

# County of Mendocino



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## MENTAL HEALTH SERVICES ACT

### COMMUNITY SERVICES AND SUPPORTS, WORKFORCE EDUCATION AND TRAINING, AND PREVENTION AND EARLY INTERVENTION COMPONENTS PLAN

2012-2013 ANNUAL UPDATE

MAY 30, 2012

HEALTH AND HUMAN SERVICE AGENCY  
MENTAL HEALTH SERVICES BRANCH





County:     Mendocino     **30-day Public Comment period dates:** April 30 – May 29, 2012

Date:     June 20, 2012     **Date of Public Hearing (Annual update)**

### **Community Program Planning**

1. Briefly describe the Community Program Planning (CPP) Process for development of all components included in the FY 2011/12 annual update/update. Include the methods used to obtain stakeholder input.

Mendocino County's approach to engaging all stakeholders in its process of developing its MHSA FY 11/12 Update has included the following:

1. MHSA Forums for Children (1.11.12, 4.26.12, Transition Age Youth (3.7.12, 6.13.12, Adults and Older Adults (2.8.12, 5.24.12), rotating between age groups quarterly. An All Systems of Care meeting was held on 3.29.12.
2. MHSA Stakeholder Committee and Steering Subcommittee Meetings
3. MHSA Program/Fiscal Management Group held weekly.
4. Mental Health Board input through regularly scheduled meetings
5. County Mental Health website information
6. Community Planning Meeting
7. Public posting of the Annual Update through the 30 day Local Review Process
8. Mental Health Board Public Hearing on the Annual Update

1. MHSA forums are held quarterly and focus on a different population each time. Service providers are invited to attend and to share their successes and any barriers to working with their target population.

2. MHSA Stakeholder Committee and Steering Subcommittee Meetings  
The MHSA Stakeholder Committee meets as needed and provides input into the development of the MHSA Annual Update. The MHSA Stakeholder Committee is comprised of stakeholder representatives (e.g., consumers, non-governmental providers, County Mental Health staff, Mental Health Board members, and interested parties from the public). The Stakeholder Committee meets regularly to review the progress of the MSHA activities, gather input from those receiving and providing services, and to discuss methods for integrating the vision and values of the MHSA into the broader Mental Health services provided by in County. In Fiscal Year 2011/2012, the MHSA Stakeholder Committee assembled a Steering Subcommittee to meet monthly during the intervening months when the full MHSA Stakeholder Committee is not convened.

3. MHSA Program/Fiscal Management Group  
This group is comprised of Health and Human Services Agency (HHSA) staff that provides oversight to the delivery of MHSA services, the MHSA Coordinator, and fiscal staff. This group meets regularly and is responsible for budget administration, plan development and implementation, and ongoing evaluation of the delivery of MHSA services.

4. Mental Health Board input through regularly scheduled meetings  
The Mental Health Board meets monthly and receives public comment on agenda and non-agenda items related to general mental health services.

5. County Mental Health website posting  
An electronic copy of the Update was posted on the County website with an

announcement of the public review and comment period, as well as the Public Hearing information. The website posting provided contact information to allow input on the plan in person, by phone, or by mail. In addition, the Mental Health Board Public Hearing information was posted to encourage public input.

#### 6. Community Planning Meeting

On March 29, 2012, the Mental Health Branch held an MHSA Planning Meeting for the 2012/2013 Annual Update for Community Services and Supports, Workforce Education and Training, and Prevention and Early Intervention. The meeting began with an overview of MHSA and recent legislation. For each component, the County facilitated a discussion that included:

- County report on activities/spending for 2011-12
- County proposal for 2012-13
- Stakeholder input on proposal

#### 7. Public posting of the Update throughout the 30 day Local Review Process

Hard copies of the Update were made available for public review at locations across the county, including key service delivery sites and mental health clinics. The Annual Update was posted for 30 days from May 1 through May 30, 2012.

#### 8. Mental Health Board/Mental Health Services Act Stakeholders Committee Joint Meeting

Mendocino County held a Public Hearing to obtain input from interested stakeholders. The Public Hearing was held during the Mental Health Board/MHSA Stakeholders Joint meeting on Wednesday, June 20, 2012, at Mendocino County Behavioral Health and Recovery Services, Conference Room 1, 1120 South Dora Street, Ukiah, California.

The following stakeholders have had participated in the MHSA CPP. In addition to the list below, many consumers/clients and consumer family members participated in the CPP.

- Policy Council for Youth and Children
- NAMI Mendocino
- Redwood Children's Services
- Health and Human Services Agency Advisory Board
- Alliance for Rural Community Health
- Laytonville Family Resource Center
- Legal Services of Northern California
- Consolidated Tribal Health Project, Inc.
- Homeless Services Continuum of Care
- Action Network
- Mendocino County Office of Education
- Mendocino County Youth Project
- Round Valley Indian Health Center
- DSS/MH Older Adult System of Care
- Safe Passage Family Resource Center
- Pinoleville Vocational Rehabilitation
- Anderson Valley Resource Center
- First 5 Mendocino County
- MCAVHN
- Mendocino County Probation Department
- Ford Street Project
- Ukiah/Coast Community Center
- Ukiah Senior Center

- Community Care/Area Agency on Aging
- Willits Community Services and Food Bank
- Manzanita Services, Inc.
- Nuestra Alianza De Willits
- Mendocino Coast Hospitality Center
- Redwood Coast Regional Center
- Ukiah Police Department

This MHSA FY 12/13 Annual Update was posted for a 30-day public review and comment period from May 1 through May 30, 2012. An electronic copy was posted on the County website with an announcement of the public review and comment period, as well as the Public Hearing information. The website posting provided contact information to allow input on the plan in person, by phone, and by mail. A hard copy of the Update was distributed to all members of the Mental Health Board, Mental Health and Health and Human Services Leadership Team, MHSA Stakeholder Committee, staff, and community partners. Hard copies of the Annual Update were placed at locations across the county including county mental health clinics. The Annual Update was available to clients and family members at all of these sites and on the County website. A Public Hearing was held on June 20, 2012, during the Mental Health Board/MHSA Stakeholders Joint meeting at Mendocino County Behavioral Health and Recovery Services, Conference Room 1, 1120 South Dora Street, Ukiah, California. Stakeholder questions and comments about the Update were welcomed in writing or at the Public Meeting.

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## **Community Services and Supports**

The implementation of this component is progressing well as Mendocino County strengthens its ability to deliver wraparound services to its Full Service Partnerships. In Fiscal Year 2010/2011, there were no key differences from the services described in the County's approved Plan nor major challenges to the provision of the following programs:

The Children and Family Services Program included services to children of all ages, with a focus on the underserved 0-5 age group and underserved Latino and American Indian Children. In particular, progress was made towards serving this population with the parent partner program, broad screening and assessment of very young children, family respite services, and therapeutic services to children and families in tribal and Latino communities.

The Transition Age Youth program continued several programs to build resiliency and promote recovery including the TAY Wellness Program in which 36 Full Service Partners were provided with wraparound services. Six of these youth were provided with intensive supportive housing. The TAY program provided therapeutic and clinical services including those for the County's bicultural, bilingual, and remotely-located community through contracts with Action Network and Tapestry Family Services.

The Adult System of Care (ASOC) focused on the provision of services through 46 Full Service Partnerships who received an array of services to support the recovery from severe and persistent mental illness (SPMI). These services were provided by a network of providers including the HOPE (Homeless Outreach Program Expansion) Team and Adult Mental Health case management team. The County served ASOC clients through three wellness and recovery centers located in Ukiah, Willits, and Fort Bragg with programming such as the AVE art program. These services provided an essential bridge for clients as the County continued to promote MHSA recovery principles. For those adult clients within the criminal justice system or at risk of incarceration, the forensic program provided much needed mental health services.

The Older Adult System of Care (OASOC) provided services for the improvement of the aging population's quality of life. Services were provided to 16 Full Service Partners. Bicultural and bilingual outreach and engagement were provided through a contract with Consolidated Tribal Health Project. Senior Peer Counseling provided weekly visits to over 20 OASOC clients.

**Community Issues Identified through the Community Planning Process:**

Please find below a listing of the major community issues identified through Mendocino County's community planning process. These issues were to be the focus of MHSA services as indicated in the MHSA CSS Three Year Program and Expenditure Plan developed in 2005. The ways in which Mendocino County addressed each community issue during fiscal year 2010/2011 are also indicated.

Age Group	Community Issues	MHSA-funded Program Addressing Issues
Children and Families	<ul style="list-style-type: none"> <li>▪ Inability to be in a mainstream school environment/school failure</li> <li>▪ Involvement in child welfare and juvenile justice systems/out-of-home placement</li> <li>▪ Peer and family problems</li> </ul>	Strong parent partner program provided to children and families. Culturally and linguistically appropriate therapeutic services provided to children and their families. Respite services for families.
Transition Age Youth	<ul style="list-style-type: none"> <li>▪ Homelessness</li> <li>▪ Inability to manage independence/work</li> <li>▪ Involvement in child welfare and juvenile justice systems</li> </ul>	TAY Wellness program provided wraparound services and housing for 6 Full Service Partners. Wrap around services also provided to an additional 18 Full Service Partners including independent living skills and vocational development.
Adults	<ul style="list-style-type: none"> <li>▪ Homelessness</li> <li>▪ Inability to manage independence</li> <li>▪ Inability to work</li> <li>▪ Involuntary care/ institutionalization/ incarceration</li> </ul>	Recovery and wellness centers provided counseling, life skills training, meals, financial support, and assistance accessing related resources to build independence and vocational readiness. Full Service Partnerships provide wrap around services including access to housing opportunities. Forensic mental health services provided for incarcerated clients.
Older Adults	<ul style="list-style-type: none"> <li>▪ Homelessness</li> <li>▪ Inability to manage independence/ involuntary care/ isolation</li> </ul>	Full Service Partnerships provided wrap around services including access to housing opportunities. Senior Peer Counseling program addressed isolation and enabled seniors to receive care in their home to maintain independence.

**In Fiscal Year 2010/2011, the Children and Family Services Program included services to children of all ages, with a focus on the underserved 0-5 age group and underserved Latino and American Indian Children. In particular, progress was made towards serving this population with the following programs:**

**Parent Partner Program:** Mendocino's Parent Partner Program provided services through Family Resource Centers in rural communities. Bicultural/bilingual parent partners link with our Family Resource Centers and tribal community to provide services to families in more remote areas.

**Broad Screening and Assessment of Very Young Children (ages 0-5):**

In partnership with First 5, Mendocino County continued to implement Raise & Shine, a screening and assessment program for all 0-5 year olds. Children referred for mental health services that do not have insurance or private resources are eligible through MHSA dollars for treatment.

### **Family Respite Services:**

Family Respite Services are coordinated through a staff (partially funded with MHSA) located at Social Services and familiar with resources throughout the county. All families seeking respite are referred to this central resource. CSOC and/or MHSA funds can be used as a last resort for costs.

### **Therapeutic Services to Tribal and Latino Communities:**

Bilingual and bicultural services to our remote, tribal and Latino communities were provided through contracts with organization providers. Through a contract with Consolidated Tribal Health, a clinical team provided services to tribal members and families throughout the county. This team also provides services to individuals and groups incarcerated at our county jail.

In Fiscal Year 2010/2011, the Transition Age Youth program continued several programs to build resiliency and promote recovery including the following:

### **TAY Wellness Program:**

Through a contract with Redwood Children's Services, the 24 Full Service Partners were provided with wraparound services to:

- Develop healthy relationships with family, peers, mentors, employers, teachers, and counselors;
- Access employment, education, and career or vocational development;
- Obtain housing in supportive, clean, affordable, and productive environments;
- Access mental and physical health care;
- Learn healthy strategies for coping with stress and setbacks; and
- Be in control of their own lives.

Of these 24 youth, 6 were provided with intensive supportive housing. The balance of 18 FSP youth were provided housing support, individual therapeutic services, case management and opportunities for peer mentoring and to participate in activities at the community resource center, Arbor on Main. Full service partners also received Mental Health rehabilitation services through County Mental Health staff.

### **Therapeutic and Clinical Services:**

Services to Full Service Partners were also provided by County Mental Health Staff. Bicultural and bilingual family-based therapeutic services were provided to our remote areas through contracts with Action Network and Tapestry Family Services.

**For Fiscal Year 2010/2011, the Adult System of Care focused on the provision of services through these programs:**

**Full Service Partnerships (FSPs):** 46 FSPs received an array of services to support the recovery from severe and chronic mental illness (SPMI). Services included crisis support, transportation to medical appointments, and linkage to counseling and additional services including access to temporary housing, food, linkage to counseling, support for life skills development, education, and managing finances, and other services appropriate according to individual client needs. These services were provided by a network of providers including the HOPE (Homeless Outreach Program Expansion) Team and Adult Mental Health case management team.

**Wellness and Recovery Centers:** There are centers currently located in Ukiah, Willits, and Fort Bragg, the major population centers in the County. Through a contract with the community-based organization Manzanita Services, Inc., the centers in Ukiah and Willits provided services for Full Service Partners and other adults and older adults with serious mental illness. Services included

linkage to counseling, life skills training, meals, financial support, and assistance obtaining resources outside of the mental health system and the opportunity to participate in other recovery and support programming such as the AVE art program.

**Forensic Mental Health Program:** Services were provided to individuals with mental illness who are incarcerated, on supervised release, on parole or probation, or at-risk of incarceration, as well as being homeless or at risk of becoming homeless. Priority is given to women of American Indian or Latino descent.

**For Fiscal Year 2011/2012, the Older Adult System of Care focused on the provision of services designed to bring improvement to the quality of life for seriously mentally ill of this aging population:**

16 FSPs received an array of services to support the recovery from severe and chronic mental illness (SPMI). Services included crisis support, transportation to medical appointments, and linkage to counseling and additional services including access to temporary housing, food, linkage to counseling, support for life skills development, education, and managing finances, and other services appropriate according to individual client needs. These services were provided by the Older Adult System of Care in coordination with community based organizations dedicated to working in our two most prevalent underserved ethnic groups, American Indians and Latinos, will bridge some of these gaps identified within these communities.

**Bicultural and Bilingual Outreach and Engagement:** Consolidated Tribal Health Project and Action Network conducted outreach and engagement services to the Native American community through contracts with the County.

**Senior Peer Counseling:** This program provides training by qualified staff and a private geriatric specialist to individuals who make weekly visits to over 20 OASOC clients. The program has successfully improved the mental health status of many frail, home-bound older adults by the outreach of the peer counselors.

### **System Transformation**

Beginning with an MHSA update process in February of 2011, Mendocino County Mental Health Branch began to transform the way in which mental health services are provided as well as how they are perceived.

The purpose of this restructuring is to better serve consumers with severe mental illness and severe emotional disturbances while addressing significant funding reductions. Instead of separate programs, the restructuring strategies will promote system transformation and integration of comprehensive services across the lifespan. 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.

Underpinning the integration of services must be outcomes promoting both the improved mental health and recovery of the consumer and the quality and efficiency of the service system. In partnership with the community stakeholders, Mendocino County will develop a common set of outcomes, recognizing that they will vary among age groups. These system quality measures will be used to assess program efficiency, quality and consumer satisfaction.

### **Goals for 2012/2013**

The Mental Health Branch has developed several goals for fiscal year 2012/2013:

- Create a service delivery system that provides a health care home which treats the entire person.
- Integrate primary care with behavioral health.
- Participate in pilot projects with rural health clinics and Federally Qualified Health Centers.
- Reduce stigma surrounding mental health treatment.
- Continue to work with organizational providers to transform service delivery.
- Develop relationships with new partners.
- Position the County to be eligible for new funding opportunities.
- Explore regional opportunities for service delivery.
- Provide outreach, engagement and information about mental health services and access to services to consumers, schools, and families with children, remote rural areas and the coast, and county staff and community partners.

The transformed system's key elements, based on collaborative and coordinated planning, include the following:

### **Recovery-oriented, client-driven Services**

- Closely work with the consumer to address their mental health and physical health needs.
- Promote shared decision making and problem solving.
- Maintenance and promotion of linkages to family members (as defined by the consumer) and the community.
- Retool Drop-in/Wellness Centers with focus on:
  - Wellness and Recovery Services to support return to everyday life.
  - Peer support and mentoring.
  - Training for consumers to discover their purpose and passion as well as to meet educational and employment goals.

### **Intensive Care Management**

- Expansion of at least 25 additional full-service partnership slots to provide intensive "wraparound" support for the seriously mentally ill, who are homeless or most at risk to be homeless, hospitalized, incarcerated or placed out of county in residential facilities.
- Decrease out-of-County placements and increase the percentage of mental health clients living independently within our community.
- Ensure timely follow up of care management within 24 hours post discharge for all Mental Health Clients with an acute care discharges (psychiatric and medical).
- Increase access to housing for the most vulnerable clients.

### **Integrated, Efficient Care**

- Integration of Alcohol and Other Drugs (AOD) treatment and Mental Health into one division: Behavioral Health and Recovery Services.
- Fully implement restructured crisis services.
- Fully implement managed access to ensure all clients enter the system through the mental health branch for standardized triage and assessment. Screen clients for medical necessity and return clients to services. Enroll clients in appropriate levels of care.
- Develop a coordinated, seamless continuum of care for all age groups with an expanded ability to leverage funding.

### **Quality Improvement**

- Ensure that all contracts have scope of services that include measurement of outcomes and efficient standards to drive cost-effectiveness of services.
- Productivity – utilize data reports to monitor and support staff productivity goals.
- Continue the retooling of the Quality Improvement Committee emphasizing data driven solutions to improve access in quality of services.
- Continue the process of moving mental health records to a fully electronic record system.
- Develop a training program for County staff and community partners for best practices (especially for children and geriatric services) and customer service and cultural sensitivity.

### **Collaboration with Community Partners**

- Continue to collaborate with Mendocino County Office of Education (MCOE) in the delivery of mental health services to students.
- Forensic Treatment – continue the collaboration with local law enforcement and the parole office to establish forensic services and a re-entry program that reduces recidivism rate and ensures community re-entry.

**In addition to full service partnerships and flex funding for each age to achieve optimal outcomes, a brief summary of services by Age Group wholly funded by MHSA follows:**

### **Children and Families**

- Action Network to provide bicultural and bilingual therapeutic counseling and parent partner services on the South Coast;
- County to provide Respite Care, Ukiah-based Parent Partner program, and clinical services for early intervention with young children.
- Consolidated Tribal Health Project (CTHP) to provide Native American Bicultural Clinical Services to Native American reservations, rancherias and tribes affiliated with CTHP. CTHP to provide annual cross cultural training.
- Tapestry Family Services to provide bicultural and bilingual mental health services to the Latino population.
- 4 Full Service Partnerships and flex funding to achieve optimal outcomes.

### **Transition Age Youth**

- Redwood Children's Services to provide TAY Wellness and transitional housing plus;
- County to provide rehabilitation services and clinical services for clients with serious mental illness or emotional disturbance;
- 36 Full Service Partnerships and flex funding to achieve optimal outcomes

### **Adult and Older Adult**

- Wellness and recovery centers in Ukiah, Willits and Fort Bragg based on a model that is consumer-driven, operated and managed;
- Adult and Older Adult Full Service Partnerships and flex funding to achieve optimal outcomes.

### **Summary of Targeted Population Groups:**

Unserved/underserved males and females of all ages who have a Serious Emotional Disturbance or a Serious Mental Illness, or have acute symptoms, will be served within the MHSA System Transformation. Age groups include Children (ages 0-15), Transition Age Youth (ages 15-25), Adults (ages 26-59), and Older Adults (60 and older). Services will be provided to race/ethnicities, with an emphasis on reaching out to Latinos and American Indians in the county. Bilingual/bicultural individuals will be hired, when feasible; organizational providers will also be

utilized to meet these needs. Written documentation is available in English and Spanish, our threshold language. Translation services are available in Spanish for our monolingual clients and their families.

As stated, the **System Transformation Program: Ages 0-60+** encompass the entire Mental Health system in Mendocino County. The System Transformation Program consists of specialty mental health services, including assessments, case management, individual and group therapy, other outpatient services, inpatient treatment, and MSHA programs such as Full Service Partnerships, Systems Development services, and Outreach and Engagement activities.

**System Transformation includes the funding of the following positions:**

**Director, Mental Health Services (1.0 FTE)** – This individual plans, organizes, and directs the service programs and activities within the Mental Health branch of the Health & Human Services Agency. This position performs professional level functions which include planning, organizing and directing administrative support activities; providing internal consultation on financial and management issues; coordinating analytical studies addressing various issues; and overseeing information systems matters.

**Deputy Director, Clinical Services (1.0 FTE)** – The Deputy Director provides oversight and leadership to Behavioral Health and Recovery Services, attends MSHA planning meetings, stakeholder meetings, and assists in coordination activities with staff and organizational providers.

**MSHA Coordinator (1.00 FTE)** – This position is responsible for ensuring that mental health services delivered in the MSHA program are focused on individual needs, resulting in independent living and gainful employment. This individual is responsible for coordinating services with Mental Health staff to promote recovery based services. This individual will also coordinate services for all persons enrolled in the Full-Service-Partnership program to ensure that they receive “whatever it takes” to achieve their goals and outcomes.

**Medical Director (1.0 FTE)** – This position manages and leads the medical functions of the Mental Health Services department. This position provides medical oversight; enforces health statutes and rules; and provides supervision of physicians and other health professionals. This position may also provide psychiatric diagnostic and therapeutic service to all age groups in the mental health clinics and in a jail setting.

**Psychiatrist (0.5 FTE)** – This position provides psychiatric diagnostic and therapeutic service to all age groups in the mental health clinics. This individual is responsible for the oversight of medication support services for mental health clients.

**Correctional Psychiatric Registered Nurse (1.0 FTE)** – This position provides professional psychiatric nursing care to clients in a jail setting.

**Nurse Practitioner (0.8 FTE)** – This position provides triage and clinical assessment services to mental health clients; obtains accurate physical and mental health information from clients.

**Clinical Supervisors (4.58 FTE)** – These positions provide direct day-to-day supervision to the Children and Adult Services Team members and the satellite clinic programs.

**Clinical Managers (2.0 FTE)** – These positions provide first level management oversight of Children and Adult clinics within the Mental Health branch. They plan, organize direct, staff and control the operations and programs of the Children and Adult Services Team.

**MH Clinicians I and II (16.7 FTE)** – These positions will function as Clinicians responsible for ensuring that crisis and ongoing mental health services delivered to program participants are focused on individual needs. These positions will provide crisis and ongoing service contacts with program participants, family, significant others, and communities (school systems, probation, healthcare, and others). These positions will be advocates for clients and provide assistance to help individuals gain access to needed services. These positions will help the service system to be sensitive to, respectful of and responsive to the mental health needs of the program participants and promote wellness and recovery activities to help clients achieve positive outcomes.

**Program Specialist (2.0 FTE)** – These positions provides leadership and support of Mental Health activities and services, giving support to the MHSA Team and coordinates staff to deliver exemplary services. Wellness, recovery, and resiliency skills services are promoted for all clients and their family members/support system.

**Mental Health Rehabilitation Specialists (11.75 FTE)** – These positions will function as Case Managers and Personal Service Coordinators. These positions will be responsible for providing direct services in a manner that is consistent with the vision and goals of MHSA. In addition, these positions will be responsible for the implementation of outreach and engagement activities and individual and group services. These positions will be assigned to deliver community-based services in a manner that is integrated with existing activities. These positions will also ensure that services are delivered in a manner that embraces the recovery model and promotes client and family voice and choice.

**Department Analysts (3.14 FTE)** – These positions provide administrative support to Mental Health service activities, including enrolling clients to Full Service Partnership (FSP), submitting all MHSA required data and document to DMH, and tracking flex funds for FSP clients. These individuals also manage the fiscal components of Mental Health and help to account for and budget activities, DMH required cost reports and services.

**Department IT Specialist (1.0 FTE)** – This individual provides technical application and program support related to the department's computer application system.

**Account Specialist Supervisor/Supervising Staff Assistant (2.0 FTE)** – These positions are responsible for providing supervision to the Account Specialist and Staff Assistants and other administrative and managerial duties related to the support of county and organizational provider staff in delivering services.

**Account Specialists II & III (5.0 FTE)** – These positions support Mental Health activities through data entry, Medi-Cal billing activities, accounts payable, accounts receivable, and other administrative functions necessary to support the county and organizational provider staff to deliver services.

**Human Services Worker (1.0 FTE)** – This position supports the Quality Assurance unit including review of treatment authorization requests, data collection, data entry, and verification of insurance coverage and other duties as assigned.

**Quality Assurance Program Administrator/Supervising Clinician/Clinician (2.5 FTE)** – These positions provide day-to-day program administration, clinical supervision and services in the quality assurance unit.

**Administrative Services Manager (1.0 FTE)** – This position is responsible for managing support staff as they perform their administrative and clerical duties.

**Support Staff (9.39 FTE)** – These positions perform administrative and clinical reception for Mental Health and reconciliation of clinical staff's time reports and service records.

## **Workforce Education and Training**

The Workforce Education and Training (WET) component plan was approved by Department of Mental Health in August 2009. The first step in the implementation of the plan consisted of the recruitment and hiring of a WET Coordinator in the 4<sup>th</sup> quarter of Fiscal Year 2009/2010

**Work Group and Subcommittees:** WET Coordinator convened monthly work group meetings with community stakeholders and parties interested in mental health workforce development. Coordinator assisted the work group in identifying training priorities. The work group established three subcommittees to carry out the each of the actions of the WET component plan. The subcommittees organized include:

- Training for Co-occurring Disorders: Subcommittee met to initiate the planning of trainings related to the identified priority of training for the treatment of co-occurring disorders.
- Scholarship and Loan Assistance: Tasks of this subcommittee were to develop application and interview scoring; develop marketing and outreach plan to priority population of clients/family members, persons of Latin/Native American descent, employees of public mental health system including community partners; recruit screening panel and finalize approval process. Subcommittee initiated these tasks in the last quarter of Fiscal Year 2009/2010.
- Electronic Resources: Tasks of this subcommittee were to evaluate existing effectiveness of the county's MHSA webpage; establish objectives for providing web-based WET information to clients, community partners and county staff; determine role of Trilogy's Network of Care as an informational hub for the community.
- In 2011/2012 The WET plan supported the training of a Patient Navigator in the Sonoma State University program in 2011/2012, and focused on training for Co-occurring Disorders.

## **Prevention and Early Intervention**

Mendocino County's PEI Three Year Program and Expenditure Plan was approved on February 25, 2010. While additional planning took place in the last quarter of Fiscal Year 2009/2010, implementation of this PEI program began in Fiscal Year 2010/2011.

The goal of the PEI project for Transition Age Youth in Mendocino County is to screen for symptoms of early onset of psychosis. The team developed a screening tool to be used as a guide for counselors, and other health care providers to recognize prodromal symptoms and make early referrals to psychiatric care. The project funded psycho-educational groups in schools and trained group facilitators to recognize symptoms and make referrals. The program also funded a Psychiatrist and a Clinical Psychologist working in a local health clinic to provide assessment and psychiatric care for youth who are uninsured or under-insured.

A training entitled "Mendocino County Early Psychosis Intervention Program" was held in April 2012 where renowned speakers presented on a "Partnership Model for Early Intervention in Psychosis" and an "evidence based recovery model for chronic psychosis". The PEI project also funded training in best practices including: training in "Alternatives for Families: Cognitive Behavioral Therapy", Triple P and several Diversity trainings: "Dismantling Racism", "Sexual Orientation", and "Gender Diversity".

PEI - TTACB funded training for one individual to attend the Wrap Institute Training in 2010/2011. A second individual was funded to attend in 2011/2012.

The Older Adult PEI Program remains intact from that which was approved in both the 3 Year Plan and the 2010/2011 Annual Update. The County would like to identify an implementation strategy that has emerged through discussions with stakeholders and through the community planning process. The original proposal called for the implementation of the PEI program primarily through County Social Work Assistant with a subcontract for clinical supervision of senior peer counselors and of the Social Work Assistant. The County's revised implementation strategy includes a proposal to contract out all services including clinical supervision and program coordination and administration.

### **Innovation Plan**

The proposed plan adds two substance abuse counselors and a family nurse practitioner to the psychiatric emergency team (PES). The addition of the substance abuse counselor positions will allow for individuals who have a chemical dependency to start receiving treatment and referrals in a crucial moment. When an individual presents to a local emergency room or to PES with chemical dependency concerns, a substance abuse counselor will be called in to consult with the individual. The counselor will work with the individual on a care plan and referrals. The counselors will also offer follow-up care and groups for individuals who have been recently seen in crisis, discharged for a psychiatric hospitalization, or stepping down from conservatorship. The addition of the family nurse practitioner to PES will allow for attention to physical health needs of individuals in crisis.