

**Mendocino County Health & Human Services Agency  
Adult & Older Adult System of Care  
2009-10 Strategic Plan**

*Goal 1: The Adult & Older Adult System of Care (AOASOC) Management Team (MT) will continue to oversee integration of adult and older adult services to sustain essential services during budget crisis and staffing reductions.*

1. Administer, respond to, and enhance funding for AOASOC programs
  - a. Explore cost saving opportunities
  - b. Research grant opportunities related to AOASOC programs and strategic plan goals
  - c. Participate in state-level advocacy groups
  - d. Advocate for AOASOC interests in MHSA management group
2. Coordinate services within the AOASOC
  - a. Create matrix to track integration barriers or gaps and steps taken to resolve them
  - b. Maintain InterestNET posting of SOC case management systems
  - c. Clarify clinical supervision systems
  - d. Maintain InterestNET posting of a coordinated SOC training calendar
3. Coordinate services between AOASOC and other HHS branches and community partners
  - a. Develop transition procedures between SOCs (e.g. TAY → ASOC → OASOC)
  - b. Increase staff and community awareness of AOASOC services.
  - c. Invite community partners (e.g. law enforcement, hospital) to meeting/summit(s) to provide input on special topics related to Strategic Plan goals.

*Goal 2: Participate in development of a continuum of housing options that support individual recovery and self-sufficiency.*

1. Identify and utilize resources for development of permanent supportive housing for AOASOC clients
  - a. Utilize MHSA funds to establish permanent supportive housing for clients with severe mental illness
  - b. Explore funding other than MHSA
2. Allocate resources to populations most in need
  - a. Develop an integrated housing philosophy statement for AOASOC
  - b. Identify populations at highest risk
  - c. Define available resources
  - d. Prioritize allocation of funding to serve priority populations
  - e. Ensure priority populations have access to resources
3. Utilize Homeless Prevention and Rapid Re-Housing Program funds (if approved) to prevent individuals and families from becoming homeless and help those who are homeless to be quickly re-housed and stabilized
  - a. Collaborate with other agencies to develop proposal
  - b. Submit ARRA application for funding
  - c. Begin planning for future Housing Summit

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*Goal 3: Establish a Behavioral Health Program to serve individuals with co-occurring mental health and substance abuse disorders.*

1. Strengthen behavioral health program infrastructure
  - a. Provide staff and community training on recovery model
  - b. Explore feasibility of co-locating BH staff to provide integrated treatment
  - c. Evaluate success of AT HOME integrated treatment model
  - d. Submit proposal for CMSP-funded pilot program
  - e. Introduce BH model to County BOS at MH presentation in the fall
2. Improve effectiveness of service delivery
  - a. Increase capacity to provide specialized treatment for special populations (e.g. geriatric)
  - b. Coordinate opportunities for peer support, self-help and electronic learning tools
  - c. Explore funding opportunities for development of a detoxification program
  - d. Evaluate cultural sensitivity and appropriateness of services
  - e. Evaluate accessibility for clients with physical or developmental disabilities
3. Develop strategies to overcome barriers to enrollment in services (e.g. eligibility criteria, limited capacity)
  - a. Identify reasons clients are deemed ineligible for BH services
  - b. Identify reasons clients are on AODP waiting list
  - c. Identify funding to provide services to clients ineligible for Medi-Cal

*Goal 4: Establish a Forensic Mental Health Program to serve individuals with mental illness who are involved with the criminal justice system.*

1. Provide mental health clinical intervention and case management to qualified eligible HHSOA forensic clients
  - a. Develop screening tool to identify and prioritize forensic clients
  - b. Develop procedures and forms for case management program
  - c. Coordinate services with HHSOA and community resources to enhance self-sufficiency (e.g. employment, GA, housing, AOD)
2. Strengthen working relationships between AOASOC programs and criminal justice system
  - a. Develop communication between agency branches and criminal justice staff
  - b. Identify barriers to provision of mental health services to inmates
  - c. Establish regular check-ins with jail staff
3. Evaluate effectiveness of forensic program activities
  - a. Assess consumer and family member satisfaction
  - b. Track federal claiming of eligible hours
  - c. Document coordination between jail and mental health staff
  - d. Monitor integration of recovery and harm reduction principles
  - e. Measure changes in criminal justice activity

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*Goal 5: Establish a coordinated and sustainable Crisis Response System.*

1. Strengthen crisis response procedures
  - a. Enhance Crisis Line services
  - b. Provide range of intervention strategies, including behavioral health and housing resources
  - c. Provide follow-up on intervention strategies
  - d. Provide responders with remote access to client records (Avatar)
  - e. Standardize and simplify data collection procedures
  - f. Coordinate first responder training for law enforcement, APS, and PES staff.
2. Clarify staffing roles and responsibilities between APS and PES
  - a. Assess 24-hour staffing needs
  - b. Identify roles for Peer Support Counselors and Extra Help staff
  - c. Negotiate NOC shift coverage at hospital
  - d. Establish procedures for communication between law enforcement, emergency departments, APS, and PES.
3. Evaluate effectiveness of crisis response activities
  - a. Assess consumer and family member satisfaction
  - b. Track federal claiming of eligible hours
  - c. Document coordination between law enforcement and MH staff
  - d. Monitor integration of recovery and harm reduction principles
  - e. Measure changes in crisis response outcomes

*Goal 6: Coordinate prevention efforts in the areas of mental illness, abuse and misuse of substances, disease, injury, and elderly and dependent adult abuse.*

1. Continue to participate in MHSA Prevention & Early Intervention planning and implementation
  - a. Participate in PEI planning and prioritization for funding
  - b. Implement AOASOC activities if funded
2. Continue to monitor and provide training to providers of outreach and education services (e.g. HOPE Team and contracted agencies)
  - a. Assign responsibility for monitoring each Outreach contract, including MHSA
  - b. Include all outreach contractors in training opportunities
  - c. Continue coordination of services between HOPE Team and MH case managers
3. Coordinate prevention activities with Community Health/AOD
  - a. Address AOD/BH issues at Elder Abuse Prevention committee meetings
  - b. Conduct quarterly meetings with the fall prevention coalition
  - c. Implement Fall Prevention strategic plan activities
  - d. Identify other opportunities for partnership on disease prevention