

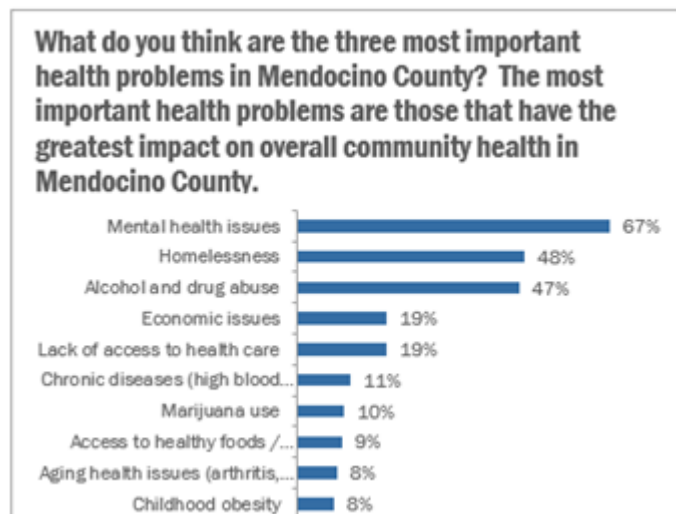
HEALTHY MENDOCINO INITIATIVES PROPOSAL

CHNA CYCLE 2019-2023

Social Determinants of Health

Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, and worship that affect a wide range of health, functioning, and quality-of-life outcomes and risks. In the initiative proposal below, staff considered the social determinants of health and root causes related to the data that emerged from the 2019 CHNA, Action Team Lessons learned and community listening tours. The graph below from the 2019 CHNA, indicates that the top concerns of our community are mental health issues, homelessness/housing, drug abuse, economic issues and lack of access to care.

Health starts in our homes, schools, workplaces and communities. Conditions (e.g., social, economic, and physical) in these various environments and settings have a profound impact on the health of the community. Resources that enhance quality of life as well as access to social and economic opportunity can have a significant influence on population health outcomes. Examples of these resources include safe and affordable housing, access to education, public safety, availability of healthy foods, access to health services, and environments free of life-threatening toxins. By working to establish policies that address the root causes of Mental Health issues, Substance Abuse and Interpersonal violence, we can positively influence social and economic conditions and those that support changes in individual behavior as well as improve health for large numbers of people in ways that can be sustained over time.



A Word About Equity

Equity and health equity are two of Healthy Mendocino’s guiding principles. Looking at the inequities of our health data, and from research nationwide, we have identified four main populations that are disproportionately impacted: low income families, outlying communities, Native American communities and Latinx communities. We have set specific goals for

addressing outlying communities and low-income families where possible, based on our partnerships and community conversations.

In communities of color, part of the health inequity is a result of disenfranchisement, institutionalized racism and for our Native American Tribal nations, historical genocide and its legacies. These issues cannot be easily or quickly solved. Any needs identified or solutions created must be done within these communities and not by outside agencies or organizations. This is the reason you will not see specific goals and strategies to address equity in our initiatives. Instead, our goals are to develop relationships with each of the Tribal Nations and the leaders of the Latinx communities throughout the county so that we can work with them to change practices and policies that continue to produce the inequities seen in our data. In addition, regardless of the initiative chosen, we will develop a separate expertise panel to assist us in addressing equity as we implement our strategies and goals.

HEALTHY COMMUNITIES START AT HOME

Number One: Housing Initiative

This initiative focuses on creating the conditions, strategies and community buy-in to create more Housing across all sectors.

Overview

Housing has been continually identified as a crucial part of improving community health in all geographic locations and across all sectors of housing. The housing crisis in Mendocino County mirrors the housing crisis in California. In Mendocino County, lack of housing has far reaching consequences for the whole community. For example, low income families that qualify for housing assistance through Section 8 vouchers usually face a three-year waiting list for available slots. In the market rate sector, a lack of available housing has impacted the recruitment and retention prospects for hospitals, clinics, mental health service providers, law enforcement and public agencies, to name a few.

Housing is a key factor in community health. “The lack of affordable housing affects families’ ability to meet other essential expenses, placing many under tremendous financial strain. High housing-related costs place an economic burden on low-income families, forcing trade-offs between food, heating and other basic needs. One study found that low-income people with difficulty paying rent, mortgage or utility bills were less likely to have a usual source of medical care and more likely to postpone treatment and use the emergency room for treatment. Another study showed that children in areas with higher

rates of unaffordable housing tended to have worse health, more behavioral problems and lower school performance. “ --[Robert Wood Johnson Foundation](#)

Data indicators from the Healthy Mendocino website show that 58% of Mendocino County residents spend more than 30% of the household income on rent (this does not include homeowners who also spend more than 30%) and 27.2% have severe housing problems. The 2018 point-in-time count In Mendocino County had 880 homeless people (under the [HUD definition of homeless](#)).



The crisis has been brewing over a long period of time. Several key factors that have contributed are:

- 1. Lack of advanced planning:** Planning for community development – what kinds of housing configuration, location of housing and who is doing the building-- is not a required function of any agency or organization. While county and city governments are charged with creating the conditions for housing development, they are not responsible for creating a vision for advanced planning or seeking development partners to put the vision into reality. While municipalities with more tax-based resources may seek additional expertise and develop an advanced planning team, rural and resource-based agencies struggle to find qualified advanced planners and/or meet the demands of their departments. Many do not have the capacity to take on a leadership role in the creation of housing.
- 2. Cost of building:** Across California the cost of building is a major barrier to creating affordable housing. Cost of land, labor, materials, government fees as well as stringent building codes are the major factors influencing the higher cost of building housing in California. Construction labor, for example, is about 20% higher than the rest of the United States ([Legislative Analyst's Office report](#))
- 3. Lack of funding:** Rural areas are at a disadvantage to create housing on several factors:

1. Obtaining funds for subsidized housing. For example, to be competitive for federal funds to build subsidized housing, applicants must have seed money to match
2. Competing for federal and state funds for subsidized housing
3. Difficulty attracting investors and developers due in part to smaller profit margins

4. Nimbyism: Residents often live in rural communities because of the characteristics of small towns and open space. Tension with development of any kind can create an inhospitable climate for housing developments and developers. Even those residents who support the creation of additional housing in theory often have many requirements for where, what, when, how and by whom. Misconceptions about the role of developers and public agencies creates adversarial roles instead of amicable relations.

Mendocino County must address this issue. Many organizations and agencies are working hard to create new housing and the conditions for more housing across sectors. In Mendocino County, as across California, the housing crisis has created a new regulatory environment that will require progress in building housing as outlined in housing element plans, otherwise financially punitive measures will result. We cannot afford for this to happen.

Who is at the Table?

The elements of the **Healthy Communities Start at Home Initiative** were chosen from strategies and priorities identified by the Inland and North Coast Housing Action teams. These teams include the following partners:

RCHDC, City of Ukiah Community Development, Anderson Valley Housing, Anderson Valley Health Clinic, Redwood Community Services, Mendocino County Health and Human Services Agency, Public Health Branch, Community Foundation of Mendocino County, Northern Circle Indian Housing, City of Fort Bragg Community Development, Mendocino County Building and Planning Department, Mendocino Coast Hospitality Center, Coastal Mendocino Association of Realtors, Community Development Commission of Mendocino County, Coastal Street Medicine Project, Partnership HealthPlan, Fort Bragg TV, North Coast Opportunities, Supervisors John McCowan, Dan Gjerde and Carre Brown, and numerous private citizens inland and on the coast.

What we are Proposing

The Healthy Communities Start at Home Initiative has identified strategies in the following four areas:

1. Community Education and Engagement
2. Influencing Policy and Legislation
3. Changing Organizational Practices
4. Supporting Asset development

Goals and Strategies

Community Education and Engagement

Healthy Mendocino will assist our partners in ongoing community engagement and education to develop a more informed community conversation and garner support for developing housing. Currently, most residents do not understand the process of community development and planning, the cost of housing, the barriers to creating more housing and the impact of housing on economic and community wellbeing. We will use a multi-strategy approach to educate the public through stories, workshops and online resources.

Goal 1: Help Mendocino County residents understand the process and importance of developing housing across all sectors.

Strategy 1: We will develop a media campaign through print and social media to educate county residents about the following topics: 1) housing as a health issue for individuals and communities, 2) housing as a basis for creating stronger communities, 3) the human cost of homelessness and importance of supportive housing and transitional housing, 4) importance of advanced planning and the role of the community, 5) cost of housing: getting from ground to turnkey,,6) the economic cost of nimbyism, 7) the many types of housing: moving beyond single family detached dwellings, 8) ADUs and junior ADUs as a partial solution

Strategy 2: Work with community partners to develop a list of key talking points to create consistent messaging

Strategy 3: Gather focus groups of key influencers in communities to have in-person conversations to dispel common myths and misperceptions

Strategy 4: Identify “Housing for Community Health Champions” (community residents and leaders) and provide consistent messaging

Strategy 5: Hold community workshops/educational meetings where appropriate for the following identified topics: 1) youth engagement – the future of housing, 2) senior solutions workgroup – seniors designing solutions for seniors who don’t qualify for subsidized housing, 3) beyond single family homes, 4) innovative solutions to infrastructure barriers, 5) building workforce housing

Goal 2: Use the Healthy Mendocino website as resource hub for residents. Provide information, data and resources for each category. Where appropriate, create links to partners and/or share resource partners. (e.g. influencing policy: brief article on issues for rural communities, a list of legislation/policies affecting housing and draft letters of support to elected officials and/or policy makers outlining needed changes; Asset development: information on building trade career pathway or fostering home share solutions: eg. How to create a junior ADU or creating roommate agreements).

Goal 3: Create “Health Begins at Home” resource page on Healthy Mendocino website – how to keep your home and household safe.

Strategy 1: Weaving together existing information into a set of resources for the following topic areas:

- Fire safety--defensible space, emergency preparedness, tips for owners and renters
- Know your neighbors--the benefits of creating neighborhood safety councils and how to do it
- Safety by age--reducing household dangers for children and seniors
- Healthy families--getting support, playing together, making community connections

Influencing Policy and Legislation

Goal 1: Engage with [Rural Housing Coalition \(RHC\)](#), an organization that works to focus policy makers on the needs of rural areas through direct advocacy, members to help raise the profile of Mendocino County housing issues and rural housing issues in general. Link RHC with community partners and be a communication bridge where necessary.

Strategy 1: With community partners, identify the top 3-5 talking points of priority issues to take to state and federal agencies and legislators

Timeframe: By March 2020

Strategy 2: Communicate to and work with Board of Supervisors to complete the link between federal, state and local leaders

Timeframe: ongoing

Strategy 3: Provide talking points and letters of support templates for citizens

Timeframe: By May 2020

Changing Organizational Practices and Policies

Goal 1: Help develop a Countywide Housing Strategy and Plan. This plan would address the specifics of how our various partners and ourselves will work strategically together to prioritize

and create housing. Support county, cities and Municipal Advisory Councils (MACs) to work collaboratively to codify necessary steps for meeting housing goals for this year's housing element.

Strategy 1: Healthy Mendocino will organize meetings within outlying communities with MACs and community members. Using the housing elements as a guide, identify locations, potential development partners, community assets and strategies for the development of housing in each community. We will develop timelines and help prioritize housing needs

Strategy 2: Support Northern Circle Indian Housing (and other Tribal housing authorities where possible) to conduct the process outlined in Strategy 1

Strategy 3: Provide staff support to organizing meetings and creating the plan

Goal 2: Create workgroups around identified housing element programs to support the cities and the county in meeting their goals laid out in the plans.

Workgroup 1: Innovative solutions - researching best practices and technology within the context of local and state regulations to address infrastructure needs in outlying areas

Workgroup 2: Community Land Trust feasibility

Timeframe: Recommendations for County planning department, done by June 2020

Goal 3: Support and encourage tax sharing agreements as basis for appropriate local annexation in Fort Bragg and Ukiah through community engagement.

Strategies to be identified with partners

Asset Development

Goal 1: Support the continued development of residential and commercial construction workforce pathways by working with existing coalitions and help build new coalitions.

Strategy 1: Work with community partners to expand construction corps where feasible

Strategy 2: Engage with contractors and developers to understand what is needed and how to create it

Strategy 3: Engage with youth to help build trade pathway educational opportunities

Timeline: July 2020-ongoing

Goal 2: Where appropriate, explore traditional and innovative funding streams to help home buyers purchase or rebuild homes.

Strategy 1: Work with partners, CDC and USDA to bring additional HOME dollars to Mendocino County

Strategy 2: Create community land trust workgroup

Who do we still need to bring to table?

CDC, Lafco, Coyote Valley and Round Valley Tribal Housing Agencies, contractors/developers, more community members in outlying communities, Department of Environmental Health

PATHWAYS FOR PROGRESS

Cultivating a skilled workforce one step at a time

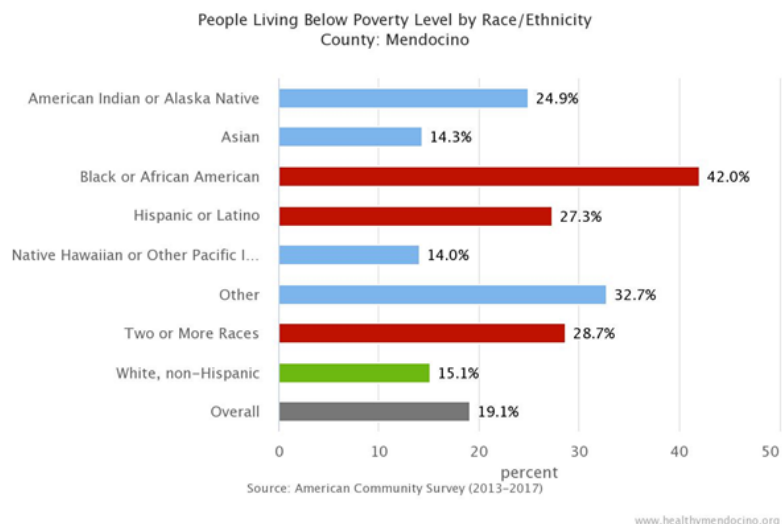
Number Two: Economic/workforce promotion

Overview: Health is created where we live, work, play, pray and learn. Lack of meaningful or gainful employment accompanied by despair for the future sow the seeds for poor mental health and substance abuse. **Pathways for Progress** is aimed at building hope for a brighter and more prosperous tomorrow for some of our communities struggling with underemployment and for our youth who might not have exposure to a range of work possibilities. It is also an effort to support the development of our workforce to fill the needs of our agencies and business that work to improve community health. As this is a new approach, we do not have the depth and breadth of relationships and knowledge as in housing or mental health. Therefore, this initiative will need our Expertise Teams to support staff in developing more specific strategies and outcome measurements.

Across sectors, our partners have discussed the frustration and difficulty of recruiting and retaining employees in key positions. Nurses, physicians, therapists, police officers and credentialed teachers are just a few examples of these positions. The impact to community health is direct and cumulative. Our access to care and mental health services are impacted,

continuity is lost, and it is difficult to maintain and build organizational and systems capacity. Recruiting workforce from outside of the county is challenging because of housing constraints and wages are low and cost of living is high. It is difficult to fill these professional positions using our local workforce, as only 23% of the county population has a bachelor's degree or higher, with only 7.57% holding post-baccalaureate or professional degrees. In some agencies and organizations even entry level positions are difficult to fill as the unemployment rate is 4.0%. This may be related to the fact that 15.3% of our community does not have a high school diploma or certificate. (www.healthymendocino.org)

While statistically we have very low unemployment rates, we seem to have either an underemployment issue or a wage issue, as 19.1% of the population and 24.4.% of our children are living below the federal poverty line and only 42.3% living 200% above poverty level. (www.healthymendocino.org) Some outlying communities are hit disproportionately because



educational and work opportunities are limited, and transportation may not be available to these opportunities. In addition, institutionalized racism and systems that support it have a role in our inequities seen in communities of color. For Mendocino County, our Native American communities also continue to experience the impacts of historical genocide.

As a county we have had some success in developing certification and educational degrees and pathways to recruit, educate and employ within our local communities. The nursing educational pathway is a great example of an effective collaboration from high school to employment. We have multiple agencies and collaborations working in this arena with long-standing relationships and victorious outcomes. However, in our community listening tours and key leader interviews we continue to hear of the need for more efforts to develop pathways of development from high school to graduate school. This is particularly true for outlying communities. The legalization of cannabis has shifted workforce and employment opportunities (both legal and illegal), affecting outlying communities the most. In addition, we hear stories of youth that do not have access to opportunities or models to develop a meaningful and gainful employment. For example, we hear from many of our partners about the need to have psychiatric nurses, particularly pediatric psychiatric nurses. How many Mendocino County youth (or adults) know what a psychiatric nurse does and why that might be an exciting and rewarding career to consider?

Some of the identified barriers to matching open positions with community members are:

1. Either the appropriate training/education are not available, or community access is limited. Not all pathways that have been identified by employers are being fully utilized
2. Young adults do not have adequate agency or engagement in the workforce/educational process
3. Available workforce does not understand transferable skills and professional development, so they aren't applying for open positions
4. Low wages compared to surrounding communities with high housing prices and low housing availability
5. Lack of culturally appropriate hiring practices and workplace culture, and/or flexible hours and/or job shares for single parent households
6. Lack of a professional community of peers and opportunities for spouses

What we are Proposing

“In more technical terms, the goal might be stated as integrating distance, competency-based, and lifelong learning at all levels of education and skill development, and across secondary, postsecondary, employer, and anchor institutions, within any given labor market or economic region” –*Brian Dabson, Rural Dimensions of Workforce Development*

In collaboration with our partners we will:

- 1) Create a map that serves to outline, enhance, communicate and support 4-5 key steppingstone pathways for ongoing professional and educational development
- 2) Identify gaps in training and education
- 3) Work with outlying communities to identify solutions, particularly solutions where technology can contribute
- 4) Identify funding opportunities to support identified solutions (year 2)
- 5) Communicate and celebrate the programs that create a stronger workforce. Highlight existing opportunities
- 6) Communicate the needs of employers and how addressing those needs will positively impact the health and strength of our community
- 7) Through our partners who do direct youth service, better identify barriers for our youth to societal engagement and gainful employment
- 8) Explore ways to create more professional community connections

The following are the identified pathways. We have used a small sample of entry and exit points to illustrate the pathway.

Pathway 1: Residential and Commercial Building Trade

Construction site intern - general carpenter - specialty carpenter (finish) - contractor – building inspector

Pathway 2: Health Care

Home Health Aid – Phlebotomist - medical assistant - LVN - CNA - LPN - RN - P.A. - MD/DO

Pathway 3: Mental Health/Social Worker

Peer counselor/ Promotora – social service intake worker – social worker – manager

Pathway 4: Education

Classroom aid - paraprofessional - substitute teacher - teacher credential pathways - teacher-administrator or (masters/college instructor, PHD professor)

Pathway 5: TBD by communities

Outlining transferable skills and possible job opportunities for displaced cannabis workers and youth

Goals and Strategies

Community Education and Engagement

Goal 1: Create Pathways to Progress Map.

Strategy 1: The map will show various entry and exit points to emphasize that entry-level positions or degrees can lead to a higher paying career. Each pathway will include high school opportunities, early training and certificates--AA and BA degrees--career options, salary scales, potential local employers, cost of educational/training programs, online opportunities, licensing requirements and professional trends (trends for future employment). The map will take existing programs and opportunities into account and will be made available to our collaborators and through online resources to use as a promotional and educational tool. We will tell stories from community members who have engaged in various points along the pathways to highlight hometown successes and help young adults and others who do not have the experience or have not succeeded in traditional education envision themselves in those positions, create agency and believe that they can be successful

Strategy 2: Identify gaps in programs and opportunities

Strategy 3: Work with underserved communities to identify possible solutions

Strategy 4: Identify potential funding or other resources to build pathway support in outlying communities (year 2)

Goal 2: Help make the connection between work and health.

Strategy 1: Use research and existing campaign to show that work serves multiple important functions in a healthy life: economic stability, community connections/support as well meaning and purpose

Strategy 2: Articulate the importance of developing our workforce as a means for improving access to care across the care continuum

Goal 3: Help youth and potential employees identify with a progressive pathway, not just a job.

Strategy 1: Tell success stories from each pathway by highlighting locals who have done all or part of the pathway, what they love about their job, how it has changed their lives (given them purpose, economic security or opened opportunities). Make sure the stories will help those with little education or skills grasp the linkages from where they are to where their next step can be. Highlight the importance of lifelong skill and knowledge development. Publish across media outlets and social media. Celebrate the

existing programs and successes of our partners. Weave together stories as examples of how to navigate these pathways

Strategy 2: Share these stories with partners, including high school counselors, Mendocino College Career Center, workforce development partners, youth partners (eg. the Arbor, 4H, Scouts) and employers. Encourage them to tell the stories of their employees

Timeframe: January -July 2020

Strategy 3: Assess feasibility of creating a larger pool of professional ‘champions’ to visit schools, mentor, or take on an intern. Coordinate with and support Bright futures where possible

Goal 3: Articulate transferable skills and soft skills – what you know and can do, give concrete examples from exiting job opportunities within communities. Link to available resources (local and online) for skill development.

Goal 4: Provide information and resources about cultural competency in the workplace.

Policy and Legislation

Goal 1: Advocate for a coherent national and/or state workforce development policy that includes the challenges or rural workforce development. Work with partners to identify top priorities.

Changing Organizational Practices and Policies

Goal 1: Collaborate with appropriate employment partners and service groups to encourage internships, mentoring, giving underserved employees a chance (felon-friendly workplace, workers with disabilities) flexibility in hours or other incentives to encourage educational development.

Timeframe: July 2020

Goal 2: Assist employers to increase recruitment, retention and satisfaction of under-represented communities.

Strategy 1: Work with communities of color and equity panel to develop recommendations for culturally appropriate organizational hiring practices and workplace culture. Develop a list of recommendations and encourage employers to adopt practices

Strategy 2: Work with existing equity teams within organizations to support external communication of workplace practices

Timeframe: July 2020

Goal 3: Convene a roundtable of Human Resource Managers to discuss and brainstorm ways to collectively build workforce rather than poach and trade. Develop strategies to provide more integrated skill and knowledge development.

Timeframe: July 2020

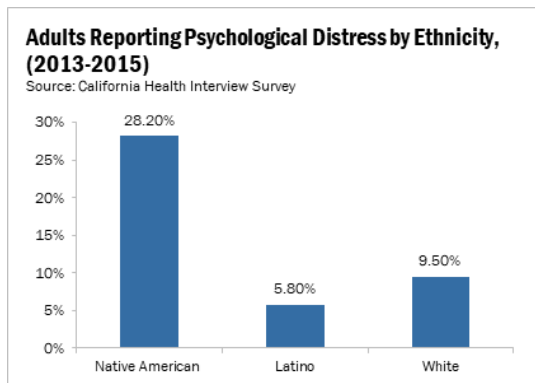
MENDO THRIVES: BUILDING COMMUNITY MUSCLE

Number Three: Improving Mental Health

This initiative focuses on improving access to mental and behavioral health information and care and building community and individual resilience

Overview: When people think of Mental Health, they tend to equate mental health with mental illness. But health (mental or physical) is influenced by a wide range of factors: genetics, development, exposure to stress (societal isolation, poverty, abuse, traumatic incidents, homelessness, physical illness), personal behaviors (drug use, not managing stress, our social circles), and other environmental factors. Everyone has a chance to improve their mental health by improving one or more of these factors. A person's mental health falls on a continuum: from healthy and resilient, to the common stressed and anxious, to mental illness. A comprehensive system of care will include prevention, intervention at early stages and intervention and support of those with chronic mental illness.

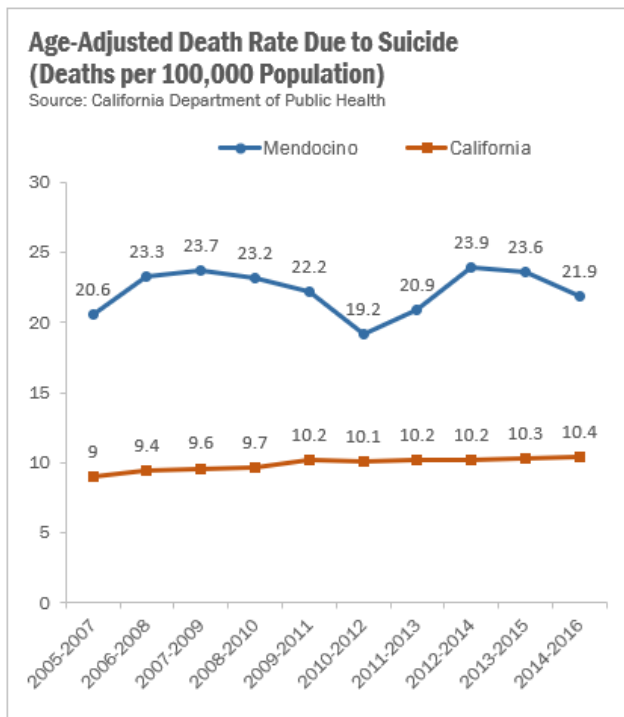
In rural counties like Mendocino, providing this range of services for those in need of support can be challenging for multiple reasons including: geographic isolation, difficulty in recruiting and retaining appropriate service providers, lack of facilities for stabilization and treatment for those in crisis, economies of scale, and higher rates of poverty and its co-morbid factors.



Mental Health has been a top issue of concern for the health and wellness of our community in both the 2016 and 2019 Community Health Needs Assessments. According to the Healthy Mendocino website community health indicators, 9.5% of adults in Mendocino County have likely serious psychological stress, increasing from 4.7% of adults in 2009. In addition, 12.9% of adults report having

frequent mental distress. There were 21.3 suicides per 100,000 people in the county between 2015-2017, more than double the California average per 100,000. Great strides have been made in a range of services and prevention. In 2019, a collaboration of providers offered a series of prevention trainings and workshops throughout the county including QPR: Question, Persuade, Refer and Mental Health First Aid. These efforts coincide with a sincere effort to improve the coordination and availability of care, the addition of innovative pilots (vertical access) and the passage of Measure B to provide funds for facilities to address the critical needs of those in crisis.

Despite those efforts, public perception and knowledge has not kept pace and more work needs to be done to improve our access to care and our community resilience. Navigating the system of care can be challenging for many, including those in crisis. Recruitment and retention of service providers continues to be an issue and most agencies have continual vacancies which they often recruit from outside of the area to fill. Retaining providers with critical training and skill has been a particular issue, as providers often come here for experience and training and then leave to other higher paying communities. This affects our access to care, particularly specialty care where particular skills sets are needed.



Isolation and few resources point to limited services for residents, whose fear of stigma can be stifling and prevent a connection to sources of help. Mendocino County also has fewer funds to spread out than most counties. In addition, Mendocino County has issues retaining mental health service providers due to low wages, scarce housing and high cost of living. "According to Data USA, which uses data from the American Community Survey conducted by the US Census, there is only one mental health clinician for every 497 people in Mendocino County. That's compared to one mental health clinician for every 389 people in Sonoma County, and one mental health clinician for every 357 people in Humboldt

County." - Center for Health Journalism.

With our community partners we have identified the following barriers to improving community Mental Health:

1. A pervasive stigma: what is mental health? Is it as important as physical health? How do you create and maintain good mental health? What does good mental health look like? What is addiction? Stigma is emotional, not fact-based
2. Residents do not know where to go to get help
3. Difficulty accessing specialty care
4. Lack of comprehensive prevention measures
5. Misconceptions and misinformation about the Measure B project

What are we proposing

Mendo Thrives: Building Community Muscle initiative aims to address the barriers to accessing mental health support. We will create a Mental and Behavioral Health Services continuum care map that gives an overview of our mental and behavioral health service throughout the county and across a person's lifespan. Using the map as a framework for a public education and engagement campaign we will weave together existing national campaigns and provide additional information to reduce stigma of mental health in a fact-based approach that will define mental health, substance use, and its impact on physical health. In addition, the initiative will support and collaborate with organizations in their retention of mental health service providers in order to increase access to quality care for those in need and as well as provide fact-based, easy-to-digest information on Measure B - what it will and won't address, and the progress of the oversight committee.

The goals of the public education and engagement campaign are to:

- 1) inform the public about mental health and stigma
- 2) help the public understand the plethora of services across the spectrum
- 3) assist in access to care
- 4) provide tips and resources for improving one's mental health
- 5) demonstrate ways one can get involved to create stronger community health

Goals and Strategies

Community Education and Engagement

Goal 1: Help improve public's knowledge of and access to services by building a Continuum of Care Map.

Strategy 1: Using existing maps as a starting point, we will create a continuum of care map that includes care access by severity, age, location, payment method. It will also identify gaps and where possible provide resources for addressing them

Strategy 2: Assess feasibility of developing a volunteer community advocate navigator program (year 2)

Goal 2: Educate the community about available resource using the Care Map.

Strategy 1: Provide care map to our partners for outreach to community

Strategy 2: Provide care map to employers with link to our website resource kit

Strategy 3: Use web-based platforms and social media to share map with public

Goal 3: Reduce stigma of Mental Health and Substance Use Disorders and educate public about ways to improve their mental health across the spectrum.

Strategy 1: using existing evidence-based materials through organizations such as NAMI, develop a media, social media campaign to use science to 1) explain mental health (including good mental health) and addiction, 2) reduce stigma, 3) explain institutionalized racism in the mental health system, 4) encourage people to reach out when they need help, and 5) provide prevention and mental health hygiene information

Strategy 2: Amplify messages from Strategy 1 by encouraging common messaging across sectors (health care, schools, businesses, faith communities, service providers)

Strategy 3: Gather focus groups of key influencers in communities to have in-person conversations to dispel common myths and misperceptions, and provide resources

Strategy 4: Identify key Mental Health Champions (outside of service providers) and provide consistent messaging

Strategy 5: Attend key community meetings (especially meetings that represent underserved communities and outlying areas) to listen, educate and act as an information conduit to service providers

Goal 5: Educate and engage community on how to build a better community mental health, promoting the idea that everyone can be part of the solution.

Strategy 1: Create a “Be Someone’s One” campaign. Everyone has a part in building strong, healthy communities. It only takes one person to make a difference in someone’s life. As part of the campaign above, create a resource of specific ways for people to engage. Make sure there are a range of engagement opportunities ranging from low impact to high impact, and small one-time engagements to ongoing volunteering or mentoring (eg. mentor a child or someone in recovery, be a community champion, get trained in CRM, Triple P, QPR or Mental Health First Aid and provide it at your school, workplace or neighborhood, be foster parent, support our unsung heroes (service providers, foster parents, etc.))

Strategy 2: Maintain a community calendar to highlight opportunities to: 1) receive more training (i.e. QPR or Mental Health First Aid), 2) enhance social connections, 3) enhance professional development, 4) obtaining parenting support

Strategy 3: Update Healthy Mendocino Website to include information on the factors that improve mental health such as: social connections, spiritual life and/or meaning, physical health (eat, sleep, exercise). Outline and link to our community assets

Strategy 4: Healthy Mendocino staff receives training in appropriate modalities to augment resources available for outlying areas (e.g. Triple P, CRM, QPR and Mental Health First Aid)

Goal 6: Provide fact-based information on Measure B - what it is, what it will do and what it will not do - so that the public can make informed decisions with their public dollars.

Policy and Legislation

Goal 1: Advocate for policies and legislation that would support a comprehensive prevention strategy to reduce childhood trauma and increase parental support as two primary causal factors of mental illness and substance use disorder.

Organizational Practices and Policy

Goal 1: Support organizational practices that promote retention of mental health continuum providers in Mendocino County.

Strategy 1: Partner with Title 4 community partners to bring in self-care and sustainability training for health care professionals. Help coordinate and promote

Strategy 2: Using information gathered in existing exit interviews and employee engagement surveys, engage with partners to identify the top three retention issues. Work collaboratively to find solutions where possible (eg. if benefits are the issue, consider forming a purchasing coalition to create health care options)

Strategy 3: If appropriate, host roundtable/workgroup for human resources professionals from service provider organizations and agencies to collaborate on employee retention to reduce poaching and loss to other counties. Wages are low in the county, but studies show money is rarely the motivator if employee engagement is high

Goal 2: Help identify, promote and develop professional and educational pathways and opportunities to support workforce development for mental health care pipeline. For example, many young adults don't know that Child Welfare Services will pay you to get a master's degree. Tell the success stories of individuals who have taken this pathway.

Goal 3: Support local policy makers to stay informed of the status of mental/behavioral health continuum, barriers, successes and needs.

Goal 4: Support partners in community engagement efforts for strategic planning purposes (i.e. Behavioral Health Plan).