MENDOCINO COUNTY PUBLIC HEALTH ADVISORY BOARD

REGULAR MEETING

AGENDA

June 11, 2026
3:00 PM – 4:30 PM

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

Chairperson
Sue Mason

Vice Chair
Justin Ebert

BOS Supervisor
Ted Williams

MEMBERSHIP:

JUSTIN EBERT, *1ST DISTRICT*
CARMEN HARRIS, *2ND DISTRICT*
MILLS MATHESON, *3RD DISTRICT*
LUCRESHA RENTERIA, *4TH DISTRICT*
ANDY COREN, *5TH DISTRICT*

TOWNLEY SAYE, *MEMBER*
NOMIAH BRITTON, *MEMBER*
NICOLE GLENTZER, *MEMBER*
SUE MASON, *MEMBER*
JEAN CUNNINGTON, *PH EMPLOYEE*

	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 are welcome to address the Board on items not listed on the agenda but within the jurisdiction of the Board. The Board is prohibited by law from taking action on matters, not on the agenda but may ask questions to clarify the speaker's comment. The Board limits testimony on matters not on the agenda to three minutes per person and not more than 10 minutes for a particular subject at the discretion of the Chair of the Board. To best facilitate these items, please write your topic to phboard@mendocinocounty.gov*	Board Action:
3. **5 minutes**	**Approval of Minutes from March 12, 2026, Regular Meeting:** *Review and Possible Action*	Board Action:
4. **10 minutes**	**Community Health Needs Assessment (CHNA) Additional Data Points**	Board Action:
5. **10 minutes**	**Community Health Improvement Plan (CHIP)**	Board Action:
6. **15 minutes**	**Community Health Improvement Projects** A. Chronic Conditions B. Community Safety	Board Action:

7. **5 minutes**	**Brown Act Training**	Board Action:
8. **10 minutes**	**Mendocino County Report:** *Jenine Miller, Director of Health Services* A. Fentanyl High Report Out B. Hantavirus Andes Outbreak/Ebola Bundibugyo Outbreak C. Birth Data Report Out	Board Action:
9. **15 minutes**	**Public Health Department Report Out** A. Tobacco Prevention Team	Board Action:
10. **5 minutes**	**Open Discussion / Q&A** A. Time for members to raise questions, ideas or concerns	Board Action:
11. **2 minutes**	**Adjournment:** Confirm next meeting date and tasks Closing Remarks	Board Action:

AMERICANS WITH DISABLITIES ACT (ADA) COMPLIANCE

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NICOLE GLENTZER, *MEMBER*
SUE MASON, *MEMBER*
JEAN CUNNINGTON, *PH EMPLOYEE*

	Agenda Item / Description	Action
1. **3 minutes**	**Call to Order, Roll Call, Quorum Notice, & Approve Agenda:** *Review and Possible Action* • Chair Mason called the meeting to order at 3:04 pm. • Members present Member Coren, Member Cunnington, Member Harris, Member Britton, Member Saye. • Members absent Member Matheson, Member Ebert. • Members excused Member Glentzer, Member Renteria. • Supervisor Williams was present. • Motion made by Supervisor Williams, seconded by Member Coren, to approve the Agenda. Motion was voted on and approved unanimously.	Board Action: Approved
2. **10 minutes (Maximum)**	**Public Comments:** *Members of the public are welcome to address the Board on items not listed on the agenda but within the jurisdiction of the Board. The Board is prohibited by law from taking action on matters, not on the agenda but may ask questions to clarify the speaker's comment. The Board limits testimony on matters not on the agenda to three minutes per person and not more than 10 minutes for a particular subject at the discretion of the Chair of the Board. To best facilitate these items, please write your topic to phboard@mendocinocounty.gov* • None.	Board Action: None.
3. **10 minutes**	**Approval of Minutes from December 4, 2025, Regular Meeting:** *Review and Possible Action*	Board Action:

	• Motion made by Member Coren, seconded by Member Saye, to approve December 4, 2025, Minutes. Motion was voted on and approved unanimously.	Approved.
4. **10 minutes**	**Community Health Needs Assessment Plan:** **Jean Cunnington, Senior Department Analyst** • The Community Health Needs Assessment (CHNA) plan included in the agenda packet, began in 2024 and expanded with a steering committee to ensure broader community representation and participation. • The County made an agreement with Adventist Health to combine both organizations' CHNA efforts. The integration was not for this assessment, but the collaboration will be valuable information that will assist with the next CHNA. • After completing the data analysis, six key health areas were identified, including: mental health, substance misuse, stigma community safety, healthcare access, chronic conditions, cancer, and diabetes. Two of these priorities aligned with Adventist Health's priorities. Adventist Health also identified financial stability as an additional priority. • Adventist Health and the County have begun working together on implementation efforts. • Jenine Miller and Jeremy Malin are overseeing the five workgroups that started meeting in January and are currently in the early planning stages. Each group includes key leaders and community stakeholders. • Supervisor Williams asked which indicators were used to calculate metrics (page 23). Member Cunnington to follow up with additional information. • Member Saye noted community assets are as important as needs. Asset information (page 31), and suggested reviewing quality-of-care data points for inclusion in the next CHNA. • The CHIP has been submitted, and five workgroups are currently developing 3–5year project plans in the areas: mental health/substance misuse/stigma, community safety, health care access, chronic conditions/cancer, and diabetes. The CHIP will be presented at the next meeting for review with the PHAB. • Data follow-up requested (page 43) regarding respondents who report lack of services in their area. Member Cunnington will review whether data can be analyzed by zip code. • Follow up on data requested for areas without internet access by zip code (page 17) and language distribution in communities (page 9). Member Cunnington to follow up whether data available on where internet access is not available by zip code and languages. • Tobacco use concerns were mentioned (page 56) for the use among youth and identified as an area of concern. The County has been conducted checks "stings". Vaping among high school students is also another concern, as it is often perceived as safer despite health risks. • It was suggested to invite the Tobacco Prevention Team to the next meeting to provide additional information about their current	Board Action: None.

	and ongoing efforts.	
5. **10 minutes**	**Public Health Priorities for the Board:** *Discussion and Possible Action* • At the previous meeting, the board discussed ways members could support the Public Health department. In response, the County developed and shared public health priorities and potential recommendations for the board to support the department, including advocating, sharing public health information within networks, encouraging prevention efforts, providing recommendations, supporting community health, reviewing local health data, identifying equity and inclusion issues for access to care, and support community care and initiatives. • The County is currently working on Whip Its ban and Kratom ban, that have become increasingly popular among youth populations. • Member Saye emphasized the need for actionable and concrete steps, particularly when requesting funding to support public health goals and community safety. • Member Coren noted that education is one of the important public health interventions. • Prevention grant funding is decreasing, which is creating challenges for maintaining certain programs.	Board Action: None.
6. **10 minutes**	**Mendocino County Report:** *Jenine Miller, Director of Health Services* A. Other Updates • As of March 12, 2006, 50,000 individuals are no longer connected with Partnership HealthPlan through Medi-Cal. The County is evaluating the impact on the community, particularly for those without Medi-Cal. • The County Medical Services Program (CMSP) will be ramping back up and could result in changes to healthcare access for some individuals. • Director Miller highlighted rising measles cases in California and emphasized the county's efforts on vaccination education. • It was noted the County has vaccines available Monday through Friday. B. Data Dashboard • The County is continuing to expand the Good to Know Mendocino website (goodtoknowmendo.com), which includes resources related to mental health, substance use disorder treatment, and community services. The site includes a health data dashboard that is now active. Data shows that cancer remains a leading cause of death and has been added to the CHIP chronic conditions group. • Chronic liver disease is also another significant concern and has prompted discussions with other boards working on more education about alcohol use and prevention efforts. • The Substance Misuse Taskforce is working on education about alcohol and substance misuse. • It was noted that March is Gambling Awareness Month and that gambling addiction impacts individuals negatively. • The data dashboard will continue to expand as additional	Board Action: None.

	dashboards are created. C. Fentanyl High Showings • The County has purchased screening rights to the documentary *Fentanyl High*. Upcoming community screenings include Ukiah on March 25 and Fort Bragg on April 2 and will include a panel discussion addressing Fentanyl impacts and prevention. These events are in partnership with Mendocino County Office of Education (MCOE). • On March 12, 2026, the department also received a request to host an additional screening in another school district. D. SharePoint • To reduce paper use for Health Services boards and committees, the department plans to transition to electronic documenting. A PHAB SharePoint site has been created to provide access to past agendas, board rosters, calendars, meeting handouts, and historical documents, and current meeting materials. Staff will assist board members with VPN authenticator and access the County systems to use the PHAB SharePoint. E. Substance Use Taskforce • The Taskforce is developing a public awareness focused on Fentanyl, including billboards placed throughout Mendocino County. • Several billboard designs were shared as examples of messaging that may appear across available locations in the county. • Member Coren suggested adapting the billboard designs into posters. • The Taskforce is also exploring opportunities to display some of the designs on MTA buses. • Additional educational messaging is being explored in movie theaters.	
7. **10 minutes**	**Brown Act and Ethics Training** • Information regarding Brown Act training was emailed to members. Board members are required to complete this training. Once completed, members should send their certificate of completion to the board clerk.	Board Action: None.
8. **10 minutes**	**Public Health Department Report Out** A. Emergency Medical Services **Tami Bartolomei, Program Manger** • Effective October 1, Emergency Medical Services (EMS) returned to Public Health. Ms. Bartolomei provided an update on EMS services and program activities. • EMS is legally mandated system designed to ensure 911 calls are received and handled appropriately, providing timely care. • The Local EMS Agency (LEMSA) operates under California Health and Safey Code. Each county must have a LEMSA that acts as the lead agency for planning, implementing, and providing medical oversight of EMS services. • Responsibilities include collecting data from every 911 call, conducting Emergency Medical Care Committee (EMCC) meetings to review responses, provide follow-up, and implement training for improvements.	Board Action: None.

	• Coastal Valley EMS is the current LEMSA, and a contract has been finalized with them. Since the transition, there has been discussions regarding a reduction in fees, which would include the County assuming the Medical Health Operational Area Coordinator (MHOAC) responsibilities. • Recent meetings with fire chiefs provided feedback on EMS operations, identifying areas that are working well and those needing improvement. The department has been invited as a partner to help develop a plan for ambulance services. • A committee is being considered to review Advanced EMT (AEMT) standards and training. • Ms. Bartolomei was recognized by Angle Slater for her extensive experience in the county and previous work with the Office of Emergency Services (OES). • Hospital Preparedness Program (HPP) goals include preparing hospitals for emergencies, such as evacuation scenarios. • Tribal communities, hospices, and other stakeholders are included in EMS planning meetings and exercises. • Member Coren expressed the critical need for emergency communications and the importances of tribal communities' integration.	
9. **10 minutes**	**Open Discussion / Q&A** A. Time for members to raise questions, ideas or concerns • None.	Board Action: None.
10. **2 minutes**	**Adjournment: 4:49 PM** Confirm next meeting date and tasks • June 11, 2026, 3:00–4:30 PM. Closing Remarks • None.	Board Action: None.

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Public Health CHNA Data Clarifications

6/11/2026

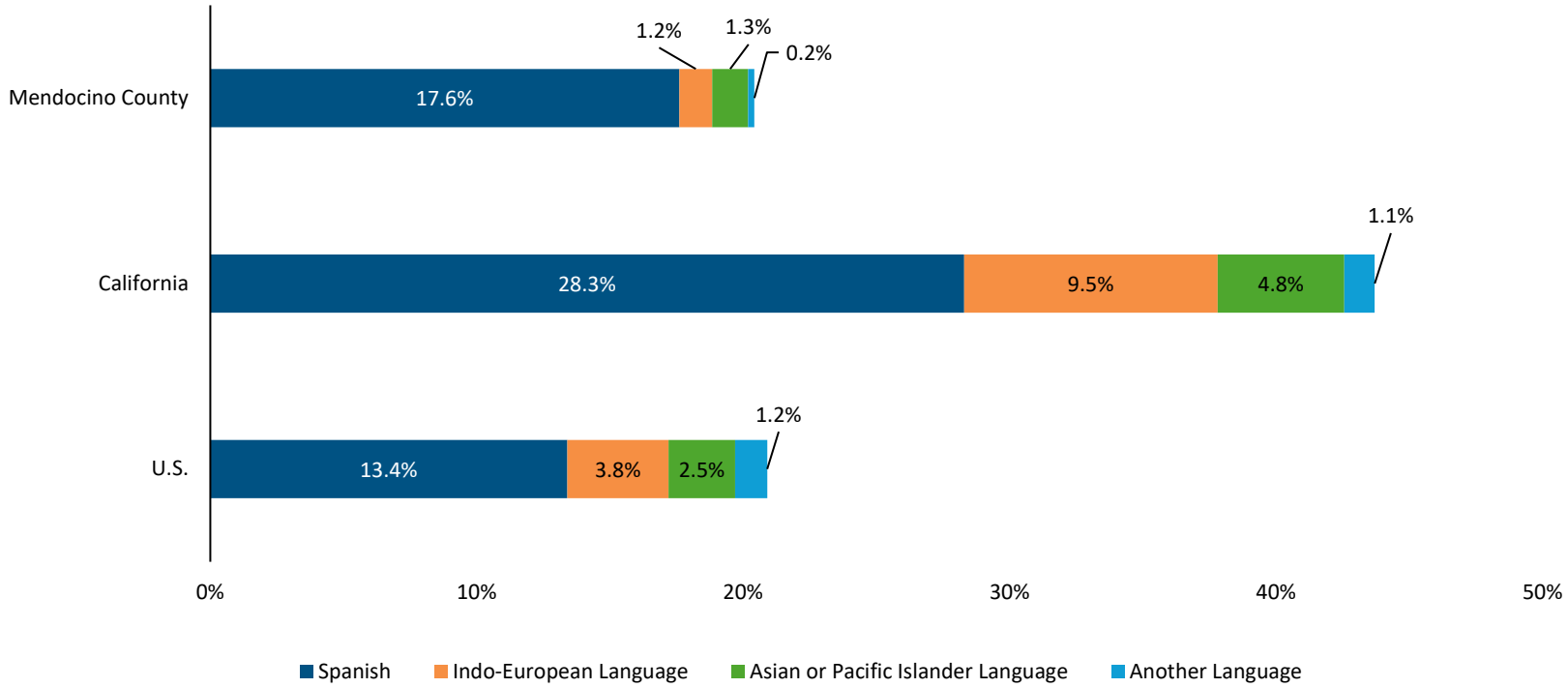
Jean Cunnington
Senior Department Analyst

Public Health Advisory Board
CHNA Data Questions from 3/11/2026 Meeting

1. Show data for languages by zip code – Page 9
2. Show data for internet access by zip code – Page 17
3. Data source for Top Community Health Concerns – Page 26
4. Break out data where mental health and substance abuse services were not available, by zip code- Page 43
5. Identify metrics used to calculate Mental Health Index – Page 47

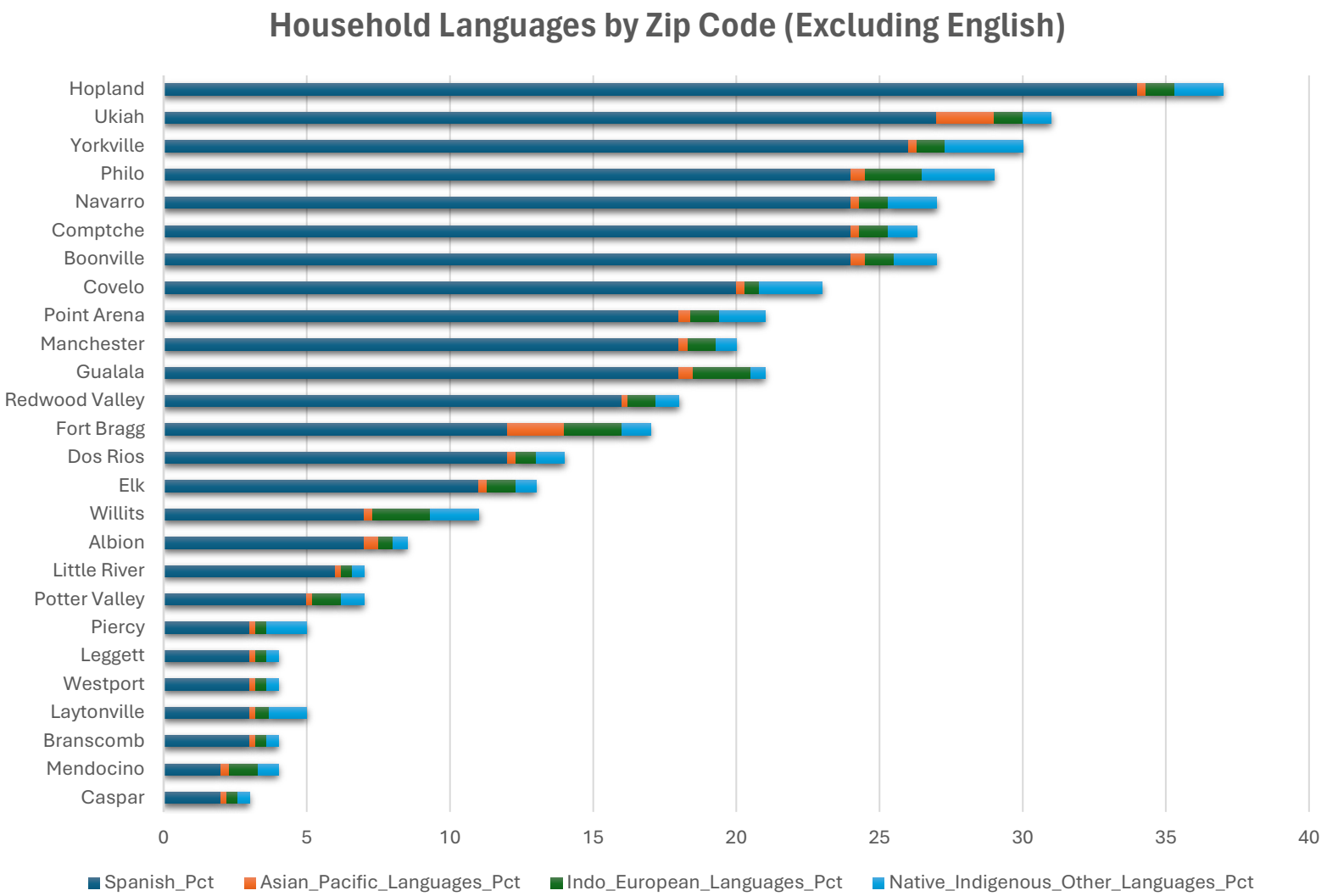
CHNA Section Language and Immigration - Page 9
Languages Spoken Other than English

Figure 4. Languages Other than English Spoken at Home: County, State, U.S.
(Percent of Population Age 5+)



COUNTY & STATE VALUES: CLARITAS POP-FACTS (2025)
U.S. VALUE: AMERICAN COMMUNITY SURVEY (2019-2023)

Languages Spoken Other than English (cont.)

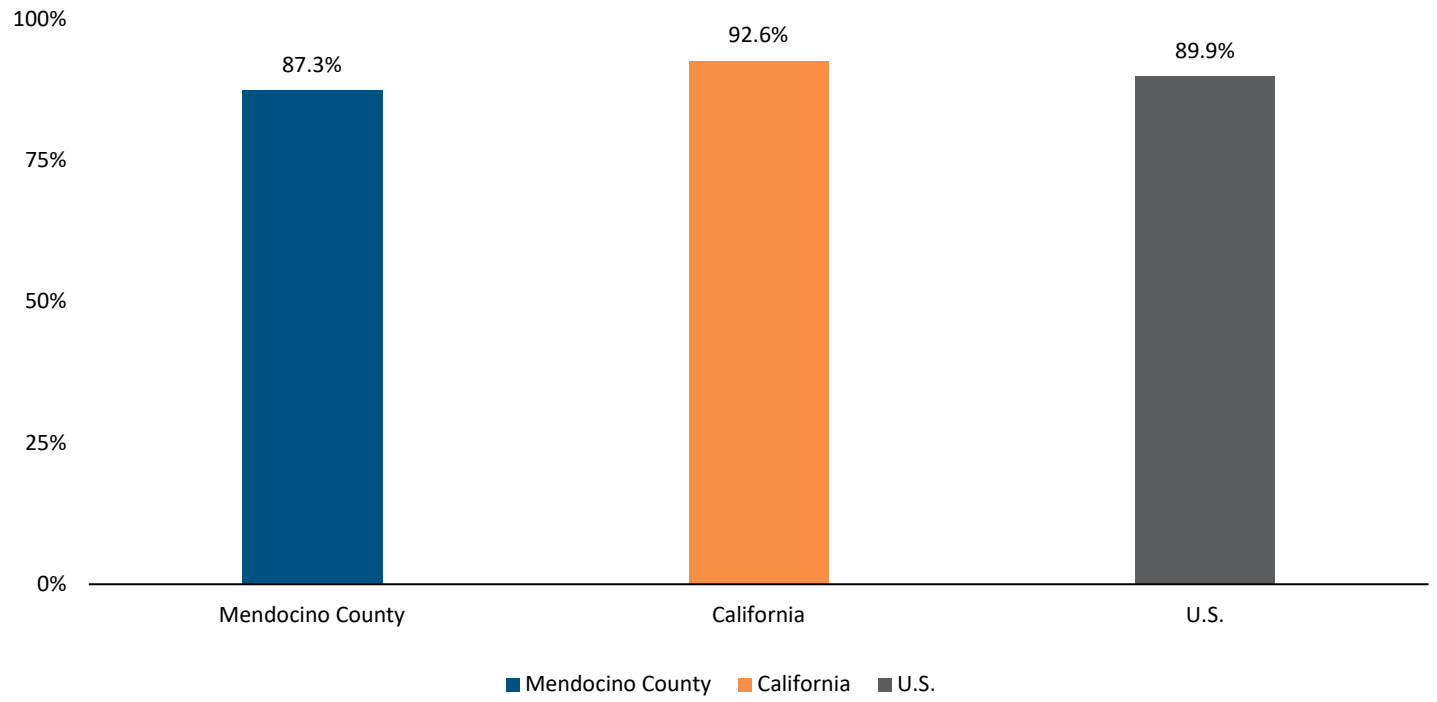


Data source for the tables in the CHNA : US Census Bureau American Community Survey.
Data collection period: January 1, 2020 - December 31, 2024
Official release date: January 29, 2026

ZIP_Code	Community	Notable_Languages
95449	Hopland	Spanish
95482	Ukiah	Spanish; Mixtec/Zapotec (likely)
95494	Yorkville	Spanish
95466	Philo	Spanish
95463	Navarro	Spanish
95415	Boonville	Spanish; Native North American languages
95427	Comptche	Spanish
95428	Covelo	Spanish
95445	Gualala	Spanish; Tagalog; Russian
95468	Point Arena	Spanish
95459	Manchester	Spanish; Indigenous Mexican languages
95437	Fort Bragg	Native/other languages
95470	Redwood Valley	Spanish
95429	Dos Rios	Spanish
95432	Elk	Small multilingual population
95490	Willits	Spanish; Indigenous Mexican languages
95410	Albion	Spanish; Russian/Slavic
95456	Little River	Spanish; Indigenous Mexican languages
95469	Potter Valley	Spanish
95454	Laytonville	Spanish
95587	Piercy	Spanish; Tagalog; Chinese; Russian
95417	Branscomb	Spanish
95460	Mendocino	Spanish; Russian
95488	Westport	Spanish
95585	Leggett	Spanish
95420	Caspar	Spanish

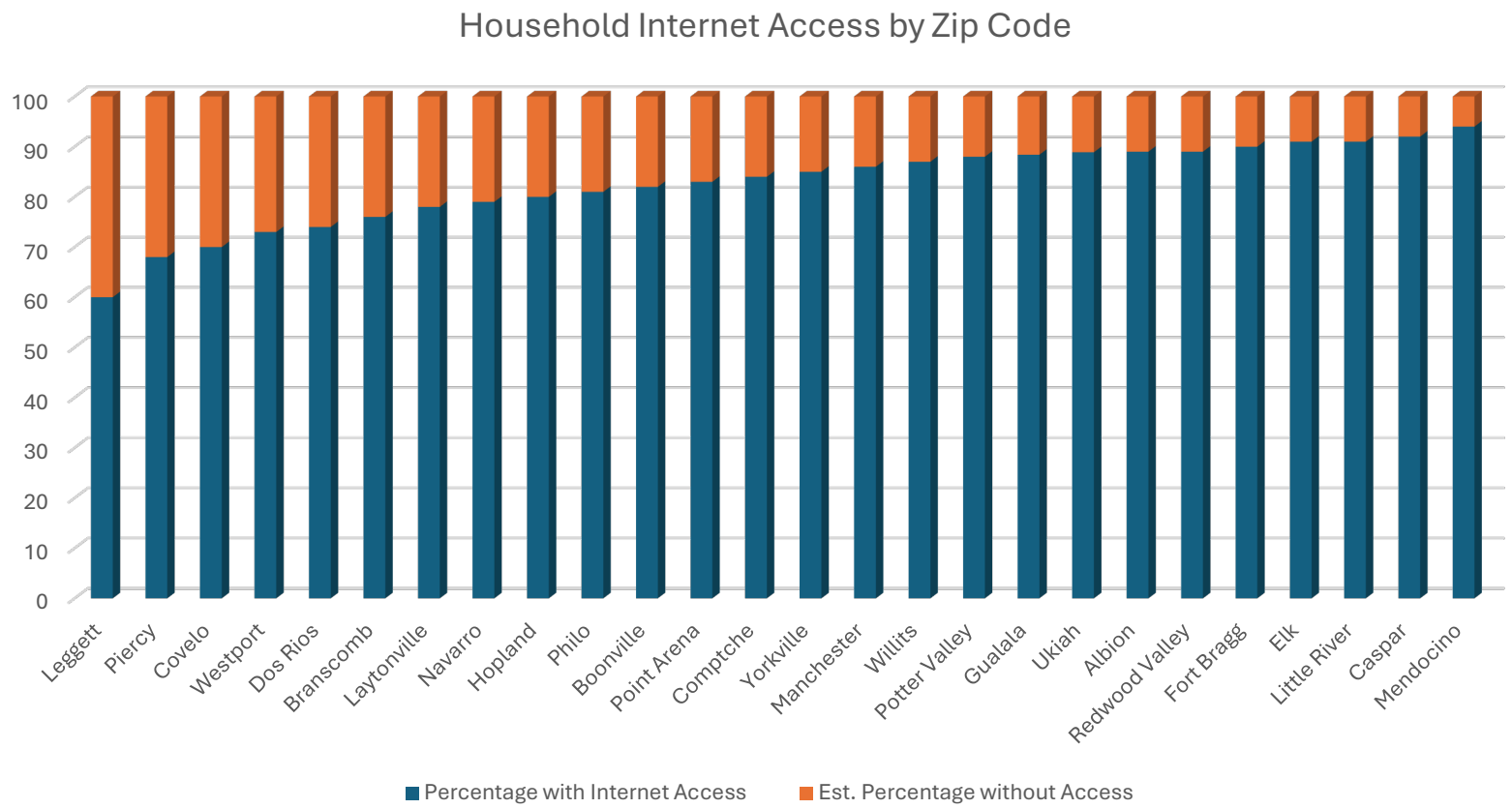
CHNA Section Neighborhood and Built Environment – Page 17
Household Internet Access

Figure 13. Households with an Internet Subscription: County, State, U.S.



SOURCE: AMERICAN COMMUNITY SURVEY (2019-2023)

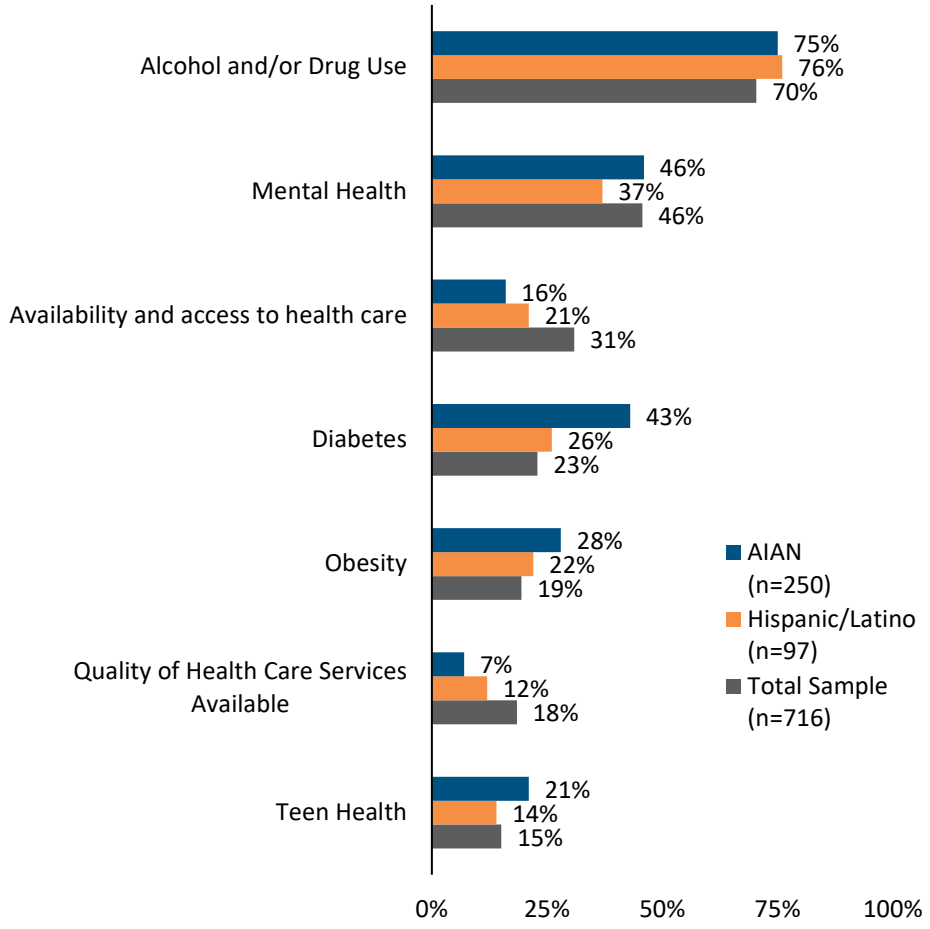
Household Internet Access (cont.)



ZIP_Code	Community
95420	Caspar
95460	Mendocino
95417	Branscomb
95454	Laytonville
95488	Westport
95585	Leggett
95587	Piercy
95469	Potter Valley
95456	Little River
95410	Albion
95490	Willits
95432	Elk
95429	Dos Rios
95437	Fort Bragg
95470	Redwood Valley
95445	Gualala
95459	Manchester
95468	Point Arena
95428	Covelo
95415	Boonville
95427	Comptche
95463	Navarro
95466	Philo
95494	Yorkville
95482	Ukiah
95449	Hopland

- Data source for the tables in the CHNA : US Census Bureau American Community Survey.
- The ACS 2019–2023 5-year estimates represent survey responses collected from January 2019 through December 2023 and released by the Census Bureau in late 2024 / early 2025.

Top Community Health Concerns– Page 26



Data Source: Community Health Survey administered in Mendocino County by Public Health in 2024.

CHNA Mental Health, Substance Misuse & Stigma – Page 43
Alcohol/Substance Addiction Treatment Survey Question

In the past 12 months, was there a time that you needed alcohol/substance addiction treatment but did not receive services?		
Response: The services I need are not available in my area.		
Zip Code	**Community**	**Responses**
95449	Hopland	1
95482	Ukiah	2
95490	Willits	4
	Total	7

Total survey responses	787
Total response with "Yes, I did not get the services"	26
Total response with "The services I need are not available in my area"	7

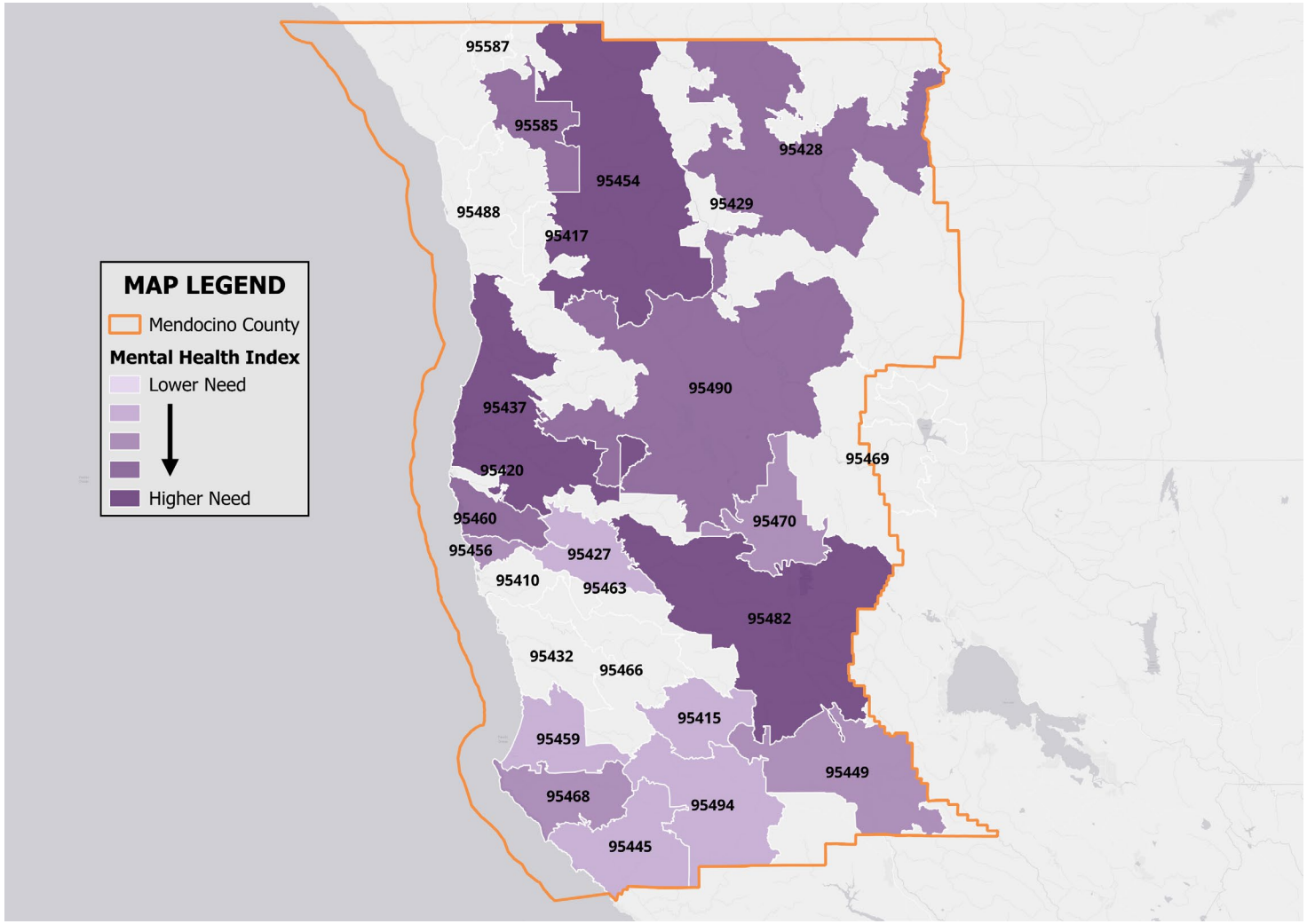
CHNA Mental Health, Substance Misuse & Stigma– Page 43
Mental Health Services Survey Question

In the past 12 months, was there a time that you needed mental health services but did not receive services?		
Response: The services I need are not available in my area.		
Zip Code	**Community**	**Responses**
95428	Covelo	2
95437	Fort Bragg	3
95445	Gualala	4
95449	Hopland	5
95459	Manchester	1
95460	Mendocino	1
95466	Philo	1
95470	Redwood Valley	1
95482	Ukiah	8
95490	Willits	8
	Total	34

Total survey responses	787
Total response with "Yes, I did not get the services"	128
Total response with "The services I need are not available in my area"	34

CHNA Section Mental Health Index – Page 22

Zip Code	City	MHI Value
95410	Albion	-
95415	Boonville	21.8
95417	Branscomb	-
95420	Caspar	-
95427	Comptche	16.8
95428	Covelo	65.4
95429	Dos Rios	-
95432	Elk	-
95437	Fort Bragg	90.6
95445	Gualala	27.3
95449	Hopland	39.2
95454	Laytonville	90.3
95456	Little River	45.6
95459	Manchester	31.9
95460	Mendocino	57.8
95463	Navarro	-
95466	Philo	-
95468	Point Arena	51
95469	Potter Valley	-
95470	Redwood Valley	49.5
95482	Ukiah	78.8
95488	Westport	-
95490	Willits	72.8
95494	Yorkville	13.7
95585	Leggett	63.2
95587	Piercy	-



CHNA Mental Health Index (cont.)

- A public health index combines multiple health-related indicators into a single score that compares populations, trends, or regions over time.
- HCI Conduent used 176 data sets from publicly available data to create the Public Health indexes in the CHNA.
- They use proprietary data analysis tools to create the indexes.

- The CHNA Mental Health Index is a measure of need in the communities.
  - High score = high mental health burden.
- Zip codes that do not have data have low numbers that are not statistically significant.
- The index does not measure the number of providers available.
  - It is possible to create an Access Gap analysis using the appropriate data sources and statistical analysis tools.
  - Or, using a mapping tool such as ArcGIS, create a map of the provider locations by zip code and overlay with the Mental Health Index.

HCI Conduent Data Sources
California Department of Education
County Health Rankings
California Health Interview Survey
CDC - PLACES
American Community Survey 5-Year
California Opioid Overdose Surveillance Dashboard
California Department of Public Health
Centers for Medicare & Medicaid Services
American Lung Association
California State Highway Patrol
National Cancer Institute
Feeding America
U.S. Department of Agriculture - Food Environment Atlas
California Department of Public Health, STD Control Branch
California Department of Public Health, Immunization Branch
U.S. Census - County Business Patterns
Controlled Substance Utilization Review and Evaluation System
National Center for Education Statistics
Child Welfare Dynamic Report System
U.S. Bureau of Labor Statistics
California Department of Justice
California Secretary of State

public health
MENDOCINO COUNTY

Community Health Improvement Plan

2025

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Prioritized Health Topic #3: Healthcare Access 8

Prioritized Health Topic #4: Diabetes 9

Prioritized Health Topic #5: Chronic Conditions (Prevention Education Efforts) 10

Prioritized Health Topic #6: Cancer 0

CHIP Planning **1**

CHIP Planning Workshops **1**

CHIP Priority Areas and Plans **2**

Access to Care Workgroup 2

Problem Statement / Issue Description 2

Diabetes Workgroup 3

Problem Statement / Issue Description 3

Mental Health Workgroup 4

Problem Statement / Issue Description 4

Chronic Conditions Workgroup 5

Problem Statement / Issue Description 5

Community Safety Workgroup 6

Problem Statement / Issue Description 6

Conclusion **8**

Message from the Director

The Mendocino County Community Health Improvement Plan (CHIP) reflects a shared commitment to improving the health and well-being of all residents through coordinated, data-driven, and equity-focused action. This plan was developed in collaboration with community partners, healthcare providers, schools, tribal organizations, and residents to identify the most pressing health challenges and to outline collective strategies for meaningful change.

Mendocino County continues to face health disparities influenced by rural geography, limited healthcare workforce, and social and economic barriers that impact access to care and overall well-being. Chronic diseases remain leading contributors to preventable illness and premature death.

This Community Health Improvement Plan identifies five priority areas: Access to Care, Diabetes, Behavioral Health, Chronic Disease, and Community Safety. These reflect both the needs and the strengths of our communities. Each priority area includes clear goals, strategies, and objectives designed to guide collective action over the next three to five years.

At the heart of this plan is a commitment to improving health outcomes in Mendocino County. This requires addressing the underlying social determinants of health and ensuring that all residents, regardless of geography, income, language, or background, have access to the resources and opportunities needed to thrive. This includes strengthening prevention efforts, improving early detection and intervention, expanding access to services, and building stronger partnerships across systems and communities.

No single organization can achieve these goals alone. The success of this plan depends on continued collaboration, shared accountability, and the engagement of the entire community. Thank you to all partners and community members who contributed their time, expertise, and lived experience to this effort. Your voices are essential to shaping a healthier future for our county.

Acknowledgements

Mendocino County Public Health Staff

Mendocino County Public Health and Adventist Health led the development of the Community Health Improvement Plan (CHIP) in collaboration with Conduent Healthy Communities Institute (HCI). Representatives met regularly to review community health priorities identified through the Community Health Needs Assessment, incorporate community feedback, and engage new partners to support implementation strategies. Public Health staff worked closely with community members and partners throughout Mendocino County during the planning process

to ensure the CHIP reflects local needs, strengthens cross-sector collaboration, and promotes collective action to improve health outcomes across the county.

Local Partners

Mendocino County Public Health gratefully acknowledges the participation of a dedicated group of local partners and external shareholders that generously gave their time and expertise to help guide the development of the Community Health Improvement Plan for Mendocino County:

- Adventist Health
- Anderson Valley Senior Center Blue Zones Project
- City of Ukiah
- Community Members
- Healthy Mendocino
- First Five Mendocino
- Fort Bragg Police Department
- Indigenous Wellness Alliance
- MCAVHN Care and Prevention Network
- Mendocino County Sheriff's Office
- Mendocino County Behavioral Health
- Mendocino County Department of Social Services
- Mendocino County Health Services
- Mendocino County Public Health
- Mendocino County WIC
- Mendonoma Health Alliance
- Nuestra Alianza de Willits
- Partnership HealthPlan of California
- Redwood Community Services
- The Mending Basket Wellness Resource Center
- Willits Senior Center

Executive Summary

The CHIP describes how Mendocino County Public Health and community partners will work toward a shared vision to improve health and advance health equity throughout Mendocino County. The plan is the result of a collaborative planning process that engaged a broad range of partners, including representatives from Public Health, community-based organizations, behavioral health providers, hospitals, health plans, local advocates, and community leaders. It incorporates findings from the county's most recent Community Health Needs Assessment and outlines objectives, strategies, and opportunities for collective action across six priority areas identified through community input and stakeholder engagement.

Purpose and Context

Mendocino County Public Health is pleased to present the 2025 Community Health Improvement Plan. The CHIP outlines a collaborative roadmap to improve health outcomes and advance health equity for all residents. Building on findings from the county's most recent Community Health Needs Assessment, this plan identifies priority areas and establishes objectives and strategies for collective action. Through partnerships with local organizations, healthcare providers, community-based agencies, and community leaders, the CHIP aims to address health challenges, reduce barriers to care, and strengthen the social, environmental, and economic conditions that support overall well-being. The overarching mission of Mendocino County Public Health remains to protect, promote, and enhance the health of all residents and visitors throughout Mendocino County.

Community Health Needs Assessment (CHNA) Summary

Mendocino County Public Health completed its 2024 CHNA, providing a comprehensive analysis of the county's health status, barriers to care, and key social determinants of health (SDoH). Following the prioritization process, members of the CHNA Steering Committee reviewed and discussed the scoring results of significant community health needs and identified six priority areas for integration into the CHIP. As shown in Figure 1, the identified priorities include:

Figure 1: Mendocino County Prioritized Health Topics

The Steering Committee elected to include diabetes as a standalone priority because it was consistently identified in both the community survey and focus groups as a significant and distinct health concern. Findings from the CHNA underscore critical challenges and opportunities for action, forming the foundation of the CHIP. These priority areas will guide strategies aimed at reducing health disparities, expanding access to care and prevention services, and strengthening the social and environmental conditions that support overall well-being. Mendocino County Public Health remains committed to its mission.

Prioritized Health Needs

Prioritized Health Topic #1: Mental Health, Substance Misuse & Stigma

Secondary Data Score – Alcohol & Drug Use: 1.83
Secondary Data Score – Mental Health: 1.19

Key Themes from Community Input

- 70% of survey respondents rank Alcohol and/or Drug Use as a top health need
- Stigma, fear, and limited access to support services are barriers to care
- Youth and Native American Communities are the most impacted populations

Warning Indicators

- Age-Adjusted Death Rate due to Synthetic Opioid Overdose (excluding Methadone) (Deaths per 100,000 residents)
- Age-Adjusted Drug and Opioid-involved Overdose Death Rate (Deaths per 100,000 residents)
- Age-Adjusted Death Rate due to Prescription Opioid Overdose (Deaths per 100,000 residents)

Prioritized Health Topic #2: Community Safety

Secondary Data Score – Prevention and Safety: 2.15
Secondary Data Score – Community Safety: 1.67

Key Themes from Community Input

- Survey respondents indicate that these areas need to be improved in the community: Crime and Crime Prevention (23%), Safe parks and usable walking paths (21%), and Safe public spaces (10%)
- Poor infrastructure, including inadequate bike lanes and sidewalks, and limited animal control resources are considered barriers to community safety

Warning Indicators

- People 65+ Living Alone
- Age-Adjusted Death Rate due to Unintentional Injuries
- Age-Adjusted Death Rate due to Homicide

Prioritized Health Topic #3: Healthcare Access

Secondary Data Score – Healthcare Access: 1.51

Key Themes from Community Input

- 31% of Survey respondents rank Availability and Access to Health Care as a top health need
- Long travel distances to healthcare facilities, insurance and billing complications, and shortage of local healthcare providers and specialists are considered barriers to care
- Native Americans, low-income families, and seniors are the most impacted populations

Warning Indicators

- People Delayed or had Difficulty Obtaining Care
- Children with Health Insurance
- Adults who had had a Routine Checkup

Prioritized Health Topic #4: Diabetes

Secondary Data Score – Diabetes: 0.98

Key Themes from Community Input

- 23% of survey respondents ranked Diabetes as an important health issue
- Economic constraints leading to unhealthy dietary choices, long travel distances for dialysis and lack of specialized diabetes care are considered barriers to care
- Native Americans and low-income families are the most impacted populations

Warning Indicators

- Age-Adjusted Death Rate due to Diabetes (deaths/100,000 population)

Prioritized Health Topic #5: Chronic Conditions (Tobacco Use Prevention, Oral Health and Other Prevention Education Efforts)

Secondary Data Score – Tobacco Use: 1.59
Secondary Data Score – Oral Health: 1.54
Secondary Data Score – Other Conditions: 1.16

Key Themes from Community Input

- 33% of survey respondents did not receive dental care within the last 12 months
- Native Americans, and low-income families are the most impacted populations

Warning Indicators

- Oral Cavity and Pharynx Cancer Incidence Rate
- Adults who Visited a Dentist
- 11th Grade Students Who Report Vaping or Using E-Cigarettes

Prioritized Health Topic #6: Cancer

Secondary Data Score – Cancer: 1.70

Key Themes from Community Input

- 12% of respondents rank Cancer as a top health need
- Lack of effective education and prevention programs, and cultural and economic factors are considered barriers to care

Warning Indicators

- Mammogram in Past 2 Years: 50-74
- Age-Adjusted Death Rate due to Cancer
- Colorectal Cancer Incidence Rate

CHIP Planning

Figure 2: CHIP Planning Process

The Community Health Improvement Plan planning process started with a Kick-Off on September 22, 2025, and continued with a series of virtual workshops. Mendocino County Public Health provided guidance and leadership for the planning process with broad participation from community partners. Participants then discussed their shared vision and values and reviewed findings from the Community Health Needs Assessment to work on in the CHIP. (Figure 2)

CHIP Planning Workshops

Once the priority areas were identified, Conduent Healthy Communities Institute facilitated a series of virtual workshops with work groups for each priority area. Participants included community partners, providers, and subject matter experts knowledgeable about community needs and services for the priority area. The Cancer priority was determined to be very broad and was combined with Chronic Conditions under the focus of Cancer Prevention.

Workgroups were advised to consider specific parameters when developing projects: align with and leverage existing resources, avoid reliance on new funding unless a grant is identified, and ensure the project scope can be completed within the given timeframe.

During the workshop, Conduent HCI facilitated a collaborative discussion using the Technology of Participation (ToP) methods (See Figure 3). Following the first virtual sessions, additional

meetings were held to refine draft strategies and develop implementation plans for each priority area. Collaborative online tools including Google Slides were used to promote engagement and interaction throughout the virtual planning process. In some cases, smaller work groups convened to allow for deeper discussion and finalizing plan details.

CHIP Priority Areas and Plans

Access to Care

Problem Statement / Issue Description

Mendocino County residents experience barriers to accessing timely, affordable, and culturally appropriate healthcare services. These challenges are driven by cultural and linguistic inequities, fragmented and difficult-to-navigate systems of care, limited provider capacity, and ongoing financial instability within the local healthcare system.

As a rural county, Mendocino faces persistent workforce shortages across primary care, specialty care, behavioral health, and dental services. Residents in outlying and remote areas often encounter long travel distances, limited transportation options, and extended wait times for appointments. These barriers contribute to delays in care, unmet health needs, and increased reliance on emergency services for conditions that could have been prevented or managed earlier.

Additionally, many residents, particularly low-income individuals, older adults, uninsured or underinsured populations, and Spanish-speaking communities, face systemic barriers including cost of care, lack of insurance coverage, language access limitations, and mistrust of healthcare systems.

GOAL STATEMENT (3–5 YEARS)

Improve equitable access to comprehensive, timely, and culturally responsive healthcare services for all Mendocino County residents by strengthening the healthcare workforce, improving system coordination, and reducing financial, geographic, and cultural barriers to care.

STRATEGIES

Goal 1 – Strengthen Healthcare Workforce

- Partner with academic institutions and training programs to recruit and retain providers
- Expand use of community health workers (CHWs), promotores, and peer support specialists
- Support loan repayment and incentive programs for rural providers
- Develop career pathways for local residents into healthcare fields

Goal 2 – Stabilize Financial Sustainability

- Enhance provider understanding of reimbursement models
- Increase outreach and enrollment in Medi-Cal and other health insurance programs
- Support providers in participating in health insurance programs
- Explore strategies to sustain essential services
- Promote sliding fee scale programs and low-cost care options

Goal 3 – Enhance Connection to Healthcare

- Increase awareness of transportation benefits
- Strengthen mobile care capacity
- Promote resource accessibility
- Establish a reporting and information-sharing system
- Expand telehealth infrastructure across providers
- Expand bilingual and bicultural workforce capacity
- Ensure availability of interpretation and translation services

ALIGNMENT WITH OTHER PLANS

- CHIP Priorities (Equity, Access to Care)
- Partnership HealthPlan initiatives
- Public Health Strategic Plan
- Tribal Health wellness initiatives
- Rural Health Transformation efforts

Diabetes

Problem Statement / Issue Description

Diabetes is a significant and growing public health concern in Mendocino County, affecting the health, quality of life, and economic stability of residents. As a largely rural county, Mendocino faces unique challenges that increase the risk of diabetes, including limited access to healthcare services, transportation barriers, and reduced availability of affordable, healthy foods.

Certain populations in the county are disproportionately impacted by diabetes, including low-income residents, older adults, Tribal and Hispanic/Latino communities. These disparities are influenced by social determinants of health such as income, education, housing stability, food access, and access to preventive healthcare services.

Diabetes is a leading contributor to serious health complications including heart disease, kidney disease, vision loss, and amputations, and contributes to preventable hospitalizations and premature death in the county.

GOAL STATEMENT (3–5 YEARS)

Improve diabetes outcomes countywide by leveraging existing resources, strengthening partnerships, and implementing feasible, culturally appropriate, equity-focused strategies

STRATEGIES

- Reduce the incidence and prevalence of diabetes through prevention-focused strategies
- Improve access to screening, early diagnosis, and culturally appropriate care
- Address social determinants of health that contribute to diabetes risk
- Reduce disparities in diabetes outcomes among priority populations

ALIGNMENT WITH OTHER PLANS

- Public Health Chronic Disease Plan
- Adventist Health community benefit goals
- Partnership HealthPlan initiatives
- Tribal Health wellness initiatives
- CHIP Access to Care and Wellness priorities

Behavioral Health

Problem Statement / Issue Description

Mendocino County experiences high rates of poverty, child abuse, opioid-related overdose deaths, and juvenile arrests, all of which contribute to increased risk for behavioral health conditions. Community feedback identified mental health and substance use among the highest-ranked concerns across multiple data collection methods. Respondents also highlighted transportation barriers, social isolation, stigma, language access, limited infrastructure and resources, and economic challenges, including lack of adequate health insurance, as significant obstacles to accessing care. Community members, particularly youth, face increasing behavioral health risk factors alongside limited behavioral health literacy, persistent stigma, and inconsistent access to supportive services. Many students and families are unaware of available behavioral health resources and supports, while there may also be a need for additional tools, training, and strengthening information on early identification.

Stigma surrounding behavioral health continues to prevent individuals from seeking help, particularly in small and close-knit communities. These challenges contribute to unmet behavioral health needs, worsening conditions, and increased impacts on school performance, family stability, and overall community well-being.

GOAL STATEMENTS (3–5 YEARS)

Improve behavioral health outcomes for youth and community members in Mendocino County by increasing awareness, reducing stigma, strengthening early identification, and expanding access to timely supportive services.

Goal 1— Increase Behavioral Health Awareness

- Develop and implement community-wide education campaign targeting earlier recognition and connection to resources for youth, individuals, families, and caregivers
- Partner with schools, community-based organizations, and service agencies to share and leverage existing prevention and early intervention resources
- Create iconography for symptom recognition

Goal 2 Strategies — Reduce Stigma

- Collect feedback on stigma to inform messaging
- Launch anti-stigma campaigns featuring youth voices and lived experience
- Explore and promote peer support and youth leadership initiatives
- Engage trusted community leaders and organizations to foster open dialogue

Goal 3 Strategies — Improve Access & Coordination

- Promote awareness of available local behavioral health resources; explore centralized resource directories
- Collect feedback on collaboration between schools, healthcare providers, behavioral health, and social services and opportunities to improve collaboration
- Identify culturally and linguistically appropriate materials and resources to reach rural and underserved areas (such as telehealth)

ALIGNMENT WITH OTHER PLANS

- Public Health Chronic Disease Plan
- Partnership HealthPlan initiatives
- Adventist Health community benefit goals
- Tribal Health wellness initiatives
- CHIP Access to Care and Wellness priorities
- California Department of Public Health

Chronic Conditions:

Problem Statement / Issue Description

Residents of Mendocino County experience a significant impact from chronic diseases, contributing to preventable illness, disability, and premature death. These conditions are often diagnosed at later stages, reducing treatment effectiveness and increasing mortality.

Multiple factors contribute to this impact, including a high prevalence of behavioral risk factors such as tobacco use, alcohol use, poor nutrition, and physical inactivity, as well as limited access to preventive healthcare services such as routine screenings and primary care. Rural geography,

transportation barriers, and healthcare workforce shortages further limit timely access to prevention, early detection, and specialty care services.

Health disparities are also evident, with disproportionate impacts experienced by low-income residents, rural communities, and other underserved populations who face systemic barriers to accessing prevention, early intervention, and ongoing treatment services.

Goal Statement (3–5 Years)

Reduce chronic disease disparities in Mendocino County by increasing prevention, improving early detection and screening, and ensuring equitable access to timely and coordinated care.

STRATEGIES

Goal 1 Strategies - Expand Preventive Screening and Early Detection

- Increase community education and outreach efforts to raise awareness of recommended cancer screenings and the importance of early detection.
- Strengthen communication and outreach partnerships with clinics and hospitals to improve patient education, screening awareness, and follow-up engagement.
- Increase targeted education and outreach to high-risk populations to improve awareness of chronic disease screenings and testing services.

Goal 2 Strategies - Reduce Risk Factors for Chronic Disease

- Support tobacco prevention and cessation programs
- Support alcohol misuse prevention and education programs
- Promote nutrition and physical activity through community-based initiatives
- Implement community-wide education campaigns

ALIGNMENT WITH OTHER PLANS

- Public Health Chronic Disease Plan
- Adventist Health community benefit goals
- CHIP priority areas (Access to Care, Youth Health)
- California Department of Public Health
- Center for Disease Control and Prevention

Community Safety:

Problem Statement / Issue Description

Mendocino County's geographic isolation and recurring hazards, including wildfires, floods, and prolonged power outages, create significant safety risks for residents, particularly those with Access and Functional Needs (AFN). Currently, there is a lack of standardized data regarding the Trauma-Informed Care (TIC) and violence recognition competencies of local healthcare

providers, which can delay support for survivors during clinical encounters. Furthermore, while emergency management agencies maintain registries for emergency alerts and evacuation assistance, enrollment is often underutilized. By leveraging clinical touchpoints though a passive outreach model, the county can help bridge the gap between healthcare delivery and emergency preparedness without increasing administrative burdens on clinical staff or crossing HIPAA privacy regulations.

GOAL STATEMENT (3–5 YEARS)

Strengthen community safety and health care resilience by implementing a data-driven education framework to improve provider's ability to recognize signs of violence and provide trauma-informed care, and empowering AFN populations to self-enroll in emergency protection registries through standardized clinical outreach.

STRATEGIES

Goal 1 Strategies — Evidence-Based Provider Education (HPP/EMS)

- Conduct a county-wide baseline survey of the Healthcare Coalition (HCC) to identify specific gaps in Trauma-Informed Care and violence recognition knowledge among clinical and frontline staff.
- Based on survey outcomes, identify at least one evidence-based approach to develop and deliver customized training modules to ensure HPP and EMS providers are equipped to identify and support trauma survivors effectively.
- Conduct a count-wide post survey in Year 3 of the HCC to identify successes and identify areas of continuing need.

Goal 2 Strategies — Integrated AFN & Medical-Health Preparedness (PHEP)

- Design and produce "Medical Readiness Toolkits" featuring Bedside Cards and flyers. These tools will include QR codes for independent registration in emergency management alert registries (e.g. MendoReady) and include helpful information including how patients can contact their utility provider for additional possible medical support, how to prepare for evacuation, how to obtain replacement medication and/or assistive devices during a disaster, etc.
- Distribute toolkits to HPP provider sites and community clinics for display in waiting areas, allowing patients to voluntarily self-enroll during routine visits without direct staff intervention.
- Facilitate annual Medical Health Exercises to test real-time communication, patient tracking, and AFN-prioritization protocols among Public Health, Social Services, EMS, allied disaster support agencies and Healthcare Coalition Partners.

ALIGNMENT WITH OTHER PLANS

- Mendocino County Multi-Jurisdictional Hazard Mitigation Plan
- CDPH Public Health Emergency Preparedness and Hospital Preparedness Program 5-Year Cooperative Agreement 2024-2029.
- Public Health All-Hazards Response Plan
- Mendocino County Disaster Healthcare Coalition Response Plan
- Public Health Emergency Communication Plan
- Local Emergency Medical Services Patient Movement and Family Reunification Plan(s)

Conclusion

The Mendocino County Community Health Improvement Plan (CHIP) represents a shared commitment to advancing health equity, improving community health outcomes, and fostering resilience across our communities. Through collaborative governance, culturally responsive strategies, and data-driven evaluation, this plan provides a roadmap for addressing priority health needs and building sustainable systems of support. Success will depend on continued partnership among public health, healthcare providers, tribal governments, schools, and community organizations. Together, we can create a healthier, safer, and more equitable future for all residents of Mendocino County.