# MENDOCINO COUNTY BEHAVIORAL HEALTH ADVISORY BOARD

## REGULAR MEETING

# AGENDA

**December 17, 2025**
**1:00 PM – 3:30 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*
**JENNIFFER ESTEVO,** *2ND DISTRICT*
**DENISE GORNY,** *1ST DISTRICT*
**PERRI KALLER,** *3RD DISTRICT*
**TIM BOSMA,** *4TH DISTRICT*
**MARTIN MARTINEZ,** *5TH DISTRICT*
**JEFF SHIPP,** *3RD DISTRICT*
**GINA DANNER,** *LOCAL EDUCATION AGENCY*

**OUR COMMITMENT:** *"To be committed to individuals, their families, and the delivery of quality care with the goals of recovery, human dignity, and the opportunity for participants 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.** 5 minutes | **Approval of Minutes from November 12, 2025, Regular Meeting:** *Review and Possible Action* | Board Action: |
| **4.** 15 minutes | **Mendocino County Youth Project Report–** *Amanda Archer/Designee* A. Services Update | Board Action: |
| **5.** 15 minutes | **Redwood Community Services Report–** *Victoria Kelly/Designee* A. Services Update | Board Action: |
| **6.** 15 minutes | **Tapestry Report–** *Kendra Palma/Designee* A. Services Update | Board Action: |

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|---|---|---|
| **7.**<br>**15 minutes** | **Mendocino County Hospitality Center Report**– *Paul Davis/Designee*<br>A. Services Update | Board Action: |
| **8.**<br>**15 minutes** | **Anchor Health Management Report–** *Anchor Health Management Inc.*<br>A. Services Update | Board Action: |
| **9.**<br>**15 minutes** | **Mendocino County Specialty Mental Health Report–** *Karen Lovato, Deputy Director BHRS Operations*<br>A. Services Update | Board Action: |
| **10.**<br>**10 minutes** | **Mendocino County Report:** *Jenine Miller, Director of Health Services*<br>A. Director Report Questions<br>B. Federal Updates/Legislative Updates<br>C. PHF Updates<br>D. Grant Updates<br>E. BHAB Member Laptop/Tablets<br>F. Good To know Mendo Website | Board Action: |
| **11.**<br>**10 minutes** | **MHSA Annual Update for 25-26 30-day Public Comment Period –** *Rena Ford, Staff Services Administrator, Behavioral Health & Recovery Services* | Board Action: |
| **12.**<br>**10 minutes** | **Board & Committee Reports:** *Discussion and Possible Action*<br>A. Chair – *Jo Bradley*<br>o 2026 Meeting Schedule<br>o 2026 Office Nominations<br>B. Vice Chair – *Mo Mulheren*<br>C. Secretary/Treasurer – *Jenniffer Estevo*<br>D. Appreciation Committee – *Member Martinez*<br>o Current/Past BHAB Member Appreciation | Board Action: |
| **13.**<br>**5 minutes** | **2025-26 CALBHB/C Dues Invoice & Change of Address:** *Discussion and Possible Action* | Board Action: |
| **14.**<br>**5 minutes** | **Member Comments:** | Board Action: |
| **15.**<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

# MENDOCINO COUNTY BEHAVIORAL HEALTH ADVISORY BOARD

## REGULAR MEETING

# MINUTES

**November 12, 2025**
**1:00 PM – 3:30 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

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| | Agenda Item / Description | Action |
|---|---|---|
| **1.**<br>**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 Member Bosma, Member Estevo, Member Danner, Member Baroza, Member Martinez, Member Gorny, Member Donegan<br>• Members absent Shipp<br>• Health Services Director Jenine Miller was present<br>• Supervisor Mulheren and Supervisor Norvell were present<br>• Motion made by Member Baroza, seconded by Member Danner to approve the Agenda. Motion was voted on and approved unanimously. | Board Action:<br><br>Approved |
| **2.**<br>**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><br>Brian Erickson, Operations Director, Tapestry | Board Action:<br>None. |

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| | • In October 2025, Tapestry served 953 people, with 761 people that were Medi-Cal (80%) of Mendocino County.<br>• The Heroes Program has secured private foundation funding, with a three-year signed contract and an expected launch within the next month.<br>• The Mobile Parent-Child Interaction Therapy (PCIT) program will begin outreach to rural communities to expand access to care. | |
| **3.**<br>**30 minutes** | **SUDT Providers Report Out:**<br>A. Ford Street: ***Jacque Williams, Executive Director***<br>• URC (Ukiah Recovery Center) expansion is complete.<br>• Outpatient treatment continues successfully with 8 counselors.<br>• Bed updates:<br>  o Former opioid crisis beds decreased from 18 to 9.<br>  o 6 beds now designated for detox/withdrawal management.<br>• Goal is to eliminate or significantly reduce patient waitlists.<br>• Oversees local food bank:<br>  o Serves approximately 4,000 households monthly.<br>  o SNAP and CalFresh benefit reductions have brought in 30 new families seeking assistance.<br>  o Approximately 500 families have registered for Thanksgiving meal support.<br>• MendoFood coordinates the countywide food network; local food banks collaborate rather than compete.<br><br>B. Redwood Community Services: ***Kristin Bogner***<br>• Operates a residential Substance Use Disorder Services (SUDS) program that prioritizes women and children.<br>• 15 total beds:<br>  o 8 beds for women<br>  o 7 beds for children (up to age 12)<br>• Located in Upper Lake and serving Mendocino County residents.<br>• Goal is to double bed capacity over the next several years.<br>• Provides financial, legal, housing, educational, and parenting support services.<br>• Program focuses on meeting women "where they are" and supporting individual paths to sobriety.<br>• Average program completion / graduation target is 90 days.<br>• Currently facing staffing shortages impacting expansion and capacity.<br><br>C. New Life Clinic<br>• Not present.<br><br>D. Mendocino County: ***Angie Lewis, Acting Substance Abuse Program & Services Manager***<br>• Provides outpatient services for self-referred clients and those referred to through the courts.<br>• Initial assessments determine appropriate treatment placement. | Board Action:<br>None. |

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| | • Detox services are coordinated through the local hospital, with referrals to New Life Clinic for follow-up care.<br>• SUDT offerings include:<br>  o Outpatient treatment<br>  o Medication-Assisted Treatment (MAT)<br>  o 17 group programs across Ukiah, Willits, and Fort Bragg<br>• Court-connected programs include:<br>  o Behavioral Health Court<br>  o Family Dependency Court<br>  o Diversion Court<br>• Domestic violence treatment is not offered directly; clients are referred to Santiago or other certified providers, as BHRS cannot sign off on completion.<br>• Collaborates with community partners including Project Sanctuary, Ford Street, Hilltop, and New Life Clinic. | |
| **4.**<br>**15 minutes** | **Mendocino County Report:** *Jenine Miller, Director of Health Services*<br>A. Director Report Questions<br>• Report included in the agenda packet.<br>• Director Miller highlighted improvements in early detection of symptoms (such as first-break psychosis) and noted that Behavioral Health is increasingly serving individuals experiencing early onset mental health conditions, not only older adults.<br>• Director Miller agreed there is a need for more public education. She discussed the challenges with behavioral health treatment. She hopes the field continues to move toward a more science-based practice.<br>B. Federal Updates<br>• WIC is funded through December 31, 2025, under the current contract.<br>C. Legislative Updates<br>• Director Miller reviewed state legislative updates related to LPS reform, including changes associated with SB-43, effective January 2026.<br>• LPS/Conservatorship referrals continue to increase.<br>• There is an ongoing statewide push to increase CARE Court referrals; counties are evaluating whether CARE Court should precede LPS depending on case circumstances.<br>• Medi-Cal is moving toward work-hour requirements, with some programs able to help clients meet these eligibility criteria.<br>D. PHF Updates<br>• The Psychiatric Health Facility (PHF) is progressing on schedule with an anticipated opening of April/May 2026.<br>• Restpadd will attend the November 19, 2025 Measure B meeting to discuss services, approaches to staffing, and provide leadership introductions. They may also be invited to present at a future BHAB meeting.<br>E. Grant Updates<br>• Discussion regarding the Clean California Community Cleanup grant that was applied for<br>• Discussions include the possibility that the grant work hours may help clients fulfill new Medi-Cal work requirements. | Board Action:<br>None. |

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| **5.**<br>**10 minutes** | **MHSA Annual Update for 25-26 30-day Public Comment Period –** *Rena Ford, Staff Services Administrator, Behavioral Health & Recovery Services*<br>• Ms. Ford presented the MHSA Annual Update for FY 25–26, including updates related to the ongoing transition to BHSA. Revisions highlighted improved clarity throughout the appendices, addition of a budget appendix for greater transparency, update to PEI summaries and required documentation, and the CSS expenditure plan, which includes planned investments in Wellness Centers and facility renovations.<br>• Additional revisions are outlined on page 94 of the update.<br>• Ms. Ford noted that some responsibilities currently handled at the county level may shift to the state under BHSA.<br>• A public hearing for the Annual Update will be scheduled for December.<br>• Supervisor Mulheren asked about cost per client. Staff shared that:<br>  o Conserved clients remain the most expensive cohort.<br>  o Housing-related programs generally range from $5,000-$10,000 per client, depending on level of need.<br>  o Many lower-cost programs operate at reduced expense because they rely heavily on volunteers.<br>• It was noted that under BHSA, 5% of Prevention and Early Intervention funding will shift to Public Health, creating opportunities for expanded prevention alignment across Health Services.<br>• Motion made by Member Baroza, seconded by Member Martinez (Bosman), to open the 30-day public comment period for MHSA Annual Update for 25-26. Motion was voted on and approved unanimously. | Board Action:<br><br>Approved. |
| **6.**<br>**15 minutes** | **Approval of Minutes from October 15, 2025, Regular Meeting:** *Review and Possible Action*<br>• Motion made by Member Bosma., seconded by Member Gorny to approve October 15, 2025 Minutes. Motion was voted on and approved unanimously. | Board Action:<br><br>Approved. |
| **7.**<br>**20 minutes** | **Board & Committee Reports:** *Discussion and Possible Action*<br>A. Chair – *Jo Bradley*<br>• 2026 Meeting Schedule<br>  o Meetings planned for Covelo in Spring and Mendocino in Summer, with Mendocino location changed due to a scheduling conflict.<br>  o Member Baroza requested all members receive a copy of the schedule.<br>  o Member Danner asked how to report conflicts; members should notify the BHAB Admin Clerk if unable to attend.<br>  o Chair asked members to review the dates and confirm availability at the next meeting for adoption of the 2026 schedule.<br>• 2026 Office Nominations<br>  o A Survey Monkey to be sent out for 2026 office nominations.<br>B. Vice Chair – *Mo Mulheren*<br>• No report.<br>C. Secretary/Treasurer – *Jenniffer Estevo* | Board Action:<br>None. |

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| | • No report.<br>D. Appreciation Committee – *Member Martinez*<br>• No report. | |
| **8.**<br>**10 minutes** | **Member Comments:**<br>• Director Miller introduced Davian Harris, the newly hired Administrative Secretary and clerk to BHAB, Measure B, PHAB, and Health Services administrative support.<br>• Chair Bradley mentions articles that referenced concerns about public awareness and asked whether there are items she should bring to Measure B.<br>• Discussion on partnering with reporters and improving public outreach.<br>• Request to add laptops/tablets back onto agenda for member preference and accountability.<br>• Request to add agenda item to list current and past committee members for recognition.<br>• The Good to Know Mendo Page has a subpage under development to share a health data dashboard. The page is expected to launch in January 2026 and members are encouraged to provide feedback. | Board Action: None. |
| **9.**<br>**2 minutes** | **Adjournment: 2:42 PM**<br>Motion to adjourn made by Member Martinez. Motion approved unanimously. | Board Action: Approved. |

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

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_____

Jo Bradley, Chair Date

_____

BHAB Clerk Date

- ## Board of Supervisors:

**Recently passed items or presentations:**

Mental Health:

- None

Substance Abuse Disorders Treatment:

- None

Public Health:

- None

**Future BOS items or presentations:**

Mental Health & Public 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: 1
  - Substance Use Disorder Treatment: 0
- Percent of Vacancies in Mental Health and Substance Use Disorder Treatment:
  - Mental Health/Mental Health Services Act: 21%
  - Substance Use Disorder Treatment: 20%

- ## Audits/Site Reviews: October and November 2025
  - No audit or site reviews in October and November.
- ## Grievances/Appeals:

**October and November 2025**

- MHP Grievances: 2 (received in October)
- Pending: 0
- Resolved: 3
- SUDT Grievances: 0
- MHSA Issue Resolutions: 0
- Second Opinions: 0
- Change of Provider Requests: 1 Resolved
- Pending: 0
- Resolved: 0
- Provider Appeals: 0
- Consumer Appeals: 0

- ## Meetings of Interest:
  - Behavioral Health Services Act Forum & Quality Improvement Committee Stakeholder Meeting will be held on Thursday, February 5, 2026, from 3:00 pm - 5:00 pm at Health Services Conference Room 1, 1120 South Dora St. Ukiah and via Teams.
- ## Grant Opportunities:
  - The department continues to look for opportunities to enhance the work of BHRS and Public Health.
- ## Significant Projects/Brief Status:

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

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

- Referrals to date: 172
- Total that did not meet AOT criteria: 123
- Total FY 25/26 Referrals: 3
- Currently in Investigation/Screening/referral: 3
- Unable to locate/Connect: 2
- Pending Assessment to file Petition: 0
- Settlement Agreement/Full AOT FY 25/26: 0

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.

**Dual Response Mobile Crisis Response November 2025 Data:**
***BHRS Data only RCS data unavailable at the time of report**

- Total calls: 40
- Unduplicated clients: 33
- Calls resulting in 5150: 4
- Fiscal Year to date 25/26: 259 total calls, 202 Unduplicated clients, 17 calls resulting in 5150
- Mobile Crisis services are provided by BHRS during the day and by RCS at night.

## Educational Opportunities:

- Behavioral Health Services Act Forum & Quality Improvement Committee Stakeholder Meeting will be held on Thursday, February 5, 2026, from 3:00 pm - 5:00 pm at Health Services Conference Room 1, 1120 South Dora St. Ukiah and via Teams.

## Mental Health Services Act (MHSA):

- Behavioral Health Services Act Forum & Quality Improvement Committee Stakeholder Meeting will be held on Thursday, February 5, 2026, from 3:00 pm - 5:00 pm at Health Services Conference Room 1, 1120 South Dora St. Ukiah and via Teams.

## Lanterman Petris Short Conservatorships (LPS):

Number of individuals on LPS Conservatorships in November 2025: 71

- In County: 25
- Out of County: 46
- New: 2
- Deceased: 0

## Substance Use Disorders Treatment Services:

Number of Substance Use Disorders Treatment Clients Served in October 2025:

- Total number of clients served: 95
- Total number of services provided: 447
- Fort Bragg: 18 clients served for a total of 72 services provided
- Ukiah: 81 clients served for a total of 330 services provided
- Willits: 21 clients served for a total of 25 services provided

Number of Substance Use Disorder Clients Completion Status:

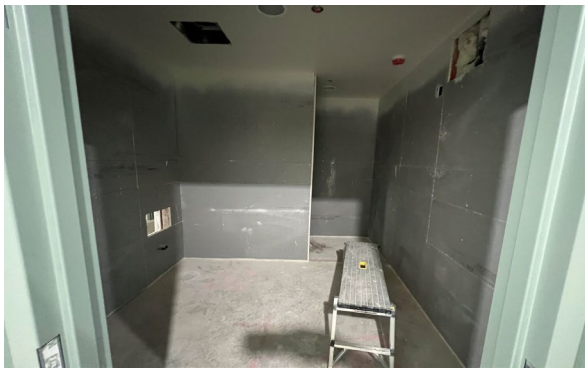
- Completed Treatment/Recovery: 11
- Left Before Completion: 9
- Lost Contact/Service Unavailable: 8
- Discharged to Rehab Facility/Incarceration: 7
- Other: 1

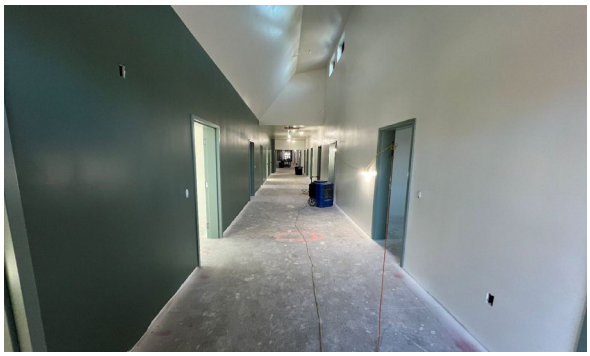
## New Contracts:

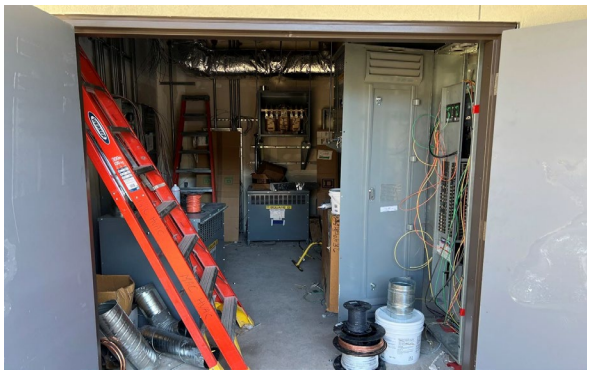
- None.

## Capital Facilities Projects:

- **Willow Terrace Project and Orr Creek Commons Phase 2:**
  Routine meetings occur with RCHDC and providers around needs for the supported housing communities. Outreach teams visit regularly to support tenants. Vacancies filled as available with Coordinated Entry and SMH prioritization.
- **CRT: Phoenix House in November 2025**:
  - 12 clients; 7 admissions, 8 discharges
  - Total bed days: 293
  - 4 open beds at time of report
  - Successes: 1 client transitioned to Sober Living, 3 clients transitioned to Full Service Partnership Independent Living, One client transitioned to an independent market rate apartment.
- **PHF: Psychiatric Health Facility 12/09/2025:**
  Interior onsite work is continuing at the Psychiatric Health Facility. Epoxy flooring is pending a moisture test. Painting is moving forward. Exterior downspouts are being installed. Landscapers are going around the jobsite installing irrigation lines and preparing the soil.







**Mendocino County Behavioral Health and Recovery Services**
**Behavioral Health Advisory Board General Ledger**
**FY 25/26**
**12/10/2025**

| ORG | OBJ | ACCOUNT DESCRIPTION | YR/PER/JNL | EFF DATE | AMOUNT | INVOICE # | CHECK # | VENDOR NAME | COMMENT |
|---|---|---|---|---|---|---|---|---|---|
| MHB | 862080 | FOOD | | | | | | | |
| MHB | 862080 | FOOD | | | | | | | |
| MHB | 862080 | FOOD | | | | | | | |
| MHB | 862080 | FOOD | | | | | | | |
| | | **FOOD Total** | | | **$0.00** | | | | |
| MHB | 862150 | MEMBERSHIPS | | | | | | | |
| | | **MEMBERSHIPS TOTAL** | | | **$0.00** | | | | |
| MHB | 862170 | OFFICE EXPENSE | | | | | | | |
| MHB | 862170 | OFFICE EXPENSE | | | | | | | |
| MHB | 862170 | OFFICE EXPENSE | | | | | | | |
| MHB | 862170 | OFFICE EXPENSE | | | | | | | |
| | | **OFFICE EXPENSE Total** | | | **$0.00** | | | | |
| MHB | 862190 | PUBL & LEGAL NOTICES | | | | | | | |
| | | **PUBL & LEGAL NOTICES Total** | | | **$0.00** | | | | |
| MHB | 862210 | RNTS & LEASES BLD GRD | 2026/03/000093 | 09/03/2025 | 45.00 | | | | BHAB MTG 8.27.25 INV 25.26-010 |
| MHB | 862210 | RNTS & LEASES BLD GRD | | | | | | | |
| MHB | 862210 | RNTS & LEASES BLD GRD | | | | | | | |
| MHB | 862210 | RNTS & LEASES BLD GRD | | | | | | | |
| | | **RNTS & LEASES BLD GRD Total** | | | **$45.00** | | | | |
| MHB | 862250 | TRNSPRTATION & TRAVEL | | | | | | | |
| MHB | 862250 | TRNSPRTATION & TRAVEL | | | | | | | |
| MHB | 862250 | TRNSPRTATION & TRAVEL | | | | | | | |
| MHB | 862250 | TRNSPRTATION & TRAVEL | | | | | | | |
| MHB | 862250 | TRNSPRTATION & TRAVEL | | | | | | | |
| MHB | 862250 | TRNSPRTATION & TRAVEL | | | | | | | |
| | | **TRNSPRTATION & TRAVEL Total** | | | **$0.00** | | | | |
| | | **TRAVEL & TRSP OUT OF COUNTY Total** | | | **$0.00** | | | | |
| | | **Grand Total** | | | **$45.00** | | | | |

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

| OBJ | ACCOUNT DESCRIPTION | Budget Amount | YTD Exp | Remaining Budget |
|---|---|---|---|---|
| 862080 | Food | 1,000.00 | 0.00 | 1,000.00 |
| 862150 | Memberships | 700.00 | 0.00 | 700.00 |
| 862170 | Office Expense | 500.00 | 0.00 | 500.00 |
| 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 | 0.00 | 3,000.00 |
| 862253 | Out of County Travel | 2,000.00 | 0.00 | 2,000.00 |
| | Total Budget | $7,560.00 | $45.00 | $7,515.00 |

# Behavioral Health and Recovery Services
# Mental Health FY 2025-2026
# Budget Summary
# Year-to-Date as of December 10, 2025

| | Program | FY 25-26 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) | (6,369,775) | - | 74,381 | 9,279,713 | - | - | 9,354,094 | - | (21,532) | - | (938,001) | (959,533) | 8,394,560 |
| 2 | Administration - MHAD75 | 640,142 | 453,868 | 20,993 | - | - | - | 474,860 | - | - | - | (939) | (939) | 473,921 |
| 5 | CalWORKs - MHAS32 | - | 82 | - | - | - | - | 82 | - | - | - | (475) | (475) | (393) |
| 6 | Mobile Outreach Program - MHAS33 | - | 1,735 | - | - | - | - | 1,735 | - | - | - | - | - | 1,735 |
| 7 | Adult Services - MHAS75 | 167,241 | 954 | 407 | - | - | - | 1,361 | - | - | - | - | - | 1,361 |
| 8 | Path Grant - MHAS91 | - | - | 32,840 | - | - | - | 32,840 | - | - | - | - | - | 32,840 |
| 9 | SAMHSA Grant - MHAS92 | - | - | 14,720 | - | - | - | 14,720 | - | - | - | - | - | 14,720 |
| 10 | Mental Health Board - MHB | 7,560 | - | 45 | - | - | - | 45 | - | - | - | - | - | 45 |
| 11 | CCMU -BCHIP - MHBCMU | - | 13,764 | - | - | - | - | 13,764 | - | - | - | (146,995) | (146,995) | (133,231) |
| 12 | Business Services - MHBS75 | 1,208,929 | 415,935 | 50,027 | - | - | - | 465,961 | - | - | - | (335) | (335) | 465,626 |
| 13 | MHCALA - Cal-Aim | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 15 | MH Grant (Other) | - | 1,071 | 122 | - | - | - | 1,193 | - | - | - | - | - | 1,193 |
| 16 | AB109 - MHMS70 | (401) | 55,133 | - | - | - | - | 55,133 | - | - | - | (29,541) | (29,541) | 25,592 |
| 17 | Conservatorship - MHMS75 | 2,618,918 | 53,889 | 12,115 | 1,464,404 | - | - | 1,530,409 | - | - | - | (29,022) | (29,022) | 1,501,387 |
| 18 | Public Conservator Office - MHPC75 | 391,366 | 110,787 | 8,889 | - | - | - | 119,677 | - | - | - | - | - | 119,677 |
| 19 | QA/QI - MHQA99 | 1,336,020 | 374,896 | 114,395 | - | - | - | 489,291 | - | - | - | (10,800) | (10,800) | 478,491 |
| | | | | | | | | | | | | | | |
| a | Total YTD Expenditures & Revenue | - | 1,482,114 | 328,934 | 10,744,117 | - | - | 12,555,165 | - | (21,532) | - | (1,156,109) | (1,177,641) | 11,377,524 |
| b | FY 2025-2026 Adjusted Budget | - | 4,026,732 | 3,310,862 | 35,945,781 | - | - | 43,283,375 | - | (21,532) | (24,731,238) | (18,530,605) | (43,283,375) | - |
| c | Variance | - | 2,544,618 | 2,981,928 | 25,201,664 | - | - | 30,728,210 | - | - | (24,731,238) | (17,374,496) | (42,105,734) | (11,377,524) |

# Behavorial Health and Recovery Services
# Mental Health Services Act (MHSA) FY 2025-2026
# Budget Summary
# Year-to-Date as of December 10, 2025

| | Program | FY 25-26 Approved Budget | Expenditures | | | | | | Revenue | | | | Total Net Cost |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | 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** | 3,807,428 | 384,278 | 134,281 | 2,837,160 | - | 10,800 | **3,366,519** | (1,866,983) | - | (99) | **(1,867,082)** | **1,499,437** |
| 2 | **Prevention & Early Intervention** | 1,627,992 | 224,809 | 58,630 | - | - | - | **283,439** | (466,746) | - | - | **(466,746)** | **(183,307)** |
| 3 | **Innovation** | 133,919 | - | - | - | - | - | **-** | (122,828) | - | - | **(122,828)** | **(122,828)** |
| 4 | **Workforce Education & Training** | - | - | - | - | - | - | **-** | **-** | **-** | - | **-** | **-** |
| 5 | **Capital Facilities & Tech Needs** | - | - | - | - | - | - | **-** | **-** | **-** | - | **-** | **-** |
| a | **Total YTD Expenditures & Revenue** | **5,569,339** | 609,087 | 192,911 | 2,837,160 | - | 10,800 | **3,649,957** | **(2,456,556)** | **-** | **(99)** | **(2,456,655)** | **1,193,302** |
| b | **FY 2025-2026 Adjusted Budget** | **-** | 2,982,071 | 2,806,466 | 17,395,067 | - | 2,353,587 | **25,537,191** | **(6,249,880)** | **(13,612,972)** | **(105,000)** | **(19,967,852)** | **19,182,311** |
| c | **Variance** | - | 2,372,984 | 2,613,555 | 14,557,907 | - | 2,342,787 | **21,887,234** | **(3,793,324)** | **(13,612,972)** | **(104,901)** | **(17,511,197)** | **4,376,037** |

* **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 2025-2026
# Budget Summary
# Year-to-Date as of December 10, 2025

| | Program | FY 25-25 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 | (24,613,410) | - | - | - | - | - | - | - | - | (80,863) | (186,784) | (267,648) | (267,648) |
| 2 | County Wide Services - SU0035 | 23,456,465 | - | 10,395 | - | - | - | 10,395 | - | - | - | - | - | 10,395 |
| 4 | Ukiah Adult Treatment Services - SU0100 | (40) | 152,311 | 21,425 | - | - | - | 173,736 | - | - | - | (1,269) | (1,269) | 172,467 |
| 5 | Drug Court Services - SU0105 | - | 54,861 | - | - | - | - | 54,861 | - | - | - | - | - | 54,861 |
| 6 | Women in Need of Drug Free Opportunities - SU0125 | - | 14,758 | 595 | - | - | - | 15,353 | - | - | - | - | - | 15,353 |
| 7 | Family Drug Court - SU0127 | - | 77,104 | 416 | - | - | - | 77,520 | - | - | - | - | - | 77,520 |
| 8 | Friday Night Live - SU0158 | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 9 | Willits Adult Services - SU0200 | - | 68,212 | 3,615 | - | - | - | 71,827 | - | - | - | - | - | 71,827 |
| 10 | Fort Bragg Adult Services - SU0300 | - | 64,987 | 5,550 | - | - | - | 70,538 | - | - | - | - | - | 70,538 |
| 11 | Administration - SUADMN | 1,156,983 | 229,140 | 35,562 | - | - | - | 264,702 | - | - | - | (4,461) | (4,461) | 260,241 |
| 12 | Adolescent Services - SUADOL | - | 78,098 | 951 | - | - | - | 79,049 | - | - | - | - | - | 79,049 |
| 14 | COSSAAP - SUCOSP | - | - | 2,280 | - | - | - | 2,280 | - | - | - | (20,463) | (20,463) | (18,182) |
| 15 | SUGRNT | 2 | 19,128 | 32,523 | - | - | - | 51,651 | - | - | - | - | - | 51,651 |
| 16 | Prevention Services - SUPREV | - | 4,186 | 3,184 | - | - | - | 7,370 | - | - | - | - | - | 7,370 |
| a | Total YTD Expenditures & Revenue | - | 762,786 | 116,497 | - | - | - | 879,283 | - | - | (80,863) | (212,977) | (293,841) | 585,442 |
| b | FY 2025-2026 Adjusted Budget | - | 2,315,604 | 24,222,107 | 2,972,534 | - | - | 29,510,245 | (23,731,583) | - | (478,768) | (5,299,894) | (29,510,245) | - |
| c | Variance | - | 1,552,818 | 24,105,610 | 2,972,534 | - | - | 28,630,962 | (23,731,583) | - | (397,905) | (5,086,917) | (29,216,404) | (585,442) |

# Timeliness Charts and Graphs

1.

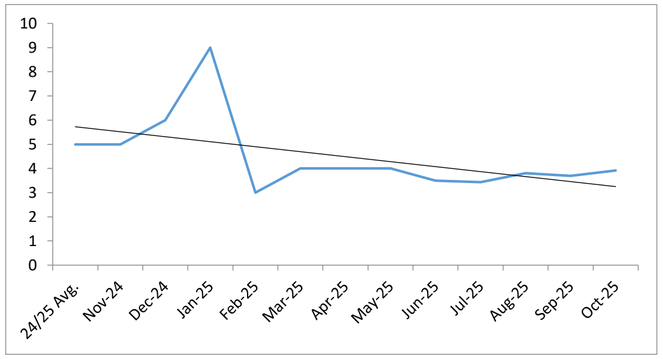
QI Work Plan 2.1

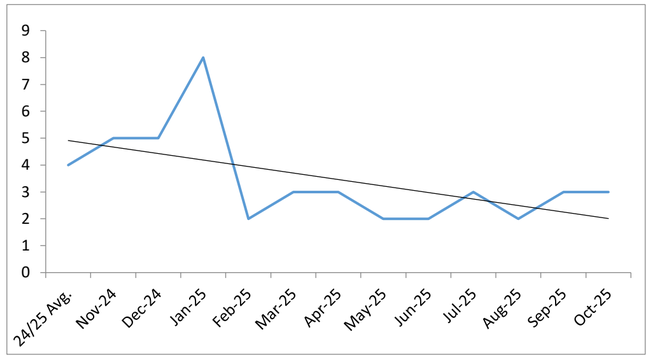
| Length of Time from Initial Request to first offered Appt. - Mean<br>BPSA - MHP Standard or Goal - 10 Business Days - 90% | | | | |
|---|---|---|---|---|
| | All Services | Adult Services | Children's Services | Foster Care |
| **24/25 Avg.** | **5** | **5** | **6** | **3** |
| Nov-24 | 5 | 4 | 5 | 2 |
| Dec-24 | 6 | 5 | 7 | 3 |
| Jan-25 | 9 | 7 | 11 | 10 |
| Feb-25 | 3 | 4 | 3 | N/A |
| Mar-25 | 4 | 5 | 4 | 7 |
| Apr-25 | 4 | 4 | 4 | 2 |
| May-25 | 4 | 3 | 5 | N/A |
| Jun-25 | 4 | 3.2 | 3.9 | 1 |
| Jul-25 | 3.43 | 3.4 | 3.5 | N/A |
| Aug-25 | 3.8 | 3.5 | 4.3 | N/A |
| Sep-25 | 3.69 | 2.81 | 4.83 | 4.3 |
| Oct-25 | 3.92 | 3.42 | 4.66 | 4 |
| **12 Mo. Avg.** | 4 | 4 | 5 | 4 |

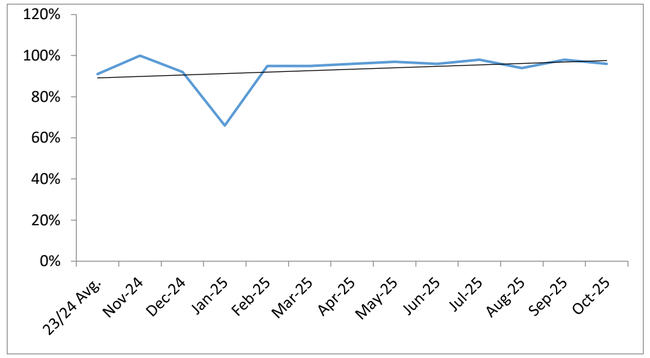
| Length of Time from Initial Request to first offered Appt. - Median<br>BPSA - MHP Standard or Goal - 10 Business Days - 90% | | | | |
|---|---|---|---|---|
| | All Services | Adult Services | Children's Services | Foster Care |
| **24/25 Avg.** | **4** | **4** | **4** | **3** |
| Nov-24 | 5 | 5 | 5 | 2 |
| Dec-24 | 5 | 5 | 6 | 3 |
| Jan-25 | 8 | 5 | 9 | 10 |
| Feb-25 | 2 | 2 | 2 | N/A |
| Mar-25 | 3 | 2 | 3 | 9 |
| Apr-25 | 3 | 3 | 2 | 2 |
| May-25 | 2 | 2 | 4 | N/A |
| Jun-25 | 2 | 5 | 3 | 1 |
| Jul-25 | 3 | 3 | 3 | N/A |
| Aug-25 | 2 | 2 | 3 | N/A |
| Sep-25 | 3 | 2 | 5 | 3 |
| Oct-25 | 3 | 2 | 3 | 4 |
| **12 Mo. Avg.** | 3 | 3 | 4 | 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.** | **91%** | **95%** | **88%** | **89%** |
| Nov-24 | 100% | 100% | 100% | 100% |
| Dec-24 | 92% | 98% | 85% | 100% |
| Jan-25 | 66% | 76% | 58% | 100% |
| Feb-25 | 95% | 94% | 98% | N/A |
| Mar-25 | 95% | 94% | 97% | 100% |
| Apr-25 | 96% | 97% | 95% | 100% |
| May-25 | 97% | 98% | 95% | N/A |
| Jun-25 | 96% | 98% | 94% | 100% |
| Jul-25 | 98% | 98% | 97% | N/A |
| Aug-25 | 94% | 96% | 90% | N/A |
| Sep-25 | 98% | 98% | 97% | 100% |
| Oct-25 | 96% | 100% | 89% | 100% |
| **12 Mo. Avg.** | 94% | 96% | 91% | 100% |

Graphs of "All Services"



2.

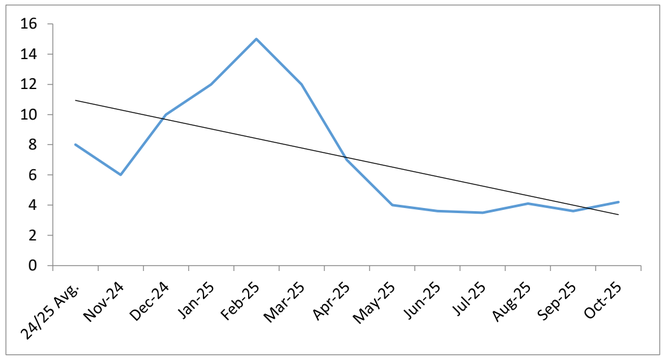
QI Work Plan 2.2

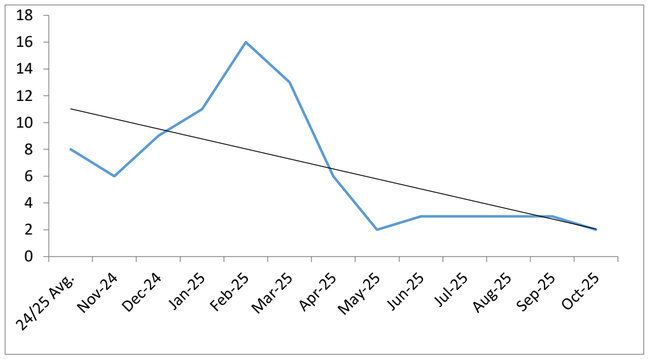
| Length of Time from Initial Request to first kept Appt. - Mean<br>MHP Standard or Goal - 10 Business Days - 90% | | | | |
|---|---|---|---|---|
| | All Services | Adult Services | Children's Services | Foster Care |
| **24/25 Avg.** | **8** | **7** | **9** | **5** |
| Nov-24 | 6 | 6 | 6 | 2 |
| Dec-24 | 10 | 8 | 13 | 9 |
| Jan-25 | 12 | 9 | 15 | 15 |
| Feb-25 | 15 | 14 | 17 | N/A |
| Mar-25 | 12 | 11 | 13 | 7 |
| Apr-25 | 7 | 6 | 8 | 0 |
| May-25 | 4 | 3 | 5 | 8 |
| Jun-25 | 3.6 | 3.3 | 4 | 1 |
| Jul-25 | 3.5 | 3.4 | 3.7 | N/A |
| Aug-25 | 4.1 | 3.7 | 4.7 | N/A |
| Sep-25 | 3.6 | 2.74 | 4.6 | 4.3 |
| Oct-25 | 4.2 | 3.6 | 5 | N/A |
| **12 Mo. Avg.** | 7 | 6 | 8 | 6 |

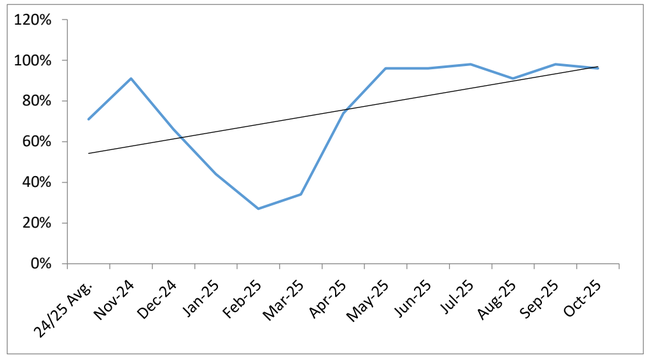
| Length of Time from Initial Request to first kept Appt. - Median<br>MHP Standard or Goal - 10 Business Days - 90% | | | | |
|---|---|---|---|---|
| | All Services | Adult Services | Children's Services | Foster Care |
| **24/25 Avg.** | **8** | **8** | **9** | **5** |
| Nov-24 | 6 | 6 | 7 | 2 |
| Dec-24 | 9 | 8 | 10 | 9 |
| Jan-25 | 11 | 13 | 14 | 15 |
| Feb-25 | 16 | 14 | 17 | N/A |
| Mar-25 | 13 | 12 | 14 | 7 |
| Apr-25 | 6 | 6 | 9 | 0 |
| May-25 | 2 | 2 | 4 | 8 |
| Jun-25 | 3 | 2 | 3 | 1 |
| Jul-25 | 3 | 3 | 3 | N/A |
| Aug-25 | 3 | 2 | 4 | N/A |
| Sep-25 | 3 | 2 | 4.5 | 3 |
| Oct-25 | 2 | 2 | 3 | N/A |
| **12 Mo. Avg.** | 6 | 6 | 8 | 6 |

| 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 |
| **24/25 Avg.** | **71%** | **75%** | **65%** | **85%** |
| Nov-24 | 91% | 84% | 96% | 100% |
| Dec-24 | 66% | 78% | 52% | 100% |
| Jan-25 | 44% | 60% | 31% | 100% |
| Feb-25 | 27% | 36% | 15% | N/A |
| Mar-25 | 34% | 41% | 27% | 50% |
| Apr-25 | 74% | 80% | 66% | 100% |
| May-25 | 96% | 96% | 97% | 100% |
| Jun-25 | 96% | 98% | 94% | 100% |
| Jul-25 | 98% | 98% | 97% | N/A |
| Aug-25 | 91% | 93% | 87% | N/A |
| Sep-25 | 98% | 98% | 97% | 100% |
| Oct-25 | 96% | 98% | 94% | N/A |
| **12 Mo. Avg.** | 76% | 80% | 71% | 94% |

Graphs of "All Services"



3.

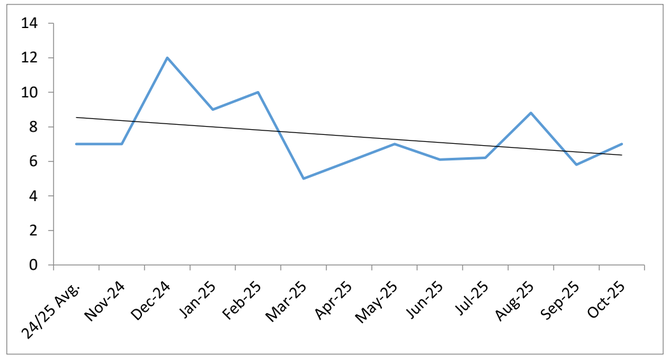
QI Work Plan 2.3

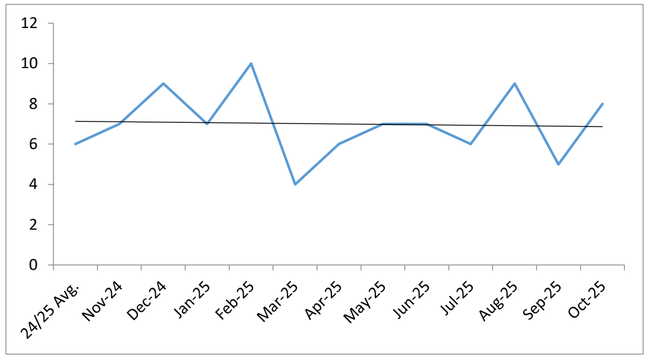
| Length of Time from Initial Request to first offered Psychiatry appt. - Mean<br>MHP Standard or Goal - 15 Business Days - 90% | | | | |
|---|---|---|---|---|
| | All Services | Adult Services | Children's Services | Foster Care |
| **24/25 Avg.** | **7** | **7** | **8** | **6** |
| Nov-24 | 7 | 7 | 6 | n/a |
| Dec-24 | 12 | 12 | n/a | n/a |
| Jan-25 | 9 | 9 | n/a | n/a |
| Feb-25 | 10 | 11 | 9 | n/a |
| Mar-25 | 5 | 5 | 6 | n/a |
| Apr-25 | 6 | 6 | 13 | n/a |
| May-25 | 7 | 7 | 8 | n/a |
| Jun-25 | 6.1 | 6.1 | n/a | n/a |
| Jul-25 | 6.2 | 5.7 | 8.5 | n/a |
| Aug-25 | 8.8 | 8.5 | 13 | n/a |
| Sep-25 | 5.8 | 6.1 | 5 | n/a |
| Oct-25 | 7 | 7.2 | 6.5 | n/a |
| **12 Mo. Avg.** | 7 | 8 | 8 | #DIV/0! |

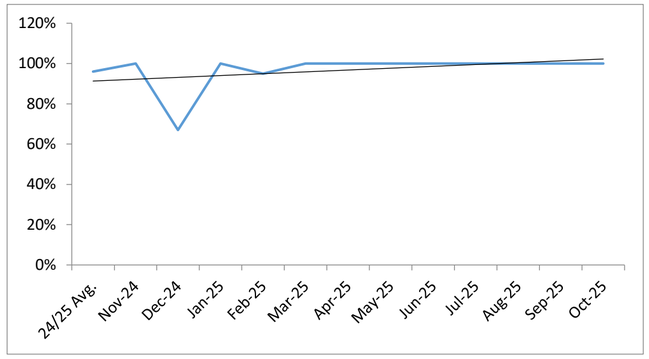
| Length of Time from Initial Request to first offered Psychiatry Appt. - Median<br>MHP Standard or Goal - 15 Business Days - 90% | | | | |
|---|---|---|---|---|
| | All Services | Adult Services | Children's Services | Foster Care |
| **24/25 Avg.** | **6** | **6** | **6** | **6** |
| Nov-24 | 7 | 7 | 7 | n/a |
| Dec-24 | 9 | 9 | n/a | n/a |
| Jan-25 | 7 | 7 | n/a | n/a |
| Feb-25 | 10 | 10 | 9 | n/a |
| Mar-25 | 4 | 4 | 5 | n/a |
| Apr-25 | 6 | 5 | 1 | n/a |
| May-25 | 7 | 6 | 8 | n/a |
| Jun-25 | 7 | 7 | n/a | n/a |
| Jul-25 | 6 | 5 | 9 | n/a |
| Aug-25 | 9 | 9 | 13 | n/a |
| Sep-25 | 5 | 5 | 4.5 | n/a |
| Oct-25 | 8 | 8 | 5.5 | n/a |
| **12 Mo. Avg.** | 7 | 7 | 7 | #DIV/0! |

| 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 |
| **24/25 Avg.** | **96%** | **96%** | **100%** | **100%** |
| Nov-24 | 100% | 100% | 100% | n/a |
| Dec-24 | 67% | 67% | n/a | n/a |
| Jan-25 | 100% | 100% | n/a | n/a |
| Feb-25 | 95% | 93% | 100% | n/a |
| Mar-25 | 100% | 100% | 100% | n/a |
| Apr-25 | 100% | 100% | 100% | n/a |
| May-25 | 100% | 100% | 100% | n/a |
| Jun-25 | 100% | 100% | n/a | n/a |
| Jul-25 | 100% | 100% | 100% | n/a |
| Aug-25 | 100% | 100% | 100% | n/a |
| Sep-25 | 100% | 100% | 100% | 100% |
| Oct-25 | 100% | 100% | 100% | n/a |
| **12 Mo. Avg.** | 97% | 97% | 100% | 100% |

Graphs of "All Services"



4.

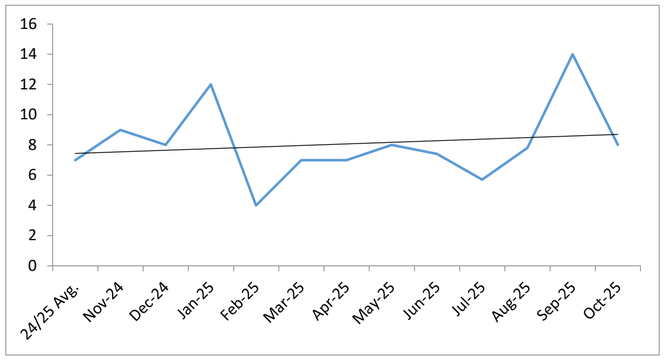
QI Work Plan 2.4

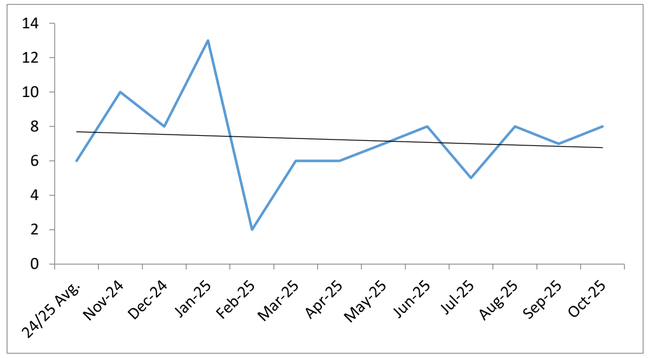
| Length of Time from Initial Request to first kept Psychiatry appt. - Mean<br>MHP Standard or Goal - 15 Business Days - 90% | | | | |
|---|---|---|---|---|
| | All Services | Adult Services | Children's Services | Foster Care |
| **24/25 Avg.** | **7** | **7** | **8** | **5** |
| Nov-24 | 9 | 10 | 7 | N/A |
| Dec-24 | 8 | 8 | N/A | N/A |
| Jan-25 | 12 | 12 | N/A | N/A |
| Feb-25 | 4 | 4 | 4 | 2 |
| Mar-25 | 7 | 6 | 10 | N/A |
| Apr-25 | 7 | 7 | 15 | N/A |
| May-25 | 8 | 8 | 8 | N/A |
| Jun-25 | 7.4 | 7.1 | N/A | N/A |
| Jul-25 | 5.7 | 5.2 | 8 | N/A |
| Aug-25 | 7.8 | 7.4 | 13 | N/A |
| Sep-25 | 14 | 6.1 | 5.3 | N/A |
| Oct-25 | 8 | 8.2 | 7 | N/A |
| **12 Mo. Avg.** | 8 | 7 | 9 | 2 |

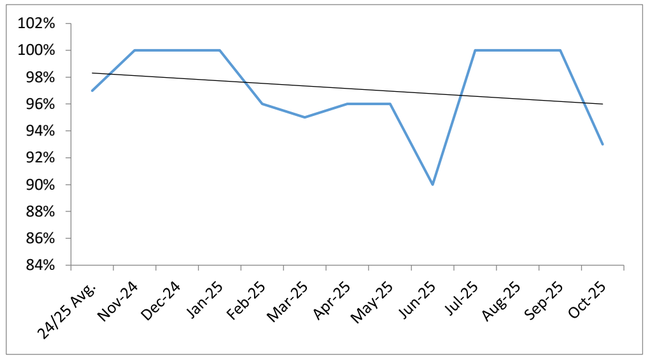
| Length of Time from Initial Request to first kept Psychiatry Appt. - Median<br>MHP Standard or Goal - 15 Business Days - 90% | | | | |
|---|---|---|---|---|
| | All Services | Adult Services | Children's Services | Foster Care |
| **24/25 Avg.** | **6** | **6** | **6** | **5** |
| Nov-24 | 10 | 11 | 8 | N/A |
| Dec-24 | 8 | 8 | N/A | N/A |
| Jan-25 | 13 | 13 | N/A | N/A |
| Feb-25 | 2 | 2 | 2 | 2 |
| Mar-25 | 6 | 4 | 10 | N/A |
| Apr-25 | 6 | 6 | 1 | N/A |
| May-25 | 7 | 8 | 7 | N/A |
| Jun-25 | 8 | 8 | N/A | N/A |
| Jul-25 | 5 | 5 | 7 | N/A |
| Aug-25 | 8 | 7 | 13 | N/A |
| Sep-25 | 7 | 8 | 5 | N/A |
| Oct-25 | 8 | 8 | 7 | N/A |
| **12 Mo. Avg.** | 7 | 7 | 7 | 2 |

| 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 |
| **24/25 Avg.** | **97%** | **97%** | **98%** | **100%** |
| Nov-24 | 100% | 100% | 100% | N/A |
| Dec-24 | 100% | 100% | N/A | N/A |
| Jan-25 | 100% | 100% | 100% | 100% |
| Feb-25 | 96% | 95% | 100% | 100% |
| Mar-25 | 95% | 94% | 100% | N/A |
| Apr-25 | 96% | 95% | 100% | N/A |
| May-25 | 96% | 95% | 100% | N/A |
| Jun-25 | 90% | 90% | N/A | N/A |
| Jul-25 | 100% | 100% | 100% | N/A |
| Aug-25 | 100% | 100% | 100% | N/A |
| Sep-25 | 100% | 100% | 100% | 100% |
| Oct-25 | 93% | 91% | 100% | N/A |
| **12 Mo. Avg.** | 97% | 97% | 100% | 100% |

Graphs of "All Services"



5.

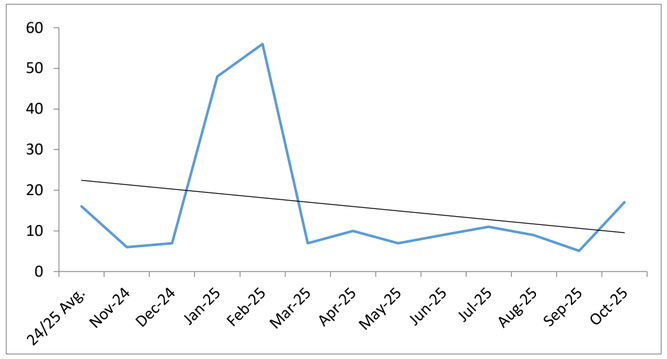
QI Work Plan 2.5
Combined Bus & After Hrs

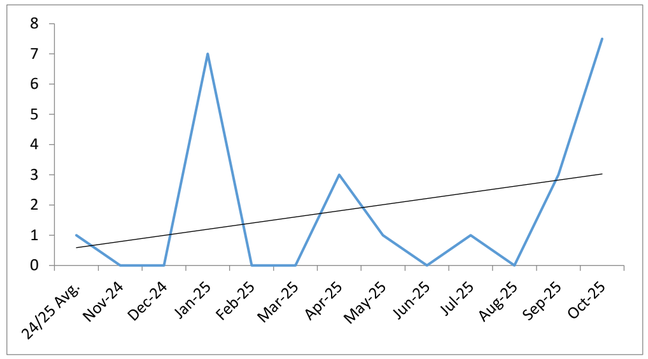
| Length of Time from Service Request for urgent Appt. to Actual Encounter<br>Mean - MHP Standard or Goal - 95% (Minutes) | | | | |
|---|---|---|---|---|
| | All Services | Adult Services | Children's Services | Foster Care |
| **24/25 Avg.** | **16** | **15** | **25** | **n/a** |
| Nov-24 | 6 | 6 | 16 | n/a |
| Dec-24 | 7 | 6 | 13 | n/a |
| Jan-25 | 48 | 41 | 108 | n/a |
| Feb-25 | 56 | 53 | 66 | n/a |
| Mar-25 | 7 | 7 | 9 | n/a |
| Apr-25 | 10 | 9 | 17 | n/a |
| May-25 | 7 | 6 | 12 | n/a |
| Jun-25 | 9 | 8 | 11 | n/a |
| Jul-25 | 11 | 12 | 2 | n/a |
| Aug-25 | 8.95 | 9.45 | 5.38 | n/a |
| Sep-25 | 5.09 | 5.14 | 5.09 | n/a |
| Oct-25 | 17.03 | 17.49 | 15.33 | n/a |
| **12 Mo. Avg.** | 16 | 15 | 23 | #DIV/0! |

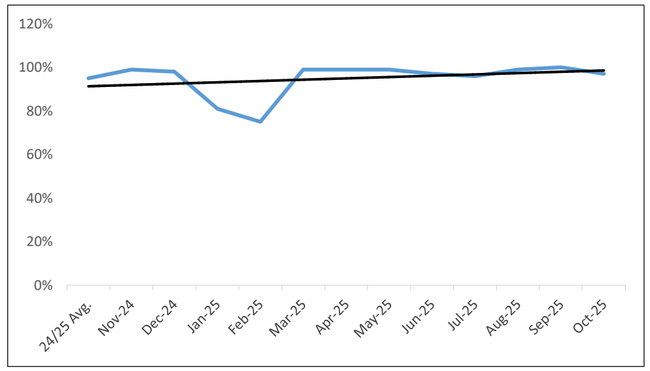
| Length of Time from Service Request for urgent Appt. to Actual Encounter<br>Median - MHP Standard or Goal - 95% (Minutes) | | | | |
|---|---|---|---|---|
| | All Services | Adult Services | Children's Services | Foster Care |
| **24/25 Avg.** | **1** | **2** | **17** | **n/a** |
| Nov-24 | 0 | 0 | 0 | n/a |
| Dec-24 | 0 | 0 | 0 | n/a |
| Jan-25 | 7 | 6 | 115 | n/a |
| Feb-25 | 0 | 12 | 66 | n/a |
| Mar-25 | 0 | 0 | 0 | n/a |
| Apr-25 | 3 | 3 | 1 | n/a |
| May-25 | 1 | 1 | 0 | n/a |
| Jun-25 | 0 | 1 | 0 | n/a |
| Jul-25 | 1 | 2 | 0 | n/a |
| Aug-25 | 0 | 0 | 0 | n/a |
| Sep-25 | 3 | 3 | 4 | n/a |
| Oct-25 | 7.5 | 8 | 7 | n/a |
| **12 Mo. Avg.** | 2 | 3 | 16 | #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 |
| **24/25 Avg.** | **95%** | **96%** | **91%** | **n/a** |
| Nov-24 | 99% | 99% | 96% | n/a |
| Dec-24 | 98% | 98% | 97% | n/a |
| Jan-25 | 81% | 84% | 50% | n/a |
| Feb-25 | 75% | 78% | 64% | n/a |
| Mar-25 | 99% | 100% | 97% | n/a |
| Apr-25 | 99% | 99% | 97% | n/a |
| May-25 | 99% | 99% | 100% | n/a |
| Jun-25 | 97% | 97% | 96% | n/a |
| Jul-25 | 96% | 96% | 100% | n/a |
| Aug-25 | 99% | 99% | 100% | n/a |
| Sep-25 | 100% | 100% | 100% | n/a |
| Oct-25 | 97% | 97% | 100% | n/a |
| **12 Mo. Avg.** | 95% | 96% | 91% | #DIV/0! |

Graphs of "All Services"



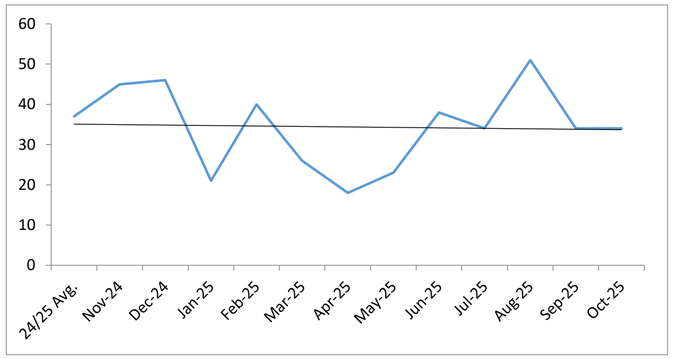



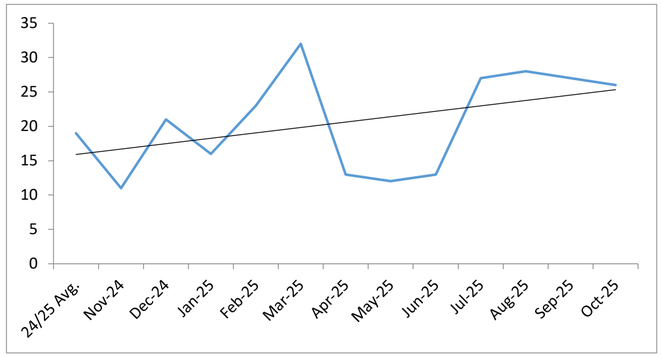
6.
QI Work Plan 2.6a & 2.6c

| Total Number of Hospital Admissions | | | | |
|---|---|---|---|---|
| | All Services | Adult Services | Children's Services | Foster Care |
| 24/25 Avg. | 37 | 29 | 6 | 0 |
| Nov-24 | 45 | 39 | 6 | 0 |
| Dec-24 | 46 | 43 | 3 | 0 |
| Jan-25 | 21 | 16 | 5 | 0 |
| Feb-25 | 40 | 30 | 10 | 0 |
| Mar-25 | 26 | 20 | 6 | 0 |
| Apr-25 | 18 | 16 | 2 | 0 |
| May-25 | 23 | 0 | 0 | 0 |
| Jun-25 | 38 | 35 | 3 | 0 |
| Jul-25 | 34 | 30 | 4 | 0 |
| Aug-25 | 51 | 48 | 3 | 0 |
| Sep-25 | 34 | 27 | 7 | 0 |
| Oct-25 | 34 | 30 | 4 | 0 |
| 12 Mo. Avg. | 34 | 28 | 4 | 0 |
| 12 Mo. Tota | 410 | 334 | 53 | 0 |

| Total Number of Hospital Discharges | | | | |
|---|---|---|---|---|
| | All Services | Adult Services | Children's Services | Foster Care |
| 24/25 Avg. | 19 | 15 | 4 | 0 |
| Nov-24 | 11 | 8 | 3 | 0 |
| Dec-24 | 21 | 21 | 0 | 0 |
| Jan-25 | 16 | 12 | 4 | 0 |
| Feb-25 | 23 | 15 | 8 | 0 |
| Mar-25 | 32 | 24 | 8 | 0 |
| Apr-25 | 13 | 12 | 1 | 0 |
| May-25 | 12 | 10 | 2 | 0 |
| Jun-25 | 13 | 12 | 1 | 0 |
| Jul-25 | 27 | 26 | 1 | 0 |
| Aug-25 | 28 | 27 | 1 | 0 |
| Sep-25 | 27 | 24 | 3 | 0 |
| Oct-25 | 26 | 21 | 5 | 0 |
| 12 Mo. Avg. | 21 | 18 | 3 | 0 |
| 12 Mo. Tota | 249 | 212 | 37 | 0 |

Graphs of "All Services"



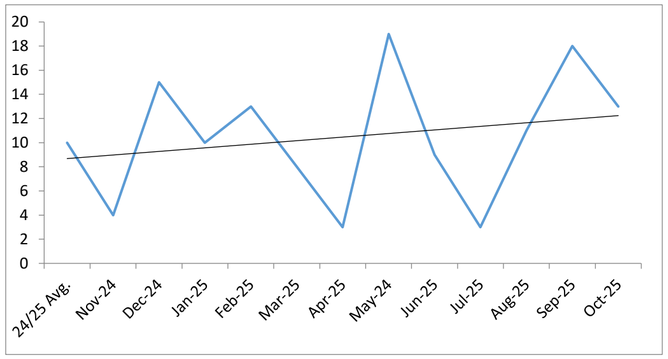



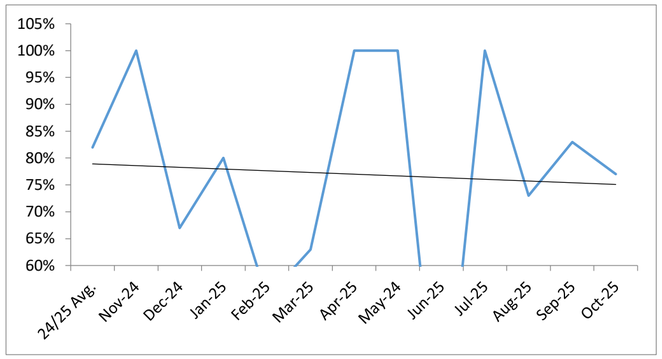
QI Work Plan 2.6b

| 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 |
| **24/25 Avg.** | **10** | **8** | **2** | **0** |
| Nov-24 | 4 | 3 | 1 | 0 |
| Dec-24 | 15 | 15 | 0 | 0 |
| Jan-25 | 10 | 9 | 1 | 0 |
| Feb-25 | 13 | 7 | 6 | 0 |
| Mar-25 | 8 | 8 | 0 | 0 |
| Apr-25 | 3 | 2 | 1 | 0 |
| May-24 | 19 | 14 | 5 | 0 |
| Jun-25 | 9 | 8 | 1 | 0 |
| Jul-25 | 3 | 3 | 0 | 0 |
| Aug-25 | 11 | 10 | 1 | 0 |
| Sep-25 | 18 | 15 | 3 | 0 |
| Oct-25 | 13 | 10 | 3 | 0 |
| **12 Mo. Avg.** | 11 | 9 | 2 | 0 |
| **12 Mo. Tota** | 126 | 104 | 22 | 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 |
| **24/25 Avg.** | **82%** | **83%** | **85%** | **#N/A** |
| Nov-24 | 100% | 100% | 100% | N/A |
| Dec-24 | 67% | 67% | N/A | N/A |
| Jan-25 | 80% | 78% | 100% | N/A |
| Feb-25 | 54% | 57% | 50% | N/A |
| Mar-25 | 63% | 63% | N/A | N/A |
| Apr-25 | 100% | 100% | 100% | N/A |
| May-24 | 100% | 100% | 100% | N/A |
| Jun-25 | 22% | 25% | 0% | N/A |
| Jul-25 | 100% | 100% | 100% | N/A |
| Aug-25 | 73% | 70% | 100% | N/A |
| Sep-25 | 83% | 87% | 64% | N/A |
| Oct-25 | 77% | 70% | 100% | N/A |
| **12 Mo. Avg.** | 77% | 76% | 81% | #DIV/0! |

Graphs of "All Services"



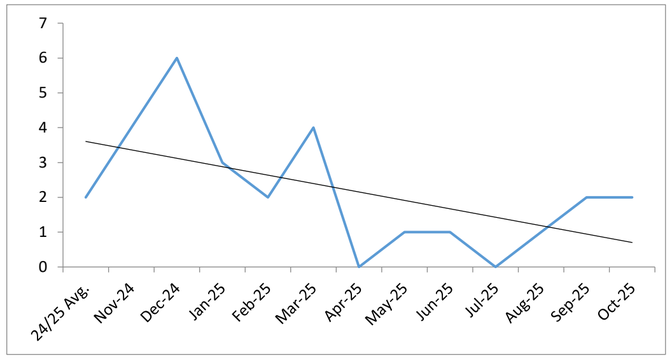
7.0

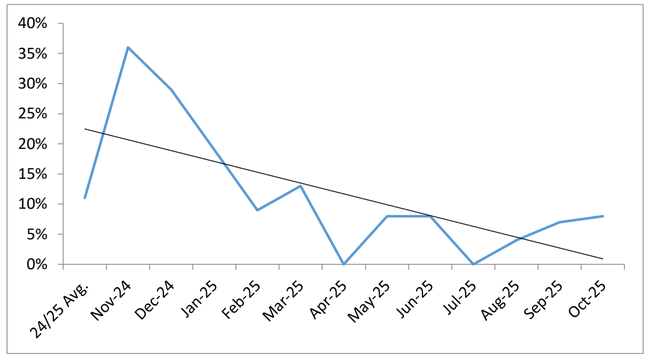
QI Work Plan 2.7

| 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 |
| **24/25 Avg.** | **2** | **2** | **0** | **0** |
| Nov-24 | 4 | 3 | 1 | 0 |
| Dec-24 | 6 | 6 | 1 | 0 |
| Jan-25 | 3 | 3 | 0 | 0 |
| Feb-25 | 2 | 2 | 0 | 0 |
| Mar-25 | 4 | 2 | 2 | 0 |
| Apr-25 | 0 | 0 | 0 | 0 |
| May-25 | 1 | 1 | 0 | 0 |
| Jun-25 | 1 | 1 | 0 | 0 |
| Jul-25 | 0 | 0 | 0 | n/a |
| Aug-25 | 1 | 1 | 0 | 0 |
| Sep-25 | 2 | 2 | 0 | 0 |
| Oct-25 | 2 | 2 | 0 | 0 |
| **12 Mo. Avg.** | 2 | 2 | 0 | 0 |
| Total | 26 | 23 | 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 |
| **24/25 Avg.** | **11%** | **12%** | **5%** | **0%** |
| Nov-24 | 36% | 38% | 33% | n/a |
| Dec-24 | 29% | 29% | 0% | n/a |
| Jan-25 | 19% | 25% | 0% | n/a |
| Feb-25 | 9% | 13% | 0% | n/a |
| Mar-25 | 13% | 8% | 25% | n/a |
| Apr-25 | 0% | 0% | 0% | n/a |
| May-25 | 8% | 10% | 0% | n/a |
| Jun-25 | 8% | 8% | 0% | n/a |
| Jul-25 | 0% | 0% | 0% | n/a |
| Aug-25 | 4% | 4% | 0% | n/a |
| Sep-25 | 7% | 8% | 0% | 0% |
| Oct-25 | 8% | 10% | 0% | n/a |
| **12 Mo. Avg.** | 12% | 13% | 5% | 0% |

Graphs of "All Services"

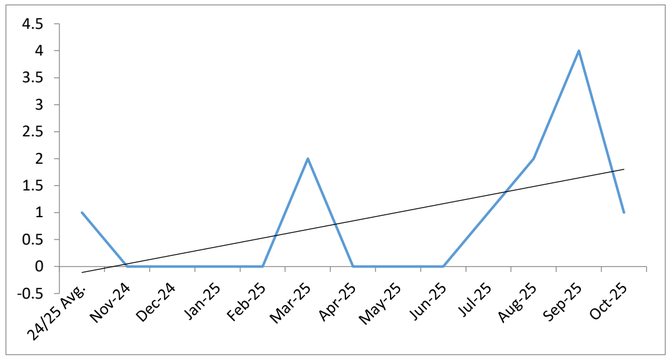


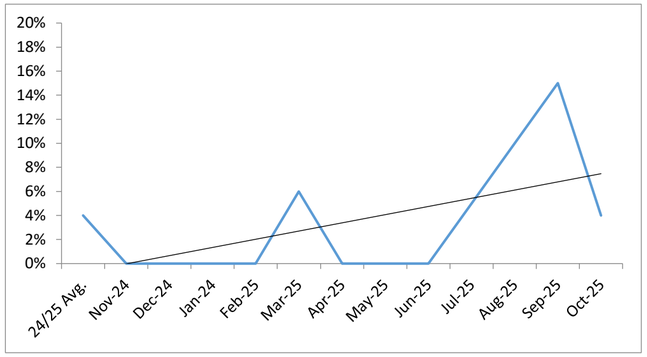



| Psychiatric Inpatient Readmission rates within 8-30 days<br>Total number of readmissions within 8-30 days | | | | |
|---|---|---|---|---|
| | All Services | Adult Services | Children's Services | Foster Care |
| **24/25 Avg.** | **1** | **1** | **0** | **0** |
| Nov-24 | 0 | 0 | 0 | 0 |
| Dec-24 | 0 | 0 | 0 | 0 |
| Jan-25 | 0 | 0 | 0 | 0 |
| Feb-25 | 0 | 0 | 0 | 0 |
| Mar-25 | 2 | 2 | 0 | 0 |
| Apr-25 | 0 | 0 | 0 | 0 |
| May-25 | 0 | 0 | 0 | 0 |
| Jun-25 | 0 | 0 | 0 | 0 |
| Jul-25 | 1 | 1 | 0 | N/A |
| Aug-25 | 2 | 2 | 0 | 0 |
| Sep-25 | 4 | 4 | 0 | 0 |
| Oct-25 | 1 | 1 | 0 | 0 |
| **12 Mo. Avg.** | 1 | 1 | 0 | 0 |
| Total | 10 | 10 | 0 | 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 |
| **24/25 Avg.** | **4%** | **4%** | **4%** | **0%** |
| Nov-24 | 0% | 0% | 0% | N/A |
| Dec-24 | N/A | N/A | N/A | N/A |
| Jan-24 | 0% | 0% | 0% | N/A |
| Feb-25 | 0% | 0% | 0% | N/A |
| Mar-25 | 6% | 8% | 0% | |
| Apr-25 | 0% | 0% | 0% | N/A |
| May-25 | 0% | 0% | 0% | N/A |
| Jun-25 | 0% | 0% | 0% | N/A |
| Jul-25 | 5% | 5% | 0% | N/A |
| Aug-25 | 10% | 11% | 0% | N/A |
| Sep-25 | 15% | 17% | 0% | 0 |
| Oct-25 | 4% | 5% | 0% | N/A |
| **12 Mo. Avg.** | 4% | 4% | 0% | 0% |

Graphs of "All Services"



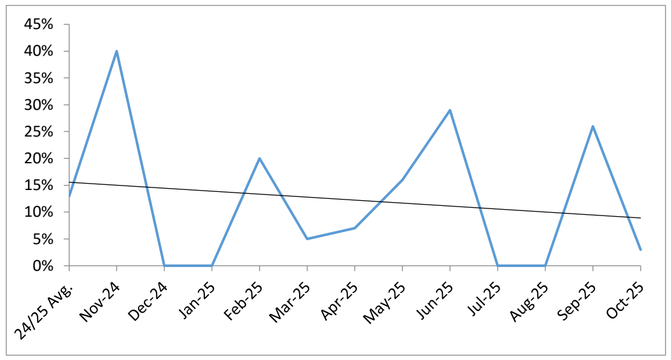
8.0

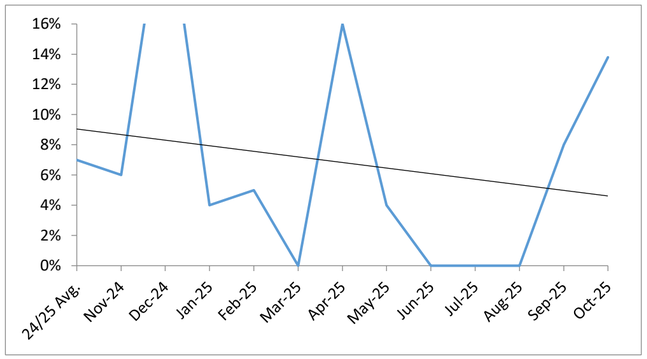
QI Work Plan 3.1

| Average Psychiatric Patient No-Show Rates<br>MHP Standard for Psychiatrists - No Higher than 10% | | | | |
|---|---|---|---|---|
| | All Services | Adult Services | Children's Services | Foster Care |
| **24/25 Avg.** | **13%** | **12%** | **29%** | **0%** |
| Nov-24 | 40% | 33% | 50% | N/A |
| Dec-24 | 0% | 0% | N/A | N/A |
| Jan-25 | 0% | 0% | N/A | N/A |
| Feb-25 | 20% | 21% | 17% | N/A |
| Mar-25 | 5% | 6% | 0% | N/A |
| Apr-25 | 7% | 4% | 50% | N/A |
| May-25 | 16% | 13% | 25% | 0% |
| Jun-25 | 29% | 29% | N/A | N/A |
| Jul-25 | 0% | 0% | 0% | N/A |
| Aug-25 | 0% | 0% | 0% | 0% |
| Sep-25 | 26% | 27% | 25% | 0% |
| Oct-25 | 3% | 4% | 0% | N/A |
| **12 Mo. Avg.** | 12% | 11% | 19% | 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 |
| **24/25 Avg.** | **7%** | **8%** | **3%** | **0%** |
| Nov-24 | 6% | 4% | 7% | N/A |
| Dec-24 | 25% | 34% | 0% | N/A |
| Jan-25 | 4% | 5% | 3% | N/A |
| Feb-25 | 5% | 9% | 0% | N/A |
| Mar-25 | 0% | 0% | 0% | N/A |
| Apr-25 | 16% | 20% | 9% | N/A |
| May-25 | 4% | 7% | 0% | 0% |
| Jun-25 | 0% | 0% | 0% | 0% |
| Jul-25 | 0% | 0% | 0% | N/A |
| Aug-25 | 0% | 0% | 0% | 0% |
| Sep-25 | 8% | 9% | 6% | 0% |
| Oct-25 | 14% | 11% | 18% | N/A |
| **12 Mo. Avg.** | 7% | 8% | 4% | 0% |

Graphs of "All Services"



behavioral health & recovery services
Mendocino County

# 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

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# 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 Health Services Director**<br>Name: Jenine Miller<br>Telephone Number: (707) 472-2341<br>E-mail: millerje@mendocinocounty.gov | **Auditor/Controller**<br>Name: Chamise Cubbison,<br>Auditor/Controller Telephone Number: (707) 234-2671<br>E-mail: cubbisonc@mendocinocounty.gov |
|---|---|
| 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 June 3, 2025. The Three Year Plan and Expenditure Plan was adopted by the County Board of Supervisors on December 3, 2024.

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 Health Services Director | Auditor/Controller |
|---|---|
| Name: Jenine Miller<br>Telephone Number: (707) 472-2341<br>E-mail: millerje@mendocinocounty.gov | Name: Chamise Cubbison,<br>Telephone Number: (707) 234-6871<br>E-mail: cubbisonc@mendocinocounty.gov |
| 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 Mental Health Services Act 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 December 2024 for the fiscal year ended June 30, 2024. I further certify that for the fiscal year ended June 30, 2018, the State Mental Health Services Act 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.

Chamise Cubison. Auditor/Controller
County Auditor Controller / City Financial Officer

Signature Date

# Summary of Updated Information and the Purpose of this Update to the 2025-2026 Annual Update

The purpose of this Update to the Annual Update is to provide transparency with the DHCS Program Review Conducted in Spring of 2025. All changes to this plan are included here as Appendices to address specific findings within the Program Review.

Appendix B: Addendum to the 2023-2026 Three Year Plan. This addition to the initial Three Year Plan was to specify each year's predicted expenditures and cost per client for each program. The Cost Per Client data is based on the budgeted allotment for each program and the number of anticipated participants in each program. Additionally, Expenditure budgets for all three years of the Three Year Plan were included. These budgets are also projections as Mental Health Services Act Funds are based on California Taxes and fluctuate from year to year.

Appendix C: Outcome Measures. This section includes outcome measures for CSS, PEI and Innovation. Data from some programs with small samplings has been suppressed.

Appendix D: FSP Paperwork training. A slide deck for an FSP Enrollment training is included in this section along with the Behavioral Health Policy and Procedure regarding Full-Service Partnerships. Additionally an excerpt from a Full-Service Partnership contract requiring compliance with the stated Full-Service Partnership Paperwork process is included as an example. All FSP contracts contain similar language.

Appendix E: PEI Annual Summary for 2023-2024. The PEI Annual summary for 2023-2024 is included with some of the data from the Addendum to the Three Year Plan for completeness. A Cover Letter Identifying the document proceeds the PEI Annual Summary for clarity at the request of DHCS.

# Introduction to the Mental Health Services Act

## History of the Mental Health Service Act

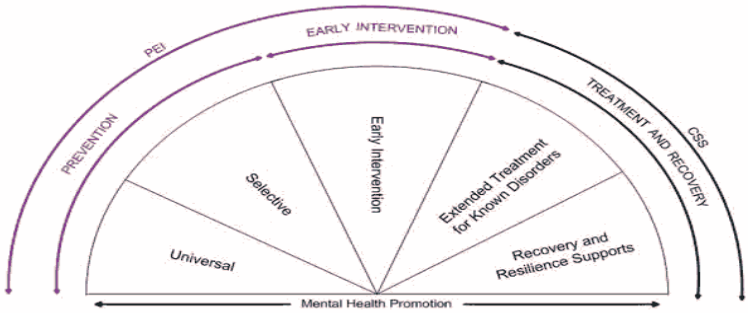
More than two million children, adults, and seniors are affected by potentially disabling mental illnesses every year in California. Forty years ago, the State of California shut down many state hospitals for people with severe mental illnesses without providing adequate funding for community mental 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 Mental Health Services Act was enacted into law on January 1, 2005 by placing a one percent (1%) tax on incomes above $1 million.

Mental Health Services Act 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.

## California's Mental Health Services Act 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 Mental Health Services Act 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.

## Mental Health Services Act 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. Mental Health Services Act 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 Mental Health Services Act. The Community Services and Supports 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 Community Services and Supports component. Community Services and Supports are funded with 76% of a County's Mental Health Services Act 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 Prevention and Early Intervention component requires collaboration with consumers and their family members in the development of Prevention and Early Intervention projects and programs. Prevention and Early Intervention Services are funded with 19% of a County's Mental Health Services Act funding.

**Innovation**

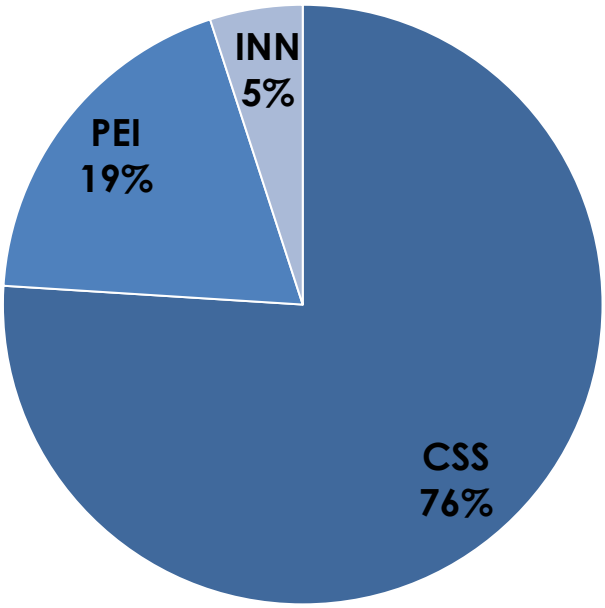
The goal of Innovation is to increase access to underserved groups, increase the quality of services, promote interagency collaboration, and increase access to services through untested innovative programming. Counties select one or more goals and use those goals as the primary priority or priorities for their proposed Innovation plan. Innovation projects are funded with 5% of a County's Mental Health Services Act funding but require an additional approval by the 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 Mental Health Services Act services to mental 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 mental 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 mental 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.

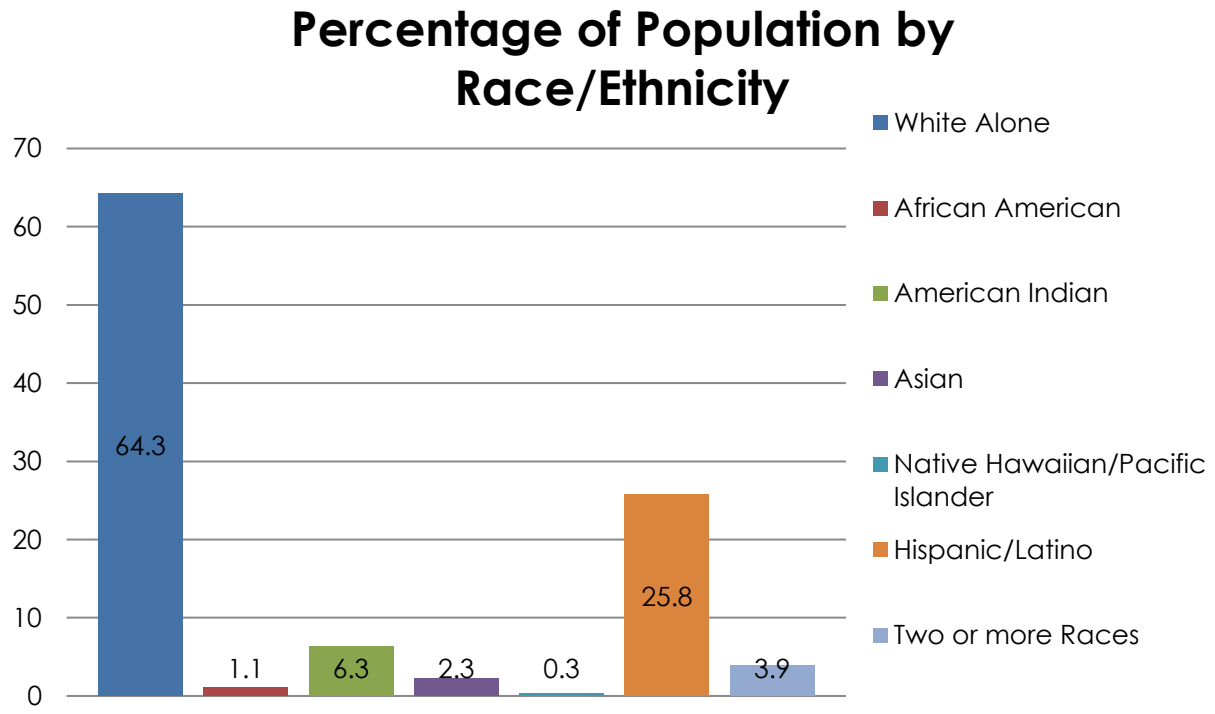
The US Census Bureau provides the following data on population trends: Mendocino County had a population of 86,740 in 2019, which is a decrease by approximately one thousand people and a little over 1%. Mendocino County is the 38th largest county by population of California's counties. Mendocino County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

[1] (Center for Economic Development, 2010)

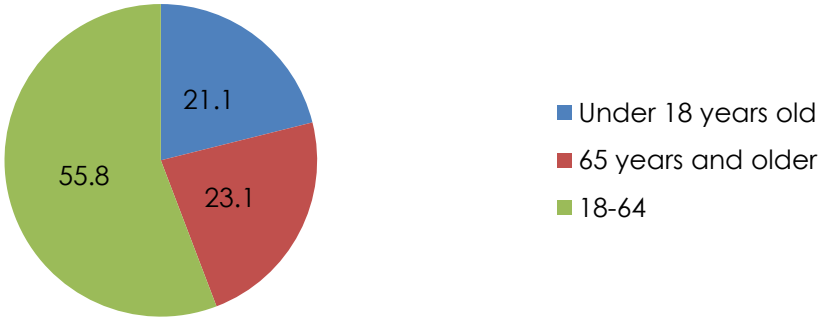
Ukiah, Fort Bragg, Willits, and Point Arena. The distances between cities spans from 23 miles (Ukiah to Willits) to 76 miles (Willits to Point Arena). The US Census Bureau estimates that from 2015 through 2019 the mean travel time to work for workers over 16 years of age was 20.8 minutes.[2]

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.



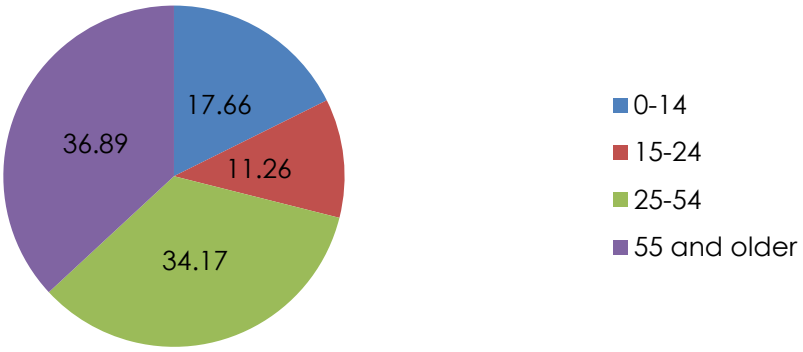

[2] (U.S. Census Bureau, 2019)
[3] (U.S. Census Bureau, 2016)

## 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 Mental Health Services Act and Full Service Partnership breakdowns.

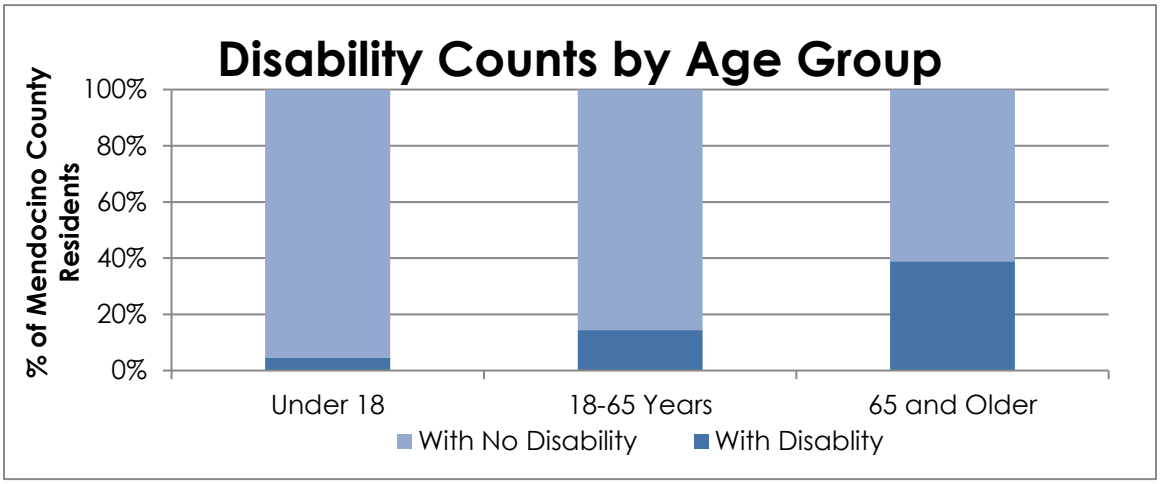
## Healthy Mendocino Percentage of Population by Age




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

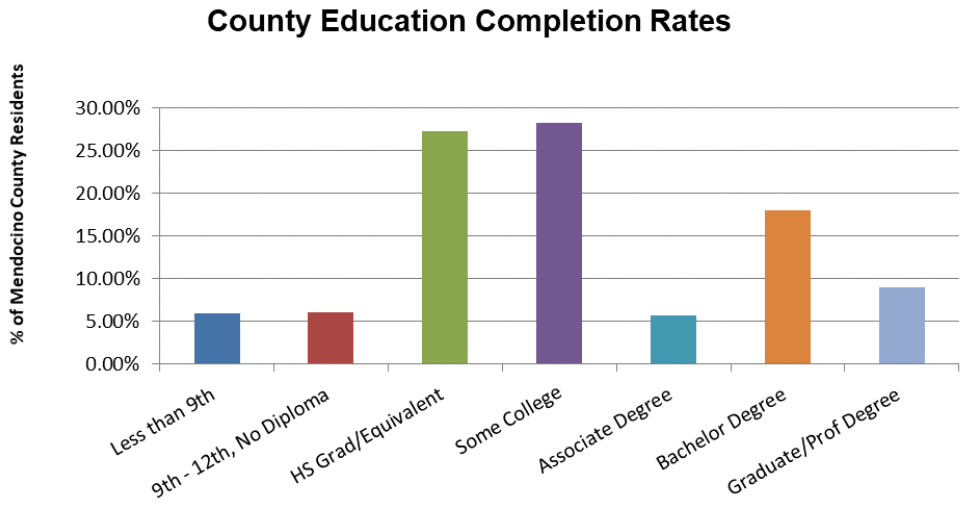
Furthermore, there are very limited public transportation options within the county. No public bus routes go farther north than Willits or Fort Bragg. In addition, the Mendocino Transit Authority has a limited number of routes. For instance, the longest route (Route 65) only leaves twice during week 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.



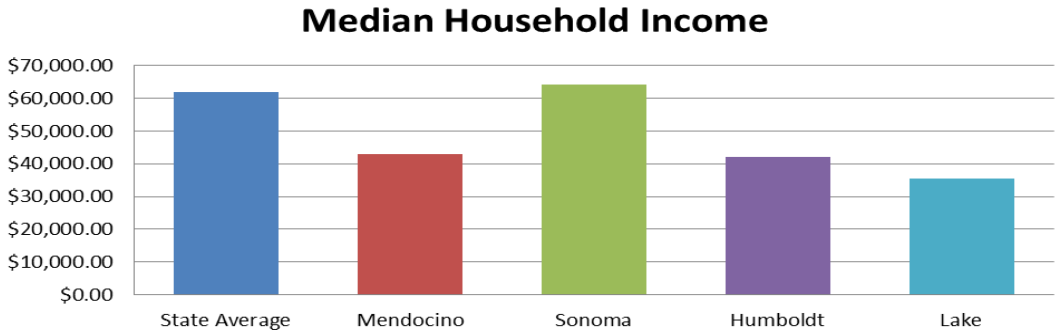

The US Census Bureau provides statistics on the percentage of residents with a that are working and those with a disability. The data from between 2015 and 2019 shows that 58.2% of the population over age 16 was in the labor force and 12.6% of the population under age 65 years of age had a disability. 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.



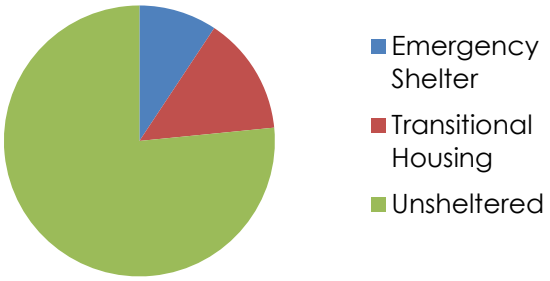

According to 2016 estimates of the US Census Bureau and ACS, 86.5% of Mendocino County residents were high school graduates or an equivalent. Of those who graduated high school, 24.1% obtained a bachelor's degree or higher. Additionally, the data indicates that 6.3% have less than a 9th grade education, 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]

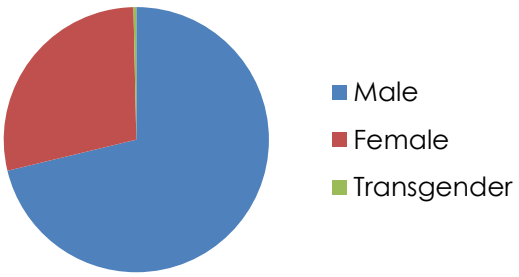



[6] (U.S. Department of Commerce, 2016)
[7] (U.S. Census Bureau, 2016)
[8] (U.S. Census Bureau, 2019)

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]




Mendocino County has very high rates of trauma. Healthy Mendocino, a website that captures various health indicators, indicates the rate of adults that

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

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 experiencing homelessness have a serious mental illness. These are the

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

individuals that we anticipate will be utilizing the Mental Health Services Act funded services.

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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 Mental Health Services Act providers interested in providing services for the Three-Year Plan. The RFP process did not generate enough proposals to sustain the Mental Health Services Act 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 Mental Health Services Act Forum & Quality Improvement Committee Meeting. 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 Mental Health Services Act services into underserved populations was successful, and several contracts with local tribes are in process.

**Mental Health Services Act Modernization**

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

With the passing of Proposition 1 in 2024, the Mental Health Services Act will be transitioning to Behavioral Health Services Act (BHSA), and the funding will be divided into three categories: Housing, Full Service Partnerships, and Behavioral Health Services and Supports. The funding proportions for the new Behavioral Health Services Act are 30% to Housing, 35% to Full Service Partnerships, 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- Full Service Partnerships services and Prevention and Early Intervention services.

The Behavioral Health Services Act 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 Behavioral Health Services Act are developed and shared with the public, Behavioral Health and Recovery Services Staff will provide updates through the current CPP process including education processes throughout the county during Mental Health Services Act 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 Mental Health Services Act 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 Mental Health Services Act programs that fulfill regulatory need and represent the founding principles of Mental Health Services Act.

**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 Community Services and Supports (CSS): Oak and Valley House was added to expand capacity for supported housing for Full Service Partnerships clients. Tapestry now serves Full Service Partnerships Adults and Older Adults as well as TAY.
2. New Programs Added to Prevention and Early Intervention (PEI): none
3. Change in Program Component: CRT moved from General System Development to Full Service Partnerships program; Action Network

Prevention and Early Intervention program is classified as Prevention.

4. Programs funded last Three Year plan but not in this Three Year Plan: Action Network Community Services and Supports 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 Community Services and Supports Outreach and Engagement program; MCAVHN Full Service Partnerships program;
5. Change in Program Description: Consolidated Tribal Health Community Services and Supports program, Consolidated Tribal Health reduced Prevention and Early Intervention 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 Prevention and Early Intervention program will be dedicated to Anti-Bullying and Stigma Reduction programs within Prevention and Early Intervention.
6. Planned adjustments in the next three year cycle: Outreach and possible contracting with Senior Centers for Prevention and Early Intervention 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 Prevention and Early Intervention (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 Prevention and Early Intervention 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. Mental Health Services Act Forums, Stakeholder Committee Meetings, Program/Fiscal Management Group Meetings, Behavioral Health Advisory Board Meetings, and e-mailed suggestions through the Mental Health Services Act website are annual activities that are utilized for gathering stakeholder input. In addition, for the Three-Year Planning Process, Mendocino County Behavioral Health and Recovery Services 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 use 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 Office of Education

- 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
- National Alliance for Mental Illness (NAMI) Mendocino
- Native Connections
- Nuestra Alianza de Willits
- Pinoleville Band of Pomo Indians/Vocational Rehabilitation Program
- 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 Mental Health Services Act 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 Mental Health Services Act Three Year Plan for fiscal year 2023-26, CPP included the following events/meetings:

1. Mental Health Services Act 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. Mental Health Services Act Joint Stakeholder Meetings
3. Mental Health Services Act Program/Fiscal Management meetings
4. Behavioral Health Advisory Board meetings
5. County Mental Health Services Act 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

**Mental Health Services Act Stakeholder Forums**

Mental Health Services Act 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 Mental Health Services Act programs.

Forums are advertised in local newspaper and radio media, as well as the Mental Health Services Act website. Flyers are posted in Mental Health Services Act 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 Mental Health Services Act 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 Mental Health Services Act 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 Mental Health Services Act Forums are incorporated into Mental Health Services Act 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 Mental Health Services Act 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 Mental Health Services Act 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.

**Mental Health Services Act Joint Stakeholder Meetings**

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

**Mental Health Services Act Program/Fiscal Meetings**

The Mental Health Services Act Program/Fiscal meetings are comprised of Behavioral Health and Recovery Services (BHRS) staff that provides oversight to the delivery of Mental Health Services Act services including but not limited to the Mental Health Services Act Coordinator and Fiscal staff. This group meets regularly and is

responsible for budget administration, plan development, implementation, and ongoing evaluation of the delivery of Mental Health Services Act 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) Mental Health Services Act components, as well as communicating other Mental Health Services Act related news and events. The Mental Health Services Act website is continuously updated with current information and announcements, as well as links to forms, surveys, training registrations, meeting agendas, meeting minutes, Mental Health Services Act Three Year Plan, and Annual Updates. The Mental Health Services Act 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 mental 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 Behavioral Health and Recovery Services, Redwood Quality Management Company, Patient's Rights Advocate, direct Mental Health Services Act 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 Mental Health Services Act 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 mental 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.

**Mental Health Services Act 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 Mental Health Services Act funded programs and services. Mental Health Services Act Issue Resolution forms are available at each Mental Health Services Act provider site, on the Mental Health Services Website, and at all Mental Health Services Act Forums. Issue Resolutions are tracked and reviewed during Mental Health Services Act 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 Mental Health Services Act providers or Behavioral Health and Recovery Services Mental Health Services Act staff are documented and tracked as if the issue was submitted in writing. When trends are identified, they are reported on during Mental Health Services Act Forums.

**Mental Health Services Act Annual Summary**

The Mental Health Services Act Annual Summary presents the Mental Health Services Act 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 Mental Health Services Act 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 Mental Health Services Act 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 Mental Health Services Act Forums throughout Fiscal Year**

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

continuing needs in the community. Mental Health Services Act 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 Behavioral Health and Recovery Services Mental Health Services Act 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 Mental Health Services Act website with an announcement of the 30-day Public Review and Comment period. Public Hearing information is also posted on the County Mental Health Services Act 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 Mental Health Services Act funded programs, County Behavioral Health and Recovery Services buildings, key service delivery sites, and Mental Health Clinics. Mental Health Services Act 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 Mental Health Services Act 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 Mental Health Services Act 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 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 Mental Health Services Act Annual Plan period to continually enhance the quality of mental health services to all. Data and measurements will be reported to the Mental Health Services Act 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). Mendocino County contracts with qualified subcontracted community based organizations. The integration of all programs including Community Services and Supports promote long term sustainability and leveraging of existing resources to make the entire system more efficient, integrated, and coordinated. Priority focus of the Integrated Care Coordination 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 mental 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, Mental Health Services Act funds, and other grant funding resources such as Whole Person Care.

**Goals for the Mendocino County Mental Health Services Act 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 mental health service model's key elements are based on collaborative and coordinated planning and include:**

**Recovery Oriented Consumer Driven Services**

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

**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 mental 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 mental 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 mental health system through a standardized triage and assessment. Screen consumers for medical necessity and refer consumers to services. Enroll consumers in appropriate levels of care.
- Develop a coordinated, seamless continuum of care for all age groups with an expanded ability to leverage funding.
- 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 Mental Health Services Act 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 mental 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 Mental Health Services Act 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**

Mental Health Services Act 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 Full Service Partnerships Programs in 2023-2024: 1181

Total Served through Full Service Partnerships 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, Full Service Partnerships, care management, rehabilitation, and therapeutic services. Community Services and Supports (CSS) programs include the implementation of an outcome measurement for all mental 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)*:** Mental Health Services Act aims to serve up to three (3) Full Service Partnerships 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 mental 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. Full Service Partnerships 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 Mental Health Services Act Full Service Partnerships 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 Full Service Partnerships 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 Mental Health Services Act 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 Mental Health Services Act 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 Mental Health Services Act 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 Full Service Partnerships 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 mental health contract providers. This type of Community Services and Supports (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 mental 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. Full Service Partnerships services can be utilized by qualifying individuals that are indigent or uninsured.

1. **Population Served:** Mental Health Services Act 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 mental 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 Mental Health Services Act Full Service Partnerships 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 Full Service Partnerships 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 Mental Health Services Act 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 use 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 Mental Health Services Act 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 Full Service Partnerships, Wellness and Recovery Centers, and Integration with Primary Care. This segment of the Community Services and Supports (CSS) program include implementation of outcome measures for all mental 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)*:** Mental Health Services Act aims to serve up to one hundred and ten (110) Full Service Partnerships with these funds. Full Service Partnerships services are provided by a network of mental 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. Full Service Partnership 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 mental 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 Mental Health Services Act Community Services and Supports 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 Full Service Partnership 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 Mental Health Services Act 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 Community Services and

Supports (CSS) program includes the implementation of an outcome measure for all mental health contract providers to support evidence based decision-making, as well as identifying areas for improvement.

***Full Service Partnerships (FSP)*:** Mental Health Services Act aims to serve up to fourteen (14) Full Service Partnerships at a time for Older Adults. These services are provided by a network of mental 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. Full Service Partnership 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 mental 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 Mental Health Services Act Full Service Partnerships 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 Full Service Partnerships 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 Mental Health Services Act 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 mental 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 Full Service Partnerships 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 Mental Health Services Act policies. Mental 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 Full Service Partnership 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 mental health symptoms. Those that qualify for Full Service Partnership (FSP) are approved by the Mendocino County Mental Health Services Act 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 Full Service Partnership 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 mental 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:** Mental Health Services Act 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:** Mental 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 mental 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 Mental Health Services Act Full Service Partnerships 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 Full Service Partnerships 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 Mental Health Services Act 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 Full Service Partnerships 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 Full Service Partnership (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. Whole Person Care provides the opportunity to enhance services at these outreach centers. These are General System Development programs. There will be additional dedicated funding to the BHRS Wellness Center in Willits for development and renovation.

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, mental 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***: Mental Health Services Act 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 (FSP), and others supported housing programs utilize additional Full Service Partnerships 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 Full Service Partnerships per year. Willow Terrace Supported Independent Living Adults over the age of 18 and families who meet the criteria for SMI, Full Service Partnerships, 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 Mental Health Services Act Housing Program will aim to house 37 Full Service Partnerships 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 mental health care and institutionalization.

4. **Program Evaluation Methods:** The program staff conducts evaluation activities that meet Mental Health Services Act Full Service Partnerships 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 Mental Health Services Act 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 Use Disorders. This program aims to serve up to forty (40) clients per year.

2. **Services Provided:** Mental Health and substance use 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 use 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 Community Services and Supports 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 mental 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 Mental Health Services Act Community Services and Supports 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 use 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 mental 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 Full Service Partnership (FSP) programs and is not funded separate from Full Service Partnerships costs.

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

**Summary of Targeted Population Groups**

Mendocino County Mental Health Services Act team, Behavioral Health providers, mental 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. Mental 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. Mental Health Services Act Community Services and Supports (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 Mental Health Services includes potential resource of last resort funding for a number of positions in the spectrum of Mental Health Services Act services.

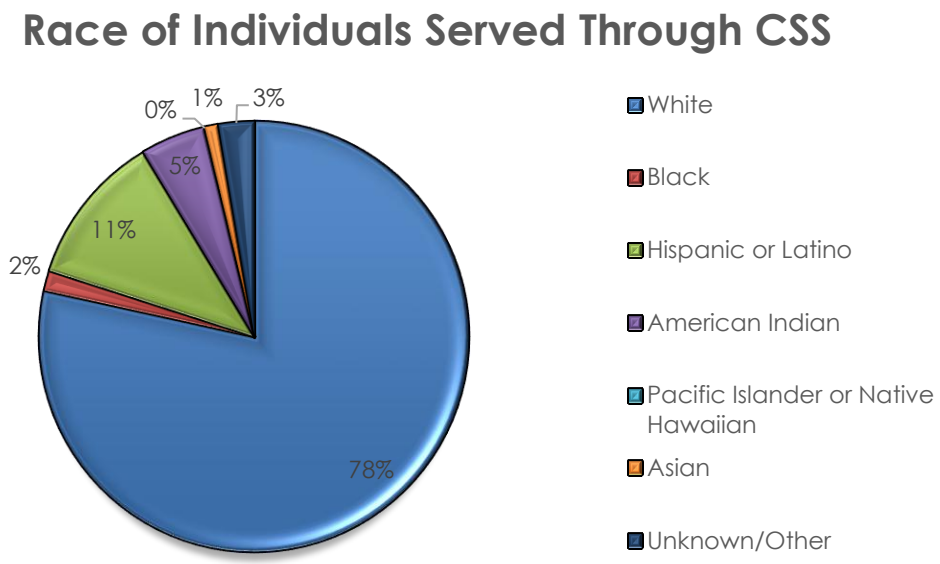


Figure CSS 1. Community Services and Supports services delivered to individuals by race as reported by those receiving services in FY 23-24. The most served group are white at 78%, Hispanic or Latino at 11%, American Indians at 5%, Black at 2%, Asian and Pacific Islander at less than 1%. Unknown/other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

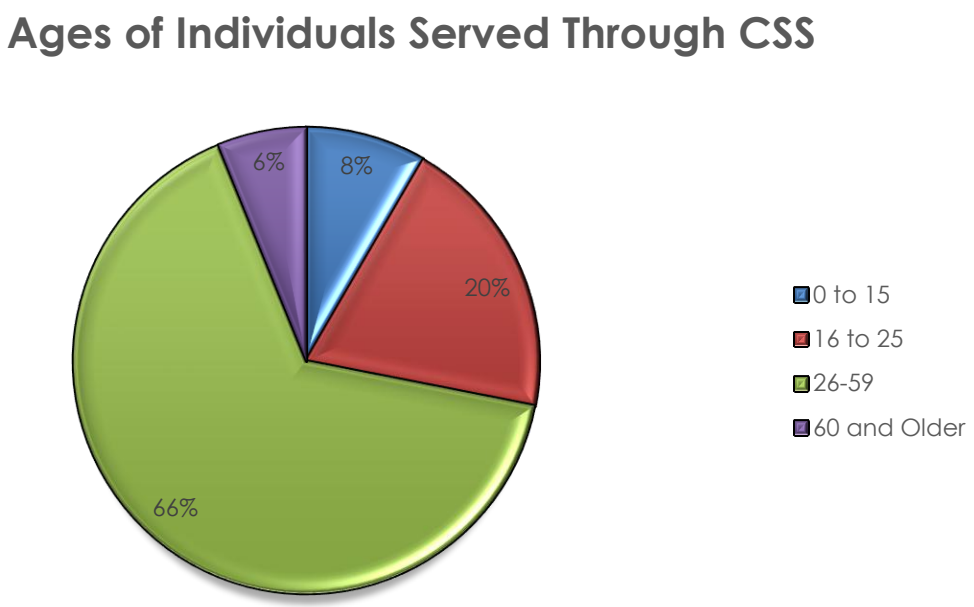


Figure CSS 2. Self-reported ages of individuals served through Community Services and Supports programs in FY 23-24 are shown. The age category for 26-59 is the largest group

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 Community Services and Supports programs require a diagnosis prior to services, and there may be an underrepresentation of younger individuals who do not yet have a diagnosis.

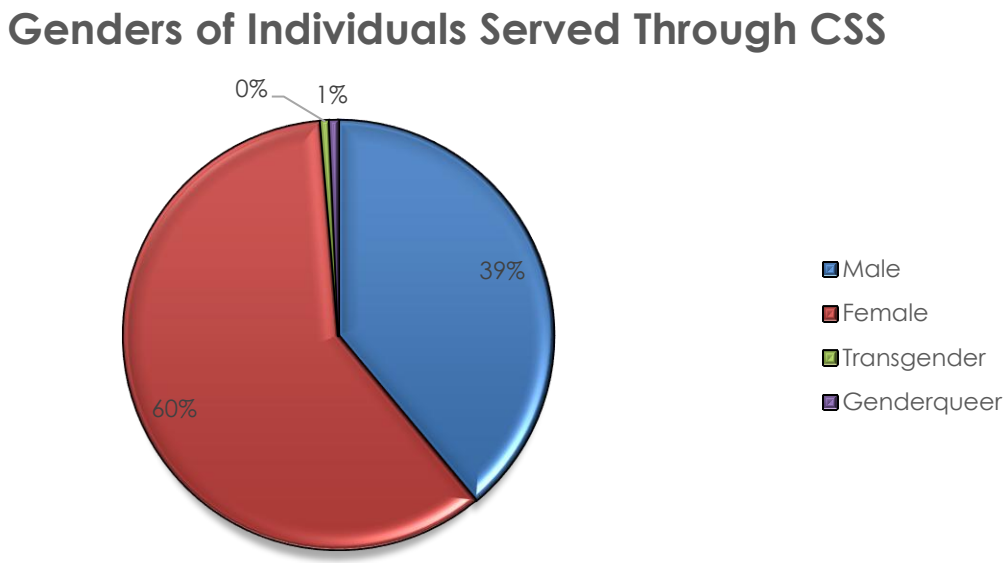


Figure CSS 3. Gender of individuals receiving Community Services and Supports services in FY 23-24 is shown. There is an overrepresentation of those identifying as female over the general population. Of those seeking services, 60% identified as female, 39% identified as female, 1% genderqueer, and less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

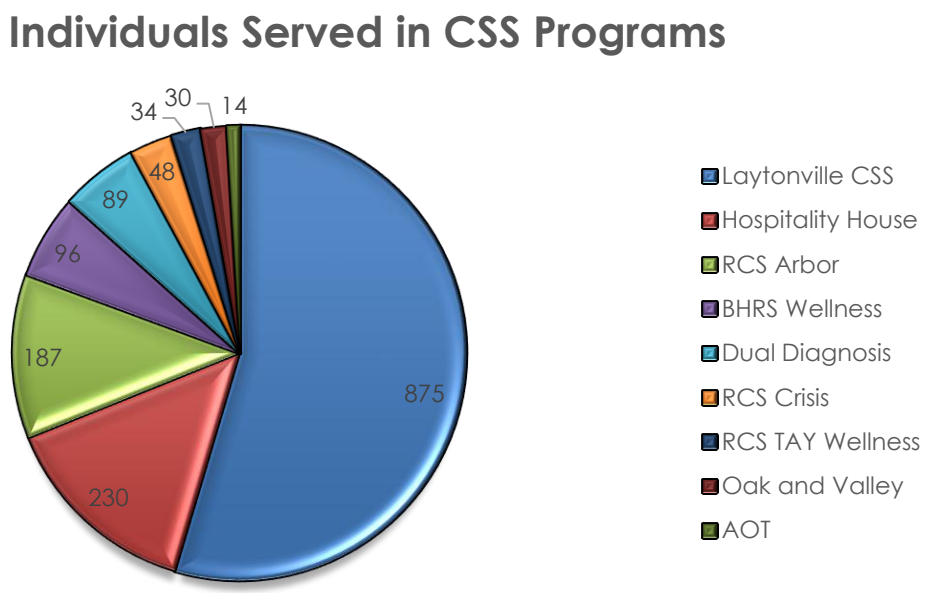


Figure CSS 4. Individuals served across the Community Services and Supports programs in FY 23-24 is shown. Some programs utilize drop in service types that allow for a lower threshold to services (such as Wellness Centers at Hospitality, Arbor, and Behavioral Health and Recovery Services Wellness), and 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. Prevention and Early Intervention 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 Mental Health Services Act 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, 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 use 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 Mental Health Services Act Funding:** Program funded for the entirety of the Mental Health Services Act Three Year Plan, Fiscal Years 23-24 through 25-26.

1. **Population Served**: Up to 150 children and youth with mental illness symptoms who are between the ages of 10 and 20, who have been identified as having used substances and have or are at risk of developing substance use disorders, or those who have been referred by law enforcement, mental health providers, or child welfare. These services are provided on specific school campuses. 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 use.

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 substance use, 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 Prevention and Early Intervention 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 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 Mental Health Services Act Funding:** Program funded following completion of RFP and contracting process for the final two years of the Mental Health Services Act Three Year Plan, Fiscal Years 23-24 through 25-26. Program receives other funding sources beyond Mental Health Services Act 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 Mendocino is a Peer/Family member driven program. NAMI Mendocino focuses on supporting the community, specifically those that are either living with mental illness or who feel alone and isolated. NAMI Mendocino 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 Mental Health Services Act Funding:** Program funded for the entirety of the Mental Health Services Act Three Year Plan, Fiscal Years 23-24 through 25-26. Program receives other funding sources beyond Mental Health Services Act 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 Mendocino 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 Mendocino 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 Mendocino'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 Mendocino 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 Mental Health Services Act Funding**: Program funded for the entirety of the Mental Health Services Act Three Year Plan, Fiscal Years 23-24 through 25-26. Program receives other funding sources beyond Mental Health Services Act 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 Mental Health Services Act Funding**: Program funded following completion of RFP and contracting process for the final two years of the Mental Health Services Act Three Year Plan, Fiscal Years 23-24 through 25-26. Program receives other funding sources beyond Mental Health Services Act 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.

## 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. There will be additional dedicated funding to the BHRS Wellness Center in Willits for development and renovation.

***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 Mental Health Services Act Funding:** Program funded for the entirety of the Mental Health Services Act 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**: CalMHSA contracts with the RAND Corporation to conduct outcome evaluations. Since these Statewide Prevention and Early Intervention Projects are primarily focused on general outreach and education campaigns (not services or trainings), CalMHSA measures outreach through web hits and materials disseminated.

***Mental 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 Mental Health Services Act website, sharing Public Service Announcements, and other special events throughout the year.

**Status of Mental Health Services Act Funding:** Program funded for the entirety of the Mental Health Services Act 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 mental health, to provide resources, and information on wellness and recovery possibilities in support of helping identify those with mental 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 mental health needs. To reduce stigma by providing education and information and familiarizing the public with mental health.

4. **Program Evaluation Methods:** The program will conduct evaluation activities that meet the Prevention and Early Intervention requirements. Mendocino County MSHA team tracks the number, location, and types of awareness activities and events provided or attended. For each event, Mendocino County Mental Health Services Act 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 mental 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 mental 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 Mental Health Services Act Funding:** Program funded for the entirety of the Mental Health Services Act Three Year Plan, Fiscal Years 23-24 through 25-26. Program receives other funding sources beyond Mental Health Services Act 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 Prevention and Early Intervention 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 Behavioral Health and Recovery Services 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 Mental Health Services Act Funding:** Program funded for the entirety of the Mental Health Services Act 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. Behavioral Health and Recovery Services 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 mental 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 Prevention and Early Intervention 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 mental 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 mental health crisis in outlying target areas of the county. These areas 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. The targeted outreach areas are North County, South Coast, and Anderson Valley. The program consists of teams that include a Rehabilitation Specialist that partners with the Mendocino County Sheriff's Office to respond to field based behavioral health calls and referrals. Each team travels to the various communities in these outlying areas 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.

**Status of Mental Health Services Act Funding:** Program funded in part through Intergovernmental Transfer Grant funding, and Whole Person Care project. Program funded, in part, for the entirety of the Mental Health Services Act Three Year Plan, Fiscal Years 23-24 through 25-26.

1. **Population Served:** Adults over 18, in the identified targeted areas that are experiencing mental 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 50 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 mental 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 mental 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 mental health crisis in remote locations. Improve utilization of local and preventative resources to address mental health needs before they develop into a crisis. Refer clients to appropriate levels of care needed to overcome mental health challenges.

4. **Program Evaluation Methods:** The program staff conduct evaluation activities that meet the Prevention and Early Intervention 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 and/or co-occurring services coordinated by a Jail and/or Juvenile Hall Discharge Planner, to ensure that individuals with mental health and/or co-occurring issues leaving the jail and/or Juvenile Hall are referred to appropriate behavioral health services.

**Status of Mental Health Services Act Funding:** Program funded for the entirety of the Mental Health Services Act 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 co-occurring substance use symptoms. This program will aim to serve at least 52 clients per year. This program will serve 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 symptoms toward reducing the time between release from incarceration and connection with outpatient 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 needs before they develop into a crisis or re-incarceration. Refer clients to appropriate levels of care needed to overcome mental health or co-occurring challenges.

4. **Program Evaluation Methods:** The program will conduct evaluation activities that meet the Prevention and Early Intervention 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 Mental Health Services Act: 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 Mental Health Services Act Funding:** Program funded for the entirety of the Mental Health Services Act 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 Prevention and Early Intervention 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 Mental Health Services Act Funding:** Program funded for the entirety of the Mental Health Services Act 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 Prevention and Early Intervention requirements. The program will provide quarterly data on the number of outreach sessions with schools and the youth served. Individual data may include improvement Child Assessment and Needs & Strengths (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 Mental Health Services Act Funding:** Program funded for the entirety of the Mental Health Services Act 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 Prevention and Early Intervention requirements. The program will provide quarterly data on the number of outreach sessions with schools and the youth served. Individual data may include improvement Child Assessment and Needs & Strengths 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

***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 Mental Health Services Act Funding:** Program funded following completion of RFP and contracting process for the final two years of the Mental Health Services Act Three Year Plan, Fiscal Years 23-24 through 25-26. Program receives other funding sources beyond Mental Health Services Act 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 Prevention and Early Intervention 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 Behavioral Health and Recovery Services 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 Mental Health Services Act Funding:** Program funded for the entirety of the Mental Health Services Act Three Year Plan, Fiscal Years 23-24 through 25-26.

1. **Population Served**: 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. North Bay Suicide Prevention Hotline is available to all individuals in Mendocino County. This program will serve all ages.

2. **Services Provided**: Suicide Prevention resources and concerns are addressed in Mental Health Services Act 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 has a Mental Health Services Act staff person that is certified to facilitate Applied Suicide Intervention Skills Training (ASIST) and SafeTALK trainings. These are evidence based suicide intervention and prevention techniques for the community and workforce. Mendocino County is committed to provide a minimum of three of each of these trainings per year and has made special efforts to invite and provide these trainings to culturally diverse groups.

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 Prevention and Early Intervention 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:**

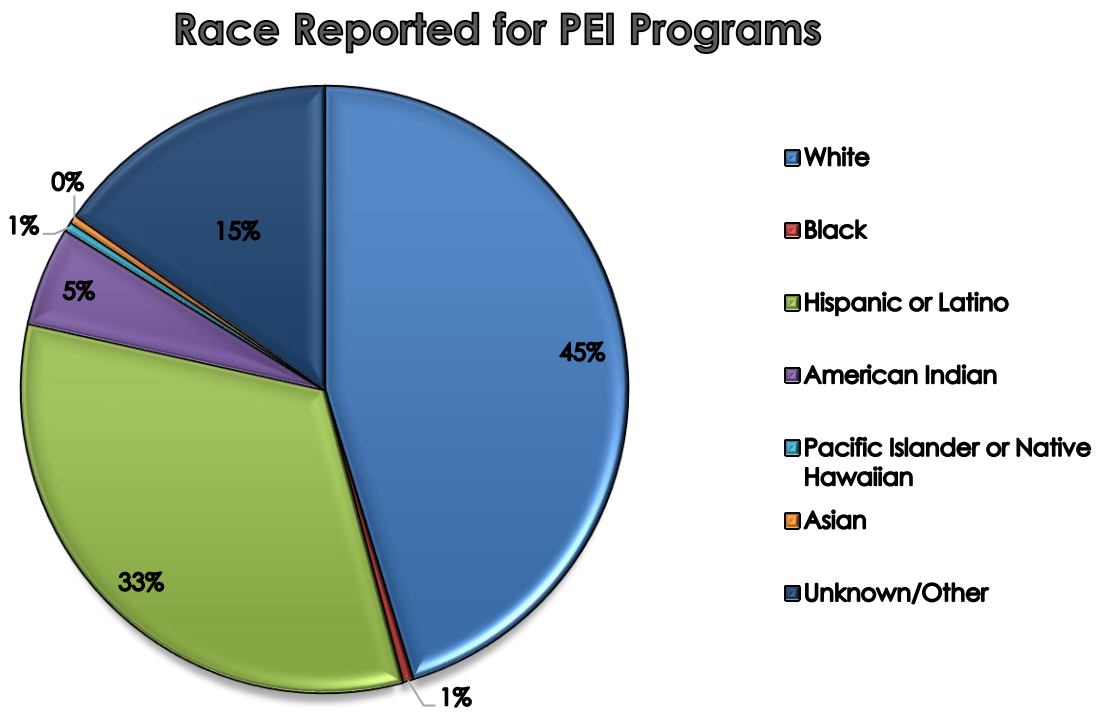


**Figure PEI 1.** Prevention and Early Intervention (PEI) services delivered to individuals by race as reported by those receiving services. The most served group are white at 45%, Hispanic or Latino at 33%, American Indians at 5%, Asian, Pacific Islander and Black all at 1%. Unknown/other is shown and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

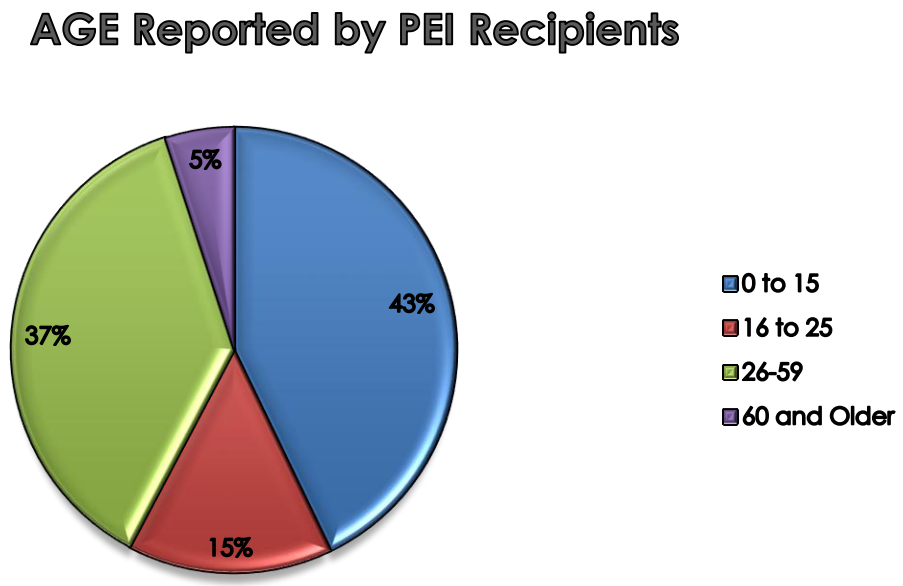


**Figure PEI 2**. Self-reported ages of individuals served through Prevention and Early Intervention programs in FY 23-24 are shown. The age category for 0-15 is the largest group of individuals served (Child) with 26-59 (Adult) is second. For Prevention and Early Intervention, there is a requirement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

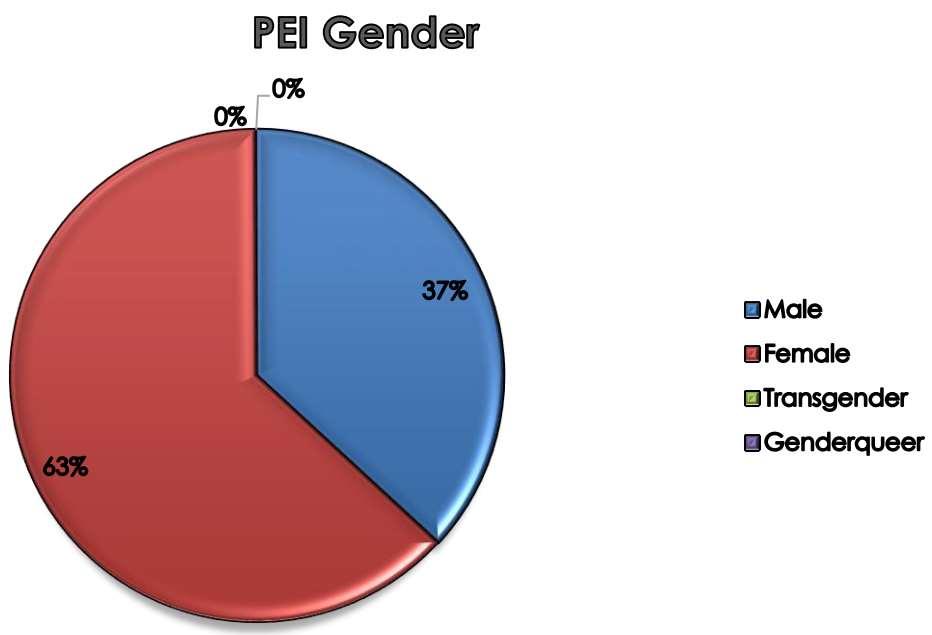


**Figure PEI 3**. Gender of individuals receiving Prevention and Early Intervention services in FY 23-24 is shown. The large difference between male identifying and female identifying

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 Prevention and Early Intervention programs.

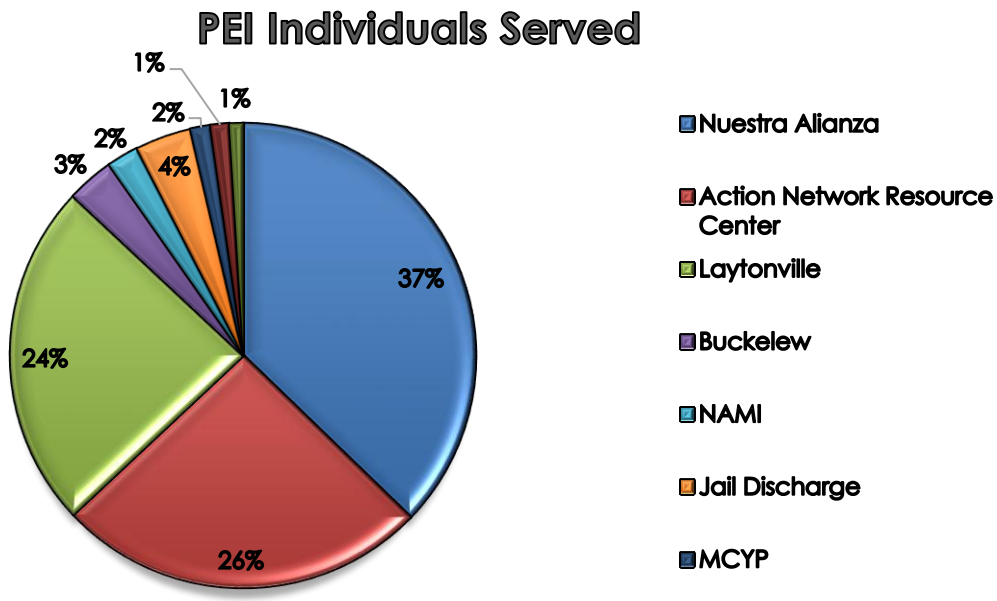


**Figure PEI 4.** Individuals served across the Prevention and Early Intervention programs in FY 23-24 is shown. Some programs utilize drop in service types that allow for a lower threshold to services (such as Action Network and Nuestra Alianza), and other have appointment based class type of services.

# 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 mental 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 Mental Health Services Act stakeholders to identify and prioritize learning projects, and to develop the projects to meet Mental Health Services Oversight and Accountability Commission (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 Mental Health Services Act 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 Mental Health Services Oversight and Accountability Commission (MHSOAC) 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 Mental Health Services Act 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, Mental Health Services Act 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, Mental Health Services Act 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 Mental Health Services Act 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 Mental Health Services Act 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 Community Services and Supports (CSS) funding to WET depending on availability of Community Services and Supports 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 Mental Health Services Act 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 Community Services and Supports (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 Mental Health Services Act 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 Mental Health Services Act 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 Mental Health Services Act 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 Behavioral Health and Recovery Services 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%) establised 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 Mental Health Services Act 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 Community Services and Supports (CSS) projects outlined in the Community Services and Supports plan.

# Budget Expenditure Plans

**FY 2025/26 Mental Health Services Act Annual Update**
**Funding Summary**

County: Mendocino | Date: 7/1/25

| | 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 2025/26 Funding** | | | | | | |
| 1. Estimated Unspent Funds from Prior Fiscal Years | 4,556,547 | 3,743,879 | 2,935,987 | | | |
| 2. Estimated New FY 2025/26 Funding | 4,749,936 | 1,187,484 | 312,460 | | | |
| 3. Transfer in FY 2025/26 (FFP) | 7,759,394 | | | | | |
| 4. Access Local Prudent Reserve in FY 2025/26 | | | | | | 0 |
| 5. Estimated Available Funding for FY 2025/26 | 17,065,877 | 4,931,363 | 3,248,447 | | | |
| **B. Estimated FY 2025/26 MHSA Expenditures** | 16,803,263 | 2,837,476 | 453,380 | 0 | 0 | |
| **G. Estimated FY 2025/26 Unspent Fund Balance** | 262,614 | 2,093,887 | 2,795,067 | 0 | 0 | |

| **H. Estimated Local Prudent Reserve Balance** | |
|---|---|
| 1. Estimated Local Prudent Reserve Balance on June 30, 2025 | 1,018,338 |
| 2. Contributions to the Local Prudent Reserve in FY 2025/26 | 0 |
| 3. Distributions from the Local Prudent Reserve in FY 2025/26 | 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 2025/26 Mental Health Services Act Annual Update**
**Community Services and Supports (CSS) Funding**

County: Mendocino

Date: 7/1/25

| | Fiscal Year 2025/26 | | | | | | |
|---|---|---|---|---|---|---|---|
| | 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 | 19,709,272 | 11,949,878 | 7,759,394 | | | | FSP, WIT |
| 2. Haven House AOT-FSP | 656,907 | 656,907 | | | | | RCS Haven House, MH AOT S&B ($156,907) |
| 3. Supporting Housing | 870,000 | 870,000 | | | | | LPS Placements |
| 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. | | | | | | | |
| 19. | 0 | | | | | | |
| **Non-FSP Programs** | | | | | | | |
| 1. Parent Partner Program / Therapeutic-GSD | 0 | 0 | | | | | Action Network |
| 2. Eating Disorder Placement | 50,000 | 50,000 | | | | | |
| 3. Substance Abuse Counselor Dual Diagnosis-O&E | 30,297 | 30,297 | | | | | SUDT S&B Angie ($30,297) |
| 4. Communique | 6,000 | 6,000 | | | | | |
| 5. Consolidated Tribal Health | 30,000 | 30,000 | | | | | |
| 6. Outreach and Engagement | 30,000 | 30,000 | | | | | Laytonville-Health Start |
| 7. Wellness & Recovery Center/BHC-GSD | 396,756 | 396,756 | | | | | BHRS Wellness, Wellness S&B ($301,083) |
| 8. RVIHC Family Resource Center-GSD | 30,000 | 30,000 | | | | | Round Valley IHC-FRC |
| 9. RVIHC Yuki Trails- Outreach | 30,000 | 30,000 | | | | | Round Valley Indian Health Center Yuki Trails |
| 10. Crisis Residential Treatment Program (CRT) Wellness Grant-GSD | 25,000 | 25,000 | | | | | CRT Funds to MH-Not sure if this goes here |
| 11. Nancy Callahan | 7,000 | 7,000 | | | | | |
| 12. Contract Expansion | 100,000 | 100,000 | | | | | |
| 13. Community Support Services Expenses | 200,000 | 200,000 | | | | | |
| 14. Smith Waters Group | 43,200 | 43,200 | | | | | |
| 15. | | | | | | | |
| 16. | | | | | | | |
| 17. | | | | | | | |
| 18. | | | | | | | |
| 19. | | | | | | | |
| **CSS Administration** | 2,348,225 | 2,348,225 | | | | | S&B, Communications, Food, Gen. Ins, Membership, Office Exp., A-87, Info. Tech, Travel, Admin to MH, ICR SUDT, potential audit recoupment |
| **CSS MHSA Housing Program Assigned Funds** | | | | | | | |
| **Total CSS Program Estimated Expenditures** | 24,562,657 | 16,803,263 | 7,759,394 | 0 | 0 | 0 | |
| **FSP Programs as Percent of Total** | 126.4% | 0 | | | | | |

**FY 2025/26 Mental Health Services Act Annual Update**
**Prevention and Early Intervention (PEI) Funding**

County: Mendocino | Date: 7/1/25

| | | Fiscal Year 2025/26 | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | 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 | 172,000 | 172,000 | | | | | Nami,Action Network, First 5, Laytonville Healty Start, Sr Outreach, |
| 2. | Education and Training | 25,000 | 25,000 | | | | | Hopland Band of Pomo Indians, Program Education & Training Cost |
| 3. | Contract Expansion | 100,000 | 100,000 | | | | | Contract Expansion |
| 4. | BHRS Awareness Events | 50,000 | 50,000 | | | | | |
| 5. | CDC Events | 105,024 | 105,024 | | | | | CDC trainings, events, committee, S&B |
| 6. | Program Expansion | 0 | 0 | | | | | |
| 7. | Tribe MISC Budget to Identify Peers | 0 | 0 | | | | | |
| 8. | Special Projects | 350,000 | 350,000 | | | | | |
| 9. | Discharge Planning | 1,498 | 1,498 | | | | | |
| 10. | | | | | | | | |
| **PEI Programs - Early Intervention** | | | | | | | | |
| 11. | Early Intervention Program | 180,000 | 180,000 | | | | | Cheng |
| 12. | Suicide Prevention Program | 149,375 | 149,375 | | | | | Bucklew, Coastal Seniors, Suicide Prev Events |
| 13. | Stigma and Discrimination Reduction Program | 39,000 | 39,000 | | | | | MCYP, Social Marketing |
| 14. | Access and Linkage to Treatment Program | 109,000 | 109,000 | | | | | Nuestra Alianza, Indigenous Wellness Alliance Inc |
| 15. | SUDT | 147,892 | 147,892 | | | | | SUDT Adolescents |
| 16. | Jail & Juvenille Hall Inreach, Discharge Linkage and Referral Service | 21,366 | 21,366 | | | | | S&B |
| 17. | Mobile Outreach and Prevention Services (MOPS)/Mobile Crisis | 801,376 | 801,376 | | | | | S&B |
| 18. | Calworks | 109,009 | 109,009 | | | | | S&B |
| 19. | | 0 | | | | | | |
| 20. | | 0 | | | | | | |
| **PEI Administration** | | 440,936 | 440,936 | | | | | IDEA,Admin to MH, ICR SUDT, Office Exp. , Travel,S&B, Communication, Food |
| **PEI Assigned Funds** | | 36,000 | 36,000 | | | | | CalMHSA |
| **Total PEI Program Estimated Expenditures** | | 2,837,476 | 2,837,476 | 0 | 0 | 0 | 0 | |

**FY 2025/26 Mental Health Services Act Annual Update**
**Innovations (INN) Funding**

County: Mendocino  Date: 7/1/25

| | Fiscal Year 2025/26 | | | | | | |
|---|---|---|---|---|---|---|---|
| | 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 | 400,000 | 400,000 | | | | | Project 3 $400,000 |
| 2. Project 3 | 20,000 | 20,000 | | | | | Misc Items for Project 2 $20,000 |
| 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** | 33,380 | 33,380 | | | | | S&B,connumications, office exp |
| **Total INN Program Estimated Expenditures** | 453,380 | 453,380 | 0 | 0 | 0 | 0 | |

**FY 2025/26 Mental Health Services Act Annual Update**
**Workforce, Education and Training (WET) Funding**

County: Mendocino

Date: 7/1/25

| | Fiscal Year 2025/26 | | | | | |
|---|---|---|---|---|---|---|
| | 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 2025/26 Mental Health Services Act Annual Update**
**Capital Facilities/Technological Needs (CFTN) Funding**

County: Mendocino

Date: 7/1/25

| | Fiscal Year 2025/26 | | | | | |
|---|---|---|---|---|---|---|
| | 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 | 0 | | | | |
| **CFTN Administration** | 0 | 0 | | | | |
| **Total CFTN Program Estimated Expenditures** | 0 | 0 | 0 | 0 | 0 | 0 |

# Appendix A: Public Comments

Public Comment Hearing March 19, 2025 During Behavioral Health Advisory Board

Public Comment Period Opened February 19, 2025 Closing April 4, 2025 extended to include the stakeholder forum

- When advertising the Public Comment Hearing, where are we posting? How can we ensure better outreach? Do you do PSAs
    - Posted on the Behavioral Health & Recovery Services Website
    - Shared to Behavioral Health Services Act Stakeholder email list
    - Available in Behavioral Health and Recovery Services lobbies
    - Can be mailed upon request
    - PSAs are released
    - Brought to Behavioral Health Services Act Forums
- When is the Public Comment period closing?
    - 4/4/25
    - The 30 days were extended to allow for additional feedback from the Stakeholder Forum on 4/4/25.
- How are public comments collected
    - We accept them anyway they will come
    - Call to MHSA, or any staff, Karen, Rena, Kelly
    - Email to the MHSA email
    - Drop off at any Behavioral Health and Recovery Services location
- Please spell out Acronyms throughout the plan.
    - Acronyms have been spelled out at least once in the sections used throughout the plan

# Appendix B: Addendum to the 2025-2026 Plan

behavioral health & recovery services
Mendocino County

## Mental (Behavioral) Health Services Act

## 2023-2026 Addendum to the Three Year Plan

# Table of Contents

Appendix B: PEI 23-24 Annual Summary **Error! Bookmark not defined.**

Summary of items included in Addendum **Error! Bookmark not defined.**

Community Services and Supports **Error! Bookmark not defined.**

Prevention and Early Intervention (PEI) **Error! Bookmark not defined.**

Innovation **Error! Bookmark not defined.**

Budget Expenditure Plans **Error! Bookmark not defined.**

# Summary of items included in Addendum

**Addendum purpose**

This Addendum to the plan is to provide updated information regarding the Program and Expenditure Plan for 2023 – 2026. The items included in this addendum are designed to better align with current state priorities and add additional transparency with regards to individual years, cost per client breakdowns, and additional summary style reporting for the years available.

This Addendum is meant to augment the Mental Health Services Act (MHSA) Three-Year Plan for 2023-2026. The information presented in this addendum represents information that is available during stakeholder meetings that have already been provided to the public but were not included in the Three-Year plan due to perceived data and budget fatigue.

**Addendum Contents**

The Addendum consists of Three Sections: CSS Data, PEI Data, and Budgets. The CSS and PEI Data will contain both data previously reported, data that is not yet completed (FY 2024-2025), and data that is a projection (FY 2025-2026). These data will be presented at the end of the descriptions of each program for easy comparison of data. Additionally, each section will contain the summarized data for 2023-2024 with all of the actuals compared to the projected.

# Community Services and Supports

Projected Cost Per Client by Program

| Projected Cost Per Client CSS 23/24 | | | | |
|---|---|---|---|---|
| Ages | Program | Budgeted funds | Projected Clients Served | Projected Cost Per Client |
| Child | FSP Child* | 100,000 | 3 | $33,333 |
| Child | Parent Partner Program | 48,000 | 150 | $320 |
| TAY | FSP TAY* | 500,000 | 25 | $20,000 |
| TAY | Arbor Youth Resource Center | 125,000 | 350 | $357 |
| Adult | FSP Adult* | 2,000,000 | 110 | $18,182 |
| Older Adult | FSP Older Adult* | 518,229 | 14 | $37,016 |
| Across the Lifespan | Outreach and Engagement | 30,000 | 100 | $300 |
| Across the Lifespan | Culturally Specific Services to Latino and Native Americans | 19,000 | 100 | $190 |
| Across the Lifespan | Behavioral Health Court* | 500,000 | 10 | $50,000 |
| Across the Lifespan | Mendocino Coast Hospitality Center | 156,000 | 300 | $520 |
| Across the Lifespan | Mendocino County BHRS Wellness Centers | 300,000 | 150 | $2,000 |
| Across the Lifespan | TAY Wellness | 250,000 | 24 | $10,417 |
| Across the Lifespan | Oak and Valley | 170,000 | 20 | $8,500 |
| Across the Lifespan | Dual Diagnosis | 49,626 | 20 | $2,481 |
| Across the Lifespan | Assisted Outpatient Treatment | 434,350 | 4 | $108,588 |
| Across the Lifespan | Communique | 6,000 | 50 | $120 |
| Across the Lifespan | RCS Crisis Services | 150,000 | 300 | $500 |

| Projected Cost Per Client CSS 24/25 | | | | |
|---|---|---|---|---|
| Ages | Program | Budgeted funds | Projected Clients Served | Projected Cost Per Client |
| Child | FSP Child* | 100,000 | 3 | $33,333 |
| Child | Parent Partner Program | 48,000 | 150 | $320 |
| TAY | FSP TAY* | 500,000 | 25 | $20,000 |
| TAY | Arbor Youth Resource Center | 125,000 | 350 | $357 |
| Adult | FSP Adult* | 2,000,000 | 110 | $18,182 |
| Older Adult | FSP Older Adult* | 518,229 | 14 | $37,016 |
| Across the Lifespan | Outreach and Engagement | 30,000 | 100 | $300 |
| Across the Lifespan | Culturally Specific Services to Latino and Native Americans | 19,000 | 100 | $190 |
| Across the Lifespan | Behavioral Health Court* | 500,000 | 10 | $50,000 |
| Across the Lifespan | Mendocino Coast Hospitality Center | 156,000 | 300 | $520 |
| Across the Lifespan | Mendocino County BHRS Wellness Centers | 300,000 | 150 | $2,000 |
| Across the Lifespan | TAY Wellness | 250,000 | 24 | $10,417 |
| Across the Lifespan | Oak and Valley | 170,000 | 20 | $8,500 |
| Across the Lifespan | Dual Diagnosis | 49,626 | 20 | $2,481 |
| Across the Lifespan | Assisted Outpatient Treatment | 434,350 | 4 | $108,588 |
| Across the Lifespan | Communique | 6,000 | 50 | $120 |
| Across the Lifespan | RCS Crisis Services | 150,000 | 300 | $500 |

| Projected Cost Per Client CSS 25/26 | | | | |
|---|---|---|---|---|
| Ages | Program | Budgeted funds | Projected Clients Served | Projected Cost Per Client |
| Child | FSP Child* | 100,000 | 3 | $33,333 |
| Child | Parent Partner Program | 48,000 | 150 | $320 |
| TAY | FSP TAY* | 500,000 | 25 | $20,000 |
| TAY | Arbor Youth Resource Center | 125,000 | 350 | $357 |
| Adult | FSP Adult* | 2,000,000 | 110 | $18,182 |
| Older Adult | FSP Older Adult* | 518,229 | 14 | $37,016 |
| Across the Lifespan | Outreach and Engagement | 30,000 | 100 | $300 |
| Across the Lifespan | Culturally Specific Services to Latino and Native Americans | 19,000 | 100 | $190 |
| Across the Lifespan | Behavioral Health Court* | 500,000 | 10 | $50,000 |
| Across the Lifespan | Mendocino Coast Hospitality Center | 156,000 | 300 | $520 |
| Across the Lifespan | Mendocino County BHRS Wellness Centers | 300,000 | 150 | $2,000 |
| Across the Lifespan | TAY Wellness | 250,000 | 24 | $10,417 |
| Across the Lifespan | Oak and Valley | 170,000 | 20 | $8,500 |
| Across the Lifespan | Dual Diagnosis | 49,626 | 20 | $2,481 |
| Across the Lifespan | Assisted Outpatient Treatment | 434,350 | 4 | $108,588 |
| Across the Lifespan | Communique | 6,000 | 50 | $120 |
| Across the Lifespan | RCS Crisis Services | 150,000 | 300 | $500 |

*note regarding FSP Budget Allocations: FSP funds are allocated to the category of FSP and may be utilized by all FSP programs flexibly as needed. The estimates here represent past cost per client expenditures.

# Prevention and Early Intervention (PEI)

| Projected Cost Per Client PEI 23/24 | | | | | |
|---|---|---|---|---|---|
| Ages | PEI Subtype | Program | Budgeted funds | Projected Clients Served | Projected Cost Per Client |
| Child/TAY | Prevention | Adolescent SUDT | 100,000 | 150 | $667 |
| Child/TAY | Prevention | Positive Parenting Program | 36,000 | 36 | $1,000 |
| All Ages | Prevention | Action Network | 48,000 | 400 | $120 |
| All Ages | Prevention | NAMI | 48,000 | 100 | $480 |
| Older Adult | Prevention | Senior Outreach | 60,000 | 30 | $2,000 |
| Child/TAY | Early Intervention | Early Intervention | 50,000 | 30 | $1,667 |
| All Ages | Outreach for Early Recognition | CalMHSA | 36,000 | 200 | $180 |
| Child/TAY | Stigma Reduction | Anti-Bullying Campaign | 30,000 | 150 | $200 |
| All Ages | Stigma Reduction | Cultural Diversity Committee | 15,000 | 50 | $300 |
| All Ages | Access And Linkage | Jail and Jevenile Hall Inreach, Discharge and Linkage | 100,000 | 52 | $1,923 |
| All Ages | Access And Linkage | Mobile Outreach and Prevention Services | 20000 | 50 | $400 |
| All Ages | Programs to Improve Timely Access | Nuestra Alianza | 65,000 | 200 | $325 |
| All Ages | Programs to Improve Timely Access | Consolidated Tribal Health Project | 30,000 | 100 | $300 |
| All Ages | Programs to Improve Timely Access | Outreach to Native Populations | 15,000 | 100 | $150 |

| | | | | | |
|---|---|---|---|---|---|
| All Ages | Programs to Improve Timely Access | Laytonville Healthy Start | 30,000 | 50 | $600 |
| All Ages | Suicide Prevention | North Bay Suicide Hotline | 65000 | 50 | $1,300 |

| Projected Cost Per Client PEI 24/25 | | | | | |
|---|---|---|---|---|---|
| Ages | PEI Subtype | Program | Budgeted funds | Projected Clients Served | Projected Cost Per Client |
| Child/TAY | Prevention | Adolescent SUDT | 100,000 | 150 | $667 |
| Child/TAY | Prevention | Postive Parenting Program | 36,000 | 36 | $1,000 |
| All Ages | Prevention | Action Network | 48,000 | 400 | $120 |
| All Ages | Prevention | NAMI | 48,000 | 100 | $480 |
| Older Adult | Prevention | Senior Outreach | 60,000 | 30 | $2,000 |
| Child/TAY | Early Intervention | Early Intervention | 50,000 | 30 | $1,667 |
| All Ages | Outreach for Early Recognition | CalMHSA | 36,000 | 200 | $180 |
| Child/TAY | Stigma Reduction | Anti-Bullying Campaign | 30,000 | 150 | $200 |
| All Ages | Stigma Reduction | Cultural Diversity Committee | 15,000 | 50 | $300 |
| All Ages | Access And Linkage | Jail and Jevenile Hall Inreach, Discharge and Linkage | 100,000 | 52 | $1,923 |
| All Ages | Access And Linkage | Mobile Outreach and Prevention Services | 20000 | 50 | $400 |
| All Ages | Programs to Improve Timely Access | Nuestra Alianza | 65,000 | 200 | $325 |

| | | | | | |
|---|---|---|---|---|---|
| All Ages | Programs to Improve Timely Access | Consolidated Tribal Health Project | 30,000 | 100 | $300 |
| All Ages | Programs to Improve Timely Access | Outreach to Native Populations | 15,000 | 100 | $150 |
| All Ages | Programs to Improve Timely Access | Laytonville Healthy Start | 30,000 | 50 | $600 |
| All Ages | Suicide Prevention | North Bay Suicide Hotline | 65000 | 50 | $1,300 |

| Projected Cost Per Client PEI 25/26 | | | | | |
|---|---|---|---|---|---|
| Ages | PEI Subtype | Program | Budgeted funds | Projected Clients Served | Projected Cost Per Client |
| Child/TAY | Prevention | Adolescent SUDT | 100,000 | 150 | $667 |
| Child/TAY | Prevention | Postive Parenting Program | 36,000 | 36 | $1,000 |
| All Ages | Prevention | Action Network | 48,000 | 400 | $120 |
| All Ages | Prevention | NAMI | 48,000 | 100 | $480 |
| Older Adult | Prevention | Senior Outreach | 60,000 | 30 | $2,000 |
| Child/TAY | Early Intervention | Early Intervention | 50,000 | 30 | $1,667 |
| All Ages | Outreach for Early Recognition | CalMHSA | 36,000 | 200 | $180 |
| Child/TAY | Stigma Reduction | Anti-Bullying Campaign | 30,000 | 150 | $200 |
| All Ages | Stigma Reduction | Cultural Diversity Committee | 15,000 | 50 | $300 |
| All Ages | Access And Linkage | Jail and Jevenile Hall Inreach, Discharge and Linkage | 100,000 | 52 | $1,923 |
| All Ages | Access And Linkage | Mobile Outreach and | 20000 | 50 | $400 |

| | | | | | |
|---|---|---|---|---|---|
| | | Prevention Services | | | |
| All Ages | Programs to Improve Timely Access | Nuestra Alianza | 65,000 | 200 | $325 |
| All Ages | Programs to Improve Timely Access | Outreach to Native Populations | 15,000 | 100 | $150 |
| All Ages | Programs to Improve Timely Access | Laytonville Healthy Start | 30,000 | 50 | $600 |
| All Ages | Suicide Prevention | North Bay Suicide Hotline | 65000 | 50 | $1,300 |

# Innovation

| Innovation Projected Cost Per Client 23/24 | | | |
|---|---|---|---|
| Innovation Program | Budgeted | Projected number Served | Projected Cost Per Client |
| Healthy Living Communities | $150,000 | 37 | $4054 |

| Innovation Projected Cost Per Client 24/25 | | | |
|---|---|---|---|
| Innovation Program | Budgeted | Projected number Served | Projected Cost Per Client |
| Healthy Living Communities | $150,000 | 37 | $4054 |
| Native Warmline | $250,000 | 50 | $5000 |

| Innovation Projected Cost Per Client 25/26 | | | |
|---|---|---|---|
| Innovation Program | Budgeted | Projected number Served | Projected Cost Per Client |
| Healthy Living Communities | $150,000 | 37 | $4054 |
| Native Warmline | $250,000 | 50 | $5000 |

# Budget Expenditure Plans

## FY 2023-2024

**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 Expenditur | 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 Program | 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 |

# FY 2024-2025

**FY 2024/25 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 2024/25 Funding** | | | | | | |
| 1. Estimated Unspent Funds from Prior Fiscal Years | 1,013,208 | 3,292,114 | 2,624,360 | 0 | 0 | |
| 2. Estimated New FY 2024/25 Funding | 6,764,682 | 1,691,216 | 445,009 | | | |
| 3. Transfer in FY 2024/25 | 0 | | | | | |
| 4. Access Local Prudent Reserve in FY 2024/25 | | | | | | 0 |
| 5. Estimated Available Funding for FY 2019/20 | 7,777,890 | 4,983,330 | 3,069,369 | 0 | 0 | |
| **B. Estimated FY 2024/25 MHSA Expenditures** | 6,799,776 | 2,574,411 | 509,432 | 0 | 0 | |
| **G. Estimated FY 2024/25 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 |

FY 2024/25 Mental Health Services Act Annual Update
Community Services and Supports (CSS) Funding

County: Mendocino

Date:

| | Fiscal Year 2024/25 | | | | |
|---|---|---|---|---|---|
| | A | B | C | D | E |
| | Estimated Total Mental Health Expenditures | Estimated CSS Funding | Estimated Medi-Cal FFP | Estimated 1991 Realignment | Estimated Behavioral Health Subaccount |
| **FSP Programs** | | | | | |
| 1. Full Service Partnerships | 7,968,229 | 3,618,229 | 4,350,000 | | |
| 2. Haven House AOT-FSP | 434,350 | 434,350 | | | |
| 3. Supporting Housing | 751,350 | 751,350 | | | |
| 4. Tay Wellness-FSP | 280,000 | 280,000 | | | |
| 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 | | | |
| 2. Substance Abuse Counselor Dual Diagnosis-O&E | 49,626 | 49,626 | | | |
| 3. Communique-GSD | 6,000 | 6,000 | | | |
| 4. Consolidated Tribal Health | 19,000 | 19,000 | | | |
| 5. Outreach and Engagement | 30,000 | 30,000 | | | |
| 6. Wellness &Recovery Center/BHC-GSD | 156,000 | 156,000 | | | |
| 7. RCS Crisis Services Cross the life span | 150,000 | 150,000 | | | |
| 8. Crisis Residential Treatment Program (CRT) Wellness Grant-GSD | 364,423 | 364,423 | | | |
| 9. Youth Resource Center-GSD | 125,000 | 125,000 | | | |
| 10. | 0 | 0 | | | |
| 11. | 0 | 0 | | | |
| 12. | 0 | 0 | | | |
| 13. | 0 | | | | |
| 14. | 0 | | | | |
| 15. | 0 | | | | |
| 16. | 0 | | | | |
| 17. | | | | | |
| 18. | 0 | | | | |
| 19. | 0 | | | | |
| **CSS Administration** | 638,823 | 638,823 | | | |
| **CSS MHSA Housing Program Assigned Funds** | | | | | |
| **Total CSS Program Estimated Expenditures** | 11,020,801 | 6,670,801 | 4,350,000 | 0 | 0 |
| **FSP Programs as Percent of Total** | 141.4% | | | | |

**FY 2024/25 Mental Health Services Act Annual Update**
**Prevention and Early Intervention (PEI) Funding**

County: Mendocino

Date: 4/16/24

| | Fiscal Year 2024/25 | | | | | |
|---|---|---|---|---|---|---|
| | 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 | | | | |
| 2. Education and Training | 2,500 | 2,500 | | | | |
| 3. | 0 | 0 | | | | |
| 4. BHRS Awareness Events | 10,900 | 10,900 | | | | |
| 5. CDC Events | 40,713 | 40,713 | | | | |
| 6. Wellness | 23,775 | 23,775 | | | | |
| 7. Hopland Band of Pomo Indians | 5,000 | 5,000 | | | | |
| 8. Discharge Planning | 62,766 | 62,766 | | | | |
| 9. Program Expansion | 756,796 | 756,796 | | | | |
| 10. | 0 | | | | | |
| **PEI Programs - Early Intervention** | | | | | | |
| 11. Early Intervention Program | 30,000 | 30,000 | 0 | | | |
| 12. Suicide Prevention Program | 99,850 | 99,850 | | | | |
| 13. Stigma and Discrimination Reduction Program | 78,000 | 78,000 | | | | |
| 14. Access and Linkage to Treatment Program | 229,168 | 229,168 | | | | |
| 15. SUDT | 95,868 | 95,868 | | | | |
| 16. Consolidated Tribal Health | 30,000 | 30,000 | | | | |
| 17. | 0 | | | | | |
| 18. | 0 | | | | | |
| 19. | | | | | | |
| 20. | 0 | | | | | |
| **PEI Administration** | 0 | 0 | | | | |
| **PEI Assigned Funds** | 1,025,075 | 1,025,075 | | | | |
| **Total PEI Program Estimated Expenditures** | 2,574,411 | 2,574,411 | 0 | 0 | 0 | 0 |

**FY 2024/25 Mental Health Services Act Annual Update**
**Innovations (INN) Funding**

County: Mendocino

Date: 4/16/24

| | Fiscal Year 2024/25 | | | | | |
|---|---|---|---|---|---|---|
| | 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 | | | | |
| **Total INN Program Estimated Expenditures** | 509,432 | 509,432 | 0 | 0 | 0 | 0 |

**FY 2024/25 Mental Health Services Act Annual Update**
**Workforce, Education and Training (WET) Funding**

County: Mendocino

Date: 4/16/24

| | Fiscal Year 2024/25 | | | | | |
|---|---|---|---|---|---|---|
| | 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 | 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 2024/25 Mental Health Services Act Annual Update**
**Capital Facilities/Technological Needs (CFTN) Funding**

County: Mendocino

Date: 4/16/24

| | Fiscal Year 2024/25 | | | | | |
|---|---|---|---|---|---|---|
| | 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 |

# FY 2025-2026

**FY 2025/26 Mental Health Services Act Annual Update**
**Funding Summary**

County: Mendocino | Date: 7/1/25

| | 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 2025/26 Funding** | | | | | | |
| 1. Estimated Unspent Funds from Prior Fiscal Years | 4,556,547 | 3,743,879 | 2,935,987 | | | |
| 2. Estimated New FY 2025/26 Funding | 4,749,936 | 1,187,484 | 312,460 | | | |
| 3. Transfer in FY 2025/26 (FFP) | 7,759,394 | | | | | |
| 4. Access Local Prudent Reserve in FY 2025/26 | | | | | | 0 |
| 5. Estimated Available Funding for FY 2025/26 | 17,065,877 | 4,931,363 | 3,248,447 | | | |
| **B. Estimated FY 2025/26 MHSA Expenditures** | 16,803,263 | 2,837,476 | 453,380 | 0 | 0 | |
| **G. Estimated FY 2025/26 Unspent Fund Balance** | 262,614 | 2,093,887 | 2,795,067 | 0 | 0 | |

| **H. Estimated Local Prudent Reserve Balance** | |
|---|---|
| 1. Estimated Local Prudent Reserve Balance on June 30, 2025 | 1,018,338 |
| 2. Contributions to the Local Prudent Reserve in FY 2025/26 | 0 |
| 3. Distributions from the Local Prudent Reserve in FY 2025/26 | 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 2025/26 Mental Health Services Act Annual Update**
**Community Services and Supports (CSS) Funding**

County: Mendocino | Date: 7/1/25

| | Fiscal Year 2025/26 | | | | | | |
|---|---|---|---|---|---|---|---|
| | 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 | 19,709,272 | 11,949,878 | 7,759,394 | | | | FSP, WIT |
| 2. Haven House AOT-FSP | 656,907 | 656,907 | | | | | RCS Haven House, MH AOT S&B ($156,907) |
| 3. Supporting Housing | 870,000 | 870,000 | | | | | LPS Placements |
| 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. | | | | | | | |
| 19. | 0 | | | | | | |
| **Non-FSP Programs** | | | | | | | |
| 1. Parent Partner Program / Therapeutic-GSD | 0 | 0 | | | | | Action Network |
| 2. Eating Disorder Placement | 50,000 | 50,000 | | | | | |
| 3. Substance Abuse Counselor Dual Diagnosis-O&E | 30,297 | 30,297 | | | | | SUDT S&B Angie ($30,297) |
| 4. Communique | 6,000 | 6,000 | | | | | |
| 5. Consolidated Tribal Health | 30,000 | 30,000 | | | | | |
| 6. Outreach and Engagement | 30,000 | 30,000 | | | | | Laytonville-Health Start |
| 7. Wellness & Recovery Center/BHC-GSD | 396,756 | 396,756 | | | | | BHRS Wellness, Wellness S&B ($301,083) |
| 8. RVIHC Family Resource Center-GSD | 30,000 | 30,000 | | | | | Round Valley IHC-FRC |
| 9. RVIHC Yuki Trails- Outreach | 30,000 | 30,000 | | | | | Round Valley Indian Health Center Yuki Trails |
| 10. Crisis Residential Treatment Program (CRT) Wellness Grant-GSD | 25,000 | 25,000 | | | | | CRT Funds to MH-Not sure if this goes here |
| 11. Nancy Callahan | 7,000 | 7,000 | | | | | |
| 12. Contract Expansion | 100,000 | 100,000 | | | | | |
| 13. Community Support Services Expenses | 200,000 | 200,000 | | | | | |
| 14. Smith Waters Group | 43,200 | 43,200 | | | | | |
| 15. | | | | | | | |
| 16. | | | | | | | |
| 17. | | | | | | | |
| 18. | | | | | | | |
| 19. | | | | | | | |
| **CSS Administration** | 2,348,225 | 2,348,225 | | | | | S&B, Communications, Food, Gen. Ins, Membership, Office Exp., A-87, Info. Tech, Travel, Admin to MH, ICR SUDT, potential audit recoupment |
| **CSS MHSA Housing Program Assigned Funds** | | | | | | | |
| **Total CSS Program Estimated Expenditures** | 24,562,657 | 16,803,263 | 7,759,394 | 0 | 0 | 0 | |
| **FSP Programs as Percent of Total** | 126.4% | 0 | | | | | |

**FY 2025/26 Mental Health Services Act Annual Update**
**Prevention and Early Intervention (PEI) Funding**

County: Mendocino | Date: 7/1/25

| | | Fiscal Year 2025/26 | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | 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 | 172,000 | 172,000 | | | | | Nami,Action Network, First 5, Laytonville Healty Start, Sr Outreach, |
| 2. | Education and Training | 25,000 | 25,000 | | | | | Hopland Band of Pomo Indians, Program Education & Training Cost |
| 3. | Contract Expansion | 100,000 | 100,000 | | | | | Contract Expansion |
| 4. | BHRS Awareness Events | 50,000 | 50,000 | | | | | |
| 5. | CDC Events | 105,024 | 105,024 | | | | | CDC trainings, events, committee, S&B |
| 6. | Program Expansion | 0 | 0 | | | | | |
| 7. | Tribe MISC Budget to Identify Peers | 0 | 0 | | | | | |
| 8. | Special Projects | 350,000 | 350,000 | | | | | |
| 9. | Discharge Planning | 1,498 | 1,498 | | | | | |
| 10. | | | | | | | | |
| **PEI Programs - Early Intervention** | | | | | | | | |
| 11. | Early Intervention Program | 180,000 | 180,000 | | | | | Cheng |
| 12. | Suicide Prevention Program | 149,375 | 149,375 | | | | | Bucklew, Coastal Seniors, Suicide Prev Events |
| 13. | Stigma and Discrimination Reduction Program | 39,000 | 39,000 | | | | | MCYP, Social Marketing |
| 14. | Access and Linkage to Treatment Program | 109,000 | 109,000 | | | | | Nuestra Alianza, Indigenous Wellness Alliance Inc |
| 15. | SUDT | 147,892 | 147,892 | | | | | SUDT Adolescents |
| 16. | Jail & Juvenille Hall Inreach, Discharge Linkage and Referral Service | 21,366 | 21,366 | | | | | S&B |
| 17. | Mobile Outreach and Prevention Services (MOPS)/Mobile Crisis | 801,376 | 801,376 | | | | | S&B |
| 18. | Calworks | 109,009 | 109,009 | | | | | S&B |
| 19. | | 0 | | | | | | |
| 20. | | 0 | | | | | | |
| **PEI Administration** | | 440,936 | 440,936 | | | | | IDEA,Admin to MH, ICR SUDT, Office Exp. , Travel,S&B, Communication, Food |
| **PEI Assigned Funds** | | 36,000 | 36,000 | | | | | CalMHSA |
| **Total PEI Program Estimated Expenditures** | | 2,837,476 | 2,837,476 | 0 | 0 | 0 | 0 | |

**FY 2025/26 Mental Health Services Act Annual Update**
**Innovations (INN) Funding**

County: Mendocino  Date: 7/1/25

| | Fiscal Year 2025/26 | | | | | | |
|---|---|---|---|---|---|---|---|
| | 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 | 400,000 | 400,000 | | | | | Project 3 $400,000 |
| 2. Project 3 | 20,000 | 20,000 | | | | | Misc Items for Project 2 $20,000 |
| 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** | 33,380 | 33,380 | | | | | S&B,connumications, office exp |
| **Total INN Program Estimated Expenditures** | 453,380 | 453,380 | 0 | 0 | 0 | 0 | |

## FY 2025/26 Mental Health Services Act Annual Update
## Workforce, Education and Training (WET) Funding

County: Mendocino

Date: 7/1/25

| | Fiscal Year 2025/26 | | | | | |
|---|---|---|---|---|---|---|
| | 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 2025/26 Mental Health Services Act Annual Update
## Capital Facilities/Technological Needs (CFTN) Funding

County: Mendocino

Date: 7/1/25

| | Fiscal Year 2025/26 | | | | | |
|---|---|---|---|---|---|---|
| | 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 | 0 | | | | |
| **CFTN Administration** | 0 | 0 | | | | |
| **Total CFTN Program Estimated Expenditures** | 0 | 0 | 0 | 0 | 0 | 0 |

# Appendix C: Outcome Measures 2023-2024

The following outcome measures are presented here will, in the future, be incorporated into Year End Summaries. There are many ways that MHSA has captured outcomes within the system, and they are presented below, some as data sets, and some as reports of outcomes to protect identities within our services.

As a general note, no data set that is smaller than 11 individuals is presented here due to privacy reasons. Additionally, children scores are not presented here at this time.

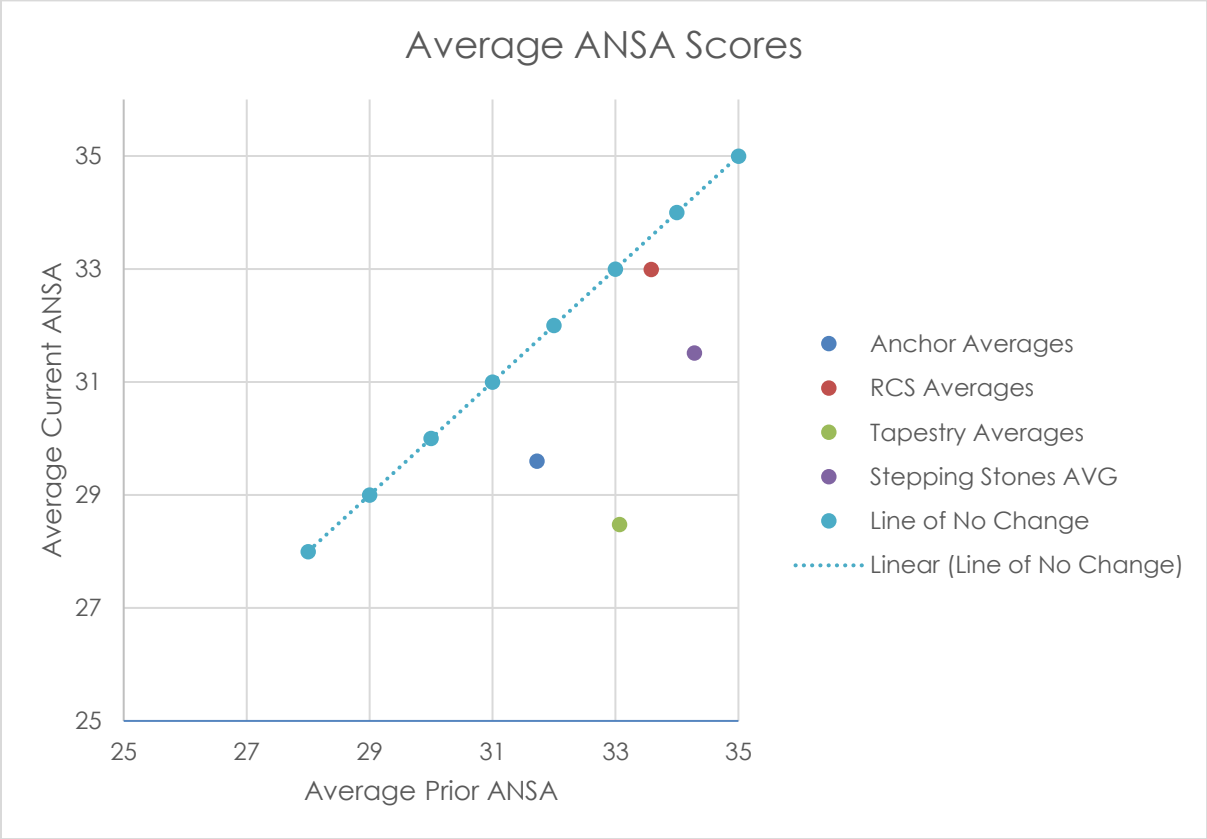


Figure Appendix C.1. The above graph shows the average ANSA scores for MHSA Full-Service Partnership programs with prior ANSA scores along the X axis and Current ANSA scores along the Y axis. The trend line is for the line of no change, in ANSA score. All scores below the No Change line indicate improvement in the ANSA Score.

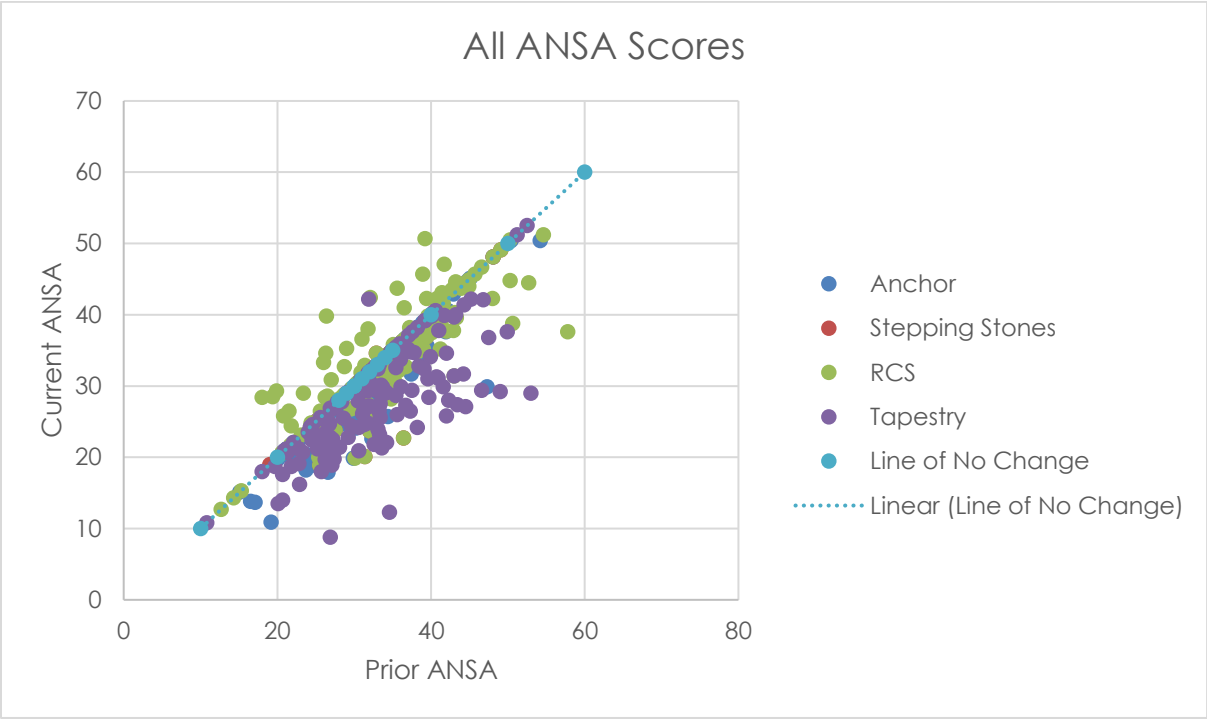


Figure Appendix C.2. All ANSA scores reported in the year of 2023-2024 is present above. All scores below the No Change Line represent improvement. All scores above the line indicate no improvement.

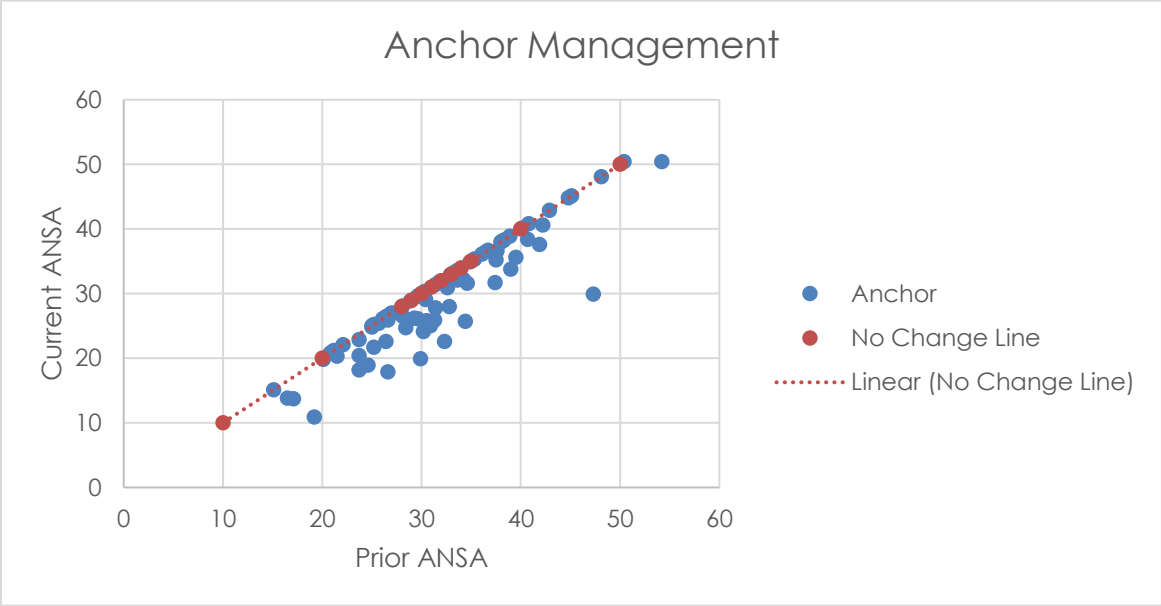


Figure Appendix C.3. All ANSA scores for Anchor Management is presented above.

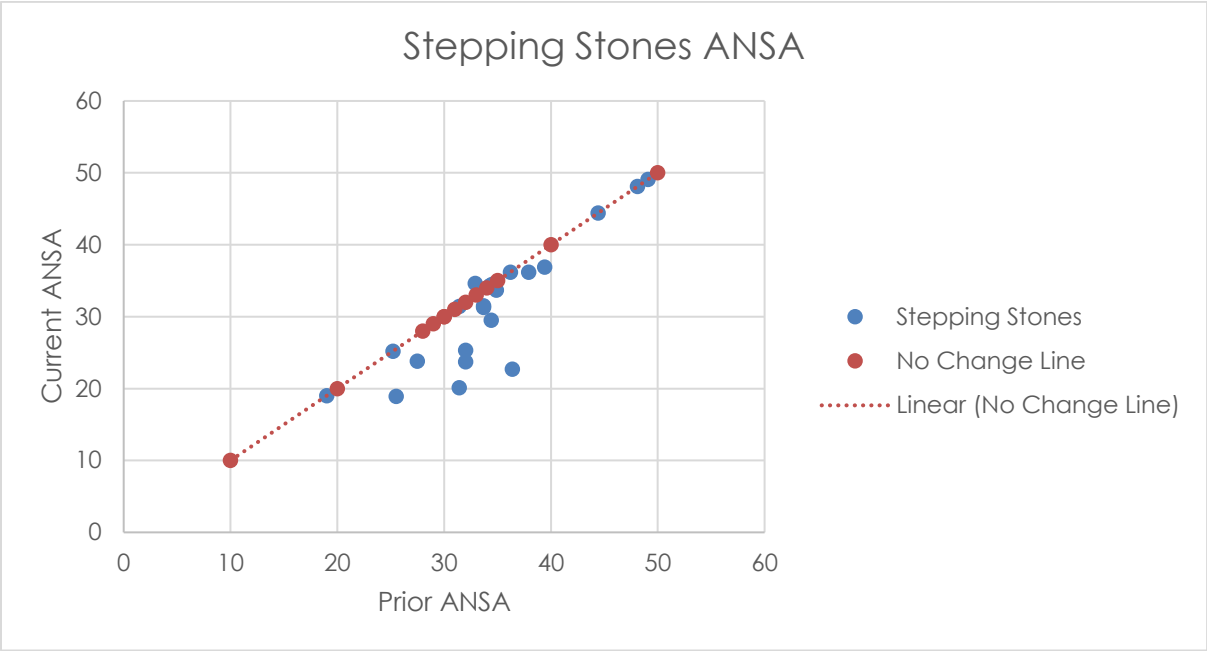


Figure Appendix C.4. The ANSA scores for Stepping Stones participants are listed above.

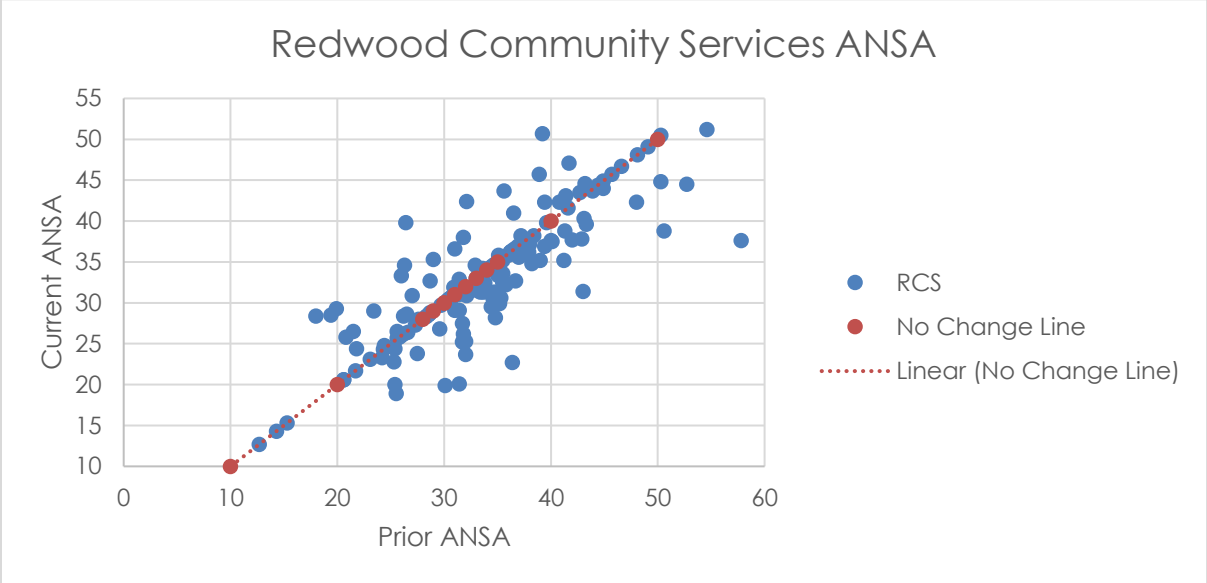


Figure Appendix C.5. The ANSA scores for all Redwood Community Services participants are shown above.

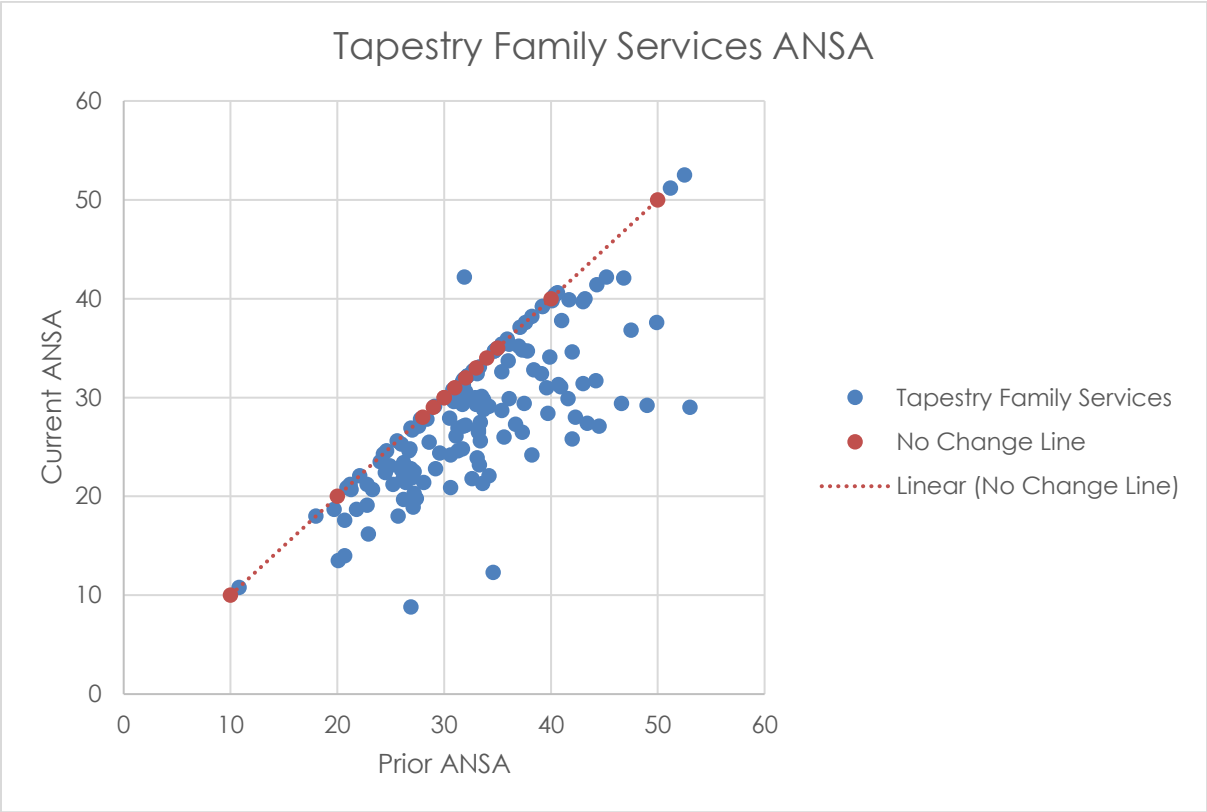


Figure Appendix C.6. The ANSA scores for Tapestry Family Services participants is shown above.

PEI Services:

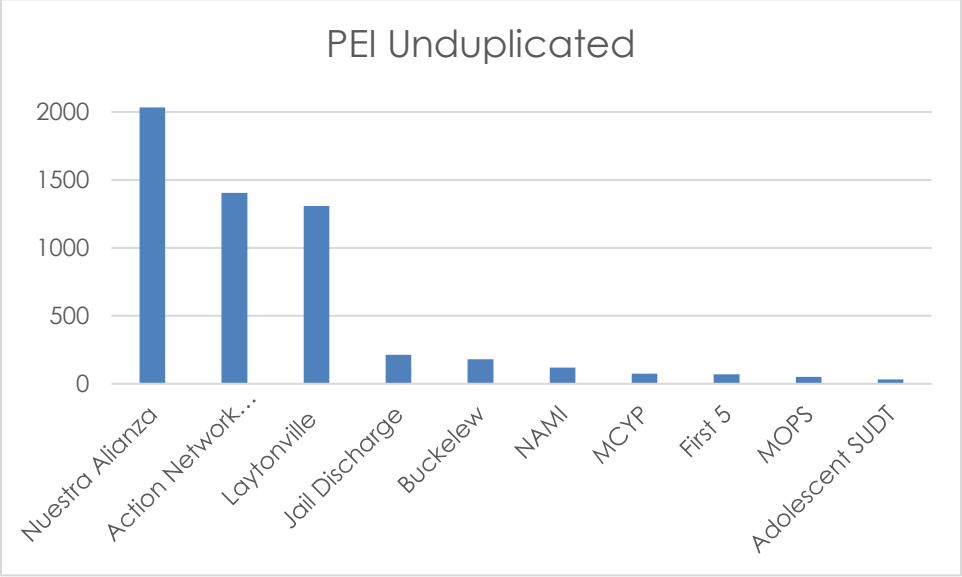

Figure Appendix C.7. The Prevention and Early Intervention attendance by Unduplicated Individual for 2023-2024.

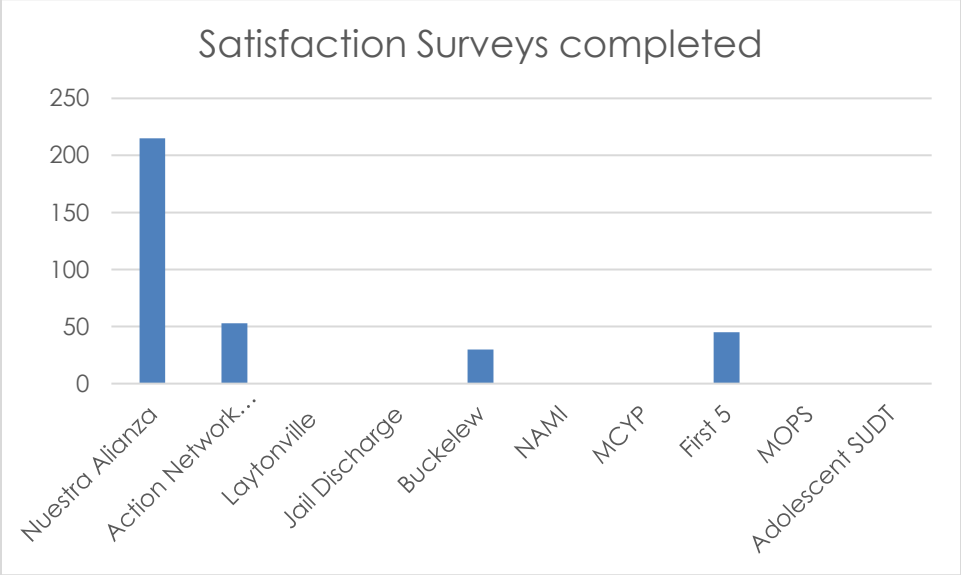


Figure Appendix C.8. The Satisfaction Surveys completed during PEI programs.

Sample Satisfaction Surveys are below:

**I. Satisfacción general de la presentación-Bienestar para Todos: Acceso a la Salud Mental en Nuestra Comunidad**
¿Cómo calificaría su satisfacción general con esta presentación?

- Muy satisfecho/a
- X Satisfecho/a
- Neutral
- Insatisfecho/a
- Muy insatisfecho/a

**II. Contenido de la presentación**
Califique la relevancia del contenido de la presentación para sus necesidades e intereses.
Califique qué tan clara, fácil de entender y atractiva fue la información presentada.
Indique si aprendió información nueva y valiosa sobre la salud mental en esta presentación.
Indique si la presentación proporcionó estrategias prácticas o recursos para apoyar el bienestar mental.

- Totalmente de acuerdo
- X De acuerdo
- Neutral
- En desacuerdo
- Totalmente en desacuerdo

**III. Efectividad del presentador**
Califique el conocimiento del presentador sobre el tema.
Califique qué tan efectivamente el presentador involucró a la audiencia y fomentó la participación.
Califique si el ritmo de la presentación fue adecuado para el aprendizaje.

- Totalmente de acuerdo
- X De acuerdo
- Neutral
- En desacuerdo
- Totalmente en desacuerdo

**IV. Impacto y aplicación**
¿Se siente más seguro/a para hablar sobre temas de salud mental o buscar apoyo después de esta presentación?

- ☒ Si
- En cierta medida
- No

¿Qué tan probable es que aplique los conocimientos o habilidades aprendidos en esta presentación en su vida personal o laboral?

- Muy probable
- ☒ Probable
- Neutral
- Poco probable
- Muy poco probable

**-Género**

☐ Masculino/a
☒ Femenino/a
☐ Otro.

**-Etnicidad**

☐ Hispano/a.
☒ Blanco/a .
☐Asiatico/a.
☐ Nativo/a Americano/a.
☐ Afroamericano/a

# ENCUESTA PARA CLIENTES

**1. Ha usted recibido servicios o apoyo de nuestro Centro de recursos familiares en los ultimos 6 meses? Marque solo una casilla**.

| | |
|---|---|
| **SI – Si su respuesta es SI**, *por favor responda la siguiente pregunta.* | ☐ |
| **NO – Si su respuesta es NO**, *salte las preguntas 2-5 y continue a la pregunta 6.* | ☐ |

**2. Si respondio SI a la pregunta 1, que tipo de servicios recibio? Marque todo lo que aplique** *(Si el servicio que recibio no esta, por favor marque "OTRO"y explique ).*

| | |
|---|---|
| ☐ Ayuda para aplicaciones de beneficios, tales como para comida, seguro medico, Medi-Cal. | ☐ Prevension para la salud mental, tratamientos o referimientos. |
| ☐ Informacion de recursos comunitarios | ☐ Educacion Nutricional |
| ☐ Referencias o servicios a otras organizaciones | ☐ Programa para ninos (programas extraescolares, juegos en grupo) |
| ☐ Clases para padres y/o grupos de apoyo | ☐ Ropa o suministros para higiene personal |
| ☐ Herramientas de educacion para la vida | ☐ Otro: _____ |
| Apoyo de comida, comida para alacena/banco de comida | ☐ Otro: _____ |
| ☐ Referencias para la prevencion o tratamientos de drogas, tabaco y alcohol | ☐ Otro: _____ |

**3. De los servicios que ha recibido, cual diria que ha sido el mas importante o util para usted? Por favor SOLO UNO, y explique porque fue importante para usted**.

| | |
|---|---|
| Servicio recibido de mas utilidad: | |
| Por que fue importante para usted? | |

**4. Donde recibio los servicios? Marque todos los que apliquen**.

| | |
|---|---|
| ☐ Aqui en este centro de recursos Familiar | ☐ Por telefono o por video llamada via Zoom |
| En otro lugar en la comunidad | ☐ Otro: _____ |

**5. En general, como calificaria los servicios recibidos en nuestro centro de Recursos Familiares? Circule un numero para mostrar que tan satisfecho estuvo con el servicio recibido**, *con 1 indica "no satisfecho" y 10 indica "extremadamente satisfecho."*

| No Satisfecho = 1 2 3 4 5 6 7 8 9 10 = Extremadamente Satisfecho |
|---|

**6. En su experiencia con nuestro Centro de Recursos Familiares, usted diria que los servicios que necesito fueron en su mayoria: Marque solo UNA casilla.**

| ☐ | **GENERALMENTE DISPONIBLE cuando lo necesite** | | ☐ | **Usualmente NO disponible cuando lo necesitaba** |
|---|---|---|---|---|

**7. Que servicio *adicional* necesitas que no ofrece nuestro Centro de Recursos Familiares?**

| | |
|---|---|
| ☐ Asistencia para Hogar (Apoyo para renta o pago de servicios) | ☐ Clases para reducir el estres |
| ☐ Cuidado para ninos, guarderia. | ☐ Clases para administracion y finanzas |
| ☐ Empleos (entrenamiento para herramientas de trabajo, busqueda de empleos) | ☐ Otro: _____ |
| ☐ Comida (despensas o frutas y verduras) | ☐ Otro: _____ |

# LAYTONVILLE HEALTHY START
# FAMILY RESOURCE CENTER
# CLIENT SURVEY

**1. Have you received any services or support from the Family Resource Center during the past six months?** *Check only one box.*

| | |
|---|---|
| **YES -** *If your answer is YES, please complete all of the following questions.* | ☐ |
| **NO -** *If your answer to this question is NO, skip Questions 2-5 and proceed to Question 6.* | ☐ |

**2. If you answered YES to Question 1, please check the types of services that you received.** *If the service you received is not listed, please mark OTHER and describe it.*

| | |
|---|---|
| ☐ Assistance with benefits applications, such as food stamps or Medi-Cal health insurance. | ☐ Mental health services or referrals |
| ☐ Information on community resources | ☐ Nutrition education |
| ☐ Referrals to other organizations or services | ☐ Kids' programs (play group, after school) |
| ☐ Parenting classes and/or support group | ☐ Clothing or personal hygiene supplies |
| ☐ Life skills education | ☐ Other: _____ |
| ☐ Emergency food pantry | ☐ Other: _____ |
| ☐ Drug, alcohol, and/or tobacco-related referrals | ☐ Other: _____ |

**3. Of the services you received, what's one service that you would say was most important or useful?** *Please list one service, and explain why it was important to you.*

| | |
|---|---|
| Most useful service received: | |
| Why it was important or useful to you? | |

**4. Where were the services you received provided?** *Check as many as apply.*

| | |
|---|---|
| ☐ At the Family Resource Center | ☐ Over the telephone or by Zoom |
| ☐ At another location in the community | ☐ Other: _____ |

**5. Overall, how would you rate the services you received from the Family Resource Center?** *Circle a number to show how satisfied you are with the services you received, with 1 indicating "completely worthless" and 10 indicating "extremely satisfied."*

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|

**6. In your experience with the Family Resource Center, would you say that the services that you needed were mostly:** *Check only one box.*

| Available | ☐ | NOT Available | ☐ |
|---|---|---|---|

**7. During this period of hardship, what *additional* services do you need that are not currently offered by the Family Resource Center?**

| | |
|---|---|
| ☐ Housing assistance (rent support or utility payments) | ☐ Stress reduction classes |
| ☐ Child care | ☐ Other: _____ |
| ☐ Employment (job skills training, job search) | ☐ Other: _____ |
| ☐ Food (family groceries or CSA box) | ☐ Other: _____ |

Innovation

The Health Living Community project in 2023-2024 served 26 individuals over the course of 260 services. Over that time, 24 of the participants were offered an opportunity to answer surveys, and 12 consumer surveys were collected in 2023-2024.

An example survey is below:

**1. I have heard of the Mental Health Services Act (MHSA).**

| ○ Strongly Agree | ○ Agree | ○ Uncertain | ○ Disagree | ○ Strongly Disagree |
|---|---|---|---|---|

**2. I have participated in the following MHSA programs: (Please select all that apply)**

| | | |
|---|---|---|
| ☐ Parent Partner Program | ☐ CalMHSA Project | ☐ North Bay Suicide Prevention |
| ☐ Mendocino County Suicide Prevention Projects | ☐ Point Arena School Based Peer Support Program | ☐ Coastal Seniors Community Suicide Prevention |
| ☐ NAMI Education and Support Program | ☐ Round Valley Family Resource Center | ☐ Mendocino County Suicide Prevention Projects |
| ☐ Full Service Partnerships | ☐ Youth Resource Center | ☐ TAY Wellness |
| ☐ Senior Peer Counseling (Inland, Coast, South Coast) | ☐ Mobile Outreach and Prevention Services (MOPS) | ☐ Substance Abuse Counseling |
| ☐ AOT | ☐ Wellness Grant | ☐ Therapeutic Services to Tribal & Latino Communities |
| ☐ Anderson Valley Early Intervention Program | ☐ Nuestra Alianza Therapeutic Counseling | ☐ RCS Crisis Services |
| ☐ Outreach and Engagement | ☐ Behavioral Health Court | ☐ Hospitality Beds |
| ☐ Substance Use and Disorder Treatment | ☐ Point Arena Prevention Collaboration Community Based Services | ☐ Mendocino County Suicide Prevention Projects |
| ☐ Other: Please specify | | |

**3. I feel the programs I participate in provide the care I need.**

○ Strongly Agree ○ Agree ○ Neutral ○ Disagree ○ Strongly Disagree

**4. I feel the programs I participate in help me connect to services I would not otherwise know about.**

○ Strongly Agree ○ Agree ○ Neutral ○ Disagree ○ Strongly Disagree

**5. I feel the programs I participate in help me manage my mental health and wellness and help prevent me from becoming overwhelmed.**

○ Strongly Agree ○ Agree ○ Neutral ○ Disagree ○ Strongly Disagree

**6. I feel that the programs I work with help me and others understand mental health and wellness, and reduce discrimination and stigma.**

○ Strongly Agree ○ Agree ○ Neutral ○ Disagree ○ Strongly Disagree

**7. I feel the programs I work with provide services in a culturally and linguistically appropriate way(s).**

○ Strongly Agree ○ Agree ○ Neutral ○ Disagree ○ Strongly Disagree

**8. Is there anything else you'd like to tell us about your experience?**

### 9. What community do you live in?

○ District 1 (Potter Valley, Redwood Valley, Talmage areas)

○ District 2 (Ukiah area)

○ District 3 (Willits, Brooktrails, Laytonville, Covelo areas)

○ District 4 (Caspar, Ft. Bragg, Leggett, Piercy areas)

○ District 5 (Mendocino, Albion, Elk, Navarro, Boonville, Yorkville, Hopland, Pt. Arena, Gualala areas)

○ I live outside of the county (please specify)

### 10. Please mark your age group:

○ 0-15 ○ 16-25 ○ 26-59 ○ 60 and over ○ Prefer not to answer

### 11. What is your gender?

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

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

☐ African American or Black ☐ White/Caucasian ☐ Native American or Alaskan Native

☐ Asian or Pacific Islander ☐ Latino/Hispanic ☐ Prefer not to answer

☐ Other: Please specify

# Appendix D: FSP Paperwork Training

Full-Service Partnership Programs are partnerships that require the client to be a partner in their mental health journey. All partners are required to engage with their services and their planning of their services. The following training slides are meant to demonstrate the required paperwork that clients and providers must complete to demonstrate that the partners are taking agency in their treatment plans. Additionally, excerpts of Behavioral Health Policy and Procedures are included to further demonstrate the requirement of compliance for invoicing purposes.

## FULL-SERVICE PARTNERSHIP ENROLLMENT REQUIREMENTS

This training will cover the following:

- What is Full-Service Partnership
- Necessary steps for enrolling a client into Full-Service Partnership Programs
- The required paperwork necessary for enrollment
- The philosophy behind Full-Service Partnerships
- The constraints on Full-Service Partnership

## WHAT IS FSP AND WHY DO WE HAVE THE PROGRAM?

- Full-service partners are people who need extra help overcoming barriers to mental health care.
- FSP priority is given to target populations such as the underserved (minority groups, LGBTQ groups, Native Groups, etc.), those experiencing, or at risk for homelessness, and those at risk of higher levels of care (i.e. hospitalization or Conservatorship)
- FSP is a program for people who meet the threshold for Serious Mental Illness.
- FSP is for people who need more support.

## WHO IS AN FSP?

- Comes to all their sessions
- Follows their care plan
- Has rent needs and has had rent needs for 10 years.

- Not an FSP

- Wants to work on engaging more
- Is currently in crisis
- Has Never engaged
- Is currently being evicted and will be homeless

- Might be an FSP

## STEPS TO FULL-SERVICE PARTNERSHIP

- Identification
- Screening
- Enrollment Paperwork
- Services
- Ongoing Evaluation

# FULL-SERVICE PARTNERSHIP PAPERWORK

- Inclusion Criteria (part of screening)
- Individual Service and Support Plan (client contract)
- Partnership Assessment Form
- Quarterly Assessment (3M)

## PARTNERSHIP PAPERWORK INCLUSION CRITERIA

**Mendocino County Mental Health Services Act**
**Full Service Partnership Inclusion and Priority Criteria**

**Client Name:** _____ **Chart #:**_____ **DOB:**_____**SSN:**_____
**Ethnicity:** _____ **Diagnosis:** _____ **Primary Language(s):** _____
**Residence Location:** _____ **Service Agency/Agency Location:** _____
☐ Enrollment ☐ Disenrollment of Outreach & Engagement client: _____
Type of FSP services: ☐ Outreach (60 days) ☐ Re-enrolling FSP ☐ New FSP ☐Transitional FSP
Full Service Partnership referral for: ☐ Child ☐ TAY ☐ Adult ☐ Older Adult ☐ Behavioral Health Court

| Exclusion Criteria | | | |
|---|---|---|---|
| 1. Individual has no apparent Mental Illness, or SED | Yes | No | |
| 2. Individual is on parole | Yes | No | |
| 3. Individual is established with services and doesn't need intensive care management through SMH services (or accesses with private insurance). | Yes | No | |
| **If answered YES to any of the above questions, client does NOT meet criteria for full service partnership.** | | | |
| **Inclusion Criteria** | | | |
| 1. Individual is severely mentally ill (Severely emotionally Disturbed for Child & TAY) **AND** | Yes | No | |
| 2. Individual has had mental health episodes but has not received the appropriate services in the past or has been disengaged from services as evidenced by a history of frequent psychiatric hospitalizations or ER encounters; client is stepping down from acute services. **OR** | Yes | No | |
| 3. Individual is new to the system and has not been served in the past | Yes | No | |
| **If answered "No" to question 1 and "No" to either question 2 or to question 3, individual is not eligible for Full Service Partnership.** | | | |
| 4. Individual is of Latino or Native American descent | Yes | No | |
| 5. Individual has co-occurring substance abuse or medical disorder | Yes | No | |
| 6. Individual is uninsured or indigent | Yes | No | |
| 7. Individual is in County legal or criminal justice system | Yes | No | |
| 8. Individual is homeless, has a history of being chronically homeless, or at risk of being homeless | Yes | No | |
| 9. Individual is in Adult Protective Services | Yes | No | |
| 10. Individual is involuntarily hospitalized or institutionalized or hospitalized with high level care than warranted/needed | Yes | No | |
| 11. Individual is likely to be diagnosed with one or more chronic medical conditions (such as Hepatitis C, HIV, diabetes) | Yes | No | |
| 12. Individual is in foster care or aging out of or leaving foster car | Yes | No | |
| 13. Individual is an immigrant and/or non-English monolingual or has limited English language capability | Yes | No | |
| 14. Individual is isolated, living alone, or without social support | Yes | No | |
| 15. Individual belongs to a minority or disadvantaged group (Asian American, Latino, Asian Pacific Island, Russian immigrant, Native American, African American, LGBTQ) | Yes | No | |
| **Questions 4 -11 are priority populations for Full Service Partnerships; individuals with many "Yes" responses will be given high priority; individuals of Latino or Native American descent will be given highest priority.** | | | |

Signature _____ _____ _____
Completed by Date Contact number
Signature_____ _____
County Authorization by Date

MHSA-FSP Inclusion and Priority Criteria-Revised 9/19 1

INDIVIDUAL SERVICE AND SUPPORT PAGE 1

| Agency: | Address: | Phone: |
|---|---|---|

Individual Service Support Plan

| FOR: | Date: |
|---|---|

Your Designated Personal Service Coordinator is _____ and is responsible to:

___Be the single point of responsibility for this client/family.
Initials

___Develop and maintain current ISSP
Initials

___Attain current education and training in linguistic and cultural competence
Initials

___Ensure that Qualified individual known to client/family is available 24 hours per day 7 days per week
Initials

Your Designated Qualified Individual is _____

| Who's here: | Who's Not Here: |
|---|---|
| Goal: | |
| Worry: | |
| Past Barriers: | Present Barriers: |
| Past Supports: | Present Supports: |

INDIVIDUAL SERVICE AND SUPPORT PAGE 2

| What worked in the past? | What is working now? |
|---|---|
| What did not work in the past? | What is not working now? |
| Next Steps (include who is responsible for each): | |
| Other Notes:<br><br>Other available culturally and linguistically community resources: | |
| Next ISSP scheduled For: | |
| Whom to Invite? | |

Participant: Print Name Sign Date

Care Manager: Print Name Sign Date

Social Worker/Therapist: Print Name Sign Date

# PARTNERSHIP ASSESSMENT FORM

TAY PAF
5/1/07

**FULL SERVICE PARTNERSHIP**
Transition Age Youth Partnership Assessment Form
FOR AGES 16-25 YEARS

PARTNERSHIP INFORMATION

County 23 *
CSI County Client Number (CCN)
County Partner ID (optional)
Partner's First Name *
Partner's Last Name *
Partnership Date (mm/dd/yyyy) *
Partner's Date of Birth (mm/dd/yyyy) *

Who referred the partner? (mark one)

- Self
- Family Member (e.g., parent, guardian, sibling, aunt, uncle, grandparent)
- Significant Other (e.g., boyfriend / girlfriend, spouse)
- Friend / Neighbor (i.e., unrelated other)
- School
- Primary Care / Medical Office
- Emergency Room
- Mental Health Facility / Community Agency
- Social Services Agency
- Substance Abuse Treatment Facility / Agency
- Faith-based Organization
- Other County / Community Agency
- Homeless Shelter
- Street Outreach
- Juvenile Hall / Camp / Ranch / Division of Juvenile Justice
- Jail / Prison
- Acute Psychiatric / State Hospital
- Other

ADMINISTRATIVE INFORMATION:

**PARTNERSHIP STATUS**
Provider Number / NPI (Optional)
Full Service Partnership Program ID *
Partnership Service Coordinator ID *

**PROGRAM INFORMATION**
**In which additional program(s) is the partner CURRENTLY involved? (mark all that apply)**

- AB2034
- Governor's Homeless Initiative (GHI)
- MHSA Housing Program

# ONGOING FSP FORMS

- Quarterly Report (3M)
- Key Event Tracking Form
- ISSP should be completed at least once a year

QUESTIONS?

**MENDOCINO COUNTY**
**BEHAVIORAL HEALTH & RECOVERY SERVICES**

**POLICY AND PROCEDURE**

| | |
|---|---|
| Service Area: | Mendocino County Behavioral Health and Recovery Services |
| Subject: | Enrollment in Full Service Partnerships |
| Subject Matter Expert: | Karen A Lovato<br>Karen Lovato, BHRS Acting Deputy Director |
| BHRS Director: | Jenine Miller, BHRS Director |
| Previous or Referenced Policy No.: | |
| Created: 05/08 | Reviewed: 7/18, 02/22, 7/24 Revised: 07/08, 3/10, 8/14, 8/15, 9/16, 4/18 |

**POLICY:**
Mendocino County Behavioral Health and Recovery Services (BHRS) will ensure enrollment of individuals as Mental Health Services Act (MHSA) Full Service Partners (FSP) is conducted in accordance with Department of Health Care Services (DHCS) guidelines and regulations, the Mendocino County MHSA Community Services and Supports (CSS) Plan eligibility criteria, the Mendocino County MHSA Three Year Program and Expenditure Plan, and Behavioral Health and Recovery Services Policies and Procedures. Full Service Partnerships are an intensive service modality and will be utilized in the continuum of specialty mental health services for those meeting eligibility criteria. Completion of all FSP documents in a timely manner and submitting them to the MHSA FSP oversight team is required and essential to meet State MHSA reporting requirements. Entry into the DHCS MHSA Full Service Partnership Data Collection and Reporting (DCR) database will be done by Mendocino County staff.

**Definitions**

Full Service Partnership: An intensive service program for persons diagnosed with a serious mental illness who would like to work in a partnership with a service provider team to develop and achieve individualized recovery-focused goals. FSP programs

focus on doing "whatever it takes" with the available resources to help people meet their individualized recovery goals.

Full Service Partner (FSP): Mental Health service providers work with an identified consumer "partner" to connect him/her with and provide a full range of services. The terms "partner" and "partnership" are used consistently to refer broadly to shared responsibilities of the consumer and her/his family, caregivers, service providers, and community. Partner, client, consumer, and beneficiary are used interchangeably. Service Providers are expected to exercise good judgment in consultation with supervisors and/or teams in determining what services to offer. It is a core value and expectation that a potential partner functions as "the driver" in all decision-making regarding his/her support, treatment, and/or services plan, including the decision to enroll as a FSP. Note: FSPs are entitled to 24/7 support. The FSP care plan will include information about how services are made available to the partner 24 hours a day, 7 days a week.

Full Service Partners are divided into four age ranges: Child & Family: 0-15 years, Transition Aged Youth (TAY): 16-25 years, Adult: 26-59 years, and Older Adult: ages 60 and older. Full Service Partnership services will be offered to all age groups.

Personal Service Coordinator (PSC): Personal service coordinator, partner coordinator, service provider, outreach worker, care manager, and system navigator are all used interchangeably. The service provider, is the primary point of contact that aids the partner in overcoming barriers to reach partner identified goals to become more independently functioning, and supporting the partner in his/her recovery. This person is responsible for ensuring that the "whatever it takes" care management model is followed, is the point person for care coordination, participates in the care planning process, and ensures that the partnership includes family and other natural supports identified by the partner. The service provider will be trained in culturally and linguistically appropriate practices and wherever possible attempts will be made to provide services by someone of the cultural and linguistic background of the client.

Outreach and engagement: MHSA funded services are provided to potential FSP clients prior to enrollment in a FSP program. Outreach and engagement services are used to build a relationship between the FSP program and potential partner, to determine if the potential partner desires services, and then to determine if the potential client meets the criteria for FSP services. Clients served through outreach and engagement will be tracked through the Full Service Partnership Inclusion and Criteria form, but will not require a qualifying diagnosis that a formal Full Service Partner would have, as it is unlikely that you will know that diagnosis during the outreach and engagement processes.

Outreach: The initial step in connecting or reconnecting an individual to needed mental health services. Outreach is primarily directed toward individuals who might not use services due to lack of awareness or active avoidance, and who would otherwise be ignored or underserved. Outreach is a process rather than an outcome, with a focus on establishing rapport and a goal of eventually engaging people in the services they need and will accept.

Engagement: The process by which a trusting relationship between a service provider and an individual is established. This provides a context for assessing needs, defining service goals, and agreeing on a plan for delivering services. The engagement period can be lengthy; the time from initial contact to engagement can range from a few hours to two years or longer.

Individual Services and Supports Plan: The Individual Services and Supports plan is the plan for care, more commonly called Client Plan, Care Plan, or Treatment Plan. The plan is developed by the client with the Personal Services Coordinator (Care Manager) to identify the clients goals and describes the array of services and supports necessary to advance the goals based on the client's needs, preferences, and strengths. When appropriate the client's family is included in the development of the plan, and when appropriate, the needs, preferences and strengths of the family will be considered. Individual Services and Supports Plans for Full Service Partners will include a plan for 24/7 support.

Partnership Assessment Form (PAF): The State form that is required for submission to DHCS in order to enroll a client into a Full Service Partnership. This will establish the baseline for the client by which future Full service Partnership progress can be measured.

Key Event Tracking Form (KET): The State form that is required for submission to DHCS when a change in status in certain categories transpires that reflects a shift from the baseline established in the PAF. Categories tracked are: Partnership status, Residential Status, Educational Status, Employment Status, Legal Issues, and Emergency Interventions. Key event tracking forms should be completed as soon as the FSP coordinator is aware of the event. A separate KET is needed for each type of Event.

Three Month Assessment (3M): The State form that is required for submission to DHCS on a quarterly basis to track progress. The start date of the quarterly report is based on the date of the PAF. Quarterly reports are to be submitted within 15 days before and no later than 30 days subsequent to the due date. A 3M is submitted on a quarterly basis regardless of whether a Key event has occurred.

**PROCEDURE:**

1. **Identifying Eligible Clients:** FSP clients must be have a current diagnosis that qualifies them for Specialty Mental Health Services (SMHS), and be either new to Behavioral Health Services/never have been served previously AND/OR, demonstrate a need for an intensive FSP program by virtue of their recent or current level of functioning that indicates higher level of care (long term incarceration or institutionalization) will be needed without FSP level of services (Refer to FSP Inclusion & Priority Criteria Form). Highest priority must be given to those who have the most underserved population criteria (refer to Inclusion & Priority Criteria, criterion 4-15).
    a. FSP clients must also meet the Situational Characteristics specified in the Full Services Partnership Inclusion and Priority Criteria, (Attachment A) which will be kept up-to-date in accordance with the most current Mendocino County MHSA Community Planning Process prioritization. These are determined by the cultural and ethnic groups in the community that are identified as the most unserved and underserved.
    b. Undocumented clients are not excluded from FSP services and may not be denied services due to their legal residency status.
    c. Clients on parole are excluded from FSP enrollment and services by state law.
    d. Full Service Partners will be identified in all four age groups (Children/their families, Transitional Age Youth, Adults, Older Adults). Target numbers of Full Service Partners will be identified through the Community Program Planning Process for each age group during the Three-Year or Annual Plan Update planning period.

2. **Identifying Outreach and Engagement FSP Clients:** Perspective or Outreach and Engagement Full Service Partner Clients do not have a known qualifying SMHS diagnosis, due to lack of history or engagement, but are suspected to qualify, can be referred for an Outreach & Engagement FSP status. The Inclusion & Priority Criteria Form will be completed, indicating that the client is an Outreach and engagement client.
    a. As engagement is developed with Outreach and Engagement clients, every effort will be made to gather enough information to complete full Partnership Assessment forms, and fully enroll clients as Full Service Partners, fi the partner qualifies.
    b. Demographic data will be tracked on the outreach and engagement clients as well as any successes towards engaging the client in full service partnership if the partner qualifies.

3. **Enrolling Full Service Partners:** When a mental health provider has identified eligible clients to recommend enrollment as a FSP, the mental health provider will complete the MHSA FSP Inclusion and Priority Criteria Checklist, including the qualifying diagnosis from the most recent biopsychosocial assessment (for fully enrolled partners).
    a. The FSP Inclusion and Priority Checklist will be submitted to the Mendocino County MHSA oversight team for review and verification that qualifications have been met.
    b. After approval of FSP enrollment, the Personal Services Coordinator (PSC)/Care manager will work with the client to understand the partnership model of the program and will complete the Partnership Assessment Form (PAF) with the client. The PAF must be submitted to the MHP FSP data staff no later than 60 days from the date of enrollment.
    c. FSP partners will be enrolled fully in specialty mental health services for which they qualify. Upon enrollment, FSP Partners should undergo a standard financial screening to determine their eligibility for benefits and ability to pay for services (UMDAP), the UMDAP must clearly indicate the following: "MHSA Program Client will not be billed for services" in the event that the client is determined to qualify for self-pay due to lack of insurance benefits. Mental Health providers will provide the support necessary to establish benefits clients may receive to cover the cost of services. All payor sources, (e.g., Medi-Cal) will be billed for eligible services.

4. **Establishing Partnership:** Once enrolled Full Service Partners will be assigned a Personal Services Coordinator/Care manager.
    a. An Individual Services and Supports plan/Care Plan will be completed with the client and family members or other natural supports when appropriate. (The potential Partner is entitled to have a family member, friend, or advocate present at any and all meetings with staff if he/she chooses.) An Authorization to Release or Receive Confidential Information form must be completed and then signed by the Partner for any partners included in the care plan other than treatment provider and client.
    b. Care plans will reflect intensity of services needed in order to reduce risk factors for higher levels of care and support the client in developing skills and resources for meaningful independent living skills.
    c. Care Plans will be signed by the client and the PSC, and when appropriate family member or natural support participation will be documented. It will be clear to the client and family/natural supports who their care manager is and how to reach them.

d. Care Plans for Full Service Partners will include plans for 24/7 interventions with the PCS or another qualified individual known to the client, when needed, to support the client to reduce risk for higher levels of care and to support development of independent and meaningful life skills.

e. Care Plans for Full Service Partners will be culturally and linguistically responsive. Care plans will be completed in the client's preferred language. Culturally responsive treatments will be considered in treatment programming when appropriate. PSCs will be educated and trained in culturally and linguistically responsive practices, as evidenced by training records of PSC staff.

f. Completion of the Client Plan and submission of the PAF finalizes the individual's enrollment. The PAF is to be submitted to Mendocino County MHSA oversight team for recording and tracking.

g. The date of enrollment on the PAF begins the quarterly assessment (3M) timeframes.

5. **Monitoring Full Service Partner Progress Quarterly:** A quarterly Three Month (3M) evaluation form shall be completed every 90 days from the date of FSP enrollment and turned in to MHSA oversight team.

   a. The Quarterly Three Month document can be completed no earlier than 15 days before the official due date, and no later than 30 days subsequent to the due date

6. **Monitoring Key Event Changes**: Significant changes in the Full Service Partners life domains will be monitored through the use of the Key event Tracking Form. A separate Key Event Tracking form (KET) shall be completed for each and every Key event that occurs during the partnership and turned into the MHSA oversight team. Key events include changes in administrative information, residence, education status, employment status, legal issues (arrests, etc.), emergency interventions, and for Older Adults tracking Activities of Daily Living.

   a. Key Event Tracking form should be completed as soon as the care manager/Personal Services Coordinator is aware of the event.

   b. Clients that have been dis-enrolled due to lack of participation/unable to locate, can be re-enrolled via a KET provided their break in services was less than one year.

7. **Strengths Based Services:** Partnerships are meant to be based on a "strengths based" model of care. Wherever possible service providers should be drawing

from the partner's past successes, natural supports, and personal strengths to develop strategies for overcoming barriers.

a. Wherever possible, the CIBHS (California Institute for Behavioral Health Solutions) Strengths Model of assessment, client planning, and supervision should be used, as well as the University of Kansas Client Centered Supervision Model.
b. If these evidence -based practices are not able to be used, another evidence based practice of service provision should be used, with justification why the above were not possible or preferable.

8. **Behavioral Health Court (BHC):** Behavioral Health Court is a special population. These are full service partnerships for clients identified by the court system as having behavioral health symptoms which contributed in part to the crime for which they are being adjudicated. These FSPs will be treated as outreach and engagement FSPs and an Inclusion & Priority Criteria Form will be completed for each enrolled client and data will be tracked.
   a. The PAF will not be completed until an assessment and level of service is determined. Those clients that are determined to meet the additional specialty mental health criteria for ongoing and intensive "whatever it takes" care management services, will be fully enrolled FSPs and the complete FSP paperwork including PAF, KET, and 3M will be completed.

9. **Transitioning to Lower Levels of Care:** Full Service Partnerships are meant to aid the Partner in developing the skills to reduce risk factors and engage in healthy and meaningful life skills and activities. Personal Service Coordinators will support clients in transitioning into traditional service deliveries when the intensive level of Full Service Partnership services is no longer warranted.
   a. FSPs are expected to last approximately 18 months but have no formal time restrictions.
   b. It is expected that those qualifying for FSP may have difficulty engaging, and disenrollment is not considered until repeated decline or lack of contact is established.

10. **Disenrollment from Full Service Partnership:** Dis-enrolling a partner is done through the completion of a KET. A Partner can be disenrolled from the FSP program for the following reasons:
    a. The Partner reaches his or her recovery goals.
    b. The Partner consistently declines further services over an extended period of time.

c. The Partner disappears and is unreachable after repeated attempts to locate.
d. The Partner is deceased.
e. The Partner is sentenced to state or federal prison.
f. The Partner moves out of Mendocino County. (Every effort must be made to refer and coordinate services for the Partner in the Partner's new location.)
g. The Partner is admitted into institutionalized care for an expected stay of more than 90 days. These clients must be monitored for admission back to the FSP program when they are ready for discharge. For continuity of care purposes, the County will be expected to accept the client back into the FSP program if the client so desires.
    i. Institution includes, but is not limited to, county or fee-for-service (FFS) hospitals; Institutions for Mental Disease (IMD); Skilled Nursing Facility (SNF); State Hospitals (SH); Psychiatric Health Facilities (PHF); Community Treatment Facilities (CTF); and jail.
    ii. FSP service providers can enroll/continue to provide services to clients in a SNF as long as there is no duplication of services rendered.
    iii. In making the decision of whether or not to continue FSP services while the Partner is in a residential drug and/or alcohol treatment program, the range and intensity of mental health services able to be provided and the length of stay should be considered.
h. Reenrollment of a partner can be done through the use of a KET if the interruption in service is less than one (1) year.

**REFERENCES:**
CCR, Title 9, Chapter 14, Sections 3620-3620.10, 3640, 3650
Welfare and Institution Code Sections 5600, 5847(e)

**ATTACHMENTS:**
MHSA FSP Inclusion and Priority Criteria Form

Additionally, FSP providers all have contract language as shown below indicating the requirements for FSP documentation fidelity necessary for payment.

E. Full Service Partnerships services, which include:

1. Linkage to Individual and family counseling
2. Linkage to other services that support the health
3. Well-being and stability of the client/family
4. An assigned Care Manager
5. Care Manager must be able to respond to or make arrangements for other qualified individual to respond to client/family needs 24 hours a day 7 days per week
6. Complete documentation as required by COUNTY, such as:

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a. Inclusion Criteria
b. Partnership Assessment Form (PAF)
c. Key Event Tracking (KET)
d. Quarterly Assessment (3M)
e. Individual Services and Supports Plan (ISSP)
f. Track the number of FSPs

# Appendix E: PEI Annual Summary 2023-2024

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

10/29/2025

Timothy Haas,
HPS 1, BHSA Program Compliance and Monitoring Unit 1
Behavioral Health – Oversight & Monitoring Division
CA Department of Health Care Services
1501 Capitol Avenue, MS 2601
Sacramento, CA 95899-7413

Dear Timothy,

Enclosed with this letter, please find the PEI Annual Summary Report for 2023-2024 for Mendocino County MHSA. The PEI Annual Summary Report for 2023-2024 is being submitted to comply with Finding Number #6 in the Mendocino County Plan of Corrections submitted to Mendocino County on October 22nd, 2025.

Please let me know if you have any questions.

Thank you,

Rena Ford
Staff Services Administrator
Mendocino County Department of Health Services
Behavioral Health and Recovery Services
1120 S. Dora St
Ukiah, CA 95482

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behavioral health & recovery services
Mendocino County

# Mental (Behavioral) Health Services Act

# 2023-2026 Addendum to the Three Year Plan

WELLNESS • RECOVERY • RESILIENCE

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# Purpose of PEI Annual Summary 2023-2024

Prevention and Early Intervention Summary documents have traditionally been included within the Mendocino County Three Year Plan and Annual Update. This PEI Annual Summary of 2023-2024 is presented here in compliance with DHCS's request to have the document separated out as a separate section. This document will be made available as an individual document, but is presented within this Update to the 2025-2026 Annual Update to the Three Year Plan for administrative handling purposes.

# 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. Prevention and Early Intervention 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 Mental Health Services Act 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, 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 use 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 Mental Health Services Act Funding:** Program funded for the entirety of the Mental Health Services Act Three Year Plan, Fiscal Years 23-24 through 25-26.

5. **Population Served**: Up to 150 children and youth with mental illness symptoms who are between the ages of 10 and 20, who have been identified as having used substances and have or are at risk of developing substance use disorders, or those who have been referred by law enforcement, mental health providers, or child welfare. These services are provided on specific school campuses. Individuals served will be Children and their families and Transition Aged Youth under 26 years of age.

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

7. **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 substance use, increased school attendance, reduced contact with law enforcement, reduced emergency department use, and reduced substance related crisis and deaths.

8. **Program Evaluation Methods**: The program conducts evaluation activities that meet the Prevention and Early Intervention 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

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

5. **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.

6. **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.

7. **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.

8. **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

***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 Mendocino is a Peer/Family member driven program. NAMI Mendocino focuses on supporting the community, specifically those that are either living with mental illness or who feel alone and isolated. NAMI Mendocino 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 Mental Health Services Act Funding:** Program funded for the entirety of the Mental Health Services Act Three Year Plan, Fiscal Years 23-24 through 25-26. Program receives other funding sources beyond Mental Health Services Act funding.

5. **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 Mendocino 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.

6. **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 Mendocino 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.

7. **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 Mendocino's peer organization and building personal connections.

8. **Program Evaluation Methods:** The program collects data on the clients and family members served and the feedback that they provide about services received. NAMI Mendocino 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

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

5. **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.

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

7. **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.

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

5. **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.

6. **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.

7. **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.

8. **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

## 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.

## 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 Mental Health Services Act Funding:** Program funded for the entirety of the Mental Health Services Act Three Year Plan, Fiscal Years 23-24 through 25-26.

5. **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.

6. **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.

7. **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.

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

***Mental 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 Mental Health Services Act website, sharing Public Service Announcements, and other special events throughout the year.

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

5. **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.

6. **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.

7. **Program Goals**: To increase community knowledge about mental health, to provide resources, and information on wellness and recovery possibilities in support of helping identify those with mental 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 mental health needs. To reduce stigma by providing education and information and familiarizing the public with mental health.

8. **Program Evaluation Methods:** The program will conduct evaluation activities that meet the Prevention and Early Intervention requirements.

Mendocino County MSHA team tracks the number, location, and types of awareness activities and events provided or attended. For each event, Mendocino County Mental Health Services Act 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 mental 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 mental 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 Mental Health Services Act Funding:** Program funded for the entirety of the Mental Health Services Act Three Year Plan, Fiscal Years 23-24 through 25-26. Program receives other funding sources beyond Mental Health Services Act funding.

5. **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.

6. **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.

7. **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.

8. **Program Evaluation Methods**: The program staff will conduct evaluation activities that meet the Prevention and Early Intervention 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.

***Cultural Diversity Committee and Training:*** This program consists of Behavioral Health and Recovery Services 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 Mental Health Services Act Funding:** Program funded for the entirety of the Mental Health Services Act Three Year Plan, Fiscal Years 23-24 through 25-26.

5. **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.

6. **Services Provided:** The program will provide education and training opportunities. Behavioral Health and Recovery Services 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.

7. **Program Goals:** Decrease stigma through increased awareness and exposure to mental 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.

8. **Program Evaluation Methods**: The program staff will conduct evaluation activities that meet the Prevention and Early Intervention 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

## Programs for Access and Linkage to Treatment:

Programs or activities designed to connect children, youth, adults, or seniors with screening for mental 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 mental health crisis in outlying target areas of the county. These areas 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. The targeted outreach areas are North County, South Coast, and Anderson Valley. The program consists of teams that include a

Rehabilitation Specialist that partners with the Mendocino County Sheriff's Office to respond to field based behavioral health calls and referrals. Each team travels to the various communities in these outlying areas 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.

**Status of Mental Health Services Act Funding:** Program funded in part through Intergovernmental Transfer Grant funding, and Whole Person Care project. Program funded, in part, for the entirety of the Mental Health Services Act Three Year Plan, Fiscal Years 23-24 through 25-26.

5. **Population Served:** Adults over 18, in the identified targeted areas that are experiencing mental 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 50 clients per year. This program will serve Transition Age Youth, Adults, and Older Adults.

6. **Services Provided:** Outreach, engagement, linkage, and rehabilitation services to those with mental 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 mental health crisis.

7. **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 mental health crisis in remote locations. Improve utilization of local and preventative resources to address mental health needs before they develop into a crisis. Refer clients to appropriate levels of care needed to overcome mental health challenges.

8. **Program Evaluation Methods:** The program staff conduct evaluation activities that meet the Prevention and Early Intervention 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

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

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

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

5. **Population Served:** Individuals in Jail or Juvenile Hall, scheduled for release from incarceration and who are experiencing mental health or co-occurring substance use symptoms. This program will aim to serve at least 52 clients per year. This program will serve Transition Aged Youth, Adults, and older Adults.

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

7. **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 needs before they develop into a crisis or re-incarceration. Refer clients to appropriate levels of care needed to overcome mental health or co-occurring challenges.

8. **Program Evaluation Methods:** The program will conduct evaluation activities that meet the Prevention and Early Intervention 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

## 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 Mental Health Services Act: 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 Mental Health Services Act Funding:** Program funded for the entirety of the Mental Health Services Act Three Year Plan, Fiscal Years 23-24 through 25-26.

5. **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.

6. **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.

7. **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.

8. **Program Evaluation Methods**: The program staff conduct evaluation activities that meet the Prevention and Early Intervention 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

***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 Mental Health Services Act Funding:** Program funded for the entirety of the Mental Health Services Act Three Year Plan, Fiscal Years 23-24 through 25-26.

5. **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.

6. **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.

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

8. **Program Evaluation Methods**: The program staff will conduct evaluation activities that meet Prevention and Early Intervention requirements. The program will provide quarterly data on the number of outreach sessions with schools and the youth served. Individual data may include improvement Child Assessment and Needs & Strengths (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 2023-2024:** not staffed during 23-24 due to work force shortage

***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 Mental Health Services Act Funding:** Program funded for the entirety of the Mental Health Services Act Three Year Plan, Fiscal Years 23-24 through 25-26.

5. **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.

6. **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.

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

8. **Program Evaluation Methods**: The program staff will conduct evaluation activities that meet Prevention and Early Intervention requirements. The program will provide quarterly data on the number of outreach sessions with schools and the youth served. Individual data may include improvement Child Assessment and Needs & Strengths 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

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

5. **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.

6. **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.

7. **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.

8. **Program Evaluation Methods**: The program staff will conduct evaluation activities that meet Prevention and Early Intervention 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

## 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 Behavioral Health and Recovery Services 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 Mental Health Services Act Funding:** Program funded for the entirety of the Mental Health Services Act Three Year Plan, Fiscal Years 23-24 through 25-26.

5. **Population Served**: 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. North Bay Suicide Prevention Hotline is available to all individuals in Mendocino County. This program will serve all ages.

6. **Services Provided**: Suicide Prevention resources and concerns are addressed in Mental Health Services Act 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 has a Mental Health Services Act staff person that is certified to facilitate Applied Suicide Intervention Skills Training (ASIST) and SafeTALK trainings. These are evidence based suicide intervention and prevention techniques for the community and workforce. Mendocino County is committed to provide a minimum of three of each of these trainings per year and has made special efforts to invite and provide these trainings to culturally diverse groups.

7. **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.

8. **Program Evaluation Methods**: The program staff conduct evaluation activities that meet the Prevention and Early Intervention 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

## 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:**

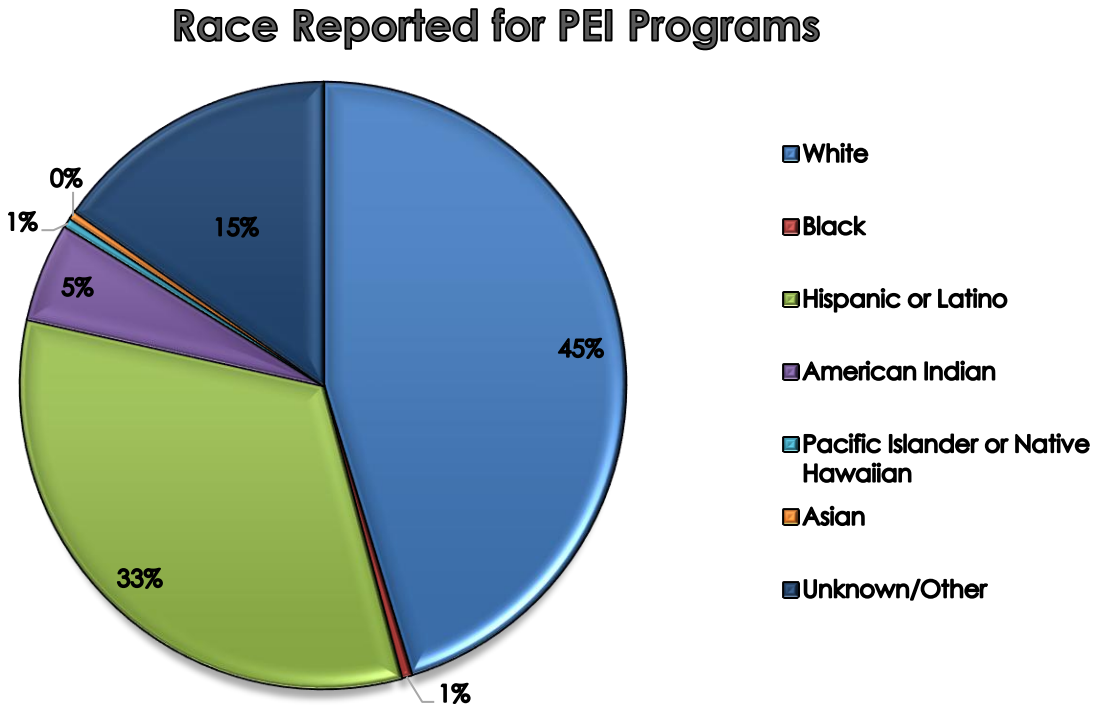


**Figure PEI 1.** Prevention and Early Intervention (PEI) services delivered to individuals by race as reported by those receiving services. The most served group are white at 45%, Hispanic or Latino at 33%, American Indians at 5%, Asian, Pacific Islander and Black all at 1%. Unknown/other is shown and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

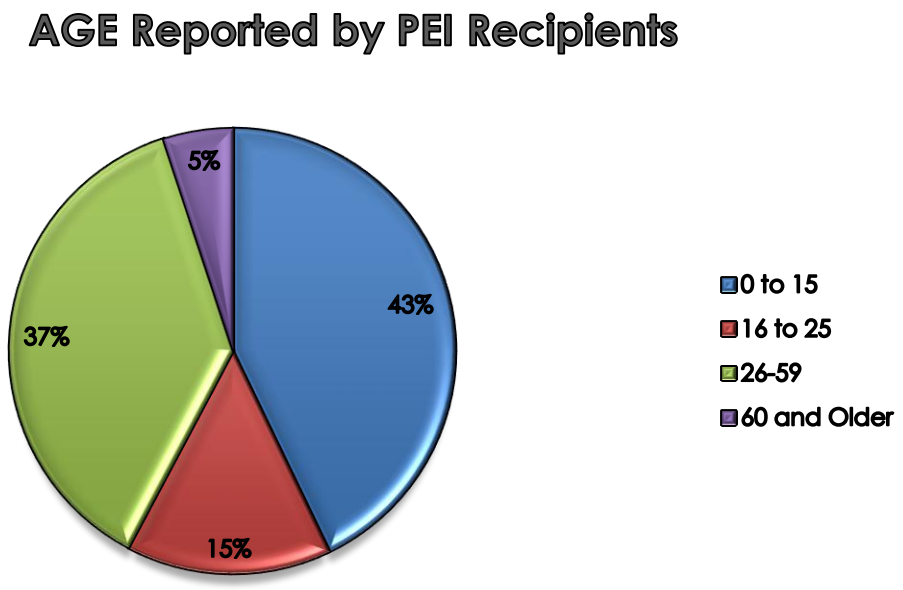


**Figure PEI 2**. Self-reported ages of individuals served through Prevention and Early Intervention programs in FY 23-24 are shown. The age category for 0-15 is the largest group of individuals served (Child) with 26-59 (Adult) is second. For Prevention and Early Intervention, there is a requirement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

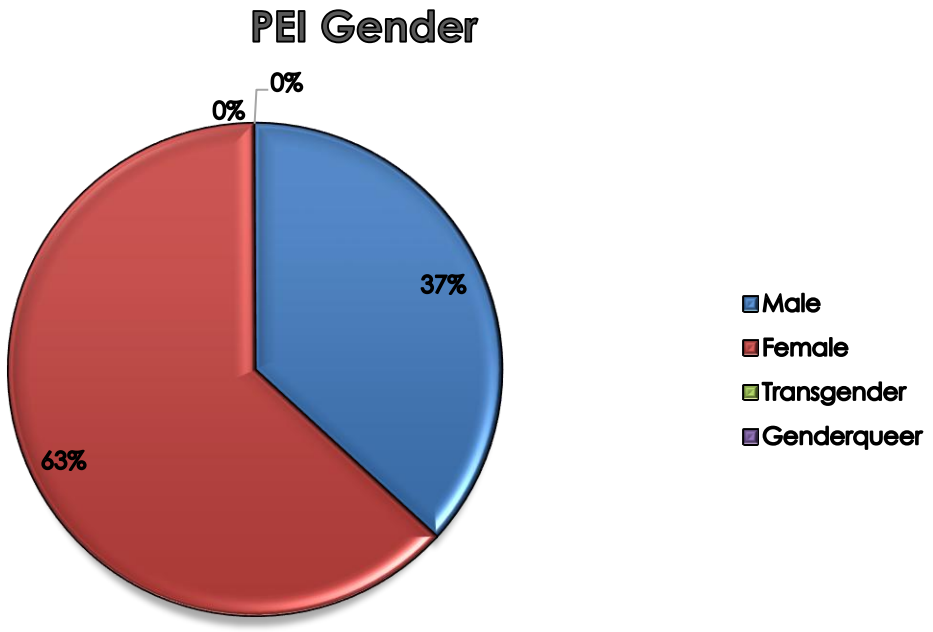


**Figure PEI 3**. Gender of individuals receiving Prevention and Early Intervention services in FY 23-24 is shown. The large difference between male identifying and

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 Prevention and Early Intervention programs.

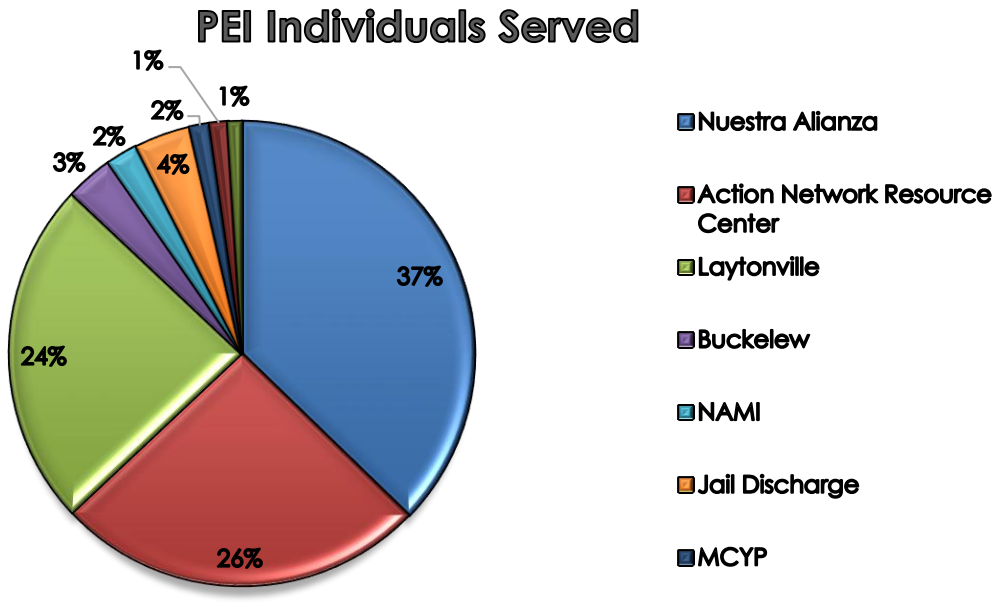


**Figure PEI 4.** Individuals served across the Prevention and Early Intervention programs in FY 23-24 is shown. Some programs utilize drop in service types that allow for a lower threshold to services (such as Action Network and Nuestra Alianza), and other have appointment based class type of services.

| Projected Cost Per Client PEI 23/24 | | | | | |
|---|---|---|---|---|---|
| Ages | PEI Subtype | Program | Budgeted funds | Projected Clients Served | Projected Cost Per Client |
| Child/TAY | Prevention | Adolescent SUDT | 100,000 | 150 | $667 |
| Child/TAY | Prevention | Positive Parenting Program | 36,000 | 36 | $1,000 |
| All Ages | Prevention | Action Network | 48,000 | 400 | $120 |
| All Ages | Prevention | NAMI | 48,000 | 100 | $480 |
| Older Adult | Prevention | Senior Outreach | 60,000 | 30 | $2,000 |

| | | | | | |
|---|---|---|---|---|---|
| Child/TAY | Early Intervention | Early Intervention | 50,000 | 30 | $1,667 |
| All Ages | Outreach for Early Recognition | CalMHSA | 36,000 | 200 | $180 |
| Child/TAY | Stigma Reduction | Anti-Bullying Campaign | 30,000 | 150 | $200 |
| All Ages | Stigma Reduction | Cultural Diversity Committee | 15,000 | 50 | $300 |
| All Ages | Access And Linkage | Jail and Jevenile Hall Inreach, Discharge and Linkage | 100,000 | 52 | $1,923 |
| All Ages | Access And Linkage | Mobile Outreach and Prevention Services | 20000 | 50 | $400 |
| All Ages | Programs to Improve Timely Access | Nuestra Alianza | 65,000 | 200 | $325 |
| All Ages | Programs to Improve Timely Access | Consolidated Tribal Health Project | 30,000 | 100 | $300 |
| All Ages | Programs to Improve Timely Access | Outreach to Native Populations | 15,000 | 100 | $150 |
| All Ages | Programs to Improve Timely Access | Laytonville Healthy Start | 30,000 | 50 | $600 |
| All Ages | Suicide Prevention | North Bay Suicide Hotline | 65000 | 50 | $1,300 |

| **Projected Cost Per Client PEI 24/25** | | | | | |
|---|---|---|---|---|---|
| Ages | PEI Subtype | Program | Budgeted funds | Projected Clients Served | Projected Cost Per Client |
| Child/TAY | Prevention | Adolescent SUDT | 100,000 | 150 | $667 |
| Child/TAY | Prevention | Postive Parenting Program | 36,000 | 36 | $1,000 |
| All Ages | Prevention | Action Network | 48,000 | 400 | $120 |

| | | | | | |
|---|---|---|---|---|---|
| All Ages | Prevention | NAMI | 48,000 | 100 | $480 |
| Older Adult | Prevention | Senior Outreach | 60,000 | 30 | $2,000 |
| Child/TAY | Early Intervention | Early Intervention | 50,000 | 30 | $1,667 |
| All Ages | Outreach for Early Recognition | CalMHSA | 36,000 | 200 | $180 |
| Child/TAY | Stigma Reduction | Anti-Bullying Campaign | 30,000 | 150 | $200 |
| All Ages | Stigma Reduction | Cultural Diversity Committee | 15,000 | 50 | $300 |
| All Ages | Access And Linkage | Jail and Jevenile Hall Inreach, Discharge and Linkage | 100,000 | 52 | $1,923 |
| All Ages | Access And Linkage | Mobile Outreach and Prevention Services | 20000 | 50 | $400 |
| All Ages | Programs to Improve Timely Access | Nuestra Alianza | 65,000 | 200 | $325 |
| All Ages | Programs to Improve Timely Access | Consolidated Tribal Health Project | 30,000 | 100 | $300 |
| All Ages | Programs to Improve Timely Access | Outreach to Native Populations | 15,000 | 100 | $150 |
| All Ages | Programs to Improve Timely Access | Laytonville Healthy Start | 30,000 | 50 | $600 |
| All Ages | Suicide Prevention | North Bay Suicide Hotline | 65000 | 50 | $1,300 |

| **Projected Cost Per Client PEI 25/26** | | | | | |
|---|---|---|---|---|---|
| Ages | PEI Subtype | Program | Budgeted funds | Projected Clients Served | Projected Cost Per Client |

| | | | | | |
|---|---|---|---|---|---|
| Child/TAY | Prevention | Adolescent SUDT | 100,000 | 150 | $667 |
| Child/TAY | Prevention | Postive Parenting Program | 36,000 | 36 | $1,000 |
| All Ages | Prevention | Action Network | 48,000 | 400 | $120 |
| All Ages | Prevention | NAMI | 48,000 | 100 | $480 |
| Older Adult | Prevention | Senior Outreach | 60,000 | 30 | $2,000 |
| Child/TAY | Early Intervention | Early Intervention | 50,000 | 30 | $1,667 |
| All Ages | Outreach for Early Recognition | CalMHSA | 36,000 | 200 | $180 |
| Child/TAY | Stigma Reduction | Anti-Bullying Campaign | 30,000 | 150 | $200 |
| All Ages | Stigma Reduction | Cultural Diversity Committee | 15,000 | 50 | $300 |
| All Ages | Access And Linkage | Jail and Jevenile Hall Inreach, Discharge and Linkage | 100,000 | 52 | $1,923 |
| All Ages | Access And Linkage | Mobile Outreach and Prevention Services | 20000 | 50 | $400 |
| All Ages | Programs to Improve Timely Access | Nuestra Alianza | 65,000 | 200 | $325 |
| All Ages | Programs to Improve Timely Access | Outreach to Native Populations | 15,000 | 100 | $150 |
| All Ages | Programs to Improve Timely Access | Laytonville Healthy Start | 30,000 | 50 | $600 |
| All Ages | Suicide Prevention | North Bay Suicide Hotline | 65000 | 50 | $1,300 |

DRAFT

# MENDOCINO COUNTY
# BEHAVIORAL HEALTH ADVISORY BOARD

## 2026 Meeting Schedule

| DATE | LOCATION |
|---|---|
| **January 21**<br>01:00 PM - 03:30 PM | Behavioral Health & Recovery Services, Conference Room 1<br>1120 South Dora St., **Ukiah** |
| ****February 25**<br>10:00 AM - 12:00 PM | Behavioral Health Regional Training Center<br>8207 East Road, **Redwood Valley** |
| **March 18**<br>01:00 PM - 03:30 PM | Behavioral Health & Recovery Services, Conference Room 1<br>1120 South Dora St., **Ukiah** |
| **April 15**<br>01:00 PM - 03:30 PM | Yuki Trails Community Room 23000 Henderson Lane., **Covelo** and Behavioral Health & Recovery Services, Conference Room 1, 1120 South Dora St., **Ukiah** |
| ****May 27**<br>10:00 AM - 12:00 PM | Behavioral Health Regional Training Center<br>8207 East Road, **Redwood Valley** |
| **June 17**<br>01:00 PM - 03:30 PM | Behavioral Health & Recovery Services, Conference Room 1<br>1120 South Dora St., **Ukiah** |
| **July 15**<br>01:00 PM - 03:30 PM | St. Anthony's Catholic Church<br>10700 Lansing St., **Mendocino** & Behavioral Health & Recovery Services, Conference Room 1, 1120 South Dora St., **Ukiah** |
| ****August 26**<br>10:00 AM - 12:00 PM | Behavioral Health Regional Training Center<br>8207 East Road, **Redwood Valley** |
| **September 16**<br>01:00 PM - 03:30 PM | Behavioral Health & Recovery Services, Conference Room 1<br>1120 South Dora St., **Ukiah** |
| **October 21**<br>01:00 PM - 03:30 PM | Behavioral Health & Recovery Services, Conference Room 1<br>1120 South Dora St., **Ukiah** |
| ****November 18**<br>10:00 AM - 12:30 PM | Behavioral Health Regional Training Center<br>8207 East Road, **Redwood Valley** |
| **December 16**<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

November 17, 2025

ATTN: Dr. Miller or current Mendocino County Behavioral Health Director

RE: 2025-26 CALBHB/C Dues Invoice & Change of Address

Dear Dr. Miller:

Attached is the dues invoice for the Mendocino County Behavioral Health Advisory Board. (The 2025-26 Dues Schedule shows the dues amount for all 59 members: www.calbhbc.org/dues )

> **Special Note re: Allocating to MHSA/BHSA:** CA WIC 5604.3 allows for behavioral health board/commission expenses to be paid using MHSA/BHSA planning and administrative revenues. (Planning costs may be up to 5% of MHSA/BHSA annual revenue.)

CALBHB/C depends on revenue from dues to help provide the following:

1. **Support, Resources & Training**: Live and recorded presentations, trainings, on-line modules, resources and prompt response to technical and issue-based questions. Also:
   - Print-Outs: Binders and printed copies are mailed upon request.
   - Regional Meetings/Trainings: CALBHB/C reimburses travel for one board/commission member per county/jurisdiction to attend CALBHB/C meetings/trainings in their region (and all members and support staff are welcome to attend in-person events.
2. **Issue-Based Information**, including issue briefs (13), web pages (30+), newsletters, quarterly meeting presentations, and speaker panels.
3. **Organized Advocacy** to address statewide behavioral health issues.

Involvement with CALBHB/C makes our organizations better able to achieve a common objective: to provide effective behavioral health resources in local communities throughout California.

Thank you for supporting the work of the Mendocino County Behavioral Health Advisory Board.

Please do not hesitate to contact me.

Best Regards,

Theresa Comstock, Executive Director
CA Association of Local Behavioral Health Boards & Commissions
1301 N Broadway, #32313, Los Angeles, CA 90012 (New Mailing Address)
Office: 916-917-5444, Cell: 707-688-5197
www.calbhbc.org

California Association of Local Behavioral Health Boards and Commissions

# INVOICE

DATE: November 17, 2025

INVOICE #: 11172025

ATTN: Dr. Miller or current Mendocino County Behavioral Health Director

FOR: 2025-26 CALBHB/C Membership Dues for the Mendocino County Behavioral Health Advisory Board

**Special Note re: Allocating to MHSA/BHSA**: CA WIC 5604.3 allows for behavioral health board/commission expenses to be paid using MHSA/BHSA planning and administrative revenues. www.calbhbc.org/legislation-mhb-wic

TOTAL DUES: **$700**

Please send remittance to our **new mailing address:**

**CALBHB/C, 1301 N Broadway, #32313, Los Angeles, CA 90012**

Checks can be made payable to: CALBHB/C

Federal Taxpayer ID Number: 33-0581682

**W-9 Form** is available at www.calbhbc.org/dues