MENDOCINO COUNTY BEHAVIORAL HEALTH ADVISORY BOARD

REGULAR MEETING

AGENDA

April 15, 2026
1:00 PM – 3:30 PM

Location: Yuki Trails Community Room, 23000 Henderson Lane, Covelo, CA 95428 and Health 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*
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 March 18, 2026, Regular Meeting:** *Review and Possible Action*	Board Action:
4. 60 minutes	**Guest Speakers:** *Programs and Services*	Board Action:
5. 20 minutes	**Opening Public Comment on Integrated Plan:** *Rena Ford, Staff Services Administrator, Behavioral Health & Recovery Services*	Board Action:
6. 20 minutes	**Mendocino County Report:** *Karen Lovato, Deputy Director BHRS Operations* A. Director Report Questions	Board Action:

	B. Federal Updates C. Legislative Updates D. PHF Updates E. Grant Updates	
7. **15 minutes**	**Board & Committee Reports:** *Discussion and Possible Action* A. Chair – *Jo Bradley* B. Vice Chair – *Mo Mulheren* C. Secretary/Treasurer – *Jenniffer Estevo* D. Appreciation Committee – *Member Martinez* o Current/Past BHAB Member Appreciation E. Membership Committee – *Member Baroza & Member Bosma*	Board Action:
8. **5 minutes**	**Member Comments:**	Board Action:
9. **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

February 25, 2026
10:00 AM – 12:00 PM

Location: Health 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*
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	Agenda Item / Description	Action
1. 3 minutes	**Call to Order, Roll Call, Quorum Notice, & Approve Agenda:** *Review and Possible Action.* • Chair Bradley called the meeting to order at 1:06 pm. • Members present Member Gorny, Member Estevo, Member Baroza, Member Martinez, Member Donegan, Member Kaller. • Members absent Member Bosma, Member Danner. • Health Services Director Jenine Miller and Deputy Director Karen Lovato were present. • Supervisor Mulheren was present. • Motion made by Member Baroza, seconded by Member Gorny to approve the Agenda. Motion was voted on and approved unanimously.	Board Action: Approved.
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* • None.	Board Action: None.
3. 5 minutes	**Approval of Minutes from February 25, 2026, Regular Meeting:** *Review and Possible Action*	Board Action:

	• Motion made by Member Gorny, seconded by Member Baroza to approve February 25, 2026, Minutes. Motion was voted on and approved unanimously.	Approved.
4. **15 minutes**	**Mendocino County Youth Project Report –** *Amanda Archer/Designee* A. Services Update • Not present.	Board Action: None.
5. **15 minutes**	**Redwood Community Services Report –** *Jolene Treadaway, Chief Clinical Officer* A. Services Update • A service update was provided, and Mendocino County, Redwood Coast Regional Center (RCRC), and Adventist Health were recognized for their collaboration in supporting a complex care individual.	Board Action: None.
6. **15 minutes**	**Tapestry Report –** *Kendra Palmer/Designee* A. Services Update • Elliott O'Bryant, Care Manager (Mental Health Rehabilitation Specialist), shared an overview of rehabilitation services. He works with clients in their homes and within the community to build coping skills, connect them to services, and meet them where they are based on their individual needs. He also shared his personal story, and what led him to this field, and his passion for serving the community. • Sareh Hamilton shared that her work primarily focuses on youth and teens. She discussed her professional journey, beginning at Mendocino College, transitioning from a career in food services and then into mental health, and her current role supporting and connecting with teens. • Member Martinez inquired about service gaps and needs, and whether clients are served on tribal lands. Ms. Palmer stated that staff do provide services on tribal lands including Covelo, Laytonville and Leggett. Spanish language services are available with bilingual staff including therapists, rehabilitation providers, clinical supervisors.	Board Action: None.
7. **15 minutes**	**Mendocino County Hospitality Center Report –** *Paul Davis/Designee* A. Services Update • Not present.	Board Action: None.
8. **15 minutes**	**Anchor Health Management Report –** *Tim Schraeder, Anchor Health Management Inc.* A. Services Update • A handout was provided with updates on services. • The Mental Health Rehabilitation Center (MHRC) is scheduled to open with clients on April 1. • The need for trained staff within the community was highlighted and mentioned to the BHAB.	Board Action: None.
9. **15 minutes**	**Mendocino County Specialist Mental Health Report –** *Karen Lovato, Deputy Director BHRS Operations* A. Services Update • Provided an overview of the County programs (not contracted services) including the AB 109 program, Assisted Outpatient Treatment (Laura's Law), Behavioral Health Reach Housing	Board Action: None.

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	Program (to be discussed further at BHSA meeting), CARE Court, Community Outreach and Engagement (CORE) program. • Reported an increase in clinical children's programs, Jail/Juvenile Hall and discharge program and increase in LPS referrals. • Reported the higher numbers of mobile crisis services including in 5150 holds. • Mobile Outreach programs have had average of 55 contacts per month and continue to connect individuals to services.	
10. **10 minutes**	**Mendocino County Report:** *Jenine Miller, Director of Health Services* A. Director Report Questions • Report included in the agenda packet. • Vacancy rates have increased; however, a request will be submitted to the Board of Supervisors (BOS) to fill vacant positions. B. Federal Updates • Monitoring developments related to mobile crisis benefits. C. Legislative Updates • No updates. D. PHF Updates • The construction is progressing well. • The most recent update to Measure B Committee indicated an opening timeframe of June/July. • Noted that Medi-Cal certification may take several months, but working with Restpadd to align timing for certification. • Exploring other options once facility is ready, including alternatives while awaiting certification. • There are plans to host a grand opening event for neighbors and provide facility tours once completed. E. Grant Updates • Continuing to monitor opportunities to apply for grants.	Board Action: None.
11. **10 minutes**	**Board & Committee Reports:** *Discussion and Possible Action* A. Chair – *Jo Bradley* o Flyers were distributed for upcoming movie showings on Fentanyl High. o Vice Chair Mulheren emphasized the importance of youth engagement, including ages 12 and up. o MCOE has distributed flyers to schools and stakeholders. o April 15 Meeting will be held in Covelo and Ukiah. B. Vice Chair – *Mo Mulheren* o No report. C. Secretary/Treasurer – *Jenniffer Estevo* o No report. D. Appreciation Committee – *Member Martinez* o Current/Past BHAB Member Appreciation – deferred until the next meeting. o No Report. E. Membership Committee – *Member Baroza & Member Bosma* o No report.	Board Action: None. .
12. **5 minutes**	**Member Comments:** • Quorum check for the next meeting: Member Baroza will be unavailable, Member Estevo will attend remotely, Member Kaller, Member Donegan, Member Martinez, and Chair Bradley confirmed their attendance.	Board Action: None.

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13. **2 minutes**	**Adjournment: 2:14 PM** Motion made by Member Martinez, seconded by Member Kaller to adjourn the meeting.	Board Action: Approved.

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_____

Jo Bradley, Chair Date

_____

BHAB Clerk Date

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Health Services

Behavioral Health Services Act

2026-2029 Three Year Program and Expenditures Plan

WELLNESS • RECOVERY • RESILIENCE

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2026 - 2029 Integrated Plan Mendocino County

The Behavioral Health Services Act (BHSA) requires counties to submit three-year Integrated Plans (IPs) for Behavioral Health Services and Outcomes. For related policy information, refer to 3.A. Purpose of the Integrated Plan .

General Information

All fields must be completed unless marked as optional. You don't need to finish everything at once–your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress. For related policy information, refer to 3.A. General Information .

General Information

County, City, Joint Powers, or Joint Submission County

Entity Name
Mendocino County

Behavioral Health Agency Name
Mendocino County Health and Human Services Agency

Behavioral Health Agency Mailing Address
1120 S. Dora Street Ukiah, CA 95482

Primary Mental Health Contact

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Name
William Riley

Email
Riley@MendocinoCounty.gov

Phone
7074722335

Secondary Mental Health Contact

Name
Rena Ford

Email
Fordre@mendocinocounty.gov

Phone
7074722724

Primary Substance Use Disorder Contact

Name
Angie
Lewis

Email
lewisa@mendocinocounty.gov

Phone
7074722608

Secondary Substance Use Disorder Contact

Name Karen
Lovato

DRAFT

Email
LovatoK@Mendocinocounty.gov

Phone
7074722324

Primary Housing Interventions Contact

Name
William Riley

Email
Riley@mendocinocounty.gov

Phone
7074722335

Compliance Officer for Specialty Mental Health Services (SMHS)

Name Navin
Bhandari

Email
bhandarin@mendocinocounty.gov

Compliance Officer for Drug Medi-Cal Organized Delivery System (DMC-ODS) Services

Name
Navin Bhandari

Email
bhandarin@mendocinocounty.gov

Behavioral Health Services Act (BHSA) Coordinator

Name	Email address

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Rena Ford	FordRe@mendocinocounty.gov

Substance Abuse and Mental Health Services Administration (SAMHSA) liaison

Name	Email address
Angie Lewis	Lewisa@mendocinocounty.gov

Quality Assurance or Quality Improvement (QA/QI) lead

Name	Email address
Tony Lemus	LemusA@mendocinocounty.gov

Medical Director

Name	Email address
Alice Cheng, MD	ali.cheng@gmail.com

County Behavioral Health System Overview

Please provide the city/county behavioral health system (inclusive of mental health and substance use disorder) information listed throughout this section. The purpose of this section is to provide a high-level overview of the city/county behavioral health system's populations served, technological infrastructure, and services provided. This information is intended to support city/county planning and transparency for stakeholders. The Department of Health Care Services recognizes that some information provided in this section is subject to change over the course of the Integrated Plan (IP) period. All data should be based on FY preceding the year plan development begins (i.e., for 2026-2029 IP, data from FY 2023-2024 should be used).

All fields must be completed unless marked as optional. You don't need to finish everything at once–your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress. For related policy information, refer to 3.E.2 General Requirements .

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Populations Served by County Behavioral Health System

Includes individuals that have been served through the county Medi-Cal Behavioral Health Delivery System and individuals served through other county behavioral health programs. Population-level behavioral health measures, including for untreated behavioral health conditions, are covered in the Statewide Behavioral Health Goals section and County Population-Level Behavioral Health Measure Workbook.For related policy information, refer to 2.B.3 Eligible Populations and 3.A.2 Contents of the Integrated Plan .

Children and Youth

In the table below, please report the number of children and youth (under 21) served by the county behavioral health system who meet the criteria listed in each row.Counts may be duplicated as individuals may be included in more than one category.

Criteria	Number of Children and Youth Under Age 21
Received Medi-Cal Specialty Mental Health Services (SMHS)	780
Received at least one substance use disorder (SUD) individual-level prevention and/or early intervention service	1990
Received Drug Medi-Cal (DMC) or Drug Medi-Cal Organized Delivery System (DMC-ODS) services	32

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Received mental health (MH) and SUD services from the mental health plan (MHP) and DMC county or DMC-ODS plan	32

Criteria	Number of Children and Youth Under Age 21
Accessed the Early Psychosis Intervention Plus Program, pursuant to Welfare and Institutions Code Part 3.4 (commencing with section 5835), Coordinated Specialty Care, or other similar evidence-based practices and community-defined evidence practices for early psychosis and mood disorder detection and intervention programs	0
Were chronically homeless or experiencing homelessness or at risk of homelessness	27
Were in the juvenile justice system	123
Have reentered the community from a youth correctional facility	<11*

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Were served by the Mental Health Plan and had an open child welfare case	158
Were served by the DMC County or DMC-ODS plan and had an open child welfare case	158
Criteria	Number of Children and Youth Under Age 21
Have received acute psychiatric care	94

Adults and Older Adults

In the table below, please report the number of adults and older adults (21 and older) served by the county behavioral health system who meet the criteria listed in each row.Counts may be duplicated as individuals may be included in more than one category.

Criteria	Number of Adults and Older Adults
Were dual-eligible Medicare and Medicaid members	514
Received Medi-Cal SMHS	1333
Received DMC or DMC-ODS services	550
Received MH and SUD services from the MHP and DMC county or DMC-ODS plan	315

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Were chronically homeless, or experiencing homelessness, or at risk of homelessness	723
Criteria	Number of Adults and Older Adults
Experienced unsheltered homelessness	723
Moved from unsheltered homelessness to being sheltered (emergency shelter, transitional housing, or permanent housing)	<11*
Of the total number of those who moved from unsheltered homelessness to being sheltered, how many transitioned into permanent housing	<11*
Were in the justice system (on parole or probation and not currently incarcerated)	0
Were incarcerated (including state prison and jail)	0
Reentered the community from state prison or county jail	136

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Received acute psychiatric services	463

Input the number of persons in designated and approved facilities who were

Admitted or detained for 72-hour evaluation and treatment rate 298
Admitted for 14-day and 30-day periods of intensive treatment 196

Admitted for 180-day post certification intensive treatment 23

Please report the total population enrolled in Department of State Hospital (DSH) Lanterman-Petris-Short (LPS) Act programs <11*

Please report the total population enrolled in DSH community solution projects (e.g., community-based restoration and diversion programs) 69

Of the data reported in this section, are there any areas where the county would like to provide additional context for DHCS's understanding? No

Please describe the local data used during the planning process
Internal data, Full Service Partnership Data, DHCS publicly available data, Healthy Mendocino.com, Mendocino County Social Services data

If desired, provide documentation on the local data used during the planning process

County Behavioral Health Technical Infrastructure

Cities submitting their Integrated Plan independently from their counties do not have to complete this section. For related policy information, refer to 6.C.1 Promoting Access to Care Through Efficient Use of State and County Resources Introduction .

Does the county behavioral health system use an Electronic Health Record (EHR)? Yes
Please select which of the following EHRs the county uses Netsmart

County participates in a Qualified Health Information Organization (QHIO)?

Yes

Please select which QHIO the county participates in SacValley MedShare

Application Programming Interface Information

Counties are required to implement Application Programming Interfaces (API) in accordance with Behavioral Health Information Notice (BHIN) 22-068 and federal law.

Please provide the link to the county's API endpoint on the county behavioral health plan's website https://www.mendocinocounty.gov/government/advanced-components/bhrs-provider-search

Does the county wish to disclose any implementation challenges or concerns with these requirements? No

Counties are required to meet admission, discharge, and transfer data sharing requirements as outlined in the attachments to BHINs 23-056 , 23-057 , and 24-016 . Does the county wish to disclose any implementation challenges or concerns with these requirements?
No

County Behavioral Health System Service Delivery Landscape

Cities submitting their Integrated Plan independently from their counties do not have to complete this section. For related policy information, refer to 6.C.1 Promoting Access to Care Through Efficient Use of State and County Resources Introduction .

Substance Abuse and Mental Health Services Administration (SAMHSA) Projects for Assistance in Transition from Homelessness (PATH) Grant

Will the county participate in SAMHSA's PATH Grant during the Integrated Plan period?
Yes

Please select all services the county behavioral health system plans to provide under the

PATH grant
Alcohol or Drug Treatment Services
Community Mental Health Services

Does the county wish to disclose any implementation challenges or concerns with the requirements under this program? No

Community Mental Health Services Block Grant (MHBG)

Will the county behavioral health system participate in any MHBG set-asides during the Integrated Plan period?
Yes

Please select all set asides that the county behavioral health system plans to participate in under the MHBG
Discretionary/Base Allocation

Does the county wish to disclose any implementation challenges or concerns with the requirements under this program? No

Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUBG)

Will the county behavioral health system participate in any SUBG set asides during the Integrated Plan period?
Yes

Please select all set-asides that the county behavioral health system participates in under SUBG
Primary Prevention Set-Aside
Discretionary
Perinatal Set-Aside

Does the county wish to disclose any implementation challenges or concerns with the requirements under this program? No

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Opioid Settlement Funds (OSF)

Will the county behavioral health system have planned expenditures for OSF during the Integrated Plan period?
Yes

Please check all set asides the county behavioral health system participates in under OSF Exhibit E
Leadership, Planning, and Coordination
Prevent Misuse of Opioids
Prevent Over-Prescribing and Ensure Appropriate Prescribing and Dispensing of Opioids
Prevent Overdose Deaths and Other Harms (Harm Reduction)

Does the county wish to disclose any implementation challenges or concerns with the requirements under this program? No

Bronzan-McCorquodale Act

The county behavioral health system is mandated to provide the following community mental health services as described in the Bronzan-McCorquodale Act (BMA). a. Case Management
b. Comprehensive Evaluation and Assessment
c. Group Services
d. Individual Service Plan
e. Medication Education and Management

f. Pre-crisis and Crisis Services
g. Rehabilitation and Support Services
h. Residential Services
i. Services for Homeless Persons
j. Twenty-four-hour Treatment Services
k. Vocational Rehabilitation

In addition, BMA funds may be used for the specific services identified in the list below. Select all services that are funded with BMA funds:
Assertive Community Treatment (ACT)

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Does the county wish to disclose any implementation challenges or concerns with the requirements under this program? No

Public Safety Realignment (2011 Realignment)

The county behavioral health system is required to provide the following services which may be funded under the Public Safety Realignment (2011 Realignment) a. Drug Courts
b. Medi-Cal Specialty Mental Health Services, including Early Periodic Screening Diagnostic Treatment (EPSDT)
c. Regular and Perinatal Drug Medi-Cal Services
d. Regular and Perinatal DMC Organized Delivery System Services, including EPSDT
e. Regular and Perinatal Non-Drug Medi-Cal Services

Does the county wish to disclose any implementation challenges or concerns with the requirements under this program? No

Medi-Cal Specialty Mental Health Services (SMHS)

The county behavioral health system is mandated to provide the following services under SMHS authority (no action required).

a. Adult Residential Treatment Services
b. Crisis Intervention
c. Crisis Residential Treatment Services
d. Crisis Stabilization
e. Day Rehabilitation
f. Day Treatment Intensive
g. Mental Health Services
h. Medication Support Services
i. Mobile Crisis Services
j. Psychiatric Health Facility Services
k. Psychiatric Inpatient Hospital Services
l. Targeted Case Management
m. Functional Family Therapy for individuals under the age of 21
n. High Fidelity Wraparound for individuals under the age of 21

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o. Intensive Care Coordination for individuals under the age of 21
p. Intensive Home-based Services for individuals under the age of 21
q. Multisystemic Therapy for individuals under the age of 21
r. Parent-Child Interaction Therapy for individuals under the age of 21
s. Therapeutic Behavioral Services for individuals under the age of 21
t. Therapeutic Foster Care for individuals under the age of 21
u. All Other Medically Necessary SMHS for individuals under the age of 21

Has the county behavioral health system opted to provide the specific Medi-Cal SMHS identified in the list below as of June 30, 2026?
ACT Peer Support
Services

Does the county wish to disclose any implementation challenges or concerns with the requirements under this program? No

Drug Medi-Cal (DMC)/Drug Medi-Cal Organized Delivery System (DMC-ODS)

Select which of the following services the county behavioral health system participates in DMC-ODS Program
Drug Medi-Cal Organized Delivery System (DMC-ODS)
The county behavioral health system is mandated to provide the following services as a part of the DMC-ODS Program (DHCS currently follows the guidance set forth in the American Society of Addiction Medicine (ASAM) Criteria, 3rd Edition). (no action required) a. Care Coordination Services
b. Clinician Consultation
c. Outpatient Treatment Services (ASAM Level 1)
d. Intensive Outpatient Treatment Services (ASAM Level 2.1)
e. Medications for Addiction Treatment (MAT), Including Narcotics Treatment Program (NTP) Services
f. Mobile Crisis Services
g. Recovery Services
h. Residential Treatment services (ASAM Levels 3.1, 3.3., 3.5)
i. Traditional Healers and Natural Helpers
j. Withdrawal Management Services

k. All Other Medically Necessary Services for individuals under age 21 for individualsunder age 21
l. Early Intervention for individuals under age 21

Has the county behavioral health system opted to provide the specific Medi-Cal SUD services identified in the list below as of June 30, 2026? Enhanced Community Health Worker (CHW) Services

Does the county wish to disclose any implementation challenges or concerns with the requirements under this program? No

Other Programs and Services

Please list any other programs and services the county behavioral health system provides through other federal grants or other county mental health and SUD programs

Program or service
Probation Mental Health Services under AB109
Clean California Community Cleanup and Employment Pathways Grant

Care Transitions

Has the county implemented the state-mandated Transition of Care Tool for Medi-Cal Mental Health Services (Adult and Youth)? Yes

Does the county's Memorandum of Understanding include a description of the system used to transition a member's care between the member's mental health plan and their managed care plan based upon the member's health condition?
Yes

DRAFT

Statewide Behavioral Health Goals

All fields must be completed unless marked as optional. You don't need to finish everything at once-your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress. For related policy information, refer to, please see 3.E.6 Statewide behavioral health goals

Population-Level Behavioral Health Measures

The statewide behavioral health goals and associated population-level behavioral health measures must be used in the county Behavioral Health Services Act (BHSA) planning process and should inform resource planning and implementation of targeted interventions to improve outcomes for the fiscal year(s) being addressed in the IP. For more information on the statewide behavioral health goals, please see the Policy Manual Chapter 2, Section C .

Please review your county's status on each population-level behavioral health measure, including the primary measures and supplemental measures for each of the 14 goals. All measures are publicly available, and counties are able to review their status by accessing the measures via DHCS-provided instructions and the County Population-Level Behavioral Health Measure Workbook.

As part of this review, counties are required to evaluate disparities related to the six priority statewide behavioral health goals. Counties are encouraged to use their existing tools, methods, and systems to support this analysis and may also incorporate local data sources to strengthen their evaluation.

Please note that several Phase 1 measures include demographic stratifications – such as race, sex, age, and spoken language – which are included in the prompts below. Counties may also use local data to conduct additional analyses beyond these demographic categories.

For related policy information, refer to E.6.1 Population-level Behavioral Health Measures .

Mark page as complete

Priority statewide behavioral health goals for improvement

Counties are required to address the six priority statewide behavioral health goals in this section. Cities should utilize data that corresponds to the county they are located within. As such, the City of Berkeley should use data from Alameda County and Tri-City should use data from Los Angeles County. For related policy information, refer to E.6.2 Primary and Supplemental Measures .

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Access to care: Primary measures

Specialty Mental Health Services (SMHS) Penetration Rates for Adults and Children & Youth (DHCS), FY 2023

How does your county status compare to the statewide rate?

For adults/older adults Above

For children/youth Same

What disparities did you identify across demographic groups or special populations?
Race or Ethnicity

Non-Specialty Mental Health Services (NSMHS) Penetration Rates for Adults and Children & Youth (DHCS), FY 2023

How does your county status compare to the statewide rate?

For adults/older adults
Same

For children/youth Same

What disparities did you identify across demographic groups or special populations?
Sex
Race or Ethnicity

Drug Medi-Cal (DMC) Penetration Rates for Adults and Children & Youth (DHCS), FY 2022 2023

How does your county status compare to the statewide rate?

For adults/older adults Above

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For children/youth Below

What disparities did you identify across demographic groups or special populations?
Race or Ethnicity

Drug Medi-Cal Organized Delivery System (DMC-ODS) Penetration Rates for Adults and Children & Youth (DHCS), FY 2022 - 2023

How does your county status compare to the statewide rate?

For adults/older adults Above

For children/youth Below

What disparities did you identify across demographic groups or special populations? Race or Ethnicity

Access to care: Supplemental Measures

Initiation of Substance Use Disorder Treatment (IET-INI) (DHCS), FY 2023

How does your county status compare to the statewide rate? Below

What disparities did you identify across demographic groups or special populations? No Disparities Data Available

Access to care: Disparities Analysis

For any disparities observed, please provide a written summary of your findings, including the measures and population groups experiencing disparities and a description of the data that supported your analysis
In Mendocino County, we have identified several disparities in access to care. Typically members of the Spanish speaking community are underrepresented in SMHS. Additionally, those assigned male at birth also tend to be underrepresented in Mendocino County penetration rates. This data has been observed in previous MHSA data sets and is reflected in the Data dashboard available through CalMHSA. Additionally noted in the data observed from CalMHSA is an underrepresentation of certain youth categories and overrepresentation of other categories. It is worth noting that there is a communityl

understanding within Mendocino County that Native Americans are underrepresented in all systems of care because the community of Native Americans tend to underreport their numbers in census due to historical trauma and government distrust.

Access to care: Cross-Measure Questions

Please describe what programs, services, partnerships, or initiatives the county is planning to strengthen or implement beginning July 1, 2026 that may increase your county's level of access to care. In your response, please describe how you plan to address measures where your status is below the statewide average or median, within the context of local needs. Additionally, please refer to any data that was used to inform new programs, services, partnerships, or initiatives the county is implementing (e.g., developing an intervention targeting a sub-population in which data demonstrates they have poorer outcomes

Within the system of care in Mendocino County, we utilize several programs to reduce disparities in our system. We have specific programs aimed to address the disparities in the Spanish speaking community run by our community partners Nuestra Alianza. Additionally, we work with our community partner Indigenous Wellness Alliance who focus on Native Americans with programs specifically designed to utilize culture as prevention, but serve any who wish to participate. Their program addresses cultural disparities between the sexes as part of a culture and work to address disparities in justice involved populations. In previous years, those assigned male at birth have been over represented in our Full Service Partnership program. This is in part because Mendocino County Full Service Partnership Programs have always prioritized individuals who are underhoused and at risk of institutionalization, and that population tends to be overrepresented in males. Mendocino County intends to continue to utilize housing status and high utilization as a measure for Full Service Partnership prioritization.

Data utilized for this section includes the CalMHSA state provided data, Healthy Mendocino, MHSA data from 2020 forward.

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Please identify the category or categories of funding that the county is using to address the access to care goal

BHSA Behavioral Health Services and Supports (BHSS)

BHSA Full Services Partnership (FSP)

BHSA Housing Interventions

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Homelessness: Primary measures

People Experiencing Homelessness Point-in-Time Count (Rate per 10,000 people by Continuum of Care Region) (HUD), 2024

How does your county status compare to the PIT Count Rate out of every 10,000 people by Continuum of Care region? Above

What disparities did you identify across demographic groups or special populations? Race or Ethnicity
Gender

Homeless Student Enrollment by Dwelling Type, California Department of Education (CDE), 2023 - 2024

How does your county status compare to the statewide rate?
Above

What disparities did you identify across demographic groups or special populations? Race or Ethnicity
Spoken Language

Homelessness: Supplemental Measures

PIT Count Rate of People Experience Homelessness with Severe Mental Illness, (Rate per 10,000 people by Continuum of Care Region) (HUD), 2024

How does your county status compare to the PIT Count Rate out of every 10,000 people by Continuum of Care region? Above

What disparities did you identify across demographic groups or special populations? No Disparities Data Available

PIT Count Rate of People Experience Homelessness with Chronic Substance Abuse, (Rate per 10,000 people by Continuum of Care Region) (HUD), 2024

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How does your county status compare to the PIT Count Rate out of every 10,000 people by Continuum of Care region? Above

What disparities did you identify across demographic groups or special populations?
Race or Ethnicity

People Experiencing Homelessness Who Accessed Services from a Continuum of Care (CoC) Rate (BCSH), 2023 (This measure will increase as people access services.)

How does your local CoC's rate compare to the average rate across all CoCs? Above

What disparities did you identify across demographic groups or special populations? Race or Ethnicity

Homelessness: Disparities Analysis

For any disparities observed, please provide a written summary of your findings, including the measures and population groups experiencing disparities and a description of the data that supported your analysis

In our homeless population, we see a large number of individuals who are homeless who also have mental health or SUD challenges. There are disparities between race and ethnicity with Native Americans making up a larger portion of those experiencing housing insecurity and homelessness.

Homelessness: Cross-Measure Questions

Please describe what programs, services, partnerships, or initiatives the county is planning to strengthen or implement beginning July 1, 2026 that may reduce your county's level of homelessness in the population experiencing severe mental illness, severe SUD, or co-occurring conditions. In your response, please describe how you plan to address measures where your status is below the statewide average or median, within the context of local needs. Additionally, please refer to any data that was used to inform new programs, services, partnerships, or initiatives the county is implementing (e.g., developing an intervention targeting a sub-population in which data demonstrates they have poorer outcomes)

Full Service Partnerships in Mendocino County utilize housing status as an eligibility factor for Full Service Partnership Programs. Due to the significant need in Mendocino County, our FSP programs have always provided housing services. The following programs have been used to house individuals to help stabilize mental health challenges while creating readiness for housing and permanent housing through MHSA:

Stepping Stones (operated by Redwood Community Services)
Mendocino Coast Hospitality Center
Oak and Valley (operated by Redwood Community Services)
Harmony and Haven House (operated by Redwood Community Services)
Partnership with RCHDC to provide housing specifically allocated for individuals engaged with SMHS
Partnership with Building Bridges Shelter (Operated by Redwood Community Services)

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Please identify the category or categories of funding that the county is using to address the homelessness goal
BHSA BHSS
BHSA FSP
BHSA Housing Interventions

Institutionalization

Per 42 CFR 435.1010, an institution is "an establishment that furnishes (in single or multiple facilities) food, shelter, and some treatment or services to four or more persons unrelated to the proprietor." Institutional settings are intended for individuals with conditions including, but not limited to, behavioral health conditions.
Care provided in inpatient and residential (i.e., institutional) settings can be clinically appropriate and is part of the care continuum. Here, institutionalization refers to individuals residing in these settings longer than clinically appropriate. Therefore, the goal is not to reduce stays in institutional settings to zero. The focus of this goal is on reducing stays in institutional settings that provide a Level of Care that is not – or is no longer – the least restrictive environment. (no action)

Institutionalization: Primary Measures

Inpatient administrative days (DHCS) rate, FY 2023

How does your county status compare to the statewide rate/average?

For adults/older adults Not
Applicable

For children/youth
Not Applicable

What disparities did you identify across demographic groups or special populations? No Disparities Data Available

Institutionalization: Supplemental Measures

Involuntary Detention Rates, FY 2021 - 2022

How does your county status compare to the statewide rate/average?
14-day involuntary detention rates per 10,000 Not Applicable

30-day involuntary detention rates per 10,000 Not Applicable

180-day post-certification involuntary detention rates per 10,000 Not Applicable

What disparities did you identify across demographic groups or special populations? No Disparities Data Available

Conservatorships, FY 2021 - 2022

How does your county status compare to the statewide rate/average?

Temporary Conservatorships Not Applicable

Permanent Conservatorships Above

What disparities did you identify across demographic groups or special populations? No Disparities Data Available

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SMHS Crisis Service Utilization (Crisis Intervention, Crisis Residential Treatment Services, and Crisis Stabilization) (DHCS), FY 2023
Increasing access to crisis services may reduce or prevent unnecessary admissions to institutional facilities

How does your county status compare to the statewide rate/average?

Crisis Intervention
For adults/older adults Above

For children/youth
Not Applicable

Crisis Residential Treatment Services

For adults/older adults Above

For children/youth Not
Applicable

Crisis Stabilization

For adults/older adults Same

For children/youth
Not Applicable

What disparities did you identify across demographic groups or special populations? No Disparities Data Available

Institutionalization: Disparities Analysis

For any disparities observed, please provide a written summary of your findings, including the measures and population groups experiencing disparities and a description of the data that supported your analysis N/A not enough data to draw an analysis

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Institutionalization: Cross-Measure Questions

What additional local data do you have on the current status of institutionalization in your county? (Example: utilization of Mental Health Rehabilitation Center or Skilled Nursing Facility-Special Treatment Programs)
N/A not enough data to draw an analysis

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Please describe what programs, services, partnerships, or initiatives the county is planning to strengthen or implement beginning July 1, 2026 that may reduce your county's rate of institutionalization. In your response, please describe how you plan to address measures where your status is below the statewide average or median, within the context of local needs.
Additionally, please refer to any data that was used to inform new programs, services, partnerships or initiatives the count is implementing (e.g., enhancing crisis response services targeting a sub-population in which data demonstrates they have poorer outcomes)
There is not enough data available for analysis to show a reliable rate of institutionalization that would then be appropriate to attempt reducing said institutional rate. Mendocino County has a long history of working with Full Service Partnership Programs to help keep residents from higher levels of care. Additionally, new Crisis Residential Treatment facilities have recently been opened in Mendocino County to help reduce the rate of readmittance, and help clients step down from higher levels of care.

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Please identify the category or categories of funding that the county is using to address the institutionalization goal
BHSA BHSS
BHSA FSP
BHSA Housing Interventions

Justice-Involvement: Primary Measures

Arrests: Adult and Juvenile Rates (Department of Justice), Statistical Year 2023

How does your county status compare to the statewide rate/average?

For adults/older adults

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Same

For juveniles Above

What disparities did you identify across demographic groups or special populations?
Sex
Race or Ethnicity

Justice-Involvement: Supplemental Measures

Adult Recidivism Conviction Rate (California Department of Corrections and Rehabilitation (CDCR)), FY 2019 - 2020

How does your county status compare to the statewide rate/average? Above

What disparities did you identify across demographic groups or special populations?
Race or Ethnicity

Incompetent to Stand Trial (IST) Count (Department of State Hospitals(DSH)), FY 2023
Note: The IST count includes all programs funded by DSH, including, state hospital, Jail Based Competency Treatment (JBCT), waitlist, community inpatient facilities, conditional release, community-based restoration and diversion programs. However, this count excludes county-funded programs. As such, individuals with Felony IST designations who are court-ordered to county-funded programs are not included in this count.

How does your county status compare to the statewide rate/average? Below

What disparities did you identify across demographic groups or special populations? No Disparities Data Available

Justice-Involvement: Disparities Analysis

For any disparities observed, please provide a written summary of your findings, including the measures and population groups experiencing disparities and a description of the data that supported your analysis

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There is a significant overrepresentation of Black individuals assigned male at birth. In the population of Mendocino County individuals who identify as Black represent less than 2% of the population. Because of the small starting number, small numbers of overrepresentation will show as extreme disparities. The overrepresentation in all categories of those assigned male at birth show an indication that our justice involved programs will continue to need to work to correct the disparities of men in the justice involved system.

Justice-Involvement: Cross-Measure Questions

Please describe what programs, services, partnerships, or initiatives the county is planning to strengthen or implement beginning July 1, 2026 that may reduce your county's level of justice-involvement for those living with significant behavioral health needs. In your response, please describe how you plan to address measures where your status is below the statewide average or median, within the context of local needs. Additionally, please refer to any data that was used to inform new programs, services, partnerships or initiatives the count is implementing (e.g., developing an intervention targeting a sub-population in which data demonstrates they have poorer outcomes)
Mendocino County has several Justice involved programs including Jail Discharge, Jail In-Reach, and culturally based programs aimed to help individuals. In addition, justice involvement is an eligibility factor considered in our Full Service Partnerships. In addition, we have Assisted Outpatient Treatment (Laura's Law), Care Court, AB 109, and many of our LPS referrals are justice involved. Due to the small size of Mendocino County, very few individuals qualify for those programs but we continue to operate AOT and Care Court.

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Please identify the category or categories of funding that the county is nusing to address the justice-involvement goal
BHSA BHSS
BHSA FSP
BHSA Housing Interventions

Removal Of Children from Home: Primary Measures

Children in Foster Care (Child Welfare Indicators Project (CWIP)), as of January 2025

How does your county status compare to the statewide rate?
Above

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What disparities did you identify across demographic groups or special populations? No Disparities Data Available

Removal Of Children from Home: Supplemental Measures

Open Child Welfare Cases SMHS Penetration Rates (DHCS), 2022

How does your county status compare to the statewide rate? Above

What disparities did you identify across demographic groups or special populations? No Disparities Data Available

Child Maltreatment Substantiations (CWIP), 2022

How does your county status compare to the statewide rate? Above

What disparities did you identify across demographic groups or special populations?
Age Race or
Ethnicity

Removal Of Children from Home: Disparities Analysis

For any disparities observed, please provide a written summary of your findings,
including the measures and population groups experiencing disparities and a description of the data that supported your analysis
Removal of Children from the home has overrepresentation in children 1 and under as well as children from Native American Communities.

Removal Of Children from Home: Cross-Measure Questions

Please describe what programs, services, partnerships, or initiatives the county is
planning to strengthen or implement beginning July 1, 2026 that may increase your county's level of access to care. In your response, please describe how you plan to address measures where your status is below the statewide average or median, within the context of local needs. Additionally, please refer to any data that was used to inform new programs, services, partnerships, or initiatives the county is implementing

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(e.g., developing an intervention targeting a sub-population in which data demonstrates they have poorer outcomes
Mendocino County utilizes Children and Family Services through Social Services as the direct service provider for many of the children removed from the home. Within that system, children are directly referred to Mental Health Services through interdepartmental cooperation. The vast majority of children removed from the home are under the age of 1 years old. To help address this particular disparity, Behavioral Health Services has facilitated and funded parenting classes to help address mental health issues while being a parent through First Five Mendocino, Family to Family peer groups through National Alliance on Mental
Illness, and Indigenous Wellness Alliance. In addition to training, education, and resilience building, Mendocino County utilizes braided services through SMHS providers who refer children to services and help families reunify, prevent detention, and wrap around through Full Service Partnership, Intensive Case Management, Specialty MH Services, CFT, and Wrap Around services.

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Please identify the category or categories of funding that the county is nusing to address the removal of children from home goal
BHSA BHSS
BHSA FSP
BHSA Housing Interventions

Untreated Behavioral Health Conditions: Primary Measures

Follow-Up After Emergency Department Visits for Substance Use (FUA-30), 2022

How does your county status compare to the statewide rate/average?

For the full population measured Same

What disparities did you identify across demographic groups or special populations?
No Disparities Data Available

Follow-Up After Emergency Department Visits for Mental Illness (FUM-30), 2022

How does your county status compare to the statewide rate/average?

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For the full population measured Below

What disparities did you identify across demographic groups or special populations? No Disparities Data Available

Untreated Behavioral Health Conditions: Supplemental Measures

Adults that needed help for emotional/mental health problems or use of alcohol/drugs who had no visits for mental/drug/alcohol issues in past year(CHIS), 2023

How does your county status compare to the statewide rate?

For the full population measured Below

What disparities did you identify across demographic groups or special populations?
Gender Race or
Ethnicity

Untreated Behavioral Health Conditions: Disparities Analysis

For any disparities observed, please provide a written summary of your findings, including the measures and population groups experiencing disparities and a description of the data that supported your analysis
Latino Males are overrepresented in our system for individuals who have never had services prior to needing emotional/mental health problems or SUD services. This tracks well with our understanding of the community as well as our observed data.

Untreated Behavioral Health Conditions: Cross-Measure Questions

Please describe what programs, services, partnerships, or initiatives the county is planning to strengthen or implement beginning July 1, 2026 that may reduce your county's level of untreated behavioral health conditions. In your response, please describe how you plan to address measures where your status is below the statewide average or median, within the context of local needs. Additionally, please refer to any data that was used to inform new programs, services, partnerships or initiatives the count is implementing (e.g., developing an intervention targeting a sub-population in which data demonstrates they have poorer outcomes)

To address the specific disparity of Latinos assigned male at birth progressing through our systems of care with untreated mental health needs, we offer services through a community based partner, Nuestra Alianza de Willits. By providing services through a community partner who understands the community and the community needs of Latino and Spanish speaking individuals in Mendocino County, they are able to more effectively help the Latino community.

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Please identify the category or categories of funding that the county is using to address the untreated behavioral health conditions goal
BHSA BHSS
BHSA FSP
BHSA Housing Interventions

Additional statewide behavioral health goals for improvement

Please review your county's status on the remaining eight statewide behavioral health goals using the primary measure(s) to compare your county to the statewide status and review the supplemental measure(s) for additional insights in the County Performance Workbook. These measures should inform the overall strategy and where relevant, be incorporated into the planning around the six priority goals.

In the next section, the county will select AT LEAST one goal from below for which your county is performing below the statewide rate/average on the primary measure(s) to improve on as a priority for the county.

For related policy information, refer to E.6.2 Primary and Supplemental Measures .

Care Experience: Primary Measures

Perception of Cultural Appropriateness/Quality Domain Score (Consumer Perception Survey (CPS)), 2024

How does your county status compare to the statewide rate/average?

For adults/older adults Above

For children/youth

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Same

Quality Domain Score (Treatment Perception Survey (TPS)), 2024

How does your county status compare to the statewide rate/average?

For adults/older adults Not
Applicable

For children/youth
Not Applicable

Engagement In School: Primary Measures

Twelfth Graders who Graduated High School on Time (Kids Count), 2022

How does your county status compare to the statewide rate/average?
Below

Engagement In School: Supplemental Measures

Meaningful Participation at School (California Health Kids Survey (CHKS)), 2023

How does your county status compare to the statewide rate/average?
Below

Student Chronic Absenteeism Rate (Data Quest), 2022

How does your county status compare to the statewide rate/average? Above

Engagement In Work: Primary Measures

Unemployment Rate (California Employment Development Department (CA EDD)), 2023

How does your county status compare to the statewide rate/average? Same

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Engagement In Work: Supplemental Measures

Unable to Work Due to Mental Problems (California Health Interview Survey (CHIS)), 2023

How does your county status compare to the statewide rate/average? Below

Overdoses: Primary Measures

All Drug-Related Overdose Deaths (California Department of Public Health (CDPH)), 2022

How does your county status compare to the statewide rate/average?

For the full population measured
Above

For adults/older adults Above

For children/youth
Not Applicable

Overdoses: Supplemental Measures

All-Drug Related Overdose Emergency Department Visits (CDPH), 2022

How does your county status compare to the statewide rate/average?

For the full population measured
Above

For adults/older adults Above

For children/youth Below

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Prevention And Treatment of Co-Occurring Physical Health Conditions: Primary Measures

Adults' Access to Preventive/Ambulatory Health Service & Child and Adolescent Well-Care Visits (DHCS), 2022

How does your county status compare to the statewide rate/average?

For adults (specific to Adults' Access to Preventive/Ambulatory Health Service) Same

For children/youth (specific to Child and Adolescent Well-Care Visits) Below

Prevention And Treatment of Co-Occurring Physical Health Conditions: Supplemental Measures

Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications & Metabolic Monitoring for Children and Adolescents on Antipsychotics: Blood Glucose and Cholesterol Testing (DHCS), 2022
How does your county status compare to the statewide rate/average?

For adults/older adults (specific to Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications) Above

For children/youth (specific to Metabolic Monitoring for Children and Adolescents on Antipsychotics: Blood Glucose and Cholesterol Testing) Same

Quality Of Life: Primary Measures

Perception of Functioning Domain Score (CPS), 2024

How does your county status compare to the statewide rate/average?

For the full population measured
Not Applicable

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For adults/older adults Not
Applicable

For children/youth
Not Applicable

Quality Of Life: Supplemental Measures

Poor Mental Health Days Reported (Behavioral Risk Factor Surveillance System (BRFSS)), 2024

How does your county status compare to the statewide rate/average?
For the full population measured
Above

Social Connection: Primary Measures

Perception of Social Connectedness Domain Score (CPS), 2024

How does your county status compare to the statewide rate/average?

For the full population measured
Not Applicable

For adults/older adults Not
Applicable

For children/youth
Not Applicable

Social Connection: Supplemental Measures

Caring Adult Relationships at School (CHKS), 2023

How does your county status compare to the statewide rate/average? Below

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Suicides: Primary Measures

Suicide Deaths, 2022

How does your county status compare to the statewide rate/average?

For the full population measured
Above

Suicides: Supplemental Measures

Non-Fatal Emergency Department Visits Due to Self-Harm, 2022

How does your county status compare to the statewide rate/average?

For the full population measured
Above

For adults/older adults Same

For children/youth
Above

County-selected statewide population behavioral health goals

For related policy information, refer to 3.E.6 Statewide Behavioral Health Goals .

Based on your county's performance or inequities identified, select at least one additional goal to improve on as a priority for the county for which your county is performing below the statewide rate/average on the primary measure(s). For each county-selected goal, provide the information requested below. Suicides

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Suicides

Please describe why this goal was selected
Mendocino County chose Suicides as a goal because it was in the top three of nearly all respondents to our Needs Assessment Survey delivered to the public during our Community Planning Process. In addition to being an issue largely in the public eye, Mendocino County has a suicide rate nearly double the average of California, and for some groups, namely Native American men, that rate is nearly doubled to 38 for every 100,000.

What disparities did you identify across demographic groups or priority populations among the Additional Statewide Behavioral Health Goals? For any disparities observed, please provide a written summary of your findings, including the measures and population groups experiencing disparities and a description of the data that supported your analysis In Mendocino County, Native Americans and males are overrepresented in deaths by suicides.

Please describe what programs, services, partnerships, or initiatives the county is planning to strengthen or implement beginning July 1, 2026 that may improve your county's level of Suicides and refer to any data that was used to make this decision (e.g., developing an intervention targeting a sub-population in which data demonstrates they have poorer outcomes) Mendocino County programs will include but not be limited to the following programs:
Mobile Crisis Intervention
24/7 Crisis Line
Indigenous Wellness Alliance
Indicated Suicide Prevention Programs
BHSA Housing Intervention
BHSS Programs will include suicide prevention and supports
Full Service Partnership for Crisis Services

Please identify the category or categories of funding that the county is using to address this goal BHSA BHSS
BHSA FSP
BHSA Housing Interventions

Community Planning Process

All fields must be completed unless marked as optional. You don't need to finish everything at once– your progress will be saved automatically as you go. Use "Return to plan" to navigate between

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sections and track overall progress. For more information on this section, please see 3.B Community Planning Process .

Stakeholder Engagement

For related policy information, refer to 3.B.1 Stakeholder involvement

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Please indicate the type of engagement used to obtain input on the planning process
County outreach through social media
County outreach through townhall meetings
Focus group discussions
Key informant interviews with subject matter experts
Survey participation
Training, education, and outreach related to community planning
Meeting(s) with county
Workgroups and committee meetings

Include date(s) of stakeholder engagement for each type of engagement

Type of engagement
County outreach through social media

Date
12/5/2025

Type of engagement
County outreach through townhall meetings

Date
12/2/2025

Type of engagement
County outreach through townhall meetings

Date
12/4/2025

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Type of engagement
County outreach through townhall meetings

Date
12/10/2025

Type of engagement
County outreach through townhall meetings

Date
12/16/2025

Type of engagement
Focus group discussions

Date
12/17/2025

Type of engagement
Survey participation

Date
12/5/2025

Type of engagement
Training, education, and outreach related to community planning

Date
8/27/2025

Type of engagement
Key informant interviews with subject matter experts

Date
9/9/2025

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Type of engagement
Key informant interviews with subject matter experts

Date
9/10/2025

Type of engagement
Key informant interviews with subject matter experts

Date
9/16/2025

Type of engagement
Training, education, and outreach related to community planning

Date
10/2/2025

Type of engagement
Training, education, and outreach related to community planning Date
12/3/2025

Type of engagement
Meeting(s) with county

Date
8/20/2025

Please list specific stakeholder organizations that were engaged in the planning process.
Please do not include specific names of individuals
Round Valley Indian Health Center/ Round Valley Indian Tribes, Mendocino Coast Hospitality Center, Hopland Band of Tribal Indians, NAMI Mendocino, Mendocino County Youth Project, Telecare Corporation, Cahto Tribe of Laytonville Rancheria, Laytonville Healthy Start Family Resource Center/Harwood Hall, Manchester Band of Pomo Indians, Action Network, Redwood Valley Rancheria, Consolidate Tribal Health Project, Coyote Valley Band of Pomo Indians, Crestwood Behavioral Health, Guidiville Indian Rancheria,
Adventist Health/Family Health Center, Redwood Community Services, Tapestry Family Services, Alex

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Rorabaugh Center (ARC), First Five Mendocino, Pinoleville Pomo Nation, Potter Valley Tribe, The Pearl Early Start Family Resource Center, Nuestra Alianza de Willits, Willits United Methodist Church, Ukiah Seniors
Center, Coastal Seniors, Redwood Coast Seniors, Anderson Valley Unified School District, Buckelew, Adventist Health- Street Medicine, Home with Us, Mendocino Community Health Clinic, Mendonoma Health Alliance, Indigenous Wellness Alliance, ABC Ukiah, Leggett Valley School, Service Employees International Union 2021, Mendocino County Public Health, Mendocino County Probation, Mendocino County Sherriff's Office, Mendocino County Social Services, Mendocino Community Health Clinic, Redwood Community Services Arbor Youth Center, Mendocino County Office of Education.

What are the five most populous cities in counties with a population greater than 200,000 (Cities submitting IP independently are not required to collaborate with other cities) (Population and Housing Estimates for Cities, Counties, and the State)

	City name
1	N/A
	City name
2	N/A
3	N/A
4	N/A
5	N/A

Were you able to engage all required stakeholders/groups in the planning process?
No

If not, which required stakeholder/groups were you unable to engage in the planning process?
Disability insurers

Disability insurers
Stakeholder group is not applicable to county

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Please describe and provide documentation (such as meeting minutes) to support how diverse stakeholder viewpoints were incorporated into the development of the Integrated Plan, including any community-identified strengths, needs, and priorities

Mendocino County employed a comprehensive and inclusive approach to community engagement in the development of the BHSA Integrated Plan. Mendocino County has been informing our providers, partners, and the public of the upcoming changes in every meeting MHSA staff have attended since early 2025. Through the Community Planning Process we sought to bring in the voices from our outlying areas and incorporate a survey to reach individuals outside of the normal BHRS presentation reach. Included BHSA transition information in Quarterly Forums starting 2025. Preformed BHSA transition workshops in all five supervisorial districts of Mendocino County at libraries or community halls. Offered virtual work BHSA transition workshop to cover those who could not make it in person. Drafted BHSA transition survey to seek stakeholder engagement and record the input of stakeholders to guide our planning, this survey was distributed to our county staff, contract staff, clients, and to the general public through social media (QR code). Mendocino County BHRS further met individually with targeted stakeholder groups that were not covered by the reach of our forums/workshops/surveys. We believe that by incorporating these insights with our survey results, Mendocino has conducted a thorough analysis to ensure that identified behavioral health priorities truly reflect the voices, experiences, and needs of the community.

Upload File

Local Health Jurisdiction (LHJ)

Cities submitting their Integrated Plan independently from their counties do not have to complete this section. For related policy information, refer to B.2 Considerations of Other Local Program Planning Processes .

Did the county work with its LHJ on the development of the LHJ's recent Community Health Assessment (CHA) and/or Community Health Improvement Plan (CHIP) ? Additional information regarding engagement requirements with other local program planning processes can be found in Policy Manual Chapter 3, Section B.2.3. Yes

Please describe how the county engaged with LHJs, along with Medi-Cal managed care plans (MCPs), across these three areas in developing the CHA and/or CHIP: collaboration, data-sharing, and stakeholder activities

BHRS is part of an integrated Health Services unit with Public Health. Staff from Health Services, including BHRS staff, participated in a joint Community Needs Assessment with the Adventist Health, who runs the

three local hospitals and clinic. Together with other local partners we conducted several stakeholder meetings, surveys, and outreach events to gather feedback and prioritize the community health needs to focus on for the Community Health Improvement Projects. Stakeholders included Healthy Mendocino, Mendonoma Health Alliance, Alliance for
Rural Community Health, Adventist Health, Partnership Health Plan, Round Valley Indian Health Center, Consolidated Tribal Health Project, Blue Zones Project, Mendocino County Behavioral Health, First 5 Mendocino, Cahto Tribe of Laytonville Rancheria, Mendocino Office of Education, Mendocino College, Coyote Valley Band of Pomo Indians, Round Valley Indian Tribes, Sherwood Valley Band of Pomo Indians, Pinoleville Pomo Nation, Redwood Valley Little
River Band of Pomo Indians, Hopland Band of Pomo Indians, and Northern Circle Indian Housing Authority. Through a combination of Health Indicator scores, the results of 787 community survey responses, and other community health factors the CHNA identified six prioritized health topics: Health Care Access, Behavioral Health & Stigma, Community Safety, Cancer, Diabetes, and Chronic Conditions. From there Community Health Improvement Plan workgroups were developed and have been meeting to develop goals and strategies within each of these priorities for action over the next 3 years.

Did the county utilize the County-LHJ-MCP Collaboration Tool provided via technical assistance? No

Collaboration

Please select how the county collaborated with the LHJ Attended
key CHA and CHIP meetings as requested.
Served on CHA and CHIP governance structures and/or subcommittees as requested.

Data-Sharing

Data-Sharing to Support the CHA/CHIP

Select Statewide Behavioral Health Goals that were identified for data-sharing to support behavioral health-related focus areas of the CHA and CHIP
Access to Care
Care Experience
Engagement in School
Engagement in Work
Homelessness
Institutionalization

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Justice Involvement
Overdoses
Prevention of Co-Occurring Physical Health Conditions
Quality of Life
Removal of Children from Home
Social Connection
Suicides
Untreated Behavioral Health (BH) Conditions (e.g., substance use disorder, depression, maternal and child behavioral disorders, other adult mental health conditions)

Was data shared?
Yes

Data-Sharing from MCPS and LHJs to Support IP development

Select Statewide Behavioral Health Goals that were identified for data-sharing to inform IP development
Access to Care
Care Experience
Engagement in School
Engagement in Work
Homelessness
Institutionalization
Justice Involvement
Overdoses
Prevention of Co-Occurring Physical Health Conditions
Quality of Life
Removal of Children from Home
Social Connection
Suicides
Untreated Behavioral Health (BH) Conditions (e.g., substance use disorder, depression, maternal and child behavioral disorders, other adult mental health conditions)

Was data shared?
Yes

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Stakeholder Activities

Select which stakeholder activities the county has coordinated for IP development with the LHJ engagement on the CHA/CHIP. Please note that although counties must coordinate stakeholder activities with LHJ CHA/CHIP processes (where feasible), the options below are for illustrative purposes only and are not required forms of stakeholder activity coordination (e.g., counties do not need to conduct each of these activities)
Collaborated with LHJ to identify shared stakeholders that are key for both the IP and CHA/CHIP process. Co-hosted community sessions, listening tours, and/or other community events that can be used to strengthen stakeholder engagement for both the IP and CHA/CHIP.
Collaborated on joint surveys, focus groups, and/or interviews that can be used to inform both the IP and CHA/CHIP.

Most Recent Community Health Assessment (CHA), Community Health Improvement Plan (CHIP) or Strategic Plan

Has the county considered either the LHJ's most recent CHA/CHIP or strategic plan in the development of its IP ? Additional information regarding engagement requirements with other local program planning processes can be found in Policy Manual Chapter 3, Section B.2.3
Yes

Provide a brief description of how the county has considered the LHJ's CHA/CHIP or strategic plan when preparing its IP
CHA/CHIP has integrated its data into an online dashboard available to the public at HealthyMendocino.org to facilitate needs assessments in Mendocino County. This online dashboard and recent CHIP are available at HealthyMendocino.org. Data from this dashboard informed the Mendocino County Integrated Plan.

Medi-Cal Managed Care Plan (MCP) Community Reinvestment

For related policy information, refer to B.2 Considerations of Other Local Program Planning Processes .

Please list the Managed Care Plans (MCP) the county worked with to inform the MCPs' respective community reinvestment planning and decision-making processes Partnership HealthPlan

Which activities in the MCP Community Reinvestment Plan submissions address needs identified through the Behavioral Health Services Act community planning process and collaboration between the county, MCP, and other stakeholders on the county's Integrated Plan? Mendocino will collaborate with Partnership HealthPlan on MCP Community Reinvestment activities that address identified behavioral health needs.

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Comment Period and Public Hearing

All fields must be completed unless marked as optional. You don't need to finish everything at once–your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress. For related policy information, refer to B.3 Public Comment and Updates to the Integrated Plan .

Comment Period and Public Hearing

For related policy information, refer to B.3 Public Comment and Updates to the Integrated Plan .

Confirm that the data is up to date and reflects the correct information for a Draft Plan

Date the draft Integrated Plan (IP) was released for stakeholder comment 4/1/2026

Date the stakeholder comment period closed 5/1/2026

Date of behavioral health board public hearing on draft IP 4/15/2026

Please provide proof of a public posting with information on the public hearing. Please select the county's preferred submission modality Link

Please provide the link to the public posting Link
to be added.

If the county uses an existing landing page or other web-based location to publicly post IPs for comment, please provide a link to the landing page

File Upload

Please select the process by which the draft plan was circulated to stakeholders
Public posting

Please describe stakeholder input in the table below. Please add each stakeholder group into their own row in the table

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Stakeholder group that provided feedback
To be added after the close of the Public Comment period.

Summarize the substantive revisions recommended this stakeholder during the comment period
To be added after the close of the Public Comment period

Please describe any substantive recommendations made by the local behavioral health board that are not included in the final Integrated Plan or update. If no substantive revisions were recommended by stakeholders during the comment period, please input N/A.

Substantive recommendations
To be added after the close of the Public Comment period.

County Behavioral Health Services Care Continuum

All fields must be completed unless marked as optional. You don't need to finish everything at once–your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress.

County Behavioral Health Services Care Continuum

The Behavioral Health Care Continuum is composed of two distinct frameworks for substance use disorder and mental health services. These frameworks are used for counties to demonstrate planned expenditures across key service categories in their service continuum. Questions on the Behavioral Health Care Continuum are in the Integrated Plan Budget Template.

Mark section as complete

DRAFT

County Provider Monitoring and Oversight

All fields must be completed unless marked as optional. You don't need to finish everything at once– your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress. For related policy information, refer to 6.C.2 Securing Medi-Cal Payment .

Medi-Cal Quality Improvement Plans

Cities submitting their Integrated Plan independently from their counties do not have to complete this section or Question 1 under All BHSA Provider Locations.

For Specialty Mental Health Services (SMHS) or for integrated SMHS/Drug Medi-Cal Organized Delivery System (DMC-ODS) contracts under Behavioral Health Administrative Integration, please upload a copy of the county's current Quality Improvement Plan (QIP) for State Fiscal Year (SFY) 2026-2027
Mendocino BHRS QA Plan FY 2425Final.pdf

Does the county operate a standalone DMC-ODS program (i.e., a DMC-ODS program that is not under an integrated SMHS/DMC-ODS contract)? Yes

For standalone DMC-ODS, please upload a copy of the county's current QIP for SFY 2026-2027
Mendocino BHRS QA Plan FY 2425Final.pdf

Contracted BHSA Provider Locations

As of the date this report is submitted, please provide the total number of contracted Behavioral Health Services Act (BHSA) provider locations offering non-Housing services for SFY 2025-26. I.e., BHSA-funded locations that are (i) not owned or operated by the county, and (ii) offer BHSA services other than Housing Interventions services. (A provider location should be counted if it offers both Housing Interventions and mental health (MH) or substance use disorder services (SUD); provider location that contracts with the county to provide both mental health and substance use disorder services should be counted separately.)

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Services Provided	Number of contracted BHSA provider locations
Mental Health (MH) services only	21
Substance Use Disorder (SUD) services only	00
Both MH and SUD services	00

Among the county's contracted BHSA provider locations, please identify the number of locations that also participate in the county's Medi-Cal Behavioral Health Delivery System (BHDS) (including SMHS and Drug MC/DMC-ODS) for SFY 2025-26

Services Provided	Number of Contracted BHSA Provider Locations
SMHS only	0
DMC/DMC-ODS only	0
Both SMHS and DMC/DMC-ODS systems	9

All BHSA Provider Locations

For related policy information, refer to B.2 Considerations of Other Local Program Planning Processes .

Among the county's BHSA funded SMHS provider locations (county-operated and contracted) that offer services/Levels of Care that may be covered by Medi-Cal MCPs as non-specialty mental health services (NSMHS), what percentage of BHSA funded SMHS providers contract with at least one MCP in the county for the delivery of NSMHS? 50

Please describe the county's plans to enhance rates of MCP contracting starting July 1, 2027, and over the subsequent two years among the BHSA provider locations that are providing services that can/should be reimbursed by Medi-Cal MCPs
Mendocino County has collaborated with MHSA providers the importance of non-supplant and encouraging MHSA providers to enhance additional revenue streams, especially in Medi-Cal billable services. To encourage providers in Mendocino County to contract directly with the locally available Medi-Cal MCP for moderate and mild, we are lending some TA where applicable, letters of support when needed, and ensuring that no BHSA funds are supplanting potentially Medi-Cal billable services.

To maximize resource efficiency, counties must, as of July 1, 2027, require their BHSA providers to (subject to certain exceptions)
a. Check whether an individual seeking services eligible for BHSA funding is enrolled in Medi-Cal and/or a commercial health plan, and if uninsured, refer the individual for eligibility screening
b. Bill the Medi-Cal Behavioral Health Delivery System for covered services for which the provider receives BHSA funding; and
c. Make a good faith effort to seek reimbursement from Medi-Cal Managed Care Plans (MCPs) and commercial health plans for covered services for which the provider receives BHSA funding

Does the county wish to describe implementation challenges or concerns with these requirements?
No

Counties must monitor BHSA-funded providers for compliance with applicable requirements under the Policy Manual, the county's BHSA contract with DHCS, and state law and regulations. Effective SFY 2027-2028, counties must (1) adopt a monitoring schedule that includes periodic site visits and (2) preserve monitoring records, including monitoring reports, county-approved provider Corrective Action Plans (CAPs), and confirmations of CAP resolutions. Counties shall supply these records at any time upon DHCS's request. DHCS encourages counties to adopt the same provider monitoring schedule as under Medi-Cal: annual monitoring with a site visit at least once every three years. For providers that participate in multiple counties' BHSA programs, a county may rely on monitoring performed by another county.
Does the county intend to adopt this recommended monitoring schedule for BHSA-funded providers that:

Also participate in the county's Medi-Cal Behavioral Health Delivery System? (Reminder: Counties may simultaneously monitor for compliance with Medi-Cal and BHSA requirements)
Yes

Do not participate in the county's Medi-Cal Behavioral Health Delivery System? Yes

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Behavioral Health Services Act/Fund Programs

All fields must be completed unless marked as optional. You don't need to finish everything at once– your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress.

Behavioral Health Services and Supports (BHSS)

For related policy information, refer to 7.A.1 Behavioral Health Services and Supports Expenditure Guidelines

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General

Please select the specific Behavioral Health Services and Supports (BHSS) that are included in your plan
Children's System of Care (non-Full Service Partnership (FSP))
Adult and Older Adult System of Care (non-FSP)
Early Intervention Programs (EIP)
Outreach and Engagement (O&E)
Workforce, Education and Training (WET)
Capital Facilities and Technological Needs (CFTN)

Children's System of Care (Non-Full Service Partnership (FSP)) Program

For each program or service of the county's BHSS funded Children's System of Care (non-FSP) program, provide the following information. If the county provides more than on program or service type, use the "Add" button. For related policy information, refer to 7.A.2 Children's, Adult, and Older Adult Systems of Care .

Please select the service types provided under Program
Mental health services
Supportive services

Please describe the specific services provided

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Wellness Centers are currently located in Ukiah and Willits and are open to all 18 and over, including Transition Aged Youth. These centers provide outreach and engagement resources for 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. 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.
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.
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 that are also open to drop in services.

Please provide the projected number of individuals served during the plan period by fiscal year (FY) in the table below

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	<11*
FY 2027 – 2028	<11*
FY 2028 – 2029	<11*

Please describe any data or assumptions your county used to project the number of individuals served through the Children's System of Care
We utilized data from previous years of service for this program.

Adult and Older Adult System of Care (Non-Full Service Partnership (FSP)) Program

For each program or service type that is part of the county's BHSS funded Adult and Older Adult System of Care (Non-FSP) program, provide the following information. If the county provides more than one program or service type, use the "Add" button. For related policy information, refer to 7.A.2 Children's, Adult, and Older Adult Systems of Care

Please select the service types provided under Program
Mental health services
Supportive services

Please describe the specific services provided
Wellness Centers are currently located in Ukiah and Willits. These centers provide outreach and engagement resources for 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.
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.
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.
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 that are also open to drop in services.

Please provide the projected number of individuals served during the plan period by fiscal year (FY) in the table below

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	100
FY 2027 – 2028	100
FY 2028 – 2029	100

Please describe any data or assumptions the county used to project the number of individuals served through the Adult and Older Adult System of Care County utilized previous year's data of attendance.

Adult and Older Adult System of Care (Non-Full Service Partnership (FSP)) Program

For each program or service type that is part of the county's BHSS funded Adult and Older Adult System of Care (Non-FSP) program, provide the following information. If the county provides more

than one program or service type, use the "Add" button. For related policy information, refer to 7.A.2 Children's, Adult, and Older Adult Systems of Care

Please select the service types provided under Program
Mental health services
Supportive services

Please describe the specific services provided
Indigenous Wellness Alliance: This program serves at risk Native Americans who wish to engage in cultural practices as part of their resilience and recovery journey. The program prioritizes Native Americans, but all are welcome to join their services.
Population served: Individuals who identify as Native American and wish to build resilience, emotional strengthening. Individuals who have recently released from Jail, are justice involved, or at risk of justice involvement.
Services Provided: Indigenous Wellness Alliance offers numerous services including anger management groups, parenting wellness groups, mindfulness teachings, crafting as meditation classes, and re-entry services.
Program Goals: To build resilient communities with support and wisdom from elders and community.

Please provide the projected number of individuals served during the plan period by fiscal year (FY) in the table below

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	120
Plan Period by FY	Projected Number of Individuals Served
FY 2027 – 2028	120
FY 2028 – 2029	120

Please describe any data or assumptions the county used to project the number of individuals served through the Adult and Older Adult System of Care Attendance is based on previous year's data.

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Adult and Older Adult System of Care (Non-Full Service Partnership (FSP)) Program

For each program or service type that is part of the county's BHSS funded Adult and Older Adult System of Care (Non-FSP) program, provide the following information. If the county provides more than one program or service type, use the "Add" button. For related policy information, refer to 7.A.2 Children's, Adult, and Older Adult Systems of Care

Please select the service types provided under Program
Mental health services
Substance Use Disorder (SUD) treatment services
Supportive services

Please describe the specific services provided
Dual Diagnosis: 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.
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.
Services Provided: Mental Health and substance use disorder treatment assessment, treatment planning, crisis prevention and intervention, co-occurring disorders group, and individual counseling.
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.

Please provide the projected number of individuals served during the plan period by fiscal year (FY) in the table below

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	180
FY 2027 – 2028	180
FY 2028 – 2029	180

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Please describe any data or assumptions the county used to project the number of individuals served through the Adult and Older Adult System of Care Utilized previous year's data for projection.

Early Intervention (EI) Programs

For each program or service type that is part of the county's overall EI program, provide the following information. County EI programs must include all required components outlined in Policy Manual Chapter 7, Section A.7.3 , but counties may develop multiple programs/interventions to meet all county EI requirements. If the county provides more than one program or service type, use the "Add" button. For related policy information, refer to 7.A.7 Early Intervention Programs .

Program or service name
Juvenile Hall Discharge Planning

Please select which of the three EI components are included as part of the program or service
Treatment Services and Supports: Services that prevent, respond to, or treat a behavioral health crisis or decrease the impacts of suicide

Please indicate if the program or service includes evidence-based practices (EBPs) or community-defined evidence practices (CDEPs) from the biennial list for EI programs
No

Please describe intended outcomes of the program or service
Facilitation of referrals to appropriate mental health and/or co-occurring services coordinated by a Juvenile Hall Discharge Planner, to ensure that individuals with mental health and/or co-occurring issues leaving Juvenile Hall are referred to appropriate behavioral health services.
Population Served: Individuals in 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 20 clients per year. This program will serve Children and TAY
Services Provided: 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.
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 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.

Please indicate if the county identified additional priority uses of BHSS EI funds beyond those listed in the Policy Manual Chapter 7, Section A.7.2
No

Please provide the total projected number of individuals served for EI during the plan period by fiscal year (FY)

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	20
FY 2027 – 2028	22
FY 2028 – 2029	22

Please describe any data or assumptions the county used to project the number of individuals served through EI programs
Previous services delivered through MHSA programs and Justice Involved PATH program planning.

Early Intervention (EI) Programs

For each program or service type that is part of the county's overall EI program, provide the following information. County EI programs must include all required components outlined in Policy Manual Chapter 7, Section A.7.3 , but counties may develop multiple programs/interventions to meet all county EI requirements. If the county provides more than one program or service type, use the "Add" button. For related policy information, refer to 7.A.7 Early Intervention Programs .

Program or service name
Youth Resource Center

Please select which of the three EI components are included as part of the program or service
Access and Linkage: Referrals
Treatment Services and Supports: Services that prevent, respond to, or treat a behavioral health crisis or decrease the impacts of suicide

Please indicate if the program or service includes evidence-based practices (EBPs) or community-defined evidence practices (CDEPs) from the biennial list for EI programs
No

Please describe intended outcomes of the program or service
The 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.
Population Served: Community youth ages 16 -25. This program aims to serve at least 350 youth per year. 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.
Program Goals: Promote independence, improve resiliency and recovery, and to develop healthy relationships and healthy and strong social networks.

Please indicate if the county identified additional priority uses of BHSS EI funds beyond those listed in the Policy Manual Chapter 7, Section A.7.2
No

Please provide the total projected number of individuals served for EI during the plan period by fiscal year (FY)

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	350
FY 2027 – 2028	350
FY 2028 – 2029	350

Please describe any data or assumptions the county used to project the number of individuals served through EI programs County utilized data from previous years of service Early Intervention (EI) Programs

For each program or service type that is part of the county's overall EI program, provide the following information. County EI programs must include all required components outlined in Policy

Manual Chapter 7, Section A.7.3 , but counties may develop multiple programs/interventions to meet all county EI requirements. If the county provides more than one program or service type, use the "Add" button. For related policy information, refer to 7.A.7 Early Intervention Programs .

Program or service name
TAY Wellness and Support

Please select which of the three EI components are included as part of the program or service Outreach
Access and Linkage: Referrals

Please indicate if the program or service includes evidence-based practices (EBPs) or community-defined evidence practices (CDEPs) from the biennial list for EI programs
No

Please describe intended outcomes of the program or service
TAY Wellness prioritizes eligible TAY (16-25), individuals engaged in housing programs through BHSA Housing. TAY Wellness provides support services in a residential services reducing barriers to services and helping clients build the necessary skills for successful independent living.
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 to 48 individuals under the age of 26 with Serious Mental Illness or Serious Emotional Disturbance.
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.
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.

Please indicate if the county identified additional priority uses of BHSS EI funds beyond those listed in the Policy Manual Chapter 7, Section A.7.2
No

Please provide the total projected number of individuals served for EI during the plan period by fiscal year (FY)

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Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	48
FY 2027 – 2028	48
FY 2028 – 2029	48

Please describe any data or assumptions the county used to project the number of individuals served through EI programs
County utilized data from previous years of running program through MHSA.

Early Intervention (EI) Programs

For each program or service type that is part of the county's overall EI program, provide the following information. County EI programs must include all required components outlined in Policy Manual Chapter 7, Section A.7.3 , but counties may develop multiple programs/interventions to meet all county EI requirements. If the county provides more than one program or service type, use the "Add" button. For related policy information, refer to 7.A.7 Early Intervention Programs .

Program or service name
Adolescent SUDT

Please select which of the three EI components are included as part of the program or service
Treatment Services and Supports: Services to address co-occurring mental health and substance use issues

Please indicate if the program or service includes evidence-based practices (EBPs) or community-defined evidence practices (CDEPs) from the biennial list for EI programs
No

Please describe intended outcomes of the program or service
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.

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

Please indicate if the county identified additional priority uses of BHSS EI funds beyond those listed in the Policy Manual Chapter 7, Section A.7.2
No

Please provide the total projected number of individuals served for EI during the plan period by fiscal year (FY)

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	80
FY 2027 – 2028	80
FY 2028 – 2029	80

Please describe any data or assumptions the county used to project the number of individuals served through EI programs
County utilized data from previous years when program was administered through MHSA to gather data on participation.

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Early Intervention (EI) Programs

For each program or service type that is part of the county's overall EI program, provide the following information. County EI programs must include all required components outlined in Policy Manual Chapter 7, Section A.7.3 , but counties may develop multiple programs/interventions to meet all county EI requirements. If the county provides more than one program or service type, use the "Add" button. For related policy information, refer to 7.A.7 Early Intervention Programs .

Program or service name
TAY Peer Development

Please select which of the three EI components are included as part of the program or service Outreach
Access and Linkage: Referrals
Treatment Services and Supports: Services that prevent, respond to, or treat a behavioral health crisis or decrease the impacts of suicide

Please indicate if the program or service includes evidence-based practices (EBPs) or community-defined evidence practices (CDEPs) from the biennial list for EI programs
No

Please describe intended outcomes of the program or service
The TAY Peer Development and Resilience program serves individuals under the age of 26 and the parents of young children who are at risk of homelessness or experiencing housing insecurity. Direct outreach to housing insecure individuals will provide the basis for referral into the system including self-referred, or self-identified housing insecure individuals. This program will also develop Peers to deliver advice and guidance while creating trusted relationships within communities.
Population Served: Up to 24 workshops over a one year period consisting of individuals under 26 as well as parents of young children. These services are provided to referred and self-referred individuals.
Services Provided: Up to 24 workshops over a one year period to help individuals build resilience and gain skills to help drive recovery. Additionally, the workshops will help direct attendees to extend their work into becoming peer guides to help those in need. The advancement to peer guide will be conducted through at least 4 advanced Peer Guide workshops. Additionally, 2 booster workshops will be given through out the year so previous attendees can have a refresher to solidify the skills they have learned and make new connections.

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Program Goals: Alleviate housing insecurity, help build marketable skills for youths under the age of 26, build resilience, and help train participants in how to navigate complex systems such as housing, job searching, and emotional management.

Please indicate if the county identified additional priority uses of BHSS EI funds beyond those listed in the Policy Manual Chapter 7, Section A.7.2
No

Please provide the total projected number of individuals served for EI during the plan period by fiscal year (FY)

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	25
FY 2027 – 2028	25
FY 2028 – 2029	25

Please describe any data or assumptions the county used to project the number of individuals served through EI programs
County is utilizing Community Partner information for projected numbers served.

Early Intervention (EI) Programs

For each program or service type that is part of the county's overall EI program, provide the following information. County EI programs must include all required components outlined in Policy Manual Chapter 7, Section A.7.3 , but counties may develop multiple programs/interventions to meet all county EI requirements. If the county provides more than one program or service type, use the "Add" button. For related policy information, refer to 7.A.7 Early Intervention Programs .

Program or service name
Focused Suicide Prevention

Please select which of the three EI components are included as part of the program or service
Treatment Services and Supports: Services that prevent, respond to, or treat a behavioral health crisis or decrease the impacts of suicide

Please indicate if the program or service includes evidence-based practices (EBPs) or community-defined evidence practices (CDEPs) from the biennial list for EI programs
No

Please describe intended outcomes of the program or service
Mendocino County Suicide Prevention will work to provide support for people who are referred or self-refer to services.
Population Served: Individuals who are members of high-risk for suicide will be invited to self-refer to participate in activities. Residents in Mendocino County have many diverse populations which include several with higher than average risk of suicide, such as LGBTQ+ individuals, Teens, Native peoples, and other underserved populations.
Services Provided: This program supports activities to help connect high risk individuals to services, provide supports for individuals dealing with high risk times (i.e. grief triggers, post partum, recent hospitalization, etc.), and meet clients where they're at.
Program Goals: Reduce deaths by suicide by providing support, education, referrals, and targeted suicide prevention services.

Please indicate if the county identified additional priority uses of BHSS EI funds beyond those listed in the Policy Manual Chapter 7, Section A.7.2
No

Please provide the total projected number of individuals served for EI during the plan period by fiscal year (FY)

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	140
FY 2027 – 2028	140
FY 2028 – 2029	140

Please describe any data or assumptions the county used to project the number of individuals served through EI programs
Previous year's data for focused suicide prevention services.

Early Intervention (EI) Programs

DRAFT

For each program or service type that is part of the county's overall EI program, provide the following information. County EI programs must include all required components outlined in Policy Manual Chapter 7, Section A.7.3 , but counties may develop multiple programs/interventions to meet all county EI requirements. If the county provides more than one program or service type, use the "Add" button. For related policy information, refer to 7.A.7 Early Intervention Programs .

Program or service name
Laytonville Healthy Start

Please select which of the three EI components are included as part of the program or service
Access and Linkage: Screenings
Access and Linkage: Referrals

Please indicate if the program or service includes evidence-based practices (EBPs) or community-defined evidence practices (CDEPs) from the biennial list for EI programs
No

Please describe intended outcomes of the program or service
Laytonville Linkage and Referral by Laytonville Healthy Start (as written could go in under 26?)
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.
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.
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.
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.

Please indicate if the county identified additional priority uses of BHSS EI funds beyond those listed in the Policy Manual Chapter 7, Section A.7.2

No

Please provide the total projected number of individuals served for EI during the plan period by fiscal year (FY)

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	400
FY 2027 – 2028	400
FY 2028 – 2029	400

Please describe any data or assumptions the county used to project the number of individuals served through EI programs
County used previous year's data for projection

Coordinated Specialty Care for First Episode Psychosis (CSC) program

For related policy information, refer to 7.A.7.5.1 Coordinated Specialty Care for First Episode Psychosis .

Please provide the following information on the county's Coordinated Specialty Care for First Episode Psychosis (CSC) program

CSC program name Coordinated
Specialty Care

CSC program description
Coordinated Specialty Care will provide care for individuals and their families as they progress through the transitions in life around a first episode of psychosis. Peer driven services will be utilized to help individuals and families establish networks of supports.

DHCS will provide counties with information to complete the estimated fields for eligible population and practitioners/teams needed for CSC. The estimated numbers of teams/practitioners reflect the numbers needed to reach the entire eligible population (i.e., achieve a 100 percent penetration rate), and DHCS recognizes that counties will generally not be able to reach the entire eligible population. These

projections are not binding and are for planning purposes. In future guidance, DHCS will provide more information on the number of teams counties must implement to demonstrate compliance with BHSA CSC requirements

Please review the total estimated number of individuals who may be eligible for CSC (based on the Service Criteria in the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Evidence Based Practice (EBP) Policy Guide and the Policy Manual Chapter 7, Section A.7.5). Please input the estimates provided to the county in the table below.

CSC Eligible Population	Estimates
Number of Medi-Cal Enrolled Individuals	20
Number of Uninsured Individuals	<11*
CSC Practitioners and Teams Needed	Estimates
Number of Practitioners Needed to Serve Total Eligible Population	1
Number of Teams Needed to Serve Total Eligible Population	1

Taking into account the total eligible population estimates, current and projected workforce capacity, and BHSA funding allocation for BHSS, please provide the total number of teams and Full-Time Equivalents (FTEs) (county and non-county contracted providers) the county behavioral health system plans to utilize (i.e., current and new FTE) to provide CSC over this Integrated Plan period, by fiscal year.

County Actuals	FY 26-27	FY 27-28	FY 28-29

DRAFT

Total Number of Practitioners	1	1	1
Total Number of Teams	1	1	1

Will the county's CSC program be supplemented with other (non-BHSA) funding source(s)?
No

Outreach and Engagement (O&E) Program

For each program or activity that is part of the county's standalone O&E programs provide the following information. If the county provides more than one program or activity, use the "Add" button. For related policy information, refer to 7.A.3 Outreach and Engagement .

Program or activity name
NAMI Mendocino

Please describe the program or activity
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.

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.
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.

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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. Services may be provided in the home, office, phone, or community setting.
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.

Please provide the projected number of individuals served during the plan period by fiscal year (FY) in the table below

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	120
FY 2027 – 2028	120
FY 2028 – 2029	120

Please describe any data or assumptions the county used to project the number of individuals served through O&E programs
County utilized prior year data when program was administered through MHSA

Outreach and Engagement (O&E) Program

For each program or activity that is part of the county's standalone O&E programs provide the following information. If the county provides more than one program or activity, use the "Add" button. For related policy information, refer to 7.A.3 Outreach and Engagement .

Program or activity name
Nuestra Alianza de Willits

Please describe the program or activity

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.
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. 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.
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.

Please provide the projected number of individuals served during the plan period by fiscal year (FY) in the table below

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	200
FY 2027 – 2028	200
FY 2028 – 2029	200

Please describe any data or assumptions the county used to project the number of individuals served through O&E programs
County is utilizing previous year's data for projection.

County Workforce, Education, and Training (WET) Program

As described in the Policy Manual, WET activities should supplement, but not duplicate, funding available through other state-administered workforce initiatives, including the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) workforce initiative administered by the Department of Health Care Access and Information (HCAI). Counties should prioritize available BH-CONNECT and other state-administered workforce programs whenever possible. Responses in this section should address the county's WET program. Other workforce efforts should be addressed in the Workforce Strategy section of the Integrated Plan (IP).

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For each program or activity that is part of the county's overall WET program, provide the following information. If the county provides more than one program or activity type, use the "Add" button. For related policy information, refer to 7.A.4 Workforce Education and Training .

Program or activity name
Staff Education

Please select which of the following categories the activity falls under Workforce
Recruitment, Development, Training, and Retention

Please describe efforts to address disparities in the Behavioral Health workforce.
Additional information regarding diversity of the behavioral health workforce can found in Policy Manual Chapter 7, Section A.4.9
Staff Education and Training is a program that includes the creation of curricula designed to help staff develop and retain useful skills for the workplace. These trainings will include such important work as developing understanding of pertinent regulations, software skills, social skills, develop certain client contact skills (i.e. de-escalation trainings or similar). With the rapid shift in technology, coupled with extensive programmatic overhaul, there is a need to train many staff in new systems, develop new systems, and integrate current systems into functional, dynamic systems with the flexibility to meet our community's needs.

County Workforce, Education, and Training (WET) Program

As described in the Policy Manual, WET activities should supplement, but not duplicate, funding available through other state-administered workforce initiatives, including the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) workforce initiative administered by the Department of Health Care Access and Information (HCAI). Counties should prioritize available BH-CONNECT and other state-administered workforce programs whenever possible. Responses in this section should address the county's WET program. Other workforce efforts should be addressed in the Workforce Strategy section of the Integrated Plan (IP).
For each program or activity that is part of the county's overall WET program, provide the following information. If the county provides more than one program or activity type, use the "Add" button. For related policy information, refer to 7.A.4 Workforce Education and Training .

Program or activity name

Culturally Specific Training for Staff

Please select which of the following categories the activity falls under Workforce
Recruitment, Development, Training, and Retention

Please describe efforts to address disparities in the Behavioral Health workforce.
Additional information regarding diversity of the behavioral health workforce can found in Policy Manual Chapter 7, Section A.4.9
Mendocino County is home to many cultures ranging from 10 Federally recognized tribes to a significant population with Latino heritage. Many of the cultures within Mendocino County have histories including significant government distrust, and in an effort to better serve the population within Mendocino Counties, trainings to increase cultural responsiveness and cultural sensitivity are an important part of providing services to the people of Mendocino County.

Capital Facilities and Technological Needs (CFTN) Program

For each project that is part of the county's CFTN project, provide the following information. If the county provides more than one project, use the "Add" button. Additional information on CFTN policies can be found in Policy Manual Chapter 7, Section A.5 .

Project name
BHRS Wellness Center Remodel

Please select the type of project
Capital facilities project

If capital facilities project, please indicate which of the following categories the project falls under
Acquiring, renovating, or constructing buildings that are or will be county-owned. The building can be owned and operated by a non-profit if the non-profit is providing behavioral health services under contract with the county.

Please indicate if the project involves leasing or renting to own a building
Yes

Please explain why purchase of the building was not possible

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BHRS has an extended lease of half of the building. The building being renovated is a former courthouse and jury space in addition to housing current local law enforcement as well as office space. Behavioral Health and Recovery Services have an extended lease for the courthouse portion of the building, and would have purchased the building, but the local law enforcement group did not wish to sell the whole building. The law enforcement side still functions as a law enforcement center.

Please describe the project
Within the Willits Justice Center, the area previously housing the court activities are in need of a renovation. Additionally the roof requires repair to be compatible with continued client services to allow for clubhouse functions.

Full Service Partnership Program

DHCS will provide counties with information to complete the estimated fields for eligible population and practitioners/teams needed for each EBP. The estimated numbers of teams/practitioners reflect the numbers needed to reach the entire eligible population (i.e., achieve a 100 percent penetration rate), and DHCS recognizes that counties will generally not be able to reach the entire eligible population, in consideration of BHSA funding availability. These projections are not binding and are for planning purposes only. In future guidance, DHCS will provide more information on the number of teams counties must implement to demonstrate compliance with BHSA FSP requirements. For related policy information, refer to 7.B.3 Full Service Partnership Program Requirements and 7.B.4 Full Service Partnership Levels of Care

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Please review the total estimated number of individuals who may be eligible for each of the following Full Service Partnership (FSP) services (consistent with the Service Criteria in the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Evidence-Based
Practice (EBP) Policy Guide , the Policy Manual Chapter 7, Section B , and forthcoming High Fidelity Wraparound (HFW) Medi-Cal Guidance): Assertive Community Treatment (ACT) and Forensic Assertive Community Treatment (FACT), Full Service Partnership (FSP) Intensive Case Management (ICM), HFW and Individual Placement and Support (IPS) Model of Supported Employment). Please input the estimates provided to the county in the table below

Total Adult FSP Eligible Population	Estimates
Number of Medi-Cal Enrolled Individuals	356

Number of Uninsured Individuals	51
Number of Total FSP Eligible Individuals with Some Justice-System Involvement	126

Assertive Community Treatment (ACT) and Forensic Assertive Community Treatment (FACT) Eligible Population

Please input the estimates provided to the county in the table below

ACT Eligible Population	Estimates
Number of Medi-Cal Enrolled Individuals	55
ACT Eligible Population	Estimates
Number of Uninsured Individuals	<11*
FACT Eligible Population (ACT with Justice-System Involvement)	Estimates
Number of Medi-Cal Enrolled Individuals	28
Number of Uninsured Individuals	4
ACT/FACT Practitioners and Teams Needed	Estimates
Number of Practitioners Needed to Serve Total Eligible Population	<11*

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Number of Teams Needed to Serve Total Eligible Population	<11*

Taking into account the total eligible population estimates, current and projected workforce capacity, and BHSA funding allocation for FSP, please provide the total number of teams and Full-Time Equivalents (FTEs) (county and non-county contracted providers) the county behavioral health system plans to utilize (i.e., current and new FTEs) to provide ACT and FACT over this Integrated Plan period, by fiscal year. DHCS will provide further guidance and Technical Assistance (TA) to assist counties with completing these fields.

County Actuals	FY 26-27	FY 27-28	FY 28-29
County Actuals	FY 26-27	FY 27-28	FY 28-29
Total Number of Practitioners	8	8	9
Total Number of Teams	2	2	2

Full Service Partnership (FSP) Intensive Case Management (ICM) Eligible Population

Please input the estimates provided to the county in the table below

FSP ICM Eligible Population	Estimates
Number of Medi-Cal Enrolled Individuals	356
Number of Uninsured Individuals	51
FSP ICM Practitioners and Teams Needed	Estimates

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Number of Practitioners Needed to Serve Total Eligible Population	40
FSP ICM Practitioners and Teams Needed	Estimates
Number of Teams Needed to Serve Total Eligible Population	8

Taking into account the total eligible population estimates, current and projected workforce capacity, and BHSA funding allocation for FSP, please provide the total number of teams and FTEs (county and non-county contracted providers) the county behavioral health system plans to utilize (i.e., current and new FTEs) to provide FSP ICM over this Integrated Plan period, by fiscal year. DHCS will provide further guidance and TA to assist counties with completing these fields.

County Actuals	FY 26-27	FY 27-28	FY 28-29
Total Number of Practitioners	40	41	42
Total Number of Teams	8	8	8

High Fidelity Wraparound (HFW) Eligible Population

Please input the estimates provided to the county in the table below

HFW Eligible Population	Estimates
Number of Medi-Cal Enrolled Individuals	180

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HFW Eligible Population	Estimates
Number of Uninsured Individuals	12
HFW Practitioners and Teams Needed	Estimates
Number of Practitioners Needed to Serve Total Eligible Population	67
Number of Teams Needed to Serve Total Eligible Population	3

Taking into account the total eligible population estimates, current and projected workforce capacity, and BHSA funding allocation for FSP, please provide the total number of teams and FTEs (county and non-county contracted providers) the county behavioral health system plans to utilize (i.e., current and new FTE) to provide HFW over this Integrated Plan period, by fiscal year. DHCS will provide further guidance and TA to assist counties with completing these fields.

County Actuals	FY 26-27	FY 27-28	FY 28-29
Total Number of Practitioners	67	69	72
Total Number of Teams	3	3	4

Individual Placement and Support (IPS) Eligible Population

Please input the estimates provided to the county in the table below

DRAFT

IPS Eligible Population	Estimates
Number of Medi-Cal Enrolled Individuals	474
Number of Uninsured Individuals	68
IPS Practitioners and Teams Needed	Estimates
Number of Practitioners Needed to Serve Total Eligible Population	15
Number of Teams Needed to Serve Total Eligible Population	5

Taking into account the total eligible population estimates, current and projected workforce capacity, and BHSA funding allocation for FSP, please provide the total number of teams and FTEs (county and non-county contracted providers) the county behavioral health system plans to utilize (i.e., current and new FTE) to provide IPS over this Integrated Plan period, by fiscal year.

County Actuals	FY 26-27	FY 27-28	FY 28-29
Total Number of Practitioners	15	15	16
County Actuals	FY 26-27	FY 27-28	FY 28-29
Total Number of Teams	5	5	5

DRAFT

Full Service Partnership (FSP) Program Overview

Please provide the following information about the county's BHSA FSP program

Will any of the estimated number of practitioners the county plans to utilize (provided above) be responsible for providing more than one EBP? Yes

Please describe how the estimated practitioners will provide more than one EBP
As a small population with extensive, isolating geography, it will be cost effective to have a single practitioner travel to remote locations where the EBP needs might be diverse but in small numbers. As with many counties of similar population and geographic challenges, many of our practitioners have had to learn to be "Jack of All Trade" style practitioner to fulfill these requirements.

Please describe how the county is employing a whole-person, trauma-informed approach, in partnership with families or an individual's natural supports
Mendocino County has always practiced a whole-person, trauma-informed approach in Full Service Partnership. In Mendocino County, the emphasis on this program is Partnership. The services utilized are not effective if the client is not willing and engaged. Full Service Partnership is a partnership first and a methodology second which allows the client to have agency in their treatment to help increase engagement.

Please describe the county's efforts to reduce disparities among FSP participants
Mendocino County utilizes a multipronged system to help direct people to Full Service Partnership when engaging in the system, taking referrals from programs designed for underrepresented groups, and conducting specific outreach into underserved communities. Additionally, eligibility criteria for the identified underserved groups is present in initial intake screening to make sure that underrepresented community members are prioritized.

Select which goals the county is hoping to support based on the county's allocation of FSP funding
Homelessness
Institutionalization
Justice involvement
Removal of children from home
Untreated behavioral health conditions
Overdoses

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Prevention of co-occurring physical health conditions
Suicides
Social connection
Access to care

Please describe what actions or activities the county behavioral health system is doing to provide ongoing engagement services to individuals receiving FSP ICM
Mendocino County behavioral health system will engage in the following activities and strategies for individuals receiving FSP ICM services:
* Utilize frequent contact through customized, client driven care.
* Maintain staffing levels to ensure low client to staff ratios
* Communication strategies will be customized to best fit client need and care while maintaining contactand continuing engagement
* Encourage community based and recovery oriented activities such as utilizing peer services andclubhouses/wellness centers

Ongoing engagement services is a required component of ACT, FACT, IPS, and HFW.
Please describe any ongoing engagement services the county behavioral health system will provide beyond what is required of the EBP N/A

Please describe how the county will comply with the required FSP levels of care (e.g., transition FSP ICM teams to ACT, stand up new ACT teams and/or stand up new FSP ICM teams, etc.)
Mendocino County will comply with required FSP levels of care through the following measures:
* Transitioning existing Jail In-reach/Justice involved teams to FACT
* Adding teams to current Assertive Community Treatment teams to meet the increasing need
* Increasing training to ensure all EBPs are represented with certified teams
* Continue utilizing SMHS and collaborate with community based organizations
* Targeted workforce recruitment to increase provider numbers

Please indicate whether the county FSP program will include any of the following optional and allowable services N/A

Primary substance use disorder (SUD) FSPs No

Outreach activities related to enrolling individuals living with significant behavioral health needs in an FSP (activities that fall under assertive field-based initiation of substance use disorder treatment services will be captured separately in the next section)
Yes

Please describe the outreach activities the county will engage in to enroll individuals living with significant behavioral health needs into the county's FSP program
Mendocino County utilizes many outreach programs to engage clients to enroll in Full Service Partnership. The outreach programs include but are not limited to:
Clubhouses
Crisis Services
Mobile Outpatient Services

Other recovery-oriented services No

If there are other services not described above that the county FSP program will include, please list them here. For team-based services, please include number of teams. If no additional FSP services, use "N/A"
Mendocino County has three other FSP program types that are not captured in the previous FSP questions as follows:
Mendocino Coast Hospitality Center Clubhouse model. This program will utilize the Clubhouse model wellness center and combine it with Full Service Partnership to help clients navigate community resources, take agency in their support and recovery, as well as housing navigation and support, and work readiness programs.
Mobile Outpatient Services (MOPS) is a program with field based services that will help provide targeted outreach, service delivery, and referral services.
General Full Service Partnership programs: these programs do not follow specific EBPs and offer clients the ability to choose their aspects of EBPs that align with their recovery needs.

What actions or activities did the county behavioral health system engage in to consider the unique needs of eligible children and youth in the development of the county's FSP program (e.g., review data, engage with stakeholders, analyze research, etc.) who are:

In, or at-risk of being in, the juvenile justice system
Mendocino County partners with the juvenile justice system to provide services and has utilized the service delivery relationship to consider youth in or at risk of being in the justice system when considering FSP programs.

Lesbian, Gay, Bisexual, Transgender, Queer, Plus (LGBTQ+)
Mendocino County continues to work with the LGBTQ+ community to ensure that our programs are as diverse as our populations. Mendocino County holds trainings to help reach this community, and employs members of this community within program decision making positions to ensure seamless inclusion.

In the child welfare system
Mendocino County behavioral health systems of care collaborate with Family and Children Services department to be sure consideration of the challenges face by children in the welfare system are considered and accounted for.

What actions or activities did the county behavioral health system engage in to consider the unique needs of eligible adults in the development of the county's FSP (e.g., review data, engage with stakeholders, analyze research, etc.) who are

Older adults
Mendocino County behavioral health system collaborates with Social Services Adult and Aging Services unit as well as conducting outreach into the Older Adult community.

Lesbian, Gay, Bisexual, Transgender, Queer, Plus (LGBTQ+)
Mendocino County continues to work with the LGBTQ+ community to ensure that our programs are as diverse as our populations. Mendocino County holds trainings to help reach this community, and employs members of this community within program decision making positions to ensure seamless inclusion.

In, or are at risk of being in, the justice system
Mendocino County works within the justice system to provide services to this population, and regularly works with Law Enforcement and the local Jail.

Assertive Field-Based Substance Use Disorder (SUD) Questions

For related policy information, refer to 7.B.6 Assertive Field-Based Initiation for Substance Use Disorder Treatment Services

Please describe the county behavioral health system's approach and timeline(s) to support and implement assertive field-based initiation for SUD treatment services program requirements by listing the existing and new programs (as applicable) that the county will leverage to support the assertive field-based SUD program requirements and provide the current funding source, BHSA service expansion, and the expected timeline for meeting programmatic requirements to expand existing programs and/or stand up new initiatives before July 1, 2029. Counties should include programs not funded directly or exclusively by BHSA dollars. Additional information regarding assertive field-based initiation for SUD treatment services can be found in the BHSA Policy Manual Chapter 7, Section B.6.

Existing Programs for Assertive Field-Based SUD Treatment Services Targeted outreach

Existing programs
Mendocino County utilizes Mobile Outpatient Services and Mobile Crisis Services to conduct outreach for Assertive Field-Based SUDT. These programs operate on a referral basis (including self refer).

Program descriptions
Mobile Outpatient Services and Mobile Crisis Services go into the field to help clients in home and community based settings. These services include triage, outreach, and referral.

Current funding source
BHSA

BHSA changes to existing programs to meet BHSA requirements No changes are planned at this time.
Expected timeline of operation
The open-access clinic is a current program that is ongoing. It is expected to continue through the timeframe of this Integrated Plan.

Mobile-field based programs

Existing programs
Mendocino County utilizes Mobile Outpatient Services and Mobile Crisis Services to conduct outreach for Assertive Field-Based SUDT. These programs operate on a referral basis (including self refer).

Program descriptions
Mobile Outpatient Services and Mobile Crisis Services go into the field to help clients in home and community based settings. These services include triage, outreach, and referral.

Current funding source
BHSA, SMHS, DMC-ODS reimbursements

BHSA changes to existing programs to meet BHSA requirements
No changes are planned at this time as the need of clients for field based services are covered through the current program.

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Expected timeline of operation
The mobile field based program is a current program that is ongoing. It is expected to continue through the timeframe of this Integrated Plan.

Open-access clinics

Existing programs
The existing Open-Access clinic operates at all county offered SUD services locations. Each location utilizes an Officer of the Day style service to assess and refer clients to services for rapid access.

Program descriptions
For Open-Access clinics, Mendocino County utilizes a local-based attending supervisor/manager to assesses, conduct triage and refer to direct immediate services. Mendocino County SUD services assess and refers to local community based provider, hospitals, and other clinical services.

Current funding source
Funding for the open-access clinic is through BHSA, SMHS, and DMC-ODS reimbursement.

BHSA changes to existing programs to meet BHSA requirements No
changes planned with transition to BHSA.

Expected timeline of operation
The open-access clinic is a current program that is ongoing. It is expected to continue through the timeframe of this Integrated Plan.

New Programs for Assertive Field-Based SUD Treatment Services Targeted outreach

New programs There are no new programs planned at this time as needs are currently met through the current program.

Program descriptions N/A

Planned funding N/A

Planned operations
N/A

DRAFT

Expected timeline of implementation N/A

Mobile-field based programs

New programs
There are no new programs planned at this time as needs are currently met through the current program.

Program descriptions N/A

Planned funding N/A

Planned operations
N/A

Expected timeline of implementation N/A

Open-access clinics

New programs There are no new programs planned at this time as needs are currently met through the current program.

Program descriptions N/A

Planned funding N/A

Planned operations
N/A

Expected timeline of implementation
N/A

Medications for Addiction Treatment (MAT) Details
Please describe the county's approach to enabling access to same-day medications for addiction treatment (MAT) to meet the estimated population needs before July 1, 2029.

Describe how the county will assess the gap between current county MAT resources

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(including programs and providers) and MAT resources that can meet estimated needs
Mendocino County will assess the gap between current county MAT resources and MAT resources needed to meet the needs by continuing to partner with Justice Systems, Community Based Providers of MAT, and Crisis Interventions and needs assessments. At this time, Mendocino County has not observed difficulties with meeting the MAT needs in county.

Select the following practices the county will implement to ensure same day access to
MAT Contract directly with MAT providers in the
County

What forms of MAT will the county provide utilizing the strategies selected above?
Methadone
Buprenorphine
Naltrexone

Housing Interventions

Planning

For related policy information, refer to 7.C.3 Program priorities and 7.C.4 Eligible and priority populations

System Gaps

Please identify the biggest gaps facing individuals experiencing homelessness and at risk of homelessness with a behavioral health condition who are Behavioral Health Services Act (BHSA) eligible in the county. Please use the following definitions to inform your response: No gap – resources and connectivity available; Small gap – some resources available but limited connectivity; Medium gap – minimal resources and limited connectivity available; Large gap – limited or no resources and connectivity available; Not applicable – county does not have setting and does not consider there to be a gap. Counties should refer to their local Continuum of Care (CoC) Housing Inventory Count (HIC) to inform responses to this question.

Supportive housing
Small gap

Apartments, including master-lease apartments Small
gap

Single and multi-family homes
Large gap

Housing in mobile home communities Medium
gap

(Permanent) Single room occupancy units Medium
gap

(Interim) Single room occupancy units Large
gap

Accessory dwelling units, including junior accessory dwelling units Not
applicable

(Permanent) Tiny homes
Large gap

Shared housing
Medium gap

(Permanent) Recovery/sober living housing, including recovery-oriented housing Large gap

(Interim) Recovery/sober living housing, including recovery-oriented housing Medium gap

Assisted living facilities (adult residential facilities, residential facilities for the elderly, and
licensed board and care)
Large gap

License-exempt room and board
Large gap

Hotel and Motel stays
Medium gap

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Non-congregate interim housing models Medium
gap

Congregate settings that have only a small number of individuals per room and sufficient common space (does not include behavioral health residential treatment settings) Medium
gap

Recuperative Care
Medium gap

Short-Term Post-Hospitalization housing Medium
gap

(Interim) Tiny homes, emergency sleeping cabins, emergency stabilization units
Large gap

Peer Respite
Large gap

Permanent rental subsidies Medium
gap

Housing supportive services
Medium gap

What additional non-BHSA resources (e.g., county partnerships, vouchers, data sharing agreements) or funding sources will the county behavioral health system utilize (local, state, and federal) to expand supply and/or increase access to housing for BHSA eligible individuals ? Mendocino County will utilize cross system linkage to help increase access to housing for BHSA eligible individuals. This will be accomplished through partnering with local housing authority, utilizing Transitional Rent benefits, AB109, and possibly grant funding if available.

How will BHSA Housing Interventions intersect with those other resources and supports to strengthen or expand the continuum of housing supports available to BHSA eligible individuals? Mendocino County BHSA Housing interventions intersect with other housing through direct linkages to Transitional Rent, AB109, and through Full Service Partnership. Additional access through BHSA programs such as Jail

Discharge planning and Inreach, as well as internal referrals and linkages from other programs, such as LPS stepdown.

What is the county behavioral health system's overall strategy to promote permanent housing placement and retention for individuals receiving BHSA Housing Interventions?
Mendocino County has utilized Bridge Housing funds to direct individuals through the coordinated entry to housing in Mendocino. This has allowed for us to be partners with our local shelter. This allows us to help BHSA eligible individuals through the housing system making sure individuals are stabilized within their housing setting as they progress through our systems of care. In addition, we have implemented supported housing programs to help facilitate Wrap Around services to those who have additional challenges and needs once housed. Mendocino County also utilizes Mobile Outpatient Services to help meet clients where they are.

What actions or activities is the county behavioral health system engaging in to connect BHSA eligible individuals to and support permanent supportive housing (PSH) (e.g., rental subsidies for individuals residing in PSH projects, operating subsidies for PSH projects, providing supportive services to individuals in other permanent housing settings, capital development funding for PSH)?
Mendocino County utilizes rental subsidies, linkages, supported housing projects, multilevel housing (i.e. crisis stabilization through independent apartment). In addition, Mendocino County utilizes partnerships and MOUs with local housing development, law enforcement, and local governments.

Please describe how the county behavioral health system will ensure all Housing Interventions settings provide access to clinical and supportive behavioral health care and housing services
Previous Housing Intervention settings in Mendocino County have included Permanent supportive Housing through our Specialty Mental Health providers. This arrangement is likely to continue. In areas where permanent housing is mixed use housing, Specialty Mental Health Providers make site visits, and offer supportive housing services to help maintain housing and clinical support.

Eligible Populations

Please describe how the county behavioral health system will identify, screen, and refer individuals eligible for BHSA Housing Interventions
The county will continue to utilize the Coordinated entry system for collecting and organizing those who are seeking housing through BHSA. Prioritization will go towards those who are at the highest risk for higher levels of care (i.e. recently stepped down from LPS, at risk of being conserved, at risk of extended stays at acute psychiatric facilities, those at risk of hospitalization, those at risk of destabilization as a secondary result of homelessness or becoming homeless).

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Will the county behavioral health system provide BHSA-funded Housing Interventions to individuals living with a substance use disorder (SUD) only ? Yes

What actions or activities did the county behavioral health system engage in to consider the unique needs of eligible children and youth in the development of the county's Housing Interventions services (e.g., review data, engage with stakeholders, analyze research, etc.) who are:

In, or at-risk of being in, the juvenile justice system
Mendocino County Behavioral Health coordinates with the Probation department to address concerns for at risk juveniles with justice involvement.

Lesbian, Gay, Bisexual, Transgender, Queer, Plus (LGBTQ+)
We utilize equal rights housing developments with a strong commitment to non-discrimination policies. We are currently developing a program to use of interim shelter vouchers for interim hotel stays for individuals with unique needs regarding gender sensitive issues such as not feeling comfortable within the gender binary of a shelter, or the high risk of violence against some member of the LGBTQ+ community.

In the child welfare system
Mendocino County Behavioral Health coordinates with Family and Children Services through the Social Services department to address the needs of youth at risk of detention.

What actions or activities did the county behavioral health system engage in to consider the unique needs of eligible adults in the development of the county's Housing Interventions services (e.g., review data, engage with stakeholders, analyze research, etc.) who are

Older adults
Mendocino County MHSA conducts surveys, holds stakeholder meetings, and conducts outreach into the community. To target Older adults, Mendocino County MHSA attends events which have historically had good attendance by older adults.

In, or are at risk of being in, the justice system
Mendocino MHSA has operated a Jail discharge planner program with in-reach into the Jail and Juvenile Hall. This program has been instrumental in working with the justice involved population and allowed for outreach to those who are justice involved and utilizing MHSA services.

In underserved communities

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Mendocino MHSA services have supported service delivery programs created by and for underserved populations in Mendocino County. These programs include services provided to the Spanish speaking community and several tribal programs that focus on culture as prevention.

Local Housing System Engagement

How will the county behavioral health system coordinate with the Continuum of Care (CoC) and receive referrals for Housing Interventions services?
Mendocino County is working in partnership with the Continuum of Care for Housing. A Community Based Partner is in charge of entry into the coordinated entry system that is in turn vetted by BHSA staff for some housing, or a community based provider for in house programs.

Please describe the county behavioral health system's approach to collaborating with the local CoC, Public Housing Agencies, Medi-Cal managed care plans (MCPs), Enhanced Care Management (ECM) and Community Supports providers, as well as other housing partners, including existing and prospective PSH developers and providers in your community in the implementation of the county's Housing Interventions

Local CoC
Mendocino BH participates in Coordinated Entry and local housing committee. Our work includes training BHRS staff on Coordinated entry systems to help protect client privacy when determining eligibility for programs linked to behavioral health dollars.

Public Housing Agency
The Public Housing Agency attends the same meeting.

MCPs
Mendocino County is currently developing contracts with our MCP to be a Transitional Rent Provider.

ECM and Community Supports Providers
Mendocino County BHSA staff have contracts with ECM providers and have active MOUs.

Other (e.g., CalWORKS/TANF housing programs, child welfare housing programs, PSH developers and providers, etc.)
NA

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How will the county behavioral health system work with Homekey+ and supportive housing sites to provide services, funding, and referrals that support and house BHSA eligible individuals?
Integration with Homekey+ services is a seamless process in Mendocino County due to to the systems of care being closely knit together. The provider of services collaborate with BHSA and county behavioral health systems regularly for other programs, and supportive housing is already a service provided through MHSA. In addition to previous systems of care, Mendocino County is expanding housing navigation through our wellness centers as they transition to Clubhouse model. Supportive housing services are already utilized in locations with behavioral health funded beds, providing a model for continued services and expansion.

Did the county behavioral health system receive Homeless Housing Assistance and Prevention Grant Program (HHAP) Round 6 funding? No

BHSA Housing Interventions Implementation

The following questions are specific to BHSA Housing Interventions funding (no action needed). For more information, please see 7.C.9 Allowable expenditures and related requirements

Rental Subsidies (Chapter 7. Section C.9.1)
The intent of Housing Interventions is to provide rental subsidies in permanent settings to eligible individuals for as long as needed, or until the individual can be transitioned to an alternative permanent housing situation or rental subsidy source. (no action needed)

Is the county providing this intervention?
Yes

Is the county providing this intervention to chronically homeless individuals?
Yes

How many individuals does the county behavioral health system expect to serve with rental subsidies under BHSA Housing Interventions on an annual basis?
Mendocino County BHSA anticipates serving up to 150 individuals through rental subsidies under BHSA Housing Interventions

How many of these individuals will receive rental subsidies for permanent housing on an annual basis? 80

How many of these individuals will receive rental subsidies for interim housing on an annual basis? 90

What is the county's methodology for estimating total rental subsidies and total number of individuals served in interim and permanent settings on an annual basis?
Mendocino currently provides housing through Full Service Partnership Programs. Some of the housing is currently wrapped into the cost of the program rather than being supported separately as will be the case through BHSA.

For which setting types will the county provide rental subsidies?
Non-Time-Limited Permanent Settings: Supportive housing
Non-Time-Limited Permanent Settings: Apartments, including master-lease apartments
Non-Time-Limited Permanent Settings: Single and multi-family homes
Non-Time-Limited Permanent Settings: Housing in mobile home communities
Non-Time-Limited Permanent Settings: Shared housing
Non-Time-Limited Permanent Settings: Recovery/Sober Living housing, including recovery-oriented housing
Time Limited Interim Settings: Hotel and motel stays
Non-Time-Limited Permanent Settings: Assisted living (adult residential facilities, residential facilities for the elderly, and licensed board and care)
Non-Time-Limited Permanent Settings: Other settings identified under the Transitional Rent benefit
Non-Time-Limited Permanent Settings: License-exempt room and board
Time Limited Interim Settings: Non-congregate interim housing models

Time Limited Interim Settings: Recuperative Care
Time Limited Interim Settings: Short-Term Post-Hospitalization housing
Time Limited Interim Settings: Other settings identified under the Transitional Rent benefit

Will this Housing Intervention accommodate family housing? Yes

Please provide a brief description of the intervention, including specific uses of BHSA Housing Interventions funding
The following BHSA Housing interventions planned include but are not limited to the following:
Rental Subsidies: rental subsidies are currently provided to MHSA full service partnership recipients on a needs based eligibility.
Crisis Residential Treatment: CRT stays are not currently funded through BHSA as it would supplant Medi-Cal, but have received supports, supportive housing needs, essentials, and services through BHSA as well as outreach and housing navigation.

Transitional Housing: BHSA transitional housing is designed to support clients by providing stable housing, immediate access to services, linkage to SMHS, and housing readiness preparation. Transitional housing is utilized for high needs individuals who are stepping up in care or stepping down in care, i.e. stepping down from LPS conservatorship.
Permanent Supportive Housing: a number of locations provide permanent supportive housing in the BHSA model of care. These settings provide housing, peer support, and access to services. Some permanent supportive housing is offered through Full Service Partnership and requires engagement to enter services but clients may graduate out of FSP and remain housed.

Will the county behavioral health system provide rental assistance through project-based (tied to a particular unit) or tenant-based (tied to the individual) subsidies?
Project-based Tenant-based

How will the county behavioral health system identify a portfolio of available units for placing BHSA eligible individuals, including in collaboration with other county partners and as applicable, Flex Pools (e.g., Master Leasing)? Please include partnerships and collaborative efforts your county behavioral health system will engage in
Mendocino County behavioral health portfolio of available housing includes, but is not strictly limited to the following:
* Units owned and maintained by RCHDC with a MOU in place for placing clients
* Units owned and operated by Community Based Organizations including Redwood Community Servicesand Mendocino Coast Hospitality Center

* Units owned privately are currently being developed

Total number of units funded with BHSA Housing Interventions per year 80

Please provide additional details to explain if the county is funding rental subsidies with BHSA Housing Interventions that are not tied to a specific number of units Not at this time.

Operating Subsidies (Chapter 7, Section C.9.2)

Is the county providing this intervention? Yes

Is the county providing this intervention to chronically homeless individuals?
Yes

Anticipated number of individuals served per year 350

Please provide a brief description of the intervention, including specific uses of BHSA Housing Interventions funding
Operating subsidies are generally utilized to ensure relationships between housing and clients. These funds are typically utilized for expenditures that occur in a housed setting that are not covered through normal maintenance, wear and tear and general upkeep. In the past, these funds have been utilized to repair apartments, such as broken glass, damaged wallboard, and replacement of provided furniture.

For which setting types will the county provide operating subsidies?
Non-Time-Limited Permanent Settings: Supportive housing
Non-Time-Limited Permanent Settings: Apartments, including master-lease apartments
Non-Time-Limited Permanent Settings: Single and multi-family homes
Non-Time-Limited Permanent Settings: Shared housing
Non-Time-Limited Permanent Settings: Single room occupancy units
Non-Time-Limited Permanent Settings: License-exempt room and board
Time Limited Interim Settings: Hotel and motel stays
Time Limited Interim Settings: Congregate settings that have only a small number of individuals per room and sufficient common space (not larger dormitory sleeping halls)[134] (does not include behavioral health residential treatment settings)

Will this be a scattered site initiative?
No

Will this Housing Intervention accommodate family housing? Yes

Total number of units funded with BHSA Housing Interventions per year 80

Please provide additional details to explain if the county is funding operating subsidies with BHSA Housing Interventions that are not tied to a specific number of units N/A

Landlord Outreach and Mitigation Funds (Chapter 7, Section C.9.4.1)

Is the county providing this intervention? Yes

Is the county providing this intervention to chronically homeless individuals?
Yes

DRAFT

Anticipated number of individuals served per year 000

Please provide a brief description of the intervention, including specific uses of BHSA Housing Interventions funding
This service is currently in development and more details will be available as Mendocino County progresses with landlord recruitment.

Total number of units funded with BHSA Housing Interventions per year 000

Please provide additional details to explain if the county is providing landlord outreach and mitigation funds with BHSA Housing Interventions that are not tied to a specific number of units
None at this time.

Participant Assistance Funds (Chapter 7, Section C.9.4.2)

Is the county providing this intervention? Yes

Is the county providing this intervention to chronically homeless individuals?
Yes

Anticipated number of individuals served per year 350

Please provide a brief description of the intervention, including specific uses of BHSA Housing Interventions funding
Mendocino County utilizes Whatever It Takes funds to help house and maintain housing. This funding has included supplemental necessities such as cleaning supplies, housing goods, and other items necessary for independent living that are not readily available through other programs.

Housing Transition Navigation Services and Tenancy Sustaining Services (Chapter 7, Section C.9.4.3)
Pursuant to Welfare and Institutions (W&I) Code section 5830, subdivision (c)(2) , BHSA Housing Interventions may not be used for housing services covered by Medi-Cal MCP. Please select Yes only if the county is providing these services to individuals who are not eligible to receive the services through their Medi-Cal MCP (no action needed)

Is the county providing this intervention?
No

Please explain why the county is not providing this intervention
Mendocino County only serves individuals who are eligible to Medi-Cal or presumptively eligible to Medi-Cal.

Housing Interventions Outreach and Engagement (Chapter 7, Section C.9.4.4)

Is the county providing this intervention?
Yes

Is the county providing this intervention to chronically homeless individuals?
Yes

Anticipated number of individuals served per year 50

Please provide a brief description of the intervention, including specific uses of BHSA Housing Interventions funding
Housing outreach and engagement funds will be utilized in conjunction with existing outreach programs that have built rapport with the Homeless community and have the best chance of reaching our currently homeless community as trusted sources.

Capital Development Projects (Chapter 7, Section C.10)

Counties may spend up to 25 percent of BHSA Housing Interventions on capital development projects. Will the county behavioral health system use BHSA Housing Interventions for capital development projects?
No

Please explain why the county is not providing this intervention
As a small county there are many, numerous hurdles to providing funding for capital development projects, but for Mendocino County, the biggest encumbrance to this is the cost of housing. Additionally, local governing agencies are not currently aligned with county owned development.

Other Housing Interventions

If the county is providing another type of Housing Interventions not listed above, please describe the intervention N/A

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Is the county providing this intervention to chronically homeless individuals?
No

Anticipated number of individuals served per year 000
Continuation of Existing Housing Programs

Please describe if any BHSA Housing Interventions funding will be used to support the continuation of housing programs that are ending (e.g., Behavioral Health Bridge housing) Yes, Mendocino County intends to utilize some BHSA Housing funds to help with housing navigation that was previously funded through Behavioral Health Bridge housing to provide a seamless transition between the two funding sources. Additionally, we will be adding housing readiness and outreach into some of our peer based BHSS programs. In Mendocino County, we expect the transition from BHBH to BHSA Housing and BHSS programs be nearly invisible to clients who receive these services.

Relationship to Housing Services Funded by Medi-Cal Managed Care Plans

For more information, please see 7.C.7 Relationship to Medi-Cal Funded Housing Services

Which of the following housing-related Community Supports is the county behavioral health system an MCP-contracted provider of? Transitional Rent

For which of the following services does the county behavioral health system plan to become an MCP-contracted provider of?

Housing Transition Navigation Services Undecided

Housing Deposits
Undecided

Housing Tenancy and Sustaining Services Undecided

Short-Term Post-Hospitalization Housing
Undecided

Recuperative Care Undecided

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Day Habilitation Undecided

Transitional Rent
Yes

When does the county behavioral health system plan to become an MCP-contracted provider? 1/1/2026

How will the county behavioral health system identify, confirm eligibility, and refer Medi-Cal members to housing-related Community Supports covered by MCPs (including Transitional Rent)?
Mendocino County intends to utilize the current referral system.

Please describe coordination efforts and ongoing processes to ensure the county behavioral health contracted provider network for Housing Interventions is known and shared with MCPs serving your county
We have been in contact with our MCP through the development of Transitional Rent. A contract is in development.

Does the county behavioral health system track which of its contracted housing providers are also contracted by MCPs for housing-related Community Supports (provided in questions #1 and #2 above)? No

What processes does the county behavioral health system have in place to ensure Medi-Cal members living with significant behavioral health conditions do not experience gaps in service once any of the MCP housing services are exhausted, to the extent resources are available? We are currently developing contracts to ensure no gaps of service exist. Current referral processes include linkage to services designed to bridge any gaps that might exist through programs such as Full Service Partnership, Enhanced Case Management, and Wrap Around.

Flexible Housing Subsidy Pools

Flexible Housing Subsidy Pools ("Flex Pools") are an effective model to streamline and simplify administering rental assistance and related housing supports. DHCS released the Flex Pools TA Resource Guide that describes this model in more detail linked here: Flexible Housing Subsidy Pools Technical Assistance Resource . Please reference the TA Resource Guide for descriptions of the Flex Pool model and roles referenced below including the Lead Entity, Operator, and Funder.

For related policy information, refer to 7.C.8 Flexible Housing Subsidy Pools .

Is there an operating Flex Pool (or elements of a Flex Pool, which includes (1) coordinating and braiding funding streams, (2) serving as a fiscal intermediary, (3) identifying, securing, and supporting a portfolio of units for participants, and/or (4) coordinating with providers of housing supportive services) in the county (please refer to DHCS' Flex Pools TA Resource Guide)?
No

Is the county behavioral health system involved in planning efforts to launch a Flex Pool in the county?
No

Please describe any other roles and functions the county behavioral health system plans to take to support the operations or launch and scaling of a Flex Pool in addition to those described above
Mendocino County does not have plans at this time.

Behavioral Health Services Fund: Innovative Behavioral Health Pilot and Projects

For each innovative program or pilot provide the following information. If the county provides more than one program, use the "Add additional program" button. For related policy information, refer to 7.A.6 Innovative Behavioral Health Pilots and Projects .

Does the county's plan include the development of innovative programs or pilots?
Yes

Program

What Behavioral Health Services Act (BHSA) component will fund the innovative program?
Behavioral Health Services and Supports

Please describe how the innovative program or pilot will help build the evidence base for the effectiveness of new statewide strategies

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This Native warm line is a mental health warm line tailored to the needs of the Native American communities in Mendocino County. Upon successful implementation, the project could be duplicated and/or expand to other counties and Tribal communities.
Pinoleville Pomo Nation will utilize its demonstrated strength of providing services and connecting people to resources to develop and facilitate the warm line. Peer-level operators from within Mendocino County will be trained to answer calls for assistance, ultimately reducing hospitalization and forced treatment as a cost effective and non-intrusive, voluntary intervention.
Outreach encouraging utilization of the warm line will be distributed broadly within Mendocino County. Callers experiencing life struggles will be greeted by a live person who will listen to the caller, offer trained support, and referrals or other supportive resources.

Please describe intended outcomes of the project
The Native warmline will contribute to the expansion of knowledge around effective practices in peer run warmlines specific to Native Americans that can be replicated by other rural Native American communities.

Workforce Strategy

All fields must be completed unless marked as optional. You don't need to finish everything at once–your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress. For more information on this section, please see 6.C.2 Securing Medi-Cal Payment.

Maintain an Adequate Network of Qualified and Culturally Responsive Providers

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The county must ensure its county-operated and county-contracted behavioral health workforce is well-supported and culturally and linguistically responsive with the population to be served. Through existing Medi-Cal oversight processes, the Department of Health Care Services (DHCS) will assess whether the county:

Maintains and monitors a network of providers that is sufficient to provide adequate access to services and supports for individuals with behavioral health needs; and

Meets federal and state standards for timely access to care and services, considering the urgency of the need for services.

The county must ensure that Behavioral Health Services Act (BHSA)-funded providers are qualified to deliver services, comply with nondiscrimination requirements, and deliver services in a culturally competent manner. Effective FY 2027-2028, DHCS encourages counties to require their BHSA providers to comply with the same standards as Medi-Cal providers in these areas (i.e. requiring the same standards regardless of whether a given service is reimbursed under BHSA or Medi-Cal), as described in the Policy Manual.

Does the county intend to adopt this recommended approach for BHSA-funded providers that also participate in the county's Medi-Cal Behavioral Health Delivery System? Yes
Does the county intend to adopt this recommended approach for BHSA-funded providers that do not participate in the county's Medi-Cal Behavioral Health Delivery System?
Yes

Build Workforce to Address Statewide Behavioral Health Goals

For related policy information, refer to 3.A.2 Contents of Integrated Plan and 7.A.4 Workforce Education and Training

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Assess Workforce Gaps

What is the overall vacancy rate for permanent clinical/direct service behavioral health positions in the county (including county-operated providers)? 18

Upload any data source(s) used to determine vacancy rate

For county behavioral health (including county-operated providers), please select the five positions with the greatest vacancy rates
Psychiatrist
Mental Health Rehabilitation Specialist
Licensed Clinical Social Worker
Registered nurse
Licensed Marriage and Family Therapist

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Please describe any other key workforce gaps in the county
Mendocino County is a geographically large county with a high cost of living. This factor greatly impacts the county's ability to attract qualified, licensed candidates. These factors lead to workforce shortages in all areas, including but not limited to: medical, construction, agriculture, retail, information technology services, and communications.

How does the county expect workforce needs to shift over the next three fiscal years given new and forthcoming requirements, including implementation of new evidence-based practices under Behavioral Health Transformation (BHT) and Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT)?
Mendocino County has partnered with local education programs to provide internship opportunities. Our hope is to demonstrate a pathway to a career in Mendocino County that provides stability and job security. It is our hope that these new opportunities will help fill the gaps created by implementing new evidence-based practices.

Address Workforce Gaps

If the county is planning to leverage the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) workforce initiative to address workforce gaps including for FSP and CSC for FEP, such as through applying for and/or encouraging providers to apply for the following BH-CONNECT workforce programs, please specify below.

Is the county planning to leverage the BH-CONNECT workforce initiative by applying for the Behavioral Health Scholarship Program? No

Is the county planning to leverage the BH-CONNECT workforce initiative by applying for the Behavioral Health Student Loan Payment Program? No

Is the county planning to leverage the BH-CONNECT workforce initiative by applying for the Behavioral Health Recruitment and Retention Program? No

Is the county planning to leverage the BH-CONNECT workforce initiative by applying for the Behavioral Health Community-Based Provider Training Program?
No

DRAFT

Is the county planning to leverage the BH-CONNECT workforce initiative by applying for the Behavioral Health Residency Program? No

Please describe any other efforts underway or planned in the county to address workforce gaps aside from those already described above under Behavioral Health Services Act Workforce, Education, and Training

Mendocino County is making use of online education opportunities and Internship opportunities to build rapport and trust within the development of professionals and licensed workers. Our hope is to help be the facilitator of clinical work that is otherwise done mostly remotely and be an avenue to a career in Behavioral Health Services.

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Budget and Prudent Reserve

All fields must be completed unless marked as optional. You don't need to finish everything at once– your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress. For more information on this section, please see 6.B.3 Local Prudent Reserve .

Budget and Prudent Reserve

Download and complete the budget template using the button below before starting this section

Please upload the completed budget template
Integrated Plan Budget Mendocino County.xlsx

Please indicate how the county plans to spend the amount over the maximum allowed prudent reserve limit for each component if the county indicated they would allocate excess prudent reserve funds to a given Behavioral Health Services Act component in Table Nine of the budget template

Behavioral Health Services and Supports (BHSS) N/A

Full Service Partnership (FSP) N/A

Housing Interventions
N/A

Enter date of last prudent reserve assessment
3/31/2025
Please describe how the use of excess prudent reserve funds drawn down from the local prudent reserve aligns with the goals of the Integrated Plan

BHSS N/A
FSP N/A
Housing Interventions
N/A

DRAFT

Table Four: BHSA Transfers				
County Base BHSA Funding Allocations				
	Housing Intervention	**Full-Service Partnership**	**Behavioral Health Services and Support**	**Total**
Year 1 Component Allocation (dollars)	$ 2,615,709.00	$ 3,051,660.50	$ 3,051,660.50	$ 8,719,030.00
Year 2 Component Allocation (dollars)	$ 2,505,183.00	$ 2,922,561.00	$ 2,922,561.00	$ 8,350,305.00
Year 3 Component Allocation (dollars)	$ 2,658,244.00	$ 3,101,209.00	$ 3,101,209.00	$ 8,860,662.00
Summary (auto-populated)				
	Housing Intervention	**Full-Service Partnership**	**Behavioral Health Services and Support**	**Totals**
Year One				
Adjusted Total Allocation Percentages (Exemptions and Transfers)	30%	35%	35%	100%
Projected Component Allocation (Based on Adjusted Allocation Percentages)	$ 2,615,709.00	$ 3,051,660.50	$ 3,051,660.50	$ 8,719,030.00
Unspent Mental Health Services Act (MHSA) to BHSA	$ 2,329,180.20	$ 2,717,376.90	$ 5,920,180.90	$ 10,966,738.00
Excess Prudent Reserve (PR) to BHSA	$ -	$ -	$ -	$ -
Year Two				
Adjusted Total Allocation Percentages (Exemptions and Transfers)	30%	35%	35%	100%
Projected Component Allocation (Based on Adjusted Allocation Percentages)	$ 2,505,183.00	$ 2,922,561.00	$ 2,922,561.00	$ 8,350,305.00
Year Three				
Adjusted Total Allocation Percentages (Exemptions and Transfers)	30%	35%	35%	100%
Projected Component Allocation (Based on Adjusted Allocation Percentages)	$ 2,658,244.00	$ 3,101,209.00	$ 3,101,209.00	$ 8,860,662.00

Funding Transfer Request Allocations				
Year 1				
Behavioral Health Services Fund (BHSF) Housing Intervention Component Exemption (Ability to change component's overall percentage)				
Base Component	**Housing Intervention Percentage**	**Housing Intervention Funds**		
Base Percentage and Funding	30%	$ 2,615,709.00		
Percentage Reduced	0%	$ -		
Percentage Added	0%	$ -		
New Housing Interventions Base Percentage (auto-populated)	30%	$ 2,615,709.00		
Transferred To/From	**Full Service Partnership Percentage**	**Full Service Partnership Funds**		
Base Percentage and Funding	35%	$ 3,051,660.50		
Percentage Reduced	0%	$ -		
Percentage Added	0%	$ -		
New FSP Base Percentage (auto-populated)	35%	$ 3,051,660.50		
Transferred To/From	**Behavioral Health Services and Support Percentage**	**Behavioral Health Services and Support Funding**		
Base Percentage and Funding	35%	$ 3,051,660.50		
Percentage Reduced	0%	$ -		
Percentage Added	0%	$ -		
New BHSS Base Percentage (auto-populated)	35%	$ 3,051,660.50		
Transfers				
	Housing Intervention (1)	**Full-Service Partnership**	**Behavioral Health Services and Support**	**Validation**
Base Percentage after Housing Intervention Component Exemption (auto-populated)	30%	35%	35%	Row Equals 100%
Amount Transferring Out	0%	0%	0%	Row Does Not Exceed 14%
Amount Transferring In	0%	0%	0%	Transfers Out and In Equal
New Base Percentage after Funding Transfer Request (auto-populated)	30%	35%	35%	Row Equals 100%

Year 2		
Behavioral Health Services Fund (BHSF) Housing Intervention Component Exemption (Ability to change component's overall percentage)		
Base Component	**Housing Intervention Percentage**	**Housing Intervention Funds**
Base Percentage and Funding	30%	$ 2,505,183.00
Percentage Reduced	0%	$ -
Percentage Added	0%	$ -
New Housing Interventions Base Percentage (auto-populated)	30%	$ 2,505,183.00
Transferred To/From	**Full Service Partnership Percentage**	**Full Service Partnership Funds**
Base Percentage and Funding	35%	$ 2,922,561.00
Percentage Reduced	0%	$ -
Percentage Added	0%	$ -
New FSP Base Percentage (auto-populated)	35%	$ 2,922,561.00
Transferred To/From	**Behavioral Health Services and Support Percentage**	**Behavioral Health Services and Support Funding**
Base Percentage and Funding	35%	$ 2,922,561.00
Percentage Reduced	0%	$ -
Percentage Added	0%	$ -
New BHSS Base Percentage (auto-populated)	35%	$ 2,922,561.00

Transfers				
	Housing Intervention (1)	**Full-Service Partnership**	**Behavioral Health Services and Support**	**Validation**
Base Percentage after Housing Intervention Component Exemption (auto-populated)	30%	35%	35%	Row Equals 100%
Amount Transferring Out	0%	0%	0%	Row Does Not Exceed 14%
Amount Transferring In	0%	0%	0%	Transfers Out and In Equal
New Base Percentage after Funding Transfer Request (auto-populated)	30%	35%	35%	Row Equals 100%

Year 3		
Behavioral Health Services Fund (BHSF) Housing Intervention Component Exemption (Ability to change component's overall percentage)		
Base Component	**Housing Intervention Percentage**	**Housing Intervention Funds**
Base Percentage and Funding	30%	$ 2,658,244.00
Percentage Reduced	0%	$ -
Percentage Added	0%	$ -
New Housing Interventions Base Percentage (auto-populated)	30%	$ 2,658,244.00
Transferred To/From	**Full Service Partnership Percentage**	**Full Service Partnership Funds**
Base Percentage and Funding	35%	$ 3,101,209.00
Percentage Reduced	0%	$ -
Percentage Added	0%	$ -
New FSP Base Percentage (auto-populated)	35%	$ 3,101,209.00
Transferred To/From	**Behavioral Health Services and Support Percentage**	**Behavioral Health Services and Support Funding**
Base Percentage and Funding	35%	$ 3,101,209.00
Percentage Reduced	0%	$ -
Percentage Added	0%	$ -
New BHSS Base Percentage (auto-populated)	35%	$ 3,101,209.00

Transfers				
	Housing Intervention (1)	**Full-Service Partnership**	**Behavioral Health Services and Support**	**Validation**
Base Percentage after Housing Intervention Component Exemption (auto-populated)	30%	35%	35%	Row Equals 100%
Amount Transferring Out	0%	0%	0%	Row Does Not Exceed 14%
Amount Transferring In	0%	0%	0%	Transfers Out and In Equal
New Base Percentage after Funding Transfer Request (auto-populated)	30%	35%	35%	Row Equals 100%

MHSA Transfers to BHSA				
MHSA Component	**Available Unspent BHSA Funds**	**Transferred to Housing Intervention**	**Transferred to Full-Service Partnership**	**Transferred to Behavioral Health Services and Support**
CSS	$ 3,010,322.00	$ 903,096.60	$ 1,053,612.70	$ 1,053,612.70
PEI	$ 4,753,612.00	$ 1,426,083.60	$ 1,663,764.20	$ 1,663,764.20
Encumbered INN	$ 1,001,395.00	$ -	$ -	$ 1,001,395.00
Unencumbered INN	$ 2,201,409.00	$ -	$ -	$ 2,201,409.00
WET	$ -			$ -
CFTN	$ -			$ -
Total (auto-populated)	$ 10,966,738.00	$ 2,329,180.20	$ 2,717,376.90	$ 5,920,180.90

Excess Prudent Reserve to BHSA Components	
Transfer from Prudent Reserve to BHSA Component Allocation	**Amount**
Estimated Local Prudent Reserve Balance At End of Previous Fiscal Year	$ 1,018,338.00
Local Prudent Reserve Maximum (2)	$ 1,018,338.00
Excess Prudent Reserve Funding that must be transferred	$ -
Housing Intervention (3)	$ -
FSP	$ -
BHSS (4)	$ -
Total Transferred Excess Prudent Reserve (auto-populated)	$ -

BHSS

Table Seven: BHSA Components			
Total Behavioral Health Services and Supports (BHSS) Funding			
	Year 1	**Year 2**	**Year 3**
Total Estimated Behavioral Health Services and Support Funding Received (BHSA Funds)	$ 3,051,660.00	$ 2,922,561.00	$ 3,101,209.00
Transfers into Behavioral Health Services and Support component from Local Prudent Reserve	$ -	$ -	$ -
Total Estimated Behavioral Health Services and Support Funding Allocated (MHSA - Unspent Carryover Funds)	$ -	$ -	$ -
Total Estimated Behavioral Health Services and Support Funding (BHSA + MHSA Funds)	$ 3,051,660.00	$ 2,922,561.00	$ 3,101,209.00

Behavioral Health Services and Supports Category (1)									
Type of Service	**Projected Expenditures - Unspent MHSA and BHSA Funding Only**			**Projected Expenditures - Federal Financial Participation**			**Projected Expenditures - All Other Funding Sources**		
	Year 1	**Year 2**	**Year 3**	**Year 1**	**Year 2**	**Year 3**	**Year 1**	**Year 2**	**Year 3**
BHSS Programs/Services									
Children's System of Care-Non FSP (25 years and younger)	$ 14,560.00	$ 14,560.00	$ 14,560.00	$ -	$ -	$ -	$ -	$ -	$ -
Adult and Older Adult System of Care, Excluding Populations Identified in 5892(a)(1) and 5892(a)(2)-Non FSP	$ 934,542.00	$ 934,542.00	$ 934,542.00	$ -	$ -	$ -	$ -	$ -	$ -
Early Intervention Expenditures	$ 1,257,443.00	$ 1,257,443.00	$ 1,257,443.00	$ -	$ -	$ -	$ -	$ -	$ -
Coordinated Specialty Care for First Episode Psychosis	$ 60,000.00	$ 60,000.00	$ 60,000.00	$ -	$ -	$ -	$ -	$ -	$ -
All Other EI Expenditures	$ 1,197,443.00	$ 1,197,443.00	$ 1,197,443.00	$ -	$ -	$ -	$ -	$ -	$ -
Outreach and Engagement	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Workforce Education and Training (WET)	$ 106,750.00	$ 106,750.00	$ 106,750.00	$ -	$ -	$ -	$ -	$ -	$ -
Dedicated BHSA WET funds	$ 106,750.00	$ 106,750.00	$ 106,750.00	$ -	$ -	$ -	$ -	$ -	$ -
Dedicated MHSA WET funds	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Capital Facilities and Technological Needs (CFTN)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Dedicated BHSA CF/TN funds	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Dedicated MHSA CF/TN funds	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
BHSA Innovative BHSS Pilots and Projects	$ 248,594.00	$ 257,142.00	$ 257,142.00	$ -	$ -	$ -	$ -	$ -	$ -
MHSA INN Projects	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subtotal (auto-populated)	$ 2,561,889.00	$ 2,570,437.00	$ 2,570,437.00	$ -	$ -	$ -	$ -	$ -	$ -

BHSS Prudent Reserve Transfer Information	Year 1	Year 2	Year 3
Transfers out of BHSS component into Local Prudent Reserve	$ -	$ -	$ -
BHSS Administrative Information	**Year 1**	**Year 2**	**Year 3**
BHSS Component Admin Expenses	$ 890,160.00	$ 890,160.00	$ 890,160.00
Total Behavioral Health Services and Supports Expenditures (auto-populated)	$ 3,452,049.00	$ 3,460,597.00	$ 3,460,597.00
Youth-Focused Early Intervention Expenditures	**Year 1**	**Year 2**	**Year 3**
Total Youth-Focused (25 years and younger) Early Intervention Expenditures	$ 829,780.00	$ 829,780.00	$ 829,780.00
Behavioral Health Services and Supports Validation (auto-populated based on inputs above)	**Year 1**	**Year 2**	**Year 3**
BHSS Funds Early Intervention Expenditures/Total BHSS Funding (2)	61.3%	65.5%	59.9%
Youth-Focused (25 years and younger) Early Intervention Expenditures/Total Allocated Early Intervention Funds (3)	66.0%	66.0%	66.0%
Projected Individuals to be Served (Unduplicated)	**Year 1**	**Year 2**	**Year 3**
Eligible Children/TAY (25 years and younger)	500	500	500
Eligible Adults/Older Adults	700	700	700
Projected BHSS Funds transferred to WET or CF/TN	**Year 1**	**Year 2**	**Year 3**
BHSS transfer to WET	$ -	$ -	$ -
BHSS transfer to CF/TN	$ -	$ -	$ -
Projected MHSA-Origin WET, CF/TN and Encumbered INN Funds Available (exempt from suballocation requirements)	**Year 1**	**Year 2**	**Year 3**
Estimated MHSA WET Funds	$ -	$ -	$ -
Estimated MHSA CF/TN Funds	$ -	$ -	$ -
MHSA "Encumbered" INN	$ 1,001,395.00	$ 1,001,395.00	$ 1,001,395.00

Subtotal (auto-populated)	$ 2,561,889.00	$ 2,570,437.00	$ 2,570,437.00
BHSS Prudent Reserve Transfer Information	**Year 1**	**Year 2**	**Year 3**
Transfers out of BHSS component into Local Prudent Reserve	$ -	$ -	$ -
BHSS Administrative Information	**Year 1**	**Year 2**	**Year 3**
BHSS Component Admin Expenses	$ 890,160.00	$ 890,160.00	$ 890,160.00
Total Behavioral Health Services and Supports Expenditures (auto-populated)	$ 3,452,049.00	$ 3,460,597.00	$ 3,460,597.00
Youth-Focused Early Intervention Expenditures	**Year 1**	**Year 2**	**Year 3**
Total Youth-Focused (25 years and younger) Early Intervention Expenditures	$ 829,780.00	$ 829,780.00	$ 829,780.00
Behavioral Health Services and Supports Validation (auto-populated based on inputs above)	**Year 1**	**Year 2**	**Year 3**
BHSS Funds Early Intervention Expenditures/Total BHSS Funding (2)	61.3%	65.5%	59.9%
Youth-Focused (25 years and younger) Early Intervention Expenditures/Total Allocated Early Intervention Funds (3)	66.0%	66.0%	66.0%
Projected Individuals to be Served (Unduplicated)	**Year 1**	**Year 2**	**Year 3**
Eligible Children/TAY (25 years and younger)	500	500	500
Eligible Adults/Older Adults	700	700	700
Projected BHSS Funds transferred to WET or CF/TN	**Year 1**	**Year 2**	**Year 3**
BHSS transfer to WET	$ -	$ -	$ -
BHSS transfer to CF/TN	$ -	$ -	$ -

Full Service Partnership

Table Six: BHSA Components			
Total Full Service Partnership (FSP) Funding			
	Year 1	**Year 2**	**Year 3**
Total Estimated Full Service Partnership Funding Received (BHSA Funds)	$ 3,051,660.00	$ 2,922,561.00	$ 3,101,209.00
Transfers into Full Service Partnership component from Local Prudent Reserve	$ -	$ -	$ -
Total Estimated Full Service Partnership Funding Allocated (MHSA - Unspent Carryover Funds)	$ -	$ -	$ -
Total Estimated Full Service Partnership Funding (BHSA + MHSA Funds)	$ 3,051,660.00	$ 2,922,561.00	$ 3,101,209.00

Full Service Partnership Category (1)									
Type of Service	**Projected Expenditures - Unspent MHSA and BHSA Funding Only**			**Projected Expenditures - Federal Financial Participation**			**Projected Expenditures - All Other Funding Sources**		
	Year 1	**Year 2**	**Year 3**	**Year 1**	**Year 2**	**Year 3**	**Year 1**	**Year 2**	**Year 3**
FSP Programs/Services									
Assertive Community Treatment (ACT)(2)	$ 354,238.00	$ 354,238.00	$ 354,238.00	$ -	$ -	$ -	$ -	$ -	$ -
Forensic Assertive Community Treatment (FACT) Fidelity (2)	$ 183,942.00	$ 183,942.00	$ 183,942.00	$ -	$ -	$ -	$ -	$ -	$ -
FSP Intensive Case Management	$ 50,000.00	$ 50,000.00	$ 50,000.00	$ -	$ -	$ -	$ -	$ -	$ -
High Fidelity Wraparound	$ 50,000.00	$ 50,000.00	$ 50,000.00	$ -	$ -	$ -	$ -	$ -	$ -
Individual Placement and Support (IPS) Model of Supported Employment (2)	$ 50,000.00	$ 50,000.00	$ 50,000.00	$ -	$ -	$ -	$ -	$ -	$ -
Assertive Field-Based Initiation for SUD Treatment Services	$ 8,953.00	$ 8,953.00	$ 8,953.00	$ -	$ -	$ -	$ -	$ -	$ -
Other mental health or supportive services not already captured above (e.g., outreach, other recovery-oriented services, peers, etc.): Please define	$ 1,630,000.00	$ 1,630,000.00	$ 1,630,000.00	$ -	$ -	$ -	$ -	$ -	$ -
Other substance use disorder treatment services not already captured above (primary SUD FSP programs, innovation, etc.): Please define	$ 60,000.00	$ 60,000.00	$ 60,000.00	$ -	$ -	$ -	$ -	$ -	$ -
BHSA Innovative FSP Pilots and Projects	$ 100,000.00	$ 100,000.00	$ 100,000.00	$ -	$ -	$ -	$ -	$ -	$ -
MHSA INN Projects	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subtotal (auto-populated)	$ 2,487,133.00	$ 2,487,133.00	$ 2,487,133.00	$ -	$ -	$ -	$ -	$ -	$ -

FSP Transfer Information	**Year 1**	**Year 2**	**Year 3**
Transfers out of FSP component into Local Prudent Reserve	$ -	$ -	$ -
FSP Administrative Information	**Year 1**	**Year 2**	**Year 3**
FSP Component Admin Expenses	$ 543,028.00	$ 543,028.00	$ 543,028.00
Total Full Service Partnership Expenditures (auto-populated)	$ 3,030,161.00	$ 3,030,161.00	$ 3,030,161.00
Projected Individuals to be Served (Unduplicated)	**Year 1**	**Year 2**	**Year 3**
Eligible Children/TAY (25 years and younger)	150	155	160
Eligible Adults/Older Adults	260	270	280
Projected MHSA-Origin Encumbered INN Funds Available (exempt from suballocation requirements)	**Year 1**	**Year 2**	**Year 3**
MHSA "Encumbered" INN	$ -	$ -	$ -

Housing

Housing Interventions Category						
Type of Service	Projected Expenditures - Unspent MHSA and BHSA Funding Only			Projected Expenditures - All Other Funding Sources		
	Year 1	Year 2	Year 3	Year 1	Year 2	Year 3
Housing Interventions Component Programs/Services						
Non-Time Limited Permanent Settings (e.g., supportive housing, apartments, single and multi-family homes, shared housing) (2)						
Rental Subsidies	$ 500,000.00	$ 500,000.00	$ 500,000.00	$ -	$ -	$ -
Operating Subsidies	$ 150,000.00	$ 150,000.00	$ 150,000.00	$ -	$ -	$ -
Bundled Rental and Operating Subsidies	$ 7,300,000.00	$ 7,300,000.00	$ 7,300,000.00	$ -	$ -	$ -
% of Rental and Operating Subsidies Administered through Flex Pools	0%	0%	0%	0%	0%	0%
Time Limited Interim Settings (e.g., hotel and motel stays, non-congregate interim housing models, recuperative care) (2)						
Rental Subsidies	$ 500,000.00	$ 500,000.00	$ 500,000.00	$ -	$ -	$ -
Operating Subsidies	$ 150,000.00	$ 150,000.00	$ 150,000.00	$ -	$ -	$ -
Bundled Rental and Operating Subsidies	$ 200,000.00	$ 200,000.00	$ 200,000.00	$ -	$ -	$ -
% of Rental and Operating Subsidies Administered through Flex Pools	0%	0%	0%	0%	0%	0%
Other Housing Interventions						
Other Housing Supports: Landlord Outreach and Mitigation Funds (2)	$ 168,000.00	$ 168,000.00	$ 168,000.00	$ -	$ -	$ -
Other Housing Supports: Participant Assistant Funds (2)	$ -	$ -	$ -	$ -	$ -	$ -
Other Housing Supports: Housing Transition Navigation Services and Housing Tenancy Sustaining Services (2)	$ -	$ -	$ -	$ -	$ -	$ -
Other Housing Supports: Outreach and Engagement (2)	$ -	$ -	$ -	$ -	$ -	$ -
Capital Development Projects	$ -	$ -	$ -	$ -	$ -	$ -
Housing Flex Pool Expenditures (start-up expenditures)	$ -	$ -	$ -	$ -	$ -	$ -
BHSA Innovative Housing Intervention Pilots and Projects	$ -	$ -	$ -	$ -	$ -	$ -
MHSA INN Projects	$ -	$ -	$ -	$ -	$ -	$ -
Subtotal (auto-populated)	$ 8,968,000.00	$ 8,968,000.00	$ 8,968,000.00	$ -	$ -	$ -

Housing Interventions Transfer Information	Year 1	Year 2	Year 3
Transfers out of Housing Intervention component into Local Prudent Reserve (6)	$ -	$ -	$ -
Housing Interventions Component Administrative Information	**Year 1**	**Year 2**	**Year 3**
Housing Interventions Component Admin Expenses	$ -	$ -	$ -
Total Housing Interventions Expenditures (auto-populated)	$ 8,968,000.00	$ 8,968,000.00	$ 8,968,000.00
Housing Interventions Populations to be Served	**Year 1**	**Year 2**	**Year 3**
Total Housing Interventions Component Funds Dedicated to Chronically Homeless Population (5)	$ -	$ -	$ -
Total Housing Interventions Component Funds Dedicated to Serving Individuals with a SUD only (5)	$ -	$ -	$ -
Housing Interventions Component Funds Validation (auto-populated based on inputs above)	**Year 1**	**Year 2**	**Year 3**
Housing Intervention Component Funds Dedicated to Capital Development/Total Housing Interventions Funding (7) (auto-populated)	0.0%	0.0%	0.0%
Housing Interventions Component Funds Dedicated to Chronically Homeless Population/Total Housing Intervention Component Funding (8) (auto-populated)	0.0%	0.0%	0.0%
Housing Interventions Component Funds Used for Outreach and Engagement (2) (auto-populated)	0.0%	0.0%	0.0%
Projected Individuals to be Served (Unduplicated)	**Year 1**	**Year 2**	**Year 3**
Eligible Children/TAY (25 years and younger)	50	50	50
Eligible Adults/Older Adults	100	100	100
Projected MHSA-Origin Encumbered INN Funds Available (exempt from suballocation requirements)	**Year 1**	**Year 2**	**Year 3**
MHSA "Encumbered" INN	$ -	$ -	$ -

Plan Approval and Compliance

All fields must be completed unless marked as optional. You don't need to finish everything at once– your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress. For more information on this section, please see 3.A.1 Reporting Period

Behavioral health director certification

Download and complete the behavioral health director certification template using the button below before starting this section

Please upload the completed Behavioral health director certification template Behavioral Health Director Certification Template Unsigned for Draft IP.pdf

County administrator or designee certification

Download and complete the county administrator or designee certification template using the button below before starting this section

Please upload the completed County administrator or designee certification template County Administrator or Designee Certification Template-1.pdf

Board of supervisor certification

For final submission, download and complete the board of supervisor certification template using the button below before starting this section

Please upload the completed Board of supervisor certification template

DRAFT

Board of Supervisors Certification Template Unsigned for Draft IP.pdf
Confirm that the data is up to date and reflects the correct information for a Draft Plan

Requests

Assertive Community Treatment (ACT)

For counties seeking an exemption to the requirement to include ACT in the county's FSP program

Please select which FSP exemptions criteria the county meets
Limited workforce (e.g. qualified providers)
Limited need (e.g., estimated population with a clinical need for ACT)

Please provide justification for this FSP exemption request
The estimates for Mendocino County ACT, FACT and IPS clinical need EBPs do not support fidelity level staff to client ratios. The small numbers in Mendocino County require a dynamic approach to services that do not align with rigid fidelity requirements. At this time, our goals are to enact these programs to best serve the clients in Mendocino County while balancing ongoing fidelity ratios. We will be implementing the most impactful services within the EBPs.

Supporting Data

Please upload supporting data
Mendocino County Demographic information for Integrated Plan.pdf

Please select the data source
County demographic data
County workforce data

Forensic Assertive Community Treatment (FACT)

For counties seeking an exemption to the requirement to include FACT in the county's FSP program

Please select which FSP exemptions criteria the county meets

Limited need (e.g., estimated population with a clinical need for FACT)
Limited workforce (e.g. qualified providers)

Please provide justification for this FSP exemption request
The estimates for Mendocino County ACT, FACT and IPS clinical need EBPs do not support fidelity level staff to client ratios. The small numbers in Mendocino County require a dynamic approach to services that do not align with rigid fidelity requirements. At this time, our goals are to enact these programs to best serve the clients in Mendocino County while balancing ongoing fidelity ratios. We will be implementing the most impactful services within the EBPs.

Supporting Data

Please upload supporting data
Mendocino County Demographic information for Integrated Plan.pdf

Please select the data source
County demographic data
County workforce data

Individual Placement and Support (IPS) Supported Employment

For counties seeking an exemption to the requirement to include IPS in the county's FSP program

Please select which FSP exemptions criteria the county meets
Limited workforce (e.g. qualified providers)
Limited need (e.g., estimated population with a clinical need for IPS)

Please provide justification for this FSP exemption request
The estimates for Mendocino County ACT, FACT and IPS clinical need EBPs do not support fidelity level staff to client ratios. The small numbers in Mendocino County require a dynamic approach to services that do not align with rigid fidelity requirements. At this time, our goals are to enact these programs to best serve the clients in Mendocino County while balancing ongoing fidelity ratios. We will be implementing the most impactful services within the EBPs.

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Supporting Data

Please upload supporting data
Mendocino County Demographic information for Integrated Plan.pdf

Please select the data source
County demographic data
County workforce data

Data Suppression Notice:
Values marked with "*" have been suppressed per DHCS de-identification standards. Counts between 1–10 are displayed as "<11*"

DRAFT

Board of Supervisors:

Recently passed items or presentations:

Mental Health:

- Adoption of Resolution Authorizing the Auditor Controller/Treasurer Tax Collector or Designee to Process and Pay for Outstanding Invoices, Totaling the Amount of $184,450.60, From Various Psychiatric Hospitals, Clinics and Physician Offices for Mandated Services Provided to Qualified Mendocino County Mental Health Clients
- Adoption of Resolution Authorizing the Auditor Controller/Treasurer Tax Collector or Designee to Process and Pay for Outstanding Invoices, Totaling the Amount of $119,580.25, From Various Psychiatric Hospitals, Clinics and Physician Offices for Mandated Services Provided to Qualified Mendocino County Mental Health Clients
- Approval of Agreement (Standard Agreement No. 25-50288) with Department of Health Care Services in the Amount of $0 for Rights to Continue to Operate Department of Health Care Services Vehicles for Crisis Care Mobile Units (CCMU) Teams to Reach and Serve Mendocino County Individuals in Crisis, Effective July 1, 2025, through June 30, 2031

Substance Abuse Disorders Treatment:

- Adoption of Proclamation Recognizing April 2026 as National Alcohol Awareness Month in Mendocino County

Public Health:

- Approval of First Amendment to Agreement No. BOS-25-049 with Bradley Daniel, LVN, in the Amount of $4,160 for a New Total of $79,040 to Provide Licensed Vocational Nursing Services at the Mendocino County Juvenile Hall, Effective July 1, 2025, through June 30, 2026
- Approval of Agreement with California Department of Public Health in the Amount of $0 to Ensure Security and Privacy of Confidential Public Health Records in the California Enhanced HIV/AIDS Case Reporting System, Effective Upon Signing for a Period of Five Years.
- Approval of First Amendment to Agreement No. BOS-25-102 with Angela Fisher-Weaver, PA-C, in the Amount of $1,600 for a New Total of $66,600 to Provide Physician Certified Services at the Mendocino County Juvenile Hall, Effective July 1, 2025, through June 30, 2026
- Ratification of Submission of Children's Medical Services Plan with the California Department of Health Care Services and California Health Certification Statement for Children's Medical Services for Fiscal Year 2024-25
- Ratification of Submission of Agreement Funding Application (AFA) to California Department of Public Health (CDPH) for Maternal, Child and Adolescent Health (MCAH) Program Funding in the Amount of $309,088.46 to Support the Delivery of Services and Benefits of the MCAH Program, Effective July 1, 2025, through June 30, 2026

- Approval of Allocation Letter and Submission of Workplans and Program Budgets Each Fiscal Year with California Department of Public Health, in the Amount of $413,030, to Support Sexually Transmitted Infection Prevention and Control Activities, and any Other Conditions Stipulated by the California Department of Public Health, Sexually Transmitted Diseases Control Branch, Effective July 1, 2026, through June 30, 2031

Future BOS items or presentations:

Mental Health & Public Health:

- Adoption of Proclamation Recognizing May 2026 as Mental Health Month in Mendocino County
- Adoption of Proclamation Recognizing May 6-12, 2026, as National Nurses Week in Mendocino County
- Adoption of Proclamation Recognizing May 17-23, 2026, as Emergency Medical Services Week in Mendocino County

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: 23%
  - Substance Use Disorder Treatment: 30%

Audits/Site Reviews: February 2026

- No audit or site reviews were completed.

Grievances/Appeals:

February 2026

- MHP Grievances: 2 (received in February)
  - Pending: 0
  - Resolved: 0
- SUDT Grievances: 0

- BHSA Issue Resolutions: 0
- Second Opinions: 0
- Change of Provider Requests: 0
- 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 Wednesday, June 3, 2026, from 1:30 pm – 3:30 pm at Mendocino Coast Hospitality Center, 101 N. Franklin Street, Fort Bragg, CA 95437 and via Teams.
- Safe RX meeting will be held on Wednesday, April 22, 2026, from 2:00 pm – 3:00 pm via Teams.

Grant Opportunities:

- HS Grants –The department is awaiting notice of recent grant submission for the Prop 64 Public Health and Safety. We received notice that Prop 36 Behavioral Health Implementation and Funding has been awarded in the amount of $465,332.04 and we are reviewing other potential grants due in April/May.

Significant Projects/Brief Status:

Assisted Outpatient Treatment (AOT): AB 1421/Laura's Law March 2026 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: 0
- Unable to locate/Connect: 0
- 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 is likely to meet 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 March 2026 Data:
***BHRS Data only RCS data unavailable at the time of report**

- Total calls: 52
- Unduplicated clients: 29
- Calls resulting in 5150: 6
- Fiscal Year to date 25/26: 481 total calls, 364 Unduplicated clients, 33 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 Wednesday, June 3, 2026, from 1:30 pm – 3:30 pm at Mendocino Coast Hospitality Center, 101 N. Franklin Street, Fort Bragg, CA 95437 and via Teams.
  - Safe RX meeting will be held on Wednesday, April 22, 2026, from 2:00 pm – 3:00 pm via Teams.

- ## Behavioral Health Services Act (BHSA):

  - Behavioral Health Services Act Forum & Quality Improvement Committee Stakeholder meeting will be held on Wednesday, June 3, 2026, from 1:30 pm – 3:30 pm at Mendocino Coast Hospitality Center, 101 N. Franklin Street, Fort Bragg, CA 95437 and via Teams.

- ## Lanterman Petris Short Conservatorships (LPS):

Number of individuals on LPS Conservatorships in March 2026: 70

- In County: 24
- Out of County: 46
- New: 0
- Discharged: 2

- ## Substance Use Disorders Treatment Services:

Number of Substance Use Disorders Treatment Clients Served in February 2026:

- Total number of clients served: 112
- Total number of services provided: 438
- Fort Bragg: 36 clients served for a total of 113 services provided
- Ukiah: 60 clients served for a total of 285 services provided
- Willits: 16 clients served for a total of 40 services provided

Number of Substance Use Disorder Clients Completion Status:

- Completed Treatment/Recovery: 2
- Left Before Completion: 8
- Lost Contact/Service Unavailable: 6
- Discharged to Rehab Facility/Incarceration: 2
- Other: 2

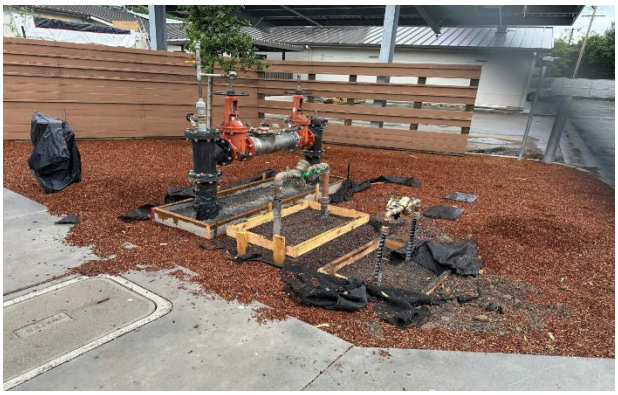
- **New Contracts:**
  - None.

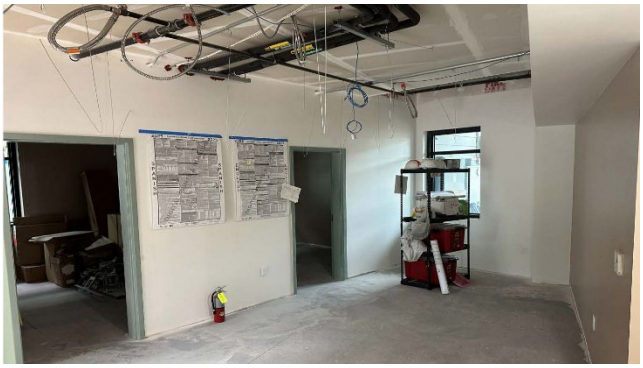
- **Capital Facilities Projects:**

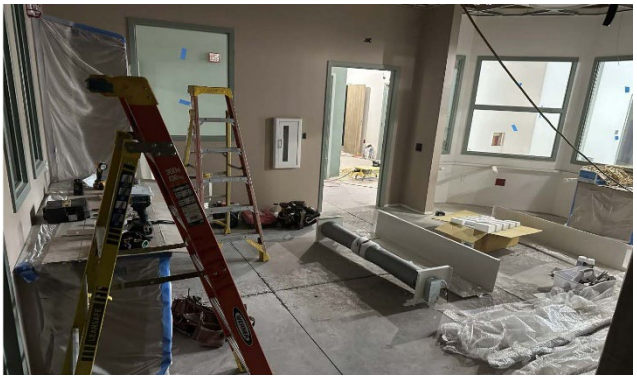
  - **Willow Terrace Project and Orr Creek Commons Phase 2:**
    Routine (monthly and quarterly) meetings occur with RCHDC around needs of the supported housing communities. Outreach teams visit community room spaces to support SMH services. Vacancies are filled with applications via SMH providers. Applications are currently being accepted.

  - **Crisis Residential Treatment: Phoenix House in March 2026**:
    - 13 clients served, 9 admissions, 6 discharges
    - Total bed days: 310
    - 2 open beds at time of report
    - Successes: One client completed the program and managed to save money to pay for a month of housing elsewhere. One client was accepted to Women's Recovery treatment at Tule House.

  - **PHF: Psychiatric Health Facility 4/6/2026:**
    Construction is progressing well with the project, and several key tasks are scheduled for completion by mid-May. These include the installation of countertops and cabinets, kitchen painting, flooring installation, epoxy flooring, and bathroom tile work.







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Mendocino County Behavioral Health and Recovery Services
Behavioral Health Advisory Board General Ledger
FY 25/26
4/3/2026

ORG	OBJ	ACCOUNT DESCRIPTION	YR/PER/JNL	EFF DATE	AMOUNT	INVOICE #	CHECK #	VENDOR NAME	COMMENT
MHB	862080	FOOD	2026/06/000782	12/18/2025	5.99	85006 120725	4,421,571	SAFEWAY	ACCT#85006
MHB	862080	FOOD							
MHB	862080	FOOD							
MHB	862080	FOOD							
		FOOD Total			**$5.99**				
MHB	862150	MEMBERSHIPS							
		MEMBERSHIPS TOTAL			**$0.00**				
MHB	862170	OFFICE EXPENSE	2026/06/001131	12/30/2025	16.66	2004394-0	4,421,671	BLAISDELL & SONGEY	11471 FY25/26
MHB	862170	OFFICE EXPENSE							
MHB	862170	OFFICE EXPENSE							
MHB	862170	OFFICE EXPENSE							
		OFFICE EXPENSE Total			**$16.66**				
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			**$67.65**				

Summary of Budget for FY 25/26

OBJ	ACCOUNT DESCRIPTION	Budget Amount	YTD Exp	Remaining Budget
862080	Food	1,000.00	5.99	994.01
862150	Memberships	700.00	0.00	700.00
862170	Office Expense	500.00	16.66	483.34
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	$67.65	$7,492.35

Behavioral Health and Recovery Services
Mental Health FY 2025-2026
Budget Summary
Year-to-Date as of April 3, 2026

	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)	-	282,710	18,837,790	-	-	19,120,500	-	(21,532)	(15,495,265)	(3,193,316)	(18,710,113)	410,387
2	Administration - MHAD75	640,142	740,938	29,154	-	-	-	770,092	-	-	-	(5,345)	(5,345)	764,747
5	CalWORKs - MHAS32	-	508	-	-	-	-	508	-	-	-	(1,031)	(1,031)	(523)
6	Mobile Outreach Program - MHAS33	-	6,269	-	-	-	-	6,269	-	-	-	-	-	6,269
7	Adult Services - MHAS75	167,241	11,252	965	-	-	-	12,217	-	-	-	-	-	12,217
8	Path Grant - MHAS91	-	-	50,739	-	-	-	50,739	-	-	-	(50,740)	(50,740)	(1)
9	SAMHSA Grant - MHAS92	-	-	40,604	-	-	-	40,604	-	-	-	(43,478)	(43,478)	(2,874)
10	Mental Health Board - MHB	7,560	-	68	-	-	-	68	-	-	-	-	-	68
11	CCMU -BCHIP - MHBCMU	-	-	426	-	-	-	426	-	-	-	(146,995)	(146,995)	(146,569)
12	Business Services - MHBS75	1,208,929	734,423	54,611	-	-	-	789,034	-	-	-	(9,044)	(9,044)	779,989
13	MHCALA - Cal-Aim	-	-	-	-	-	-	-	-	-	-	-	-	-
15	MH Grant (Other)	-	12,196	34,072	-	-	-	46,267	-	-	-	(1,234,277)	(1,234,277)	(1,188,010)
16	AB109 - MHMS70	(401)	108,034	-	-	-	-	108,034	-	-	-	(72,420)	(72,420)	35,614
17	Conservatorship - MHMS75	2,618,918	82,627	31,521	3,040,093	-	-	3,154,241	-	-	-	(74,854)	(74,854)	3,079,387
18	Public Conservator Office - MHPC75	391,366	204,910	18,662	-	-	-	223,572	-	-	-	-	-	223,572
19	QA/QI - MHQA99	1,336,020	617,533	412,195	-	-	-	1,029,728	-	-	-	(10,869)	(10,869)	1,018,859
a	Total YTD Expenditures & Revenue	-	2,518,689	955,726	21,877,884	-	-	25,352,298	-	(21,532)	(15,495,265)	(4,842,369)	(20,359,166)	4,993,132
b	FY 2025-2026 Adjusted Budget	-	4,026,732	3,494,947	39,527,024	-	-	47,048,703	-	(21,532)	(26,043,120)	(21,056,533)	(47,121,185)	(72,482)
c	Variance	-	1,508,043	2,539,221	17,649,140	-	-	21,696,405	-	-	(10,547,855)	(16,214,164)	(26,762,019)	(5,065,614)

Behavorial Health and Recovery Services
Mental Health Services Act (MHSA) FY 2025-2026
Budget Summary
Year-to-Date as of April 3, 2026

	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	673,750	278,496	5,052,949	-	12,367	**6,017,562**	(3,308,327)	(3,364,605)	(221,177)	**(6,894,110)**	**(876,548)**
2	**Prevention & Early Intervention**	1,627,992	576,201	131,004	-	-	4,839	**712,044**	(807,732)	-	(42,930)	**(850,662)**	**(138,618)**
3	**Innovation**	133,919	1,896	31,218	-	-	-	**33,114**	(216,635)	-	(13,416)	**(230,050)**	**(196,936)**
4	**Workforce Education & Training**	-	-	-	-	-	-	**-**	**-**	**-**	-	**-**	**-**
5	**Capital Facilities & Tech Needs**	-	-	-	-	-	-	**-**	**-**	**-**	-	**-**	**-**
a	**Total YTD Expenditures & Revenue**	**5,569,339**	1,251,847	440,719	5,052,949	-	17,206	**6,762,721**	**(4,332,695)**	**(3,364,605)**	**(277,522)**	**(7,974,822)**	**(1,212,102)**
b	**FY 2025-2026 Adjusted Budget**	**-**	2,982,071	2,808,582	17,395,067	-	3,032,221	**26,217,941**	**(7,148,625)**	**(13,612,972)**	**(105,000)**	**(20,866,597)**	**5,351,344**
c	**Variance**	-	1,730,224	2,367,863	12,342,118	-	3,015,015	**19,455,220**	**(2,815,930)**	**(10,248,367)**	**172,522**	**(12,891,775)**	**6,563,446**

* **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 April 3, 2026

	Program	FY 25-26 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	Partnership	Other	Total Revenue	
1	SUDT Overhead	(24,613,410)	-	37	859,948	-	-	859,984	(12,872,336)	-	(327,326)	(4,667,491)	(17,867,153)	(17,007,169)
2	County Wide Services - SU0035	23,456,465	-	17,296	-	-	-	17,296	-	-	-	-	-	17,296
4	Ukiah Adult Treatment Services - SU0100	(40)	303,990	34,234	-	-	-	338,223	-	-	-	(57,008)	(57,008)	281,215
5	Drug Court Services - SU0105	-	59,285	30	-	-	-	59,315	-	-	-	(18,177)	(18,177)	41,138
6	Women in Need of Drug Free Opportunities - SU0125	-	45,136	2,107	-	-	-	47,243	(10,215)	-	-	(25,995)	(36,210)	11,033
7	Family Drug Court - SU0127	-	77,487	1,156	-	-	-	78,643	-	-	-	-	-	78,643
8	Friday Night Live - SU0158	-	-	-	-	-	-	-	-	-	-	-	-	-
9	Willits Adult Services - SU0200	-	121,588	13,634	-	-	-	135,222	-	-	-	-	-	135,222
10	Fort Bragg Adult Services - SU0300	-	110,492	14,874	-	-	-	125,366	-	-	-	-	-	125,366
11	Administration - SUADMN	1,156,983	436,233	39,695	-	-	-	475,928	-	-	-	(9,372)	(9,372)	466,556
12	Adolescent Services - SUADOL	-	113,549	1,411	-	-	-	114,960	(46,802)	-	-	(2,126)	(48,928)	66,032
14	COSSAAP - SUCOSP	-	4,792	2,280	-	-	-	7,073	-	-	-	(20,463)	(20,463)	(13,390)
15	SUGRNT	2	56,326	32,523	-	-	-	88,848	-	-	-	(228,613)	(228,613)	(139,764)
16	Prevention Services - SUPREV	-	49,539	4,926	-	-	-	54,466	(7,083)	-	-	-	(7,083)	47,383
a	Total YTD Expenditures & Revenue	-	1,378,417	164,202	859,948	-	-	2,402,566	(12,936,436)	-	(327,326)	(5,029,244)	(18,293,006)	(15,890,440)
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	-	937,187	24,057,906	2,112,586	-	-	27,107,679	(10,795,147)	-	(151,442)	(270,650)	(11,217,239)	15,890,440

Timeliness Charts and Graphs

1.

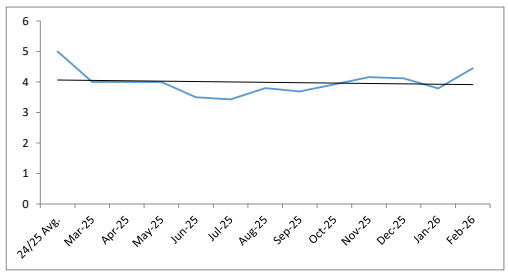
QI Work Plan 2.1

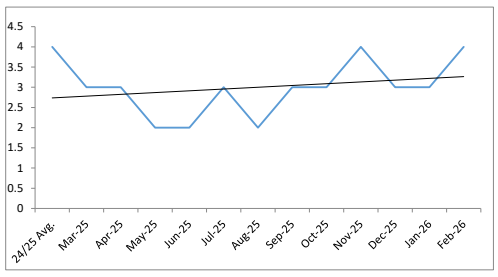
Length of Time from Initial Request to first offered Appt. - Mean BPSA - MHP Standard or Goal - 10 Business Days - 90%	All Services	Adult Services	Children's Services	Foster Care
24/25 Avg.	5	5	6	3
Mar-25	4	5	4	7
Apr-25	4	4	4	2
May-25	4	3	5	N/A
Jun-25	4	3.2	3.9	1
Jul-25	3.43	3.4	3.5	N/A
Aug-25	3.8	3.5	4.3	N/A
Sep-25	3.69	2.81	4.83	4.3
Oct-25	3.92	3.42	4.66	4
Nov-25	4.16	3.22	5.08	11.7
Dec-25	4.12	3.84	4.55	1.8
Jan-26	3.79	3.07	4.81	N/A
Feb-26	4.45	4.07	4.91	N/A
12 Mo. Avg.	4	4	4	5

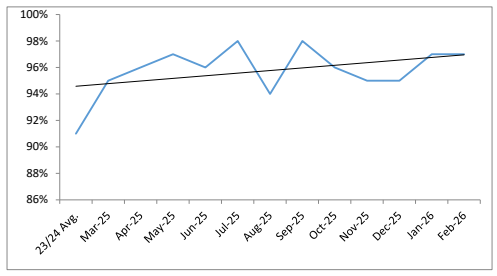
Length of Time from Initial Request to first offered Appt. - Median BPSA - MHP Standard or Goal - 10 Business Days - 90%	All Services	Adult Services	Children's Services	Foster Care
24/25 Avg.	4	4	4	3
Mar-25	3	2	3	9
Apr-25	3	3	2	2
May-25	2	2	4	N/A
Jun-25	2	5	3	1
Jul-25	3	3	3	N/A
Aug-25	2	2	3	N/A
Sep-25	3	2	5	3
Oct-25	3	2	3	4
Nov-25	4	3	5	11
Dec-25	3	3	3	2
Jan-26	3	3	3	N/A
Feb-26	4	4.5	3	N/A
12 Mo. Avg.	3	3	3	5

Length of Time from Initial Request to first offered Appt. 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%
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%
Nov-25	95%	100%	90%	33%
Dec-25	95%	99%	89%	100%
Jan-26	97%	100%	92%	N/A
Feb-26	97%	100%	93%	N/A
12 Mo. Avg.	96%	98%	93%	90%

Graphs of "All Services"







2.

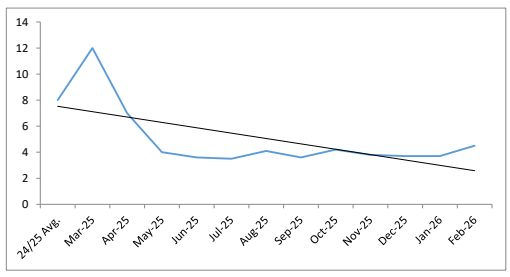
QI Work Plan 2.2

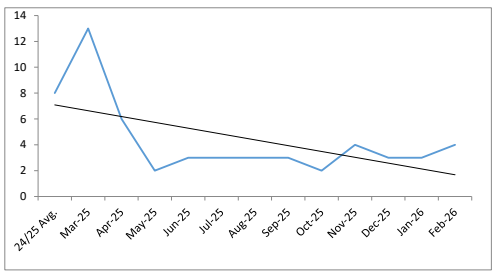
Length of Time from Initial Request to first kept Appt. - Mean MHP Standard or Goal - 10 Business Days - 90%	All Services	Adult Services	Children's Services	Foster Care
24/25 Avg.	8	7	9	5
Mar-25	12	11	13	7
Apr-25	7	6	8	0
May-25	4	3	5	8
Jun-25	3.6	3.3	4	1
Jul-25	3.5	3.4	3.7	N/A
Aug-25	4.1	3.7	4.7	N/A
Sep-25	3.6	2.74	4.6	4.3
Oct-25	4.2	3.6	5	N/A
Nov-25	3.8	3.5	4	8
Dec-25	3.7	3.82	3.62	1.75
Jan-26	3.7	3.3	6.05	N/A
Feb-26	4.5	4.1	4.9	N/A
12 Mo. Avg.	5	4	6	4

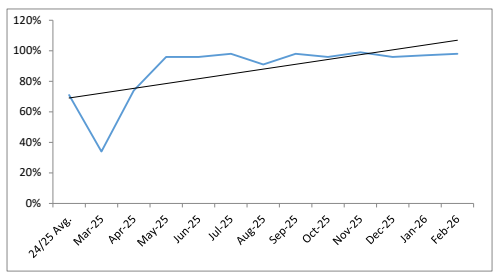
Length of Time from Initial Request to first kept Appt. - Median MHP Standard or Goal - 10 Business Days - 90%	All Services	Adult Services	Children's Services	Foster Care
24/25 Avg.	8	8	9	5
Mar-25	13	12	14	7
Apr-25	6	6	9	0
May-25	2	2	4	8
Jun-25	3	2	3	1
Jul-25	3	3	3	N/A
Aug-25	3	2	4	N/A
Sep-25	3	2	4.5	3
Oct-25	2	2	3	N/A
Nov-25	4	4	5	8
Dec-25	3	3	3	2
Jan-26	3	3	3	N/A
Feb-26	4	5	4	N/A
12 Mo. Avg.	4	4	5	4

Length of Time from Initial Request to first kept Appt. - MHP Standard or Goal - 10 Business Days - 90%	All Services	Adult Services	Children's Services	Foster Care
24/25 Avg.	71%	75%	65%	85%
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
Nov-25	99%	100%	98%	50%
Dec-25	96%	97%	95%	100%
Jan-26	97%	100%	93%	N/A
Feb-26	98%	100%	95%	N/A
12 Mo. Avg.	89%	92%	87%	86%

Graphs of "All Services"







3.

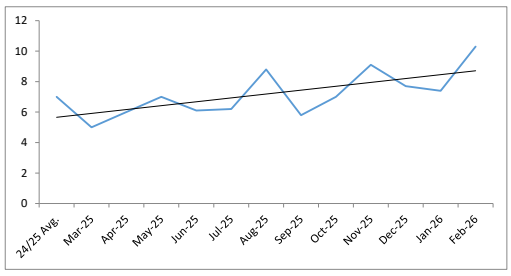
QI Work Plan 2.3

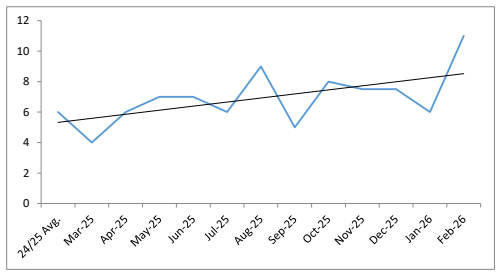
Length of Time from Initial Request to first offered Psychiatry appt. - Mean MHP Standard or Goal - 15 Business Days - 90%	All Services	Adult Services	Children's Services	Foster Care
24/25 Avg.	7	7	8	6
Mar-25	5	5	6	n/a
Apr-25	6	6	13	n/a
May-25	7	7	8	n/a
Jun-25	6.1	6.1	n/a	n/a
Jul-25	6.2	5.7	8.5	n/a
Aug-25	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
Nov-25	9.1	9.4	6	n/a
Dec-25	7.7	6.8	15.5	n/a
Jan-26	7.4	6.7	12	n/a
Feb-26	10.3	10.3	10.3	8
12 Mo. Avg.	7	7	9	8

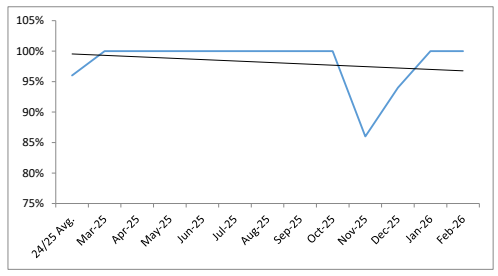
Length of Time from Initial Request to first offered Psychiatry Appt. - Median MHP Standard or Goal - 15 Business Days - 90%	All Services	Adult Services	Children's Services	Foster Care
24/25 Avg.	6	6	6	6
Mar-25	4	4	5	n/a
Apr-25	6	5	1	n/a
May-25	7	6	8	n/a
Jun-25	7	7	n/a	n/a
Jul-25	6	5	9	n/a
Aug-25	9	9	13	n/a
Sep-25	5	5	4.5	n/a
Oct-25	8	8	5.5	n/a
Nov-25	7.5	9	6	n/a
Dec-25	7.5	6.5	15.5	n/a
Jan-26	6	6	6	n/a
Feb-26	11	11	11.5	8
12 Mo. Avg.	7	7	8	8

Length of Time from Initial Request to first offered Psychiatry Appt. - MHP Standard or Goal - 15 Business Days - 90%	All Services	Adult Services	Children's Services	Foster Care
24/25 Avg.	96%	96%	100%	100%
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
Nov-25	86%	85%	100%	n/a
Dec-25	94%	100%	50%	n/a
Jan-26	100%	100%	100%	n/a
Feb-26	100%	100%	100%	100%
12 Mo. Avg.	98%	99%	95%	100%

Graphs of "All Services"







4.

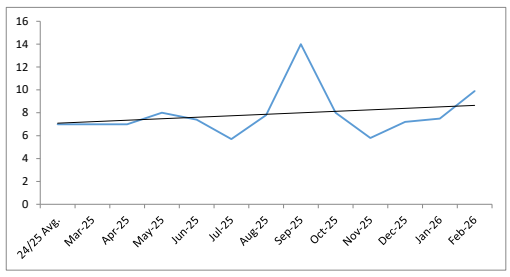
QI Work Plan 2.4

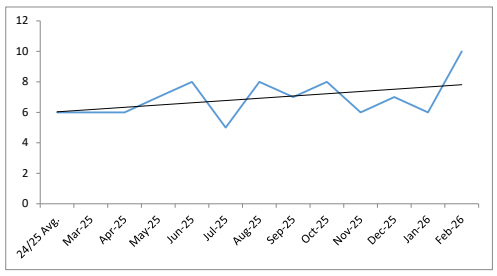
Length of Time from Initial Request to first kept Psychiatry appt. - Mean MHP Standard or Goal - 15 Business Days - 90%	All Services	Adult Services	Children's Services	Foster Care
24/25 Avg.	7	7	8	5
Mar-25	7	6	10	N/A
Apr-25	7	7	15	N/A
May-25	8	8	8	N/A
Jun-25	7.4	7.1	N/A	N/A
Jul-25	5.7	5.2	8	N/A
Aug-25	7.8	7.4	13	N/A
Sep-25	14	6.1	5.3	N/A
Oct-25	8	8.2	7	N/A
Nov-25	5.8	5.8	6	N/A
Dec-25	7.2	7	10	N/A
Jan-26	7.5	6.7	12	N/A
Feb-26	9.9	9.7	10.3	8
12 Mo. Avg.	8	7	10	8

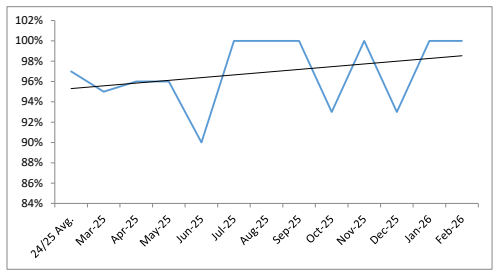
Length of Time from Initial Request to first kept Psychiatry Appt. - Median MHP Standard or Goal - 15 Business Days - 90%	All Services	Adult Services	Children's Services	Foster Care
24/25 Avg.	6	6	6	5
Mar-25	6	4	10	N/A
Apr-25	6	6	1	N/A
May-25	7	8	7	N/A
Jun-25	8	8	N/A	N/A
Jul-25	5	5	7	N/A
Aug-25	8	7	13	N/A
Sep-25	7	8	5	N/A
Oct-25	8	8	7	N/A
Nov-25	6	6	6	N/A
Dec-25	7	6	10	N/A
Jan-26	6	5	12	N/A
Feb-26	10	10	12	8
12 Mo. Avg.	7	7	8	8

Length of Time from Initial Request to first kept Psychiatry Appt. - MHP Standard or Goal - 15 Business Days - 90%	All Services	Adult Services	Children's Services	Foster Care
24/25 Avg.	97%	97%	98%	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
Nov-25	100%	100%	100%	N/A
Dec-25	93%	92%	100%	N/A
Jan-26	100%	100%	100%	N/A
Feb-26	100%	100%	100%	100%
12 Mo. Avg.	97%	96%	100%	100%

Graphs of "All Services"







5.

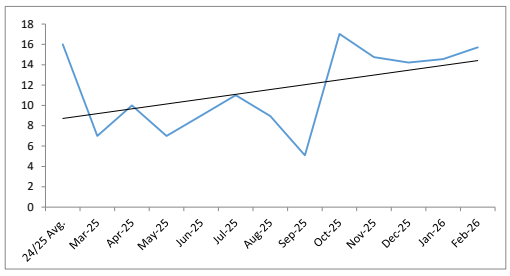
QI Work Plan 2.5
Combined Bus & After Hrs

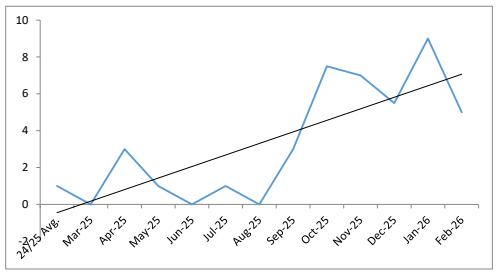
Length of Time from Service Request for urgent Appt. to Actual Encounter Mean - MHP Standard or Goal - 95% (Minutes)	All Services	Adult Services	Children's Services	Foster Care
24/25 Avg.	16	15	25	n/a
Mar-25	7	7	9	n/a
Apr-25	10	9	17	n/a
May-25	7	6	12	n/a
Jun-25	9	8	11	n/a
Jul-25	11	12	2	n/a
Aug-25	8.95	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
Nov-25	14.74	13.45	20.74	n/a
Dec-25	14.22	13.04	19.21	n/a
Jan-26	14.56	14.2	16.29	n/a
Feb-26	15.71	17.29	9.13	n/a
12 Mo. Avg.	11	11	12	#DIV/0!

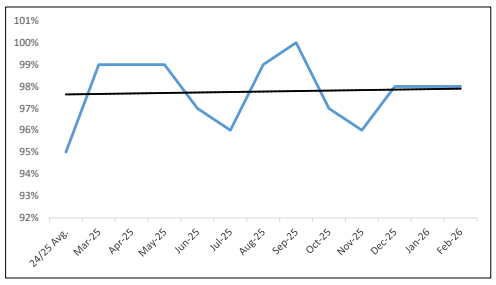
Length of Time from Service Request for urgent Appt. to Actual Encounter Median - MHP Standard or Goal - 95% (Minutes)	All Services	Adult Services	Children's Services	Foster Care
24/25 Avg.	1	2	17	n/a
Mar-25	0	0	0	n/a
Apr-25	3	3	1	n/a
May-25	1	1	0	n/a
Jun-25	0	1	0	n/a
Jul-25	1	2	0	n/a
Aug-25	0	0	0	n/a
Sep-25	3	3	4	n/a
Oct-25	7.5	8	7	n/a
Nov-25	7	6	9	n/a
Dec-25	5.5	5	8.5	n/a
Jan-26	9	9	14	n/a
Feb-26	5	5.5	5	n/a
12 Mo. Avg.	4	4	4	#DIV/0!

Length of Time from Service Request for urgent Appt. to Actual Encounter 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
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
Nov-25	96%	96%	96%	n/a
Dec-25	98%	97%	100%	n/a
Jan-26	98%	99%	95%	n/a
Feb-26	98%	98%	100%	n/a
12 Mo. Avg.	98%	98%	98%	#DIV/0!

Graphs of "All Services"







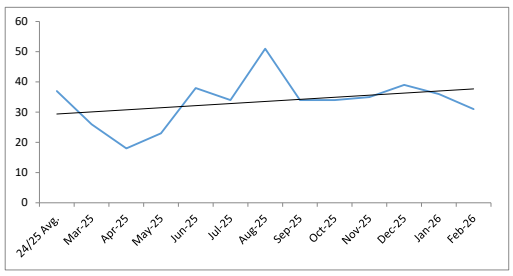
6.

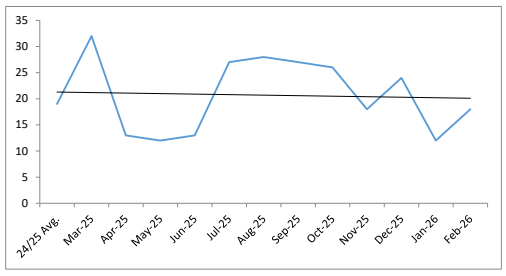
QI Work Plan 2.6a & 2.6c

Total Number of Hospital Admissions	All Services	Adult Services	Children's Services	Foster Care
24/25 Avg.	37	29	6	0
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
Nov-25	35	29	6	0
Dec-25	39	33	6	0
Jan-26	36	34	2	0
Feb-26	31	24	7	0
12 Mo. Avg.	33	27	4	0
12 Mo. Tota	399	326	50	0

Total Number of Hospital Discharges	All Services	Adult Services	Children's Services	Foster Care
24/25 Avg.	19	15	4	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
Nov-25	18	14	4	0
Dec-25	24	19	5	0
Jan-26	12	12	0	0
Feb-26	18	18	0	0
12 Mo. Avg.	21	18	3	0
12 Mo. Tota	250	219	31	0

Graphs of "All Services"



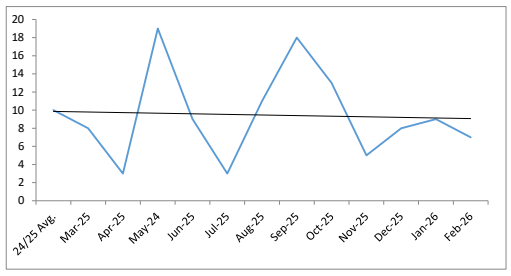


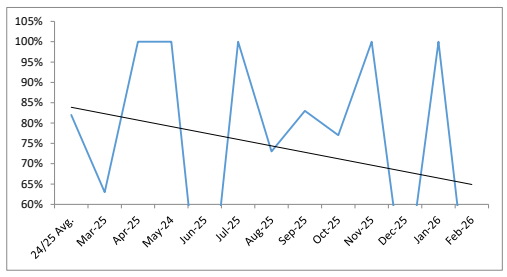
QI Work Plan 2.6b

Timeliness of follow-up encounters post psychiatric inpatient discharge 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
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
Nov-25	5	4	1	0
Dec-25	8	7	1	0
Jan-26	9	9	0	0
Feb-26	7	7	0	0
12 Mo. Avg.	9	8	1	0
12 Mo. Tota	113	97	16	0

Timeliness of follow-up encounters post psychiatric inpatient discharge 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
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
Nov-25	100%	100%	100%	N/A
Dec-25	38%	43%	0%	N/A
Jan-26	100%	100%	100%	N/A
Feb-26	29%	29%	N/A	N/A
12 Mo. Avg.	74%	74%	76%	#DIV/0!

Graphs of "All Services"





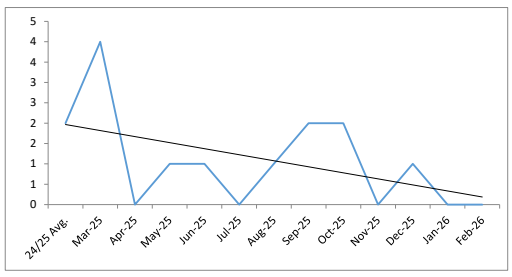
7.0

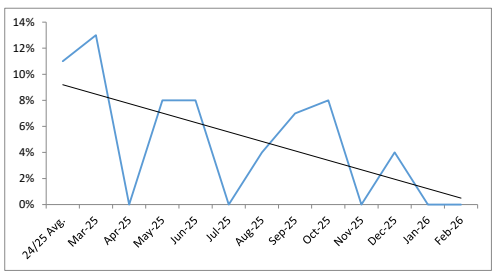
QI Work Plan 2.7

Psychiatric Inpatient Readmission rates within 7 days 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
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
Nov-25	0	0	0	0
Dec-25	1	1	0	0
Jan-26	0	0	0	0
Feb-26	0	0	0	0
12 Mo. Avg.	1	1	0	0
Total	12	10	2	0

Psychiatric Inpatient Readmission rates within 7 days 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%
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
Nov-25	0%	0%	0%	n/a
Dec-25	4%	5%	0%	n/a
Jan-26	0%	0%	0%	n/a
Feb-26	0%	0%	0%	n/a
12 Mo. Avg.	4%	4%	2%	0%

Graphs of "All Services"

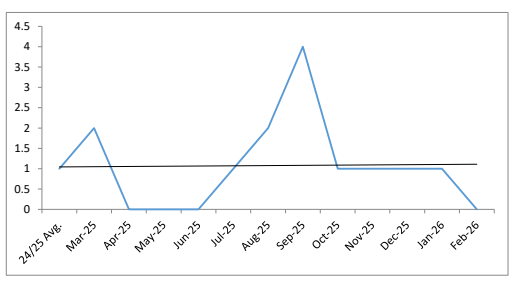


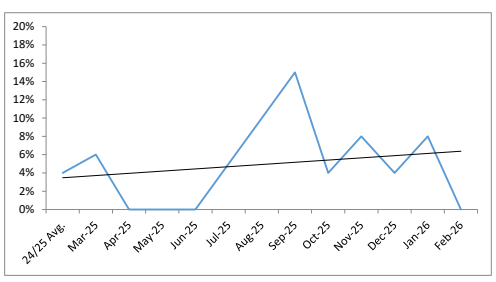


Psychiatric Inpatient Readmission rates within 8-30 days Total number of readmissions within 8-30 days				
	All Services	Adult Services	Children's Services	Foster Care
24/25 Avg.	**1**	**1**	**0**	**0**
Mar-25	2	2	0	0
Apr-25	0	0	0	0
May-25	0	0	0	0
Jun-25	0	0	0	0
Jul-25	1	1	0	N/A
Aug-25	2	2	0	0
Sep-25	4	4	0	0
Oct-25	1	1	0	0
Nov-25	1	1	0	0
Dec-25	1	1	0	0
Jan-26	1	1	0	0
Feb-26	0	0	0	0
12 Mo. Avg.	1	1	0	0
Total	13	13	0	0

Psychiatric Inpatient Readmission rates within 8-30 days 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%**
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
Nov-25	8%	11%	0%	N/A
Dec-25	4%	5%	0%	N/A
Jan-26	8%	8%	0%	N/A
Feb-26	0%	0%	0%	N/A
12 Mo. Avg.	5%	6%	0%	0%

Graphs of "All Services"

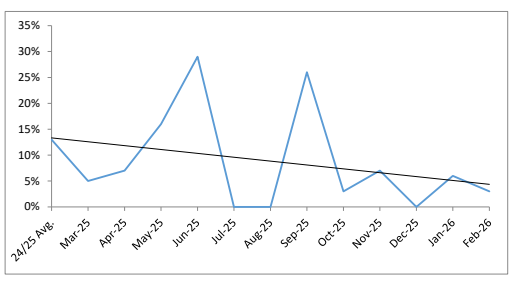
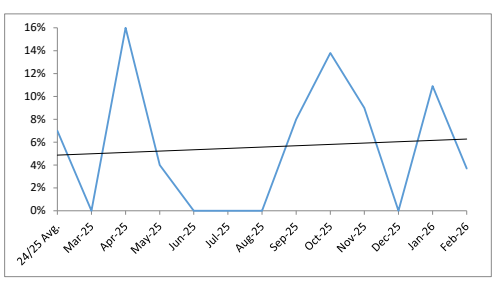




8.0

QI Work Plan 3.1

Average Psychiatric Patient No-Show Rates MHP Standard for Psychiatrists - No Higher than 10%				
	All Services	Adult Services	Children's Services	Foster Care
24/25 Avg.	**13%**	**12%**	**29%**	**0%**
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
Nov-25	7%	8%	0%	N/A
Dec-25	0%	0%	0%	N/A
Jan-26	6%	7%	0%	N/A
Feb-26	3%	5%	0%	0%
12 Mo. Avg.	9%	9%	9%	0%

Average Clinicians other than Psychiatrists Patient No-Show Rates 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%**
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
Nov-25	9%	7%	11%	N/A
Dec-25	0%	0%	0%	N/A
Jan-26	11%	13%	9%	N/A
Feb-26	4%	5%	3%	N/A
12 Mo. Avg.	5%	6%	5%	0%

Graphs of "All Services"