
| **23/24 Avg.** | **6** | **5** | **7** | **7** |
| Jan-24 | 6 | 4 | 8 | 0 |
| Feb-24 | 10 | 7 | 11 | 9 |
| Mar-24 | 4 | 4 | 5 | 5 |
| Apr-24 | 5 | 5 | 5 | 7 |
| May-24 | 5 | 5 | 6 | 6 |
| Jun-24 | 6 | 4 | 7 | N/A |
| Jul-24 | 5 | 5 | 6 | 2 |
| Aug-24 | 5 | 5 | 6 | 1 |
| Sep-24 | 9 | 6 | 10 | 0 |
| Oct-24 | 5 | 5 | 5 | N/A |
| Nov-24 | 5 | 4 | 5 | 2 |
| Dec-24 | 6 | 5 | 7 | 3 |
| **12 Mo. Avg.** | 6 | 5 | 7 | 4 |

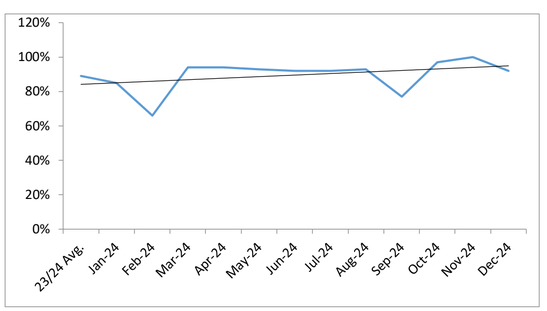
| Length of Time from Initial Request to first offered Appt. - Median<br>BPSA - MHP Standard or Goal - 10 Business Days - 90% | | | | |
|---|---|---|---|---|
| | All Services | Adult Services | Children's Services | Foster Care |
| **23/24 Avg.** | **4** | **3** | **5** | **7** |
| Jan-24 | 6 | 3 | 8 | 0 |
| Feb-24 | 8 | 6 | 9 | 8 |
| Mar-24 | 3 | 2 | 3 | 6 |
| Apr-24 | 3 | 4 | 3 | 7 |
| May-24 | 4 | 4 | 5 | 6 |
| Jun-24 | 4 | 4 | 4 | N/A |
| Jul-24 | 4 | 4 | 4 | 2 |
| Aug-24 | 5 | 4 | 5 | 1 |
| Sep-24 | 5 | 5 | 6 | 0 |
| Oct-24 | 4 | 5 | 4 | N/A |
| Nov-24 | 5 | 5 | 5 | 2 |
| Dec-24 | 5 | 5 | 6 | 3 |
| **12 Mo. Avg.** | 5 | 4 | 5 | 4 |

| Length of Time from Initial Request to first offered Appt.<br>BPSA - MHP Standard or Goal - 10 Business Days - 90% | | | | |
|---|---|---|---|---|
| | All Services | Adult Services | Children's Services | Foster Care |
| **23/24 Avg.** | **89%** | **91%** | **87%** | **87%** |
| Jan-24 | 85% | 89% | 82% | 67% |
| Feb-24 | 66% | 73% | 60% | 60% |
| Mar-24 | 94% | 97% | 91% | 94% |
| Apr-24 | 94% | 97% | 92% | 100% |
| May-24 | 93% | 89% | 96% | 100% |
| Jun-24 | 92% | 96% | 89% | N/A |
| Jul-24 | 92% | 97% | 86% | 100% |
| Aug-24 | 93% | 97% | 84% | 100% |
| Sep-24 | 77% | 89% | 73% | 0% |
| Oct-24 | 97% | 100% | 96% | N/A |
| Nov-24 | 100% | 100% | 100% | 100% |
| Dec-24 | 92% | 98% | 85% | 100% |
| **12 Mo. Avg.** | 90% | 94% | 86% | 82% |

Graphs of "All Services"




2.

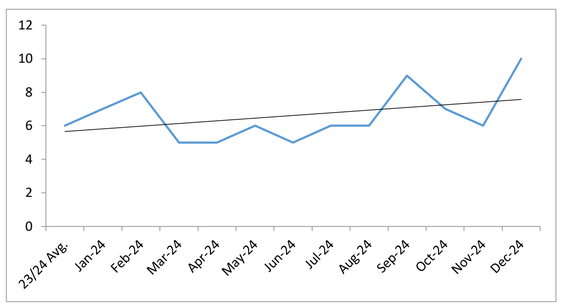
QI Work Plan 2.2

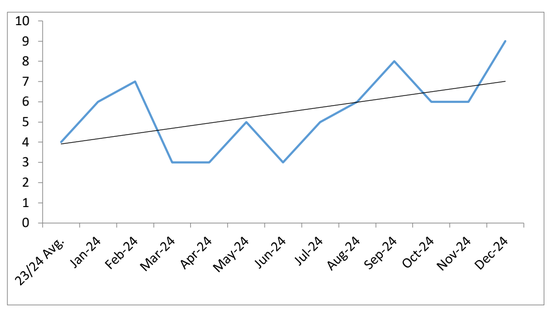
| Length of Time from Initial Request to first kept Appt. - Mean<br>MHP Standard or Goal - 10 Business Days - 90% | | | | |
|---|---|---|---|---|
| | All Services | Adult Services | Children's Services | Foster Care |
| **23/24 Avg.** | **6** | **5** | **7** | **9** |
| Jan-24 | 7 | 4 | 8 | 11 |
| Feb-24 | 8 | 7 | 9 | 9 |
| Mar-24 | 5 | 3 | 6 | 8 |
| Apr-24 | 5 | 5 | 5 | 7 |
| May-24 | 6 | 7 | 6 | 7 |
| Jun-24 | 5 | 4 | 6 | N/A |
| Jul-24 | 6 | 5 | 6 | 5 |
| Aug-24 | 6 | 6 | 7 | 1 |
| Sep-24 | 9 | 9 | 10 | 0 |
| Oct-24 | 7 | 7 | 7 | N/A |
| Nov-24 | 6 | 6 | 6 | 2 |
| Dec-24 | 10 | 8 | 13 | 9 |
| **12 Mo. Avg.** | 7 | 6 | 7 | 6 |

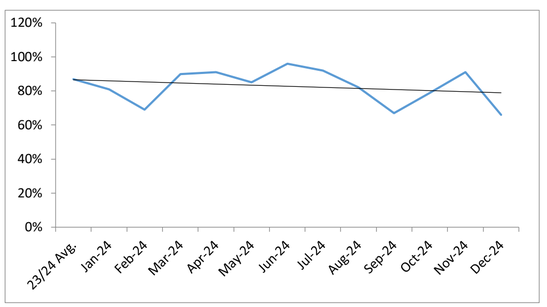
| Length of Time from Initial Request to first kept Appt. - Median<br>MHP Standard or Goal - 10 Business Days - 90% | | | | |
|---|---|---|---|---|
| | All Services | Adult Services | Children's Services | Foster Care |
| **23/24 Avg.** | **4** | **4** | **5** | **9** |
| Jan-24 | 6 | 3 | 7 | 8 |
| Feb-24 | 7 | 5 | 8 | 8 |
| Mar-24 | 3 | 2 | 4 | 7 |
| Apr-24 | 3 | 4 | 3 | 7 |
| May-24 | 5 | 5 | 4 | 6 |
| Jun-24 | 3 | 3 | 3 | N/A |
| Jul-24 | 5 | 6 | 5 | 4 |
| Aug-24 | 6 | 7 | 5 | 1 |
| Sep-24 | 8 | 9 | 8 | 0 |
| Oct-24 | 6 | 8 | 6 | N/A |
| Nov-24 | 6 | 6 | 7 | 2 |
| Dec-24 | 9 | 8 | 10 | 9 |
| **12 Mo. Avg.** | 6 | 6 | 6 | 5 |

| Length of Time from Initial Request to first kept Appt. -<br>MHP Standard or Goal - 10 Business Days - 90% | | | | |
|---|---|---|---|---|
| | All Services | Adult Services | Children's Services | Foster Care |
| **23/24 Avg.** | **87%** | **89%** | **84%** | **80%** |
| Jan-24 | 81% | 88% | 76% | 67% |
| Feb-24 | 69% | 74% | 65% | 60% |
| Mar-24 | 90% | 94% | 85% | 76% |
| Apr-24 | 91% | 96% | 87% | 100% |
| May-24 | 85% | 78% | 91% | 100% |
| Jun-24 | 96% | 100% | 92% | N/A |
| Jul-24 | 92% | 97% | 86% | 100% |
| Aug-24 | 82% | 89% | 68% | 100% |
| Sep-24 | 67% | 64% | 69% | 0% |
| Oct-24 | 79% | 76% | 80% | N/A |
| Nov-24 | 91% | 84% | 96% | 100% |
| Dec-24 | 66% | 78% | 52% | 100% |
| **12 Mo. Avg.** | 82% | 85% | 79% | 80% |

Graphs of "All Services"



3.

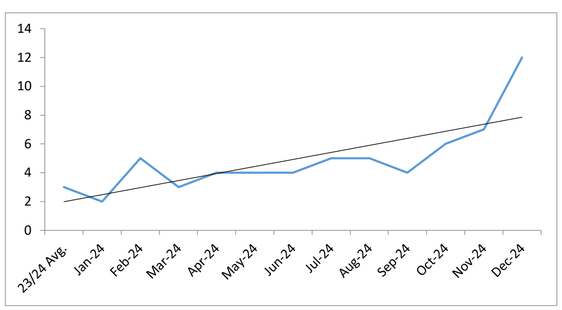
QI Work Plan 2.3

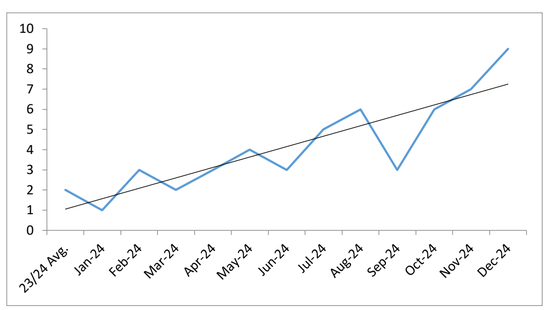
| Length of Time from Initial Request to first offered Psychiatry appt. - Mean<br>MHP Standard or Goal - 15 Business Days - 90% | | | | |
|---|---|---|---|---|
| | All Services | Adult Services | Children's Services | Foster Care |
| **23/24 Avg.** | **3** | **3** | **4** | **3** |
| Jan-24 | 2 | 3 |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

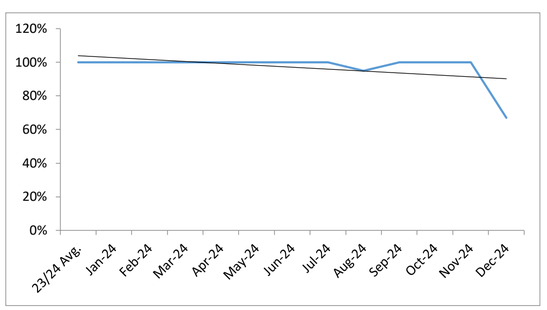
| Length of Time from Initial Request to first offered Psychiatry Appt. - Median<br>MHP Standard or Goal - 15 Business Days - 90% | | | | |
|---|---|---|---|---|
| | All Services | Adult Services | Children's Services | Foster Care |
| **23/24 Avg.** | **2** | **2** | **4** | **3** |
| Jan-24 | 1 | 1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

| Length of Time from Initial Request to first offered Psychiatry Appt. -<br>MHP Standard or Goal - 15 Business Days - 90% | | | | |
|---|---|---|---|---|
| | All Services | Adult Services | Children's Services | Foster Care |
| **23/24 Avg.** | **100%** | **100%** | **100%** | **100%** |
| Jan-24 | 100% | 100% | 100% | 100% |
| Feb-24 | 100% | 100% | 100% | n/a |
| Mar-24 | 100% | 100% | 100% | 100% |
| Apr-24 | 100% | 100% | 100% | n/a |
| May-24 | 100% | 100% | 100% | n/a |
| Jun-24 | 100% | 100% | 100% | n/a |
| Jul-24 | 100% | 100% | 100% | 100% |
| Aug-24 | 95% | 93% | 100% | 100% |
| Sep-24 | 100% | 100% | 100% | 100% |
| Oct-24 | 100% | 100% | 100% | n/a |
| Nov-24 | 100% | 100% | 100% | n/a |
| Dec-24 | 67% | 67% | n/a | n/a |
| **12 Mo. Avg.** | 97% | 97% | 100% | 100% |

Graphs of "All Services"




4.

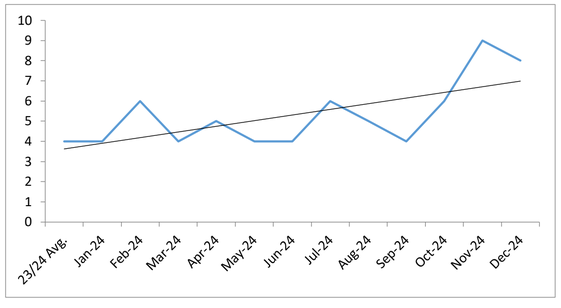
QI Work Plan 2.4

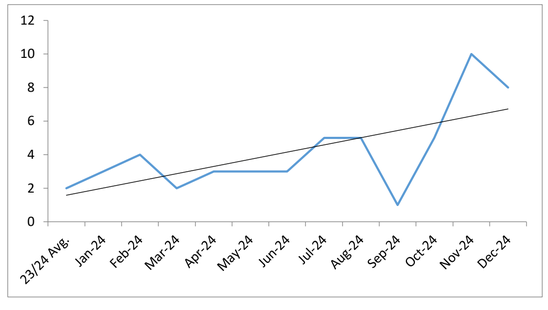
| Length of Time from Initial Request to first kept Psychiatry appt. - Mean<br>MHP Standard or Goal - 15 Business Days - 90% | | | | |
|---|---|---|---|---|
| | All Services | Adult Services | Children's Services | Foster Care |
| **23/24 Avg.** | **4** | **4** | **5** | **3** |
| Jan-24 | 4 | 4 | 3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

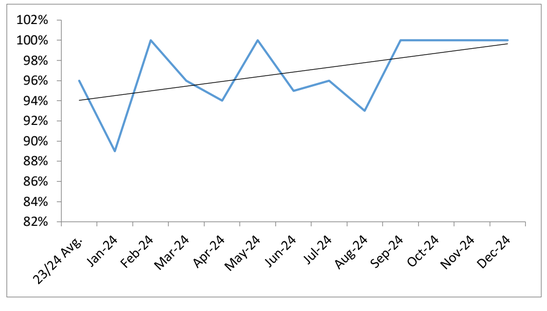
| Length of Time from Initial Request to first kept Psychiatry Appt. - Median<br>MHP Standard or Goal - 15 Business Days - 90% | | | | |
|---|---|---|---|---|
| | All Services | Adult Services | Children's Services | Foster Care |
| **23/24 Avg.** | **2** | **3** | **5** | **3** |
| Jan-24 | 3 | 3 | 3 | 6 |
| Feb-24 | 4 | 3 | 8 | N/A |
| Mar-24 | 2 | 2 | 2 | 2 |
| Apr-24 | 3 | 3 | 5 | N/A |
| May-24 | 3 | 3 | 6 | N/A |
| Jun-24 | 3 | 3 | 8 | N/A |
| Jul-24 | 5 | 4 | 6 | 6 |
| Aug-24 | 5 | 4 | 5 | 6 |
| Sep-24 | 1 | 1 | 6 | N/A |
| Oct-24 | 5 | 5 | N/A | N/A |
| Nov-24 | 10 | 11 | 8 | N/A |
| Dec-24 | 8 | 8 | N/A | N/A |
| **12 Mo. Avg.** | 4 | 4 | 6 | 5 |

| Length of Time from Initial Request to first kept Psychiatry Appt. -<br>MHP Standard or Goal - 15 Business Days - 90% | | | | |
|---|---|---|---|---|
| | All Services | Adult Services | Children's Services | Foster Care |
| **23/24 Avg.** | **96%** | **98%** | **94%** | **100%** |
| Jan-24 | 89% | 88% | 100% | 100% |
| Feb-24 | 100% | 100% | 100% | N/A |
| Mar-24 | 96% | 95% | 100% | 100% |
| Apr-24 | 94% | 100% | 83% | N/A |
| May-24 | 100% | 100% | 100% | N/A |
| Jun-24 | 95% | 94% | 100% | N/A |
| Jul-24 | 96% | 100% | 86% | 100% |
| Aug-24 | 93% | 91% | 100% | 100% |
| Sep-24 | 100% | 100% | 100% | 100% |
| Oct-24 | 100% | 100% | N/A | N/A |
| Nov-24 | 100% | 100% | 100% | N/A |
| Dec-24 | 100% | 100% | N/A | N/A |
| **12 Mo. Avg.** | 97% | 97% | 97% | 100% |

Graphs of "All Services"



5.

QI Work Plan 2.5

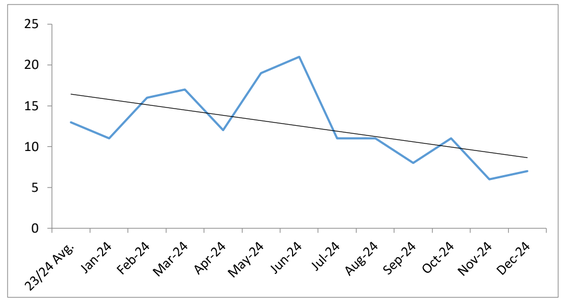
Combined Bus & After Hrs

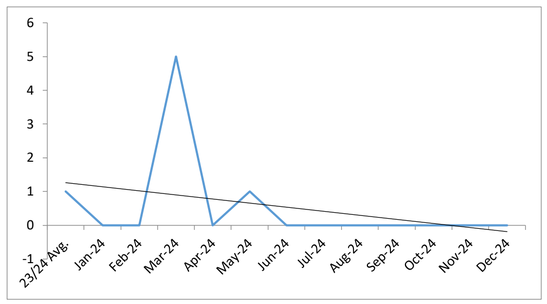
| Length of Time from Service Request for urgent Appt. to Actual Encounter<br>Mean - MHP Standard or Goal - 95% (Minutes) | | | | |
|---|---|---|---|---|
| | All Services | Adult Services | Children's Services | Foster Care |
| **23/24 Avg.** | **13** | **13** | **13** | **n/a** |
| Jan-24 | 11 | 11 | 8 | n/a |
| Feb-24 | 16 | 18 | 8 | n/a |
| Mar-24 | 17 | 17 | 15 | n/a |
| Apr-24 | 12 | 9 | 25 | n/a |
| May-24 | 19 | 17 | 33 | n/a |
| Jun-24 | 21 | 23 | 5 | n/a |
| Jul-24 | 11 | 10 | 21 | n/a |
| Aug-24 | 11 | 11 | 12 | n/a |
| Sep-24 | 8 | 8 | 6 | n/a |
| Oct-24 | 11 | 12 | 3 | n/a |
| Nov-24 | 6 | 6 | 16 | n/a |
| Dec-24 | 7 | 6 | 13 | n/a |
| **12 Mo. Avg.** | 13 | 12 | 14 | #DIV/0! |

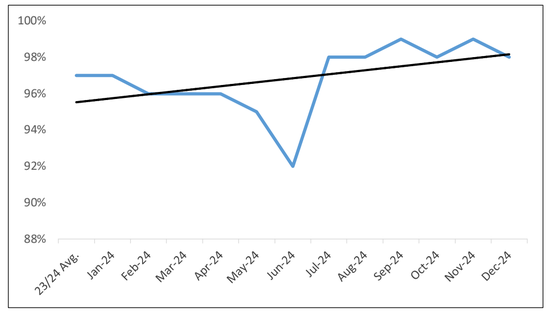
| Length of Time from Service Request for urgent Appt. to Actual Encounter<br>Median - MHP Standard or Goal - 95% (Minutes) | | | | |
|---|---|---|---|---|
| | All Services | Adult Services | Children's Services | Foster Care |
| **23/24 Avg.** | **1** | **2** | **1** | **n/a** |
| Jan-24 | 0 | 0 | 1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

| Length of Time from Service Request for urgent Appt. to Actual Encounter<br>Percent of CIC meeting MHP Goal: 95% w/in 1 Hr (Bus-Hrs) & 2 Hr (After-Hrs) | | | | |
|---|---|---|---|---|
| | All Services | Adult Services | Children's Services | Foster Care |
| **23/24 Avg.** | **97%** | **97%** | **96%** | **n/a** |
| Jan-24 | 97% | 97% | 100% | n/a |
| Feb-24 | 96% | 95% | 100% | n/a |
| Mar-24 | 96% | 96% | 96% | n/a |
| Apr-24 | 96% | 98% | 86% | n/a |
| May-24 | 95% | 97% | 82% | n/a |
| Jun-24 | 92% | 91% | 100% | n/a |
| Jul-24 | 98% | 98% | 92% | n/a |
| Aug-24 | 98% | 98% | 100% | n/a |
| Sep-24 | 99% | 98% | 100% | n/a |
| Oct-24 | 98% | 98% | 100% | n/a |
| Nov-24 | 99% | 99% | 96% | n/a |
| Dec-24 | 98% | 98% | 97% | n/a |
| **12 Mo. Avg.** | 97% | 97% | 96% | #DIV/0! |

Graphs of "All Services"



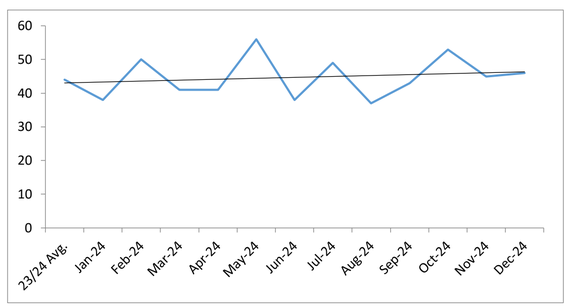

6.

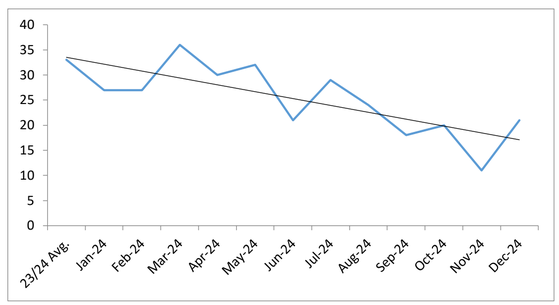
QI Work Plan 2.F

| Total Number of Hospital Admissions | | | | |
|---|---|---|---|---|
| | All Services | Adult Services | Children's Services | Foster Care |
| **23/24 Avg.** | **44** | **37** | **7** | **0** |
| Jan-24 | 38 | 30 | 8 | 0 |
| Feb-24 | 50 | 45 | 5 | 0 |
| Mar-24 | 41 | 33 | 8 | 0 |
| Apr-24 | 41 | 34 | 7 | 0 |
| May-24 | 56 | 45 | 11 | 0 |
| Jun-24 | 38 | 35 | 3 | 0 |
| Jul-24 | 49 | 38 | 11 | 0 |
| Aug-24 | 37 | 30 | 7 | 0 |
| Sep-24 | 43 | 35 | 9 | 1 |
| Oct-24 | 53 | 42 | 11 | 0 |
| Nov-24 | 45 | 39 | 6 | 0 |
| Dec-24 | 46 | 43 | 3 | 0 |
| **12 Mo. Avg.** | 45 | 37 | 7 | 0 |
| **12 Mo. Tota** | 537 | 449 | 89 | 1 |

| Total Number of Hospital Discharges | | | | |
|---|---|---|---|---|
| | All Services | Adult Services | Children's Services | Foster Care |
| **23/24 Avg.** | **33** | **28** | **5** | **0** |
| Jan-24 | 27 | 23 | 4 | 0 |
| Feb-24 | 27 | 24 | 3 | 0 |
| Mar-24 | 36 | 31 | 5 | 0 |
| Apr-24 | 30 | 27 | 3 | 0 |
| May-24 | 32 | 26 | 6 | 0 |
| Jun-24 | 21 | 17 | 4 | 0 |
| Jul-24 | 29 | 25 | 4 | 0 |
| Aug-24 | 24 | 17 | 7 | 0 |
| Sep-24 | 18 | 14 | 4 | 0 |
| Oct-24 | 20 | 15 | 5 | 0 |
| Nov-24 | 11 | 8 | 3 | 0 |
| Dec-24 | 21 | 21 | 0 | 0 |
| **12 Mo. Avg.** | 25 | 21 | 4 | 0 |
| **12 Mo. Tota** | 296 | 248 | 48 | 0 |

Graphs of "All Services"



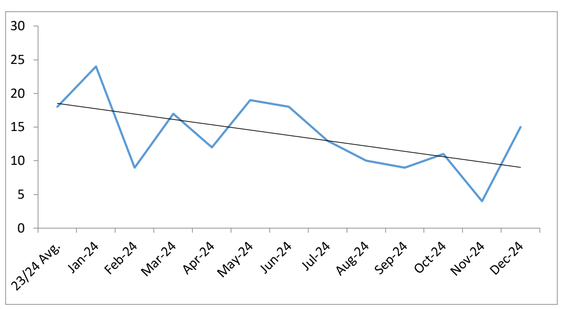



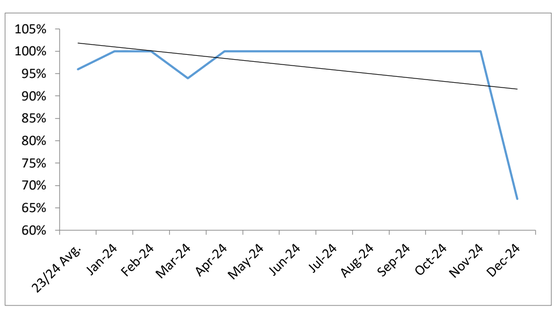
QI Work Plan 2.6

| Timeliness of follow-up encounters post psychiatric inpatient discharge<br>Total number of Medi-Cal payor follow-up appointments | | | | |
|---|---|---|---|---|
| | All Services | Adult Services | Children's Services | Foster Care |
| **23/24 Avg.** | **18** | **15** | **3** | **0** |
| Jan-24 | 24 | 20 | 4 | 0 |
| Feb-24 | 9 | 9 | 0 | 0 |
| Mar-24 | 17 | 14 | 3 | 0 |
| Apr-24 | 12 | 10 | 2 | 0 |
| May-24 | 19 | 14 | 5 | 0 |
| Jun-24 | 18 | 17 | 1 | 0 |
| Jul-24 | 13 | 11 | 2 | 0 |
| Aug-24 | 10 | 7 | 3 | 0 |
| Sep-24 | 9 | 6 | 3 | 0 |
| Oct-24 | 11 | 7 | 4 | 0 |
| Nov-24 | 4 | 3 | 1 | 0 |
| Dec-24 | 15 | 15 | 0 | 0 |
| **12 Mo. Avg.** | 13 | 11 | 2 | 0 |
| **12 Mo. Tota** | 161 | 133 | 28 | 0 |

| Timeliness of follow-up encounters post psychiatric inpatient discharge<br>Percent of appointments meeting the within 7 day standard - Goal is 95% | | | | |
|---|---|---|---|---|
| | All Services | Adult Services | Children's Services | Foster Care |
| **23/24 Avg.** | **96%** | **97%** | **89%** | **100%** |
| Jan-24 | 100% | 100% | 100% | N/A |
| Feb-24 | 100% | 100% | N/A | N/A |
| Mar-24 | 94% | 93% | 100% | N/A |
| Apr-24 | 100% | 100% | 100% | N/A |
| May-24 | 100% | 100% | 100% | N/A |
| Jun-24 | 100% | 100% | 100% | 100% |
| Jul-24 | 100% | 100% | 100% | N/A |
| Aug-24 | 100% | 100% | 100% | N/A |
| Sep-24 | 100% | 100% | 100% | N/A |
| Oct-24 | 100% | 100% | 100% | N/A |
| Nov-24 | 100% | 100% | 100% | N/A |
| Dec-24 | 67% | 67% | N/A | N/A |
| **12 Mo. Avg.** | 97% | 97% | 100% | 100% |

Graphs of "All Services"



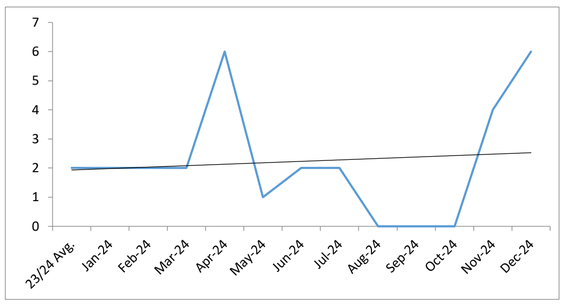

7.0

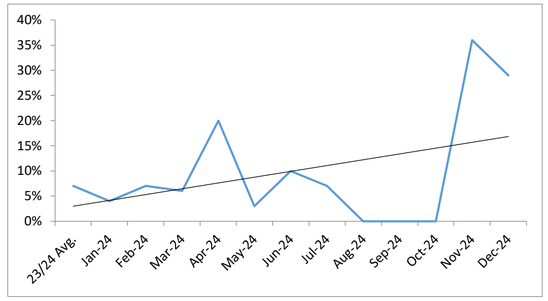
QI Work Plan 2.7

| Psychiatric Inpatient Readmission rates within 7 days<br>Total number of readmissions within 7 days of discharge | | | | |
|---|---|---|---|---|
| | All Services | Adult Services | Children's Services | Foster Care |
| **23/24 Avg.** | **2** | **2** | **0** | **0** |
| Jan-24 | 2 | 2 | 0 | 0 |
| Feb-24 | 2 | 1 | 1 | 0 |
| Mar-24 | 2 | 2 | 0 | 0 |
| Apr-24 | 6 | 5 | 1 | 0 |
| May-24 | 1 | 1 | 0 | 0 |
| Jun-24 | 2 | 2 | 0 | 0 |
| Jul-24 | 2 | 2 | 0 | 0 |
| Aug-24 | 0 | 0 | 0 | 0 |
| Sep-24 | 0 | 0 | 0 | 0 |
| Oct-24 | 0 | 0 | 0 | 0 |
| Nov-24 | 4 | 3 | 1 | 0 |
| Dec-24 | 6 | 6 | 1 | 0 |
| **12 Mo. Avg.** | 2 | 2 | 0 | 0 |
| Total | 27 | 24 | 4 | 0 |

| Psychiatric Inpatient Readmission rates within 7 days<br>Readmission Rate - Goal is 10% or less within 7 days | | | | |
|---|---|---|---|---|
| | All Services | Adult Services | Children's Services | Foster Care |
| **23/24 Avg.** | **7%** | **7%** | **6%** | **0%** |
| Jan-24 | 4% | 4% | 0% | n/a |
| Feb-24 | 7% | 4% | 33% | n/a |
| Mar-24 | 6% | 6% | 0% | n/a |
| Apr-24 | 20% | 19% | 33% | n/a |
| May-24 | 3% | 4% | 0% | n/a |
| Jun-24 | 10% | 12% | 0% | n/a |
| Jul-24 | 7% | 8% | 0% | n/a |
| Aug-24 | 0% | 0% | 0% | n/a |
| Sep-24 | 0% | 0% | 0% | 0% |
| Oct-24 | 0% | 0% | 0% | n/a |
| Nov-24 | 36% | 38% | 33% | n/a |
| Dec-24 | 29% | 29% | 0% | n/a |
| **12 Mo. Avg.** | 10% | 10% | 8% | 0% |

Graphs of "All Services"

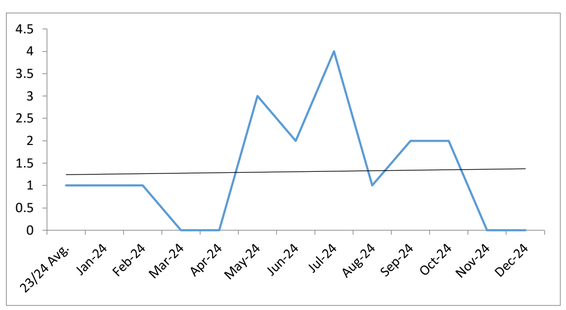


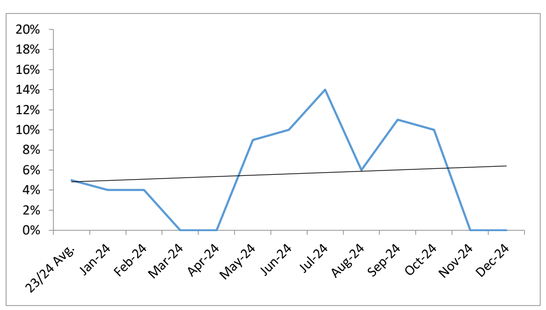



| Psychiatric Inpatient Readmission rates within 8-30 days<br>Total number of readmissions within 8-30 days | | | | |
|---|---|---|---|---|
| | All Services | Adult Services | Children's Services | Foster Care |
| **23/24 Avg.** | **1** | **1** | **0** | **0** |
| Jan-24 | 1 | 1 | 0 | 0 |
| Feb-24 | 1 | 1 | 0 | 0 |
| Mar-24 | 0 | 0 | 0 | 0 |
| Apr-24 | 0 | 0 | 0 | 0 |
| May-24 | 3 | 3 | 0 | 0 |
| Jun-24 | 2 | 1 | 1 | 0 |
| Jul-24 | 4 | 4 | 0 | 0 |
| Aug-24 | 1 | 1 | 0 | 0 |
| Sep-24 | 2 | 1 | 1 | 0 |
| Oct-24 | 2 | 1 | 1 | 0 |
| Nov-24 | 0 | 0 | 0 | 0 |
| Dec-24 | 0 | 0 | 0 | 0 |
| **12 Mo. Avg.** | 1 | 1 | 0 | 0 |
| Total | 16 | 13 | 3 | 0 |

| Psychiatric Inpatient Readmission rates within 8-30 days<br>Readmission Rate - Goal is 10% or less within 8-30 days | | | | |
|---|---|---|---|---|
| | All Services | Adult Services | Children's Services | Foster Care |
| **23/24 Avg.** | **5%** | **5%** | **2%** | **0%** |
| Jan-24 | 4% | 4% | 0% | N/A |
| Feb-24 | 4% | 4% | 0% | N/A |
| Mar-24 | 0% | 0% | 0% | N/A |
| Apr-24 | 0% | 0% | 0% | N/A |
| May-24 | 9% | 12% | 0% | N/A |
| Jun-24 | 10% | 6% | 25% | 0% |
| Jul-24 | 14% | 16% | 0% | N/A |
| Aug-24 | 6% | 9% | 0% | N/A |
| Sep-24 | 11% | 7% | 25% | 0 |
| Oct-24 | 10% | 7% | 20% | N/A |
| Nov-24 | 0% | 0% | 0% | N/A |
| Dec-24 | N/A | N/A | N/A | N/A |
| **12 Mo. Avg.** | 6% | 6% | 6% | 0% |

Graphs of "All Services"



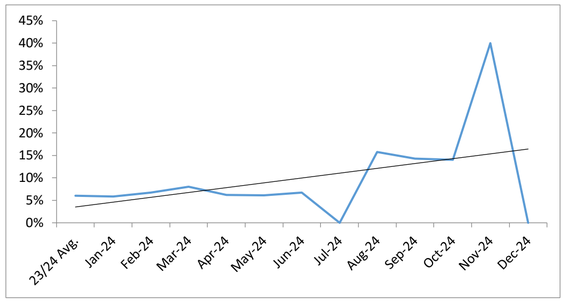

8.0

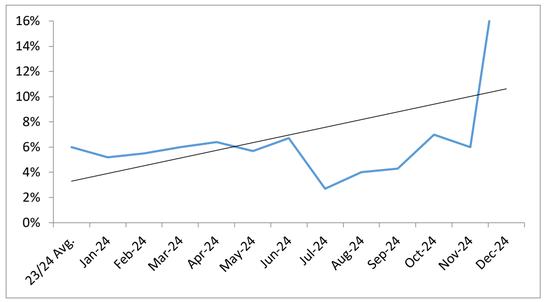
QI Work Plan 3.1

| Average Psychiatric Patient No-Show Rates<br>MHP Standard for Psychiatrists - No Higher than 10% | | | | |
|---|---|---|---|---|
| | All Services | Adult Services | Children's Services | Foster Care |
| **23/24 Avg.** | **6%** | **7%** | **5%** | **3%** |
| Jan-24 | 6% | 6% | 7% | 0% |
| Feb-24 | 7% | 8% | 6% | 0% |
| Mar-24 | 8% | 9% | 5% | 0% |
| Apr-24 | 6% | 7% | 3% | 0% |
| May-24 | 6% | 7% | 4% | 0% |
| Jun-24 | 7% | 7% | 0% | 0% |
| Jul-24 | 0% | 0% | 0% | 0% |
| Aug-24 | 16% | 14% | 20% | 0% |
| Sep-24 | 14% | 17% | 0% | 0% |
| Oct-24 | 14% | 7% | 100% | N/A |
| Nov-24 | 40% | 33% | 50% | N/A |
| Dec-24 | 0% | 0% | N/A | N/A |
| **12 Mo. Avg.** | 10% | 9% | 18% | 0% |

| Average Clinicians other than Psychiatrists Patient No-Show Rates<br>MHP Standard for Clinicians other than Psychiatrists - No Higher than 10% | | | | |
|---|---|---|---|---|
| | All Services | Adult Services | Children's Services | Foster Care |
| **23/24 Avg.** | **6%** | **6%** | **6%** | **5%** |
| Jan-24 | 5% | 5% | 5% | 3% |
| Feb-24 | 6% | 6% | 5% | 4% |
| Mar-24 | 6% | 6% | 6% | 3% |
| Apr-24 | 6% | 7% | 5% | 2% |
| May-24 | 6% | 7% | 5% | 3% |
| Jun-24 | 7% | 7% | 7% | 6% |
| Jul-24 | 3% | 5% | 0% | 0% |
| Aug-24 | 4% | 3% | 6% | 0% |
| Sep-24 | 4% | 6% | 4% | 0% |
| Oct-24 | 7% | 8% | 6% | N/A |
| Nov-24 | 6% | 4% | 7% | N/A |
| Dec-24 | 25% | 34% | 0% | N/A |
| **12 Mo. Avg.** | 7% | 8% | 5% | 2% |

Graphs of "All Services"




Report Completed by: Jesus Rojas, Department Analyst
Mendocino County BHRS QAQI