



**2019 Community Health Needs Assessment:
Mendocino County
2020 Community Health Improvement Planning**



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Healthy Mendocino Community Partners

Adventist Health Howard Memorial
Adventist Health Ukiah Valley
Alliance for Rural Community Health (ARCH)/Community Health Resource Network (CHRN)
Community Foundation of Mendocino County
Consolidated Tribal Health Program
FIRST 5 Mendocino
Mendocino Community Health Clinic
Mendocino County AIDS/Viral Hepatitis Network
Mendocino County Health and Human Services Agency, Public Health Branch
Mendocino County Office of Education
North Coast Opportunities
Partnership HealthPlan of California
Redwood Community Services
Redwood Quality Management Company
United Way of the Wine Country

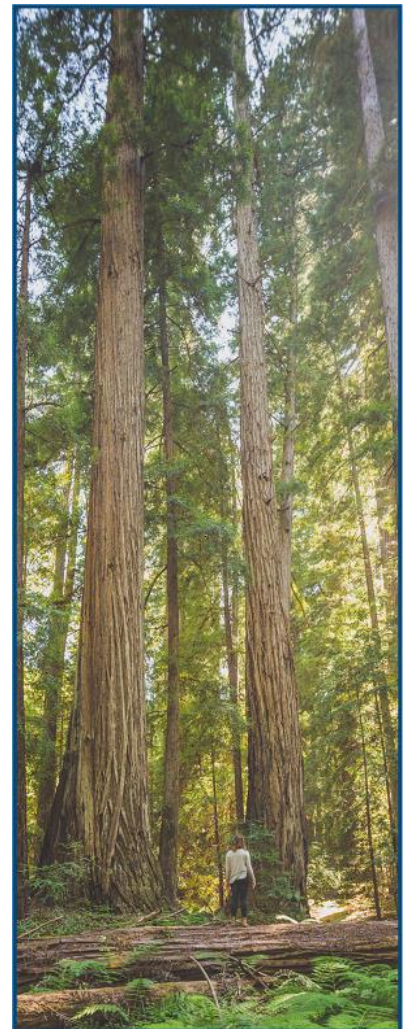
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City Council Members
City of Fort Bragg Community Development
City of Ukiah Community Development
City of Ukiah Parks and Recreation Department
Coastal Mendocino Association of Realtors
Community Members
County Economic Development Committee
Court Appointed Special Advocates
Economic Development and Financing Corp.
Foster Kin Care
Fourth District Supervisor
Health and Human Services Agency,
Planning and Prevention Unit
Healthy Families Mendocino County
Housing Organizations
Legal Services of Northern California
Manzanita
Mendocino Coast Child Abuse Prevention Council
Mendocino Coast Children's Fund
Mendocino Coast Clinics
Mendocino Coast Hospitality Center
Mendocino Coast Recreation and Park District
Mendocino Community Health Clinics
Mendocino County Behavioral Health Advisory Board
Mendocino County Health and Human Services Agency
Mendocino County Youth Project
Mendocino Office of Education, State Preschool



NAMI of Mendocino County
North Coast Opportunities, Nutrition Basics
Noyo Headlands Unified Design Group
Plowshares Peace and Justice Center
Project Sanctuary
Raise and Shine – FIRST 5 Mendocino
Redwood Valley Rancheria
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Introduction and Background

Community Health Needs Assessment

The Community Health Needs Assessment (CHNA) for Mendocino County is a compilation of quantitative and qualitative data from multiple sources, woven together to provide a comprehensive picture of the health of county residents. Many community members, key formal and informal leaders, and community partners shared their wisdom, knowledge, experiences, and perceptions about the health of residents and the capacity of the local public health system to provide essential public health services. The public health system is defined broadly in this context to include all of the organizations and entities that contribute to the public's health in a community, including the county public health department as well as public, private and volunteer organizations; all contributed to this assessment.

The Community Health Needs Assessment (CHNA) for Mendocino County is a compilation of quantitative and qualitative data from multiple sources, woven together to provide a comprehensive picture of the health of county residents. Many community members, key formal and informal leaders, and community partners shared their wisdom, knowledge, experiences, and perceptions about the health of residents and the capacity of the local public health system to provide essential public health services. These are action-oriented plans for addressing the most significant issues identified by community partners. The goal is to align and leverage resources, initiatives, and programs to improve local health. The ultimate goal is to ensure coordinated, measurable health improvement throughout the county, with all agencies and organizations working together toward collective impact.

At the conclusion of the [2015 CHNA](#) process, a countywide forum with over 100 community members from across Mendocino County was held in 2016 to choose a set of priorities. As a result of the forum, a CHIP was formed with five priority areas:

1. Childhood Obesity and Family Wellness
2. Childhood Trauma
3. Housing
4. Mental Health
5. Poverty

Healthy Mendocino worked on implementing the [2016-2019 CHIP](#) by facilitating the formation of Action Teams in three of the five geographical regions of the county, Inland Ukiah/Anderson Valley, North Coast and South Coast. Each Action Team was formed with a variety of key stakeholders including health and human service agency employees, educators, farmers, healthcare workers, recreation department employees, lawmakers, residents, government employees, and other groups interested in working towards the health and well-being of Mendocino County. Each of the Action Teams subsequently developed goals, objectives/measures, key strategies, and an action plan. They worked diligently for 3 years on their goals and were able to implement strategies and actions steps.

Health Equity and Social Determinants of Health Framework

The CHNA project looks at the community’s health through a wide lens. When people think of health, they may think of it only in relation to disease or illness; but health is part of every aspect of our daily lives. 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. These economic, social, cultural, and environmental factors affect a wide range of health risk and outcomes and impact the health status of individuals and groups.

In Mendocino County, as in most communities, some of the most serious health concerns relate to the wide differences in health status among different population groups and geographic areas—health disparities. These disparities generally stem from root causes and inequities such as the toxic effects of poverty, lack of safety, inadequate housing, and other factors that can also lead to poor school performance and other concerns. Such root causes cannot be addressed by individuals or even by individual systems or organizations. Health inequities can only be addressed by moving “upstream” from a focus on individual responsibility, to a focus on our collective responsibility to create the conditions that enable all residents to make healthy choices and have better health outcomes.

Four main populations have been identified in Mendocino County as disproportionately impacted: low income families, outlying communities, Native American communities and Latinx communities. Specific goals should be set 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. Any needs identified or solutions created must be done within these communities and not by outside agencies or organizations. Goals should be 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.



Data Collection Methods

The CHNA Planning Group met at least monthly from September 2018 to September 2019 to provide guidance and feedback on the proposed methodologies for each of the assessments utilized during the process and to evaluate the findings. The data collection methods are described below.



- The **Community Health Survey** ([Appendix A](#)) provides residents' opinions about health status, access to services, and any barriers to obtaining health care. A total of 1,324 residents completed the Community Health Survey; 1,276 were completed in English and 48 in Spanish; 94 were completed by Native Americans, mostly from the Round Valley area.

- The **Key Stakeholder Interviews/Key Leader Survey** ([Appendix B](#)) identifies views on health and well-being in Mendocino County among key stakeholders in the community, both formal and informal leaders. Two data collection methods were used in this assessment (i.e., an interview and a survey). Thirty-four key stakeholders in the community were interviewed, including

representatives of county and city government, private businesses, health and human services, hospitals and clinics, community-based organizations and nonprofits, law enforcement, children and youth services, education, media, geography, and racial/ethnic groups, among others. Interviews were conducted in person or by phone. A Key Leader Survey of 56 formal and informal leaders in the community was provided online. Together with the Key Informant Interviews, a total of 90 key informants/leaders in Mendocino County participated.

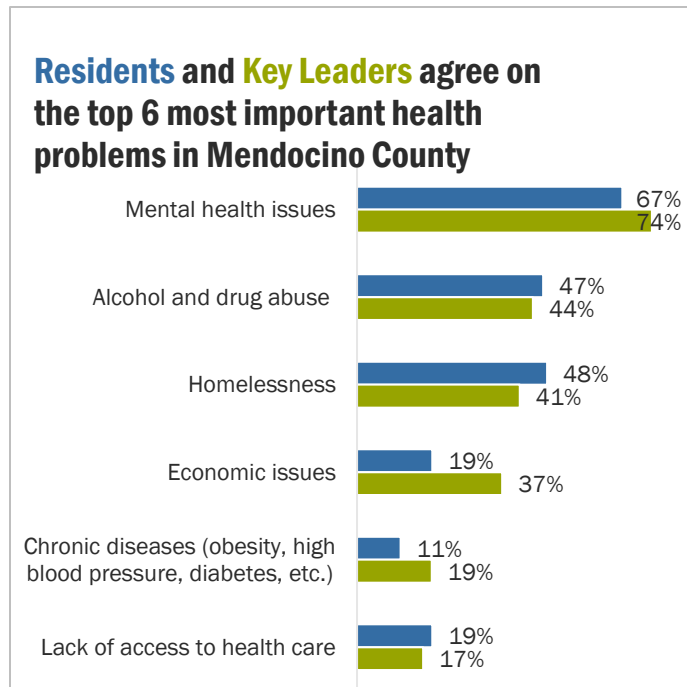
- The **Community Health Status Assessment** ([Appendix C](#)) uses secondary data from a variety of sources such as vital statistics data, accident and injury rates, infectious and chronic disease rates, and others, to illuminate the health status of Mendocino County and its residents, helping to answer questions including, *What is the health of Mendocino County residents?*

As noted, further information on each of the assessments described above can be found in the [2019 CHNA Report](#) Appendices: Community Health Survey ([Appendix A](#)), Key Informant Interviews/Survey ([Appendix B](#)), and Community Health Status Assessment ([Appendix C](#)).

Assessment Findings

Most Important Health Problems

Residents and key leaders agreed on the top 6 most important health problems in Mendocino County: 1) mental health issues, 2) alcohol and drug abuse, 3) homelessness, 4) economic issues, 5) chronic diseases (e.g., obesity, high blood pressure, diabetes, etc.), and 6) lack of access to health care. These results were identical to the 2015 Community Health Survey with one exception: marijuana use/industry as one of the most important health problems in the 2015 survey was replaced by chronic diseases in the 2019 survey.



Most Significant Barriers to Addressing These Issues

Key informants were asked to identify, overall, what are the **most significant challenges or barriers** to addressing the most important health problems identified in the previous section. The top six issues identified by informants are:

1. **Lack of funding** to support infrastructure and programs
2. **Lack of affordable housing**, particularly for the mentally ill and homeless
3. The **need for mental health services exceeds the capacity** of the current system
4. **Duplication of effort** among local agencies and nonprofits
5. The **pervasiveness of drug and alcohol abuse**
6. The **current state of the economy**, overall

These barriers, and their relationship to the most important health problems, are defined in more detail in the 2019 Key Leader Interviews/Survey report ([Appendix B](#)). Also included are approaches suggested by informants, challenges and barriers to overcoming these health problems, and sample quotes from the interviews. Assets in the community that can be leveraged to address the most important health problems identified by informants are provided in the next section.

Community Assets and Resources

As the county's residents and organizations move toward addressing the concerns highlighted above and/or others identified through community meetings, they can draw on many existing assets, resources, and programs. Some were named in the Community Health Survey ([Appendix A](#)), and Key Informant Interviews ([Appendix B](#)), including our healthy natural environment, our active community organizations, and our health care and cultural resources. Examining these strengths and assets in relation to each of the Community Health Needs /Priorities, can help determine how they can be deployed in action plans for each priority area.

In the interviews, key informants identified the following as some of the assets in Mendocino County that can be leveraged to address many of the most important health problems identified above.

- 1. Mental Health**
 - a. Measure B Funding
 - b. Redwood Quality Management Company
 - c. Redwood Community Services
 - d. Innovations Project
- 2. Alcohol & Drug Abuse**
 - a. Prop 64 Funding
 - b. HUD/Ford Street Residential Treatment Pilot Project
- 3. Homelessness**
 - a. Government
 - b. Large businesses and nonprofits
 - c. Redwood Quality Management Company
 - d. Redwood Community Services
- 4. Economic Issues**
 - a. City/county partnerships
 - b. Nonprofits

Community Health Needs/Priorities

To define a starting place for discussion and planning for collective action to improve community health, the CHNA Planning Group examined and prioritized the CHNA data according to the themes and issues that emerged from the Community Themes and Strengths Assessment and the Community Health Status Assessment. The Community Health Survey ([Appendix A](#)), the Key Leader Interviews/Survey ([Appendix B](#)), and the Community Health Status Assessment ([Appendix C](#)), were examined separately, then collectively.

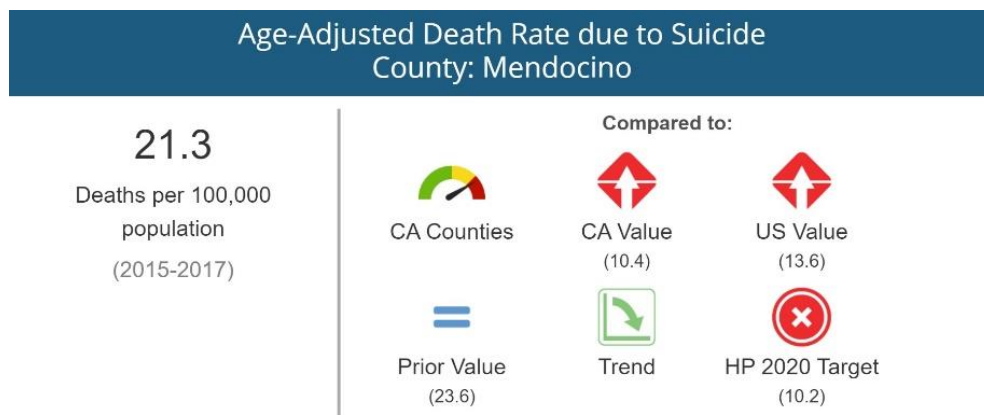
Using this method, the CHNA Planning Group identified the following issues based on the analysis of the primary and secondary data sources as leading **Community Health Needs / Priorities** in Mendocino County:

1. Mental Health
2. Domestic Abuse (including sexual and child abuse)
3. Substance Abuse (including drugs, opioids, and alcohol)

The Planning Group proposes these three issue areas as the focus of Community Health Improvement Plans, Collective Action Plans and Strategic Plans developed by county agencies.

Mental Health

Mental health needs and services are a significant concern in Mendocino County. Two-thirds (67%) of adults surveyed indicate that mental health issues are among the most important health issues facing our community (2019 Community Health Survey). Accessing mental health treatment in Mendocino County is improving (2019 RQMC Mental Health Medicaid Services) but can still be a challenge for individuals in need, partly as a result of the geographic isolation inherent in a large, rural county. The [rate of suicides in Mendocino County is 21.3%](#) per 100,000; three times the California rate of 10.5 per 100,000.

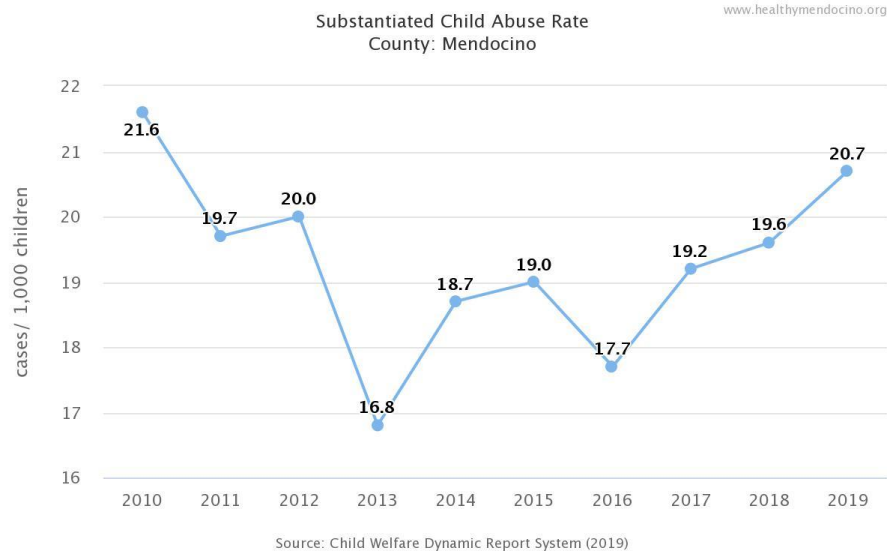


There are complex interactions among mental health, mental illness, substance abuse, the high poverty rate, unemployment, and homelessness. Poor mental health can both result from and contribute to other poor health and social conditions. The barriers to accessing timely and appropriate mental health services contribute to crises that local emergency departments or law enforcement must address. Community members and providers indicated that mental health services are most likely to be used when they are in the local community, financially accessible and culturally relevant.

Despite an improvement in the ratio of population to mental health providers, the demand for practitioners has not matched the need for mental health services. There is currently no in-patient psychiatric facility in the county. In 2017, the voters approved Measure B, an initiative calling for a half-cent sales tax increase to fund inpatient mental health facilities. These facilities are in the planning stage.

Domestic Abuse (including sexual and child abuse)

Two of the most serious safety issues for adults surveyed in the 2019 Community Health Survey were domestic violence (40%) and child abuse (39%). The total number of calls for domestic violence reported in the 2019 Community Health Status Assessment indicated a decrease from 544 calls in 2016 to 468 in 2017. However, the rate of violent crime offenses in Mendocino County – which includes domestic violence, sexual assault and abuse, assault, and battery – indicate 640 per 100,000 violent crime incidences in 2017, compared to 421 per 100,000 for the state.



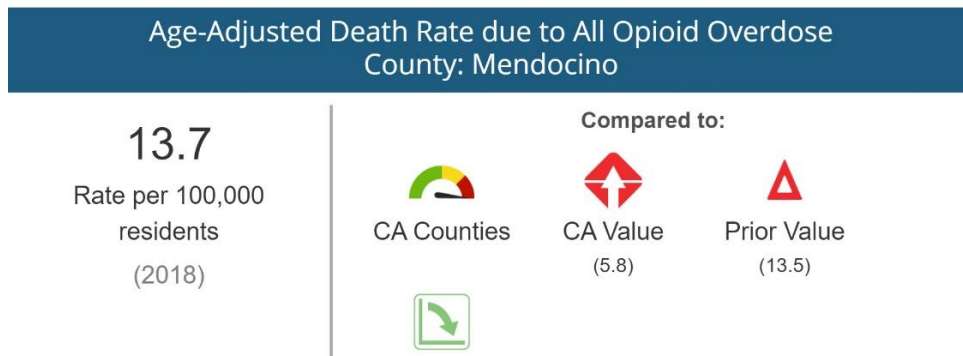
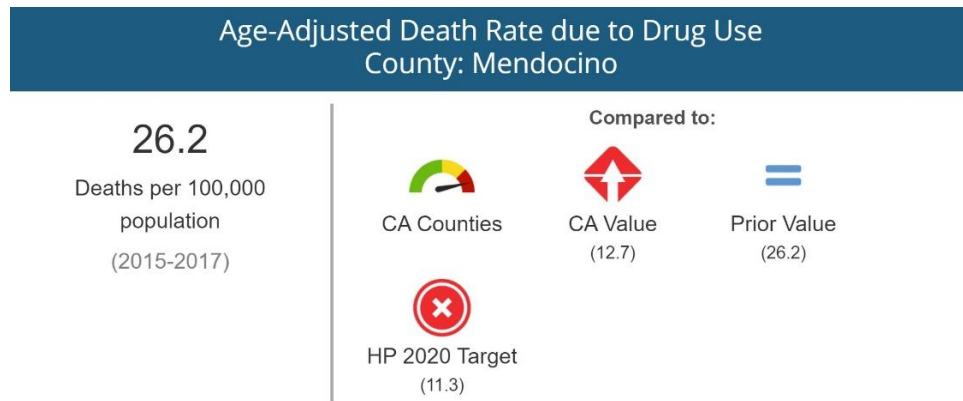
The [rate of substantiated allegations of child abuse](#) per 1,000 children ages 0-17 years rose from 16.8 per 1,000 in 2013 to 20.7 per 1,000 in 2019 (compared to 7.4 per 1,000 in 2019 for California). In addition, the rate of children aged 0-17 with entries to foster care per 1,000 rose from 8.4 per 1,000 in 2013, to 12.3 per 1,000 in 2015, compared to 5.8 per 1,000 children for the state.

Domestic violence may include physical, emotional, verbal, sexual, spiritual, and/or financial abuse. Numerous studies show that domestic violence and child abuse affect the mental health and cognitive development of children. As discussed in the 2019 Community Health Status Assessment, “Children exposed to domestic violence can experience physical, emotional and behavioral responses which include feeling afraid, guilty and sad, having sleep disturbances, stomach aches and headaches, bedwetting, and inability to concentrate, and poor school performance among other problems.” These negative consequences last through their adult lives. Studies show that there is a correlation between adverse childhood experiences (ACEs) (including all types of domestic violence) and the increased incidence of heart disease, lung cancer, and diabetes, as well as depression and suicide amongst individuals who were exposed to domestic violence and abuse as children.

Domestic violence also impacts the sexual and reproductive health of women; sixteen percent (16%) of women who are abused are likely to have a low-birth weight baby, are 1.5 times more likely to acquire HIV, and 1.5 times more likely to acquire syphilis infection, chlamydia and gonorrhea. The impact of domestic violence goes beyond the family and includes friends, neighbors, and the community at large.

Substance Abuse (including drugs, opioids, and alcohol)

Alcohol and drug abuse were chosen as one of the top 3 most important health issues in Mendocino County by 47% of adults surveyed. The percentage of adults who admit to drinking to excess or binge drinking at least once in the prior month fell from 24% in 2015 to 19% in 2018 (2019 Community Health Status Assessment). Nonetheless, this percentage continues to be high. For young people, alcohol is the most widely abused substance and binge drinking, in particular, has been linked to risky health behaviors.



The [drug induced mortality rate](#) per 100,000 has increased from 14.4 (2010-2012) to 26.2 (2017). Further, the [age-adjusted rate of deaths from opioids](#) in 2018 was 13.7 per 100,000 residents, compared to 5.8 per 100,000 for California. Mendocino County averages two deaths a month from unintentional prescription opioid overdose, per capita, twice the state average. In response to this crisis, Mendocino County has formed the Safe Rx Mendocino Coalition promoting all efforts to build a healthy community that is free of opioid abuse and related stigma. However, there is more work that needs to be done in Mendocino County to reduce substance abuse.

Over half of the respondents mentioned manufacturing of methamphetamine as one of the most serious safety problems in Mendocino County (2019 Community Health Survey). However, in recent years, the State of California passed laws severely limiting the availability of medications containing ephedrine. Now most of the manufacturing of methamphetamine is done outside of the U.S. and smuggled into California. This choice as a top safety concern may be more indicative of an awareness of people using the drug, rather than actual laboratories in a neighborhood.

2019 Healthy Mendocino Listening Tours

Introduction

Part of Healthy Mendocino’s mission is to be a central hub for cross-sector collaboration to improve community health. One way to do this is through collecting continuous community feedback about the most pressing health issues in the county to help inform our partners’ next steps. Healthy Mendocino conducted 23 Listening Tours with agencies and groups around the county representing a diverse cross sector of the population. This was a compliment to the Community Health Needs Assessment (CHNA) for community engagement to obtain a better understanding of what community groups feel are the barriers and highest needs for their community members. Data was compiled in 2019 from each region of Mendocino County – North Coast, South Coast, North County, Round Valley, Willits, Ukiah area. The groups targeted were: Tribal Councils, Family Resource Centers, Coalitions, Agencies, Organizations, Councils, and Coalitions.

The theme of each meeting was to listen and ask questions of community members, leaders in the community and people on the ground working with specific populations.

List of Agencies and Organizations

1. Safe RX Mendocino Coalition
2. Workforce Alliance of the North Bay Mendocino Advisory Subcommittee
3. Consolidated Tribal Health Project Board of Directors
4. West Business Development Center
5. Mental Health Services Act Stakeholders Forum
6. Bekkie Emery, Mendocino County HHS, Social Services Branch Director
7. Mendocino Coast District Hospital
8. Alliance for Rural Community Health/FQHCs Federal Qualified Health Centers
9. Ukiah Vecinos En Accion (UVA)
10. Round Valley Tribal Health Clinic
11. Round Valley Tribal community members
12. Northern Circle Indian Housing Authority, Tribal Listening Session
13. Redwood Community Services



2019 HEALTHY MENDOCINO LISTENING TOURS

Prepared by Patrice Mascolo and Molly Rosenthal



Healthy Mendocino Listening Tour

We want to hear from you!

What in your community is working well?

What are the major barriers to health and wellness for you and your family?

What support or resources do you need to improve your life?

Please attend this important meeting to tell us what will help you, your family and your community to thrive.

14. Redwood Quality Management Company
15. Family Resource Center Network group
16. Mendocino College
17. LATINX Alliance
18. Laytonville Community Coalition
19. Children’s Youth Council
20. Service Employees International Union (SEIU) 2015 Coast Chapter
21. Action Network
22. Project Sanctuary
23. Advocates Supporting Coast Kids (AScK)/ Child Abuse Prevention Council
24. Coalition for Gang Awareness and Prevention (CGAP)

Questions Asked

1. What are the major barriers to vital health and wellness for your clients/members?
2. What support would you/they need to address these barriers?
3. What are the gaps in care and prevention based on your work with this population?
4. What in your community is working well?
5. If you had a magic wand, what programs, policies, and resources would you ask for?

Below is the Summary from the Listening Tours Analysis. To read the full report click [HERE](#).

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Summary

Healthy Mendocino set out to conduct Listening Tours throughout the county to hear directly from leaders and members of the community from a diverse number of sectors. The 2019 Community Health Needs Assessment had just been completed and the surveys, secondary data and Key Leader interviews pointed to 3 main priority areas needing attention in the county: Mental Health, Domestic Abuse and Substance Abuse. Most of the data for this assessment came from a narrow population in the county and did not have a statistically relevant number of data points from the most vulnerable populations. What was heard from specific populations and from different regions was insightful. The challenges and barriers were similar on the issues of poverty; housing; access to health care, especially mental health; lack of skilled laborers and workforce development causing large job vacancies in government and health care sectors; and lack of transportation to outlying areas, lack of programs for young children and youth. What we learned was Native American and Hispanic populations had distinct challenges because of language, culture, problems with equity and racism to name a few.

The solutions brought forward showed that these communities have been thinking of positive programs to address these issues. Solutions included: better access to educational programs for youth, job seekers, the mentally ill, and newly released inmates. Better access to treatment options for the mentally ill, substance abuse clients and domestic violence victims and perpetrators. Increased access to transportation, language translations, and an understanding of cultural history and taboos.

Healthy Mendocino will share this information out to the community and to our partners to engage and strengthen relationships with community agencies and organizations, to engender collaboration and help bring about community change.



Next Steps

The findings of the 2019 Community Health Needs Assessment report and its appendices provide a great deal of information to support the selection of strategic issues for collective impact efforts. The CHNA Planning Group recommended the three aforementioned Community Health Needs / Priorities as a starting point in the discussion and prioritization of health issues and the development of Community Health Improvement Plans, Community Action Plans and Strategic Plans.

While this summary will focus on specific arenas for collective action, there are many ways to improve community health. All community members are encouraged to use the information provided in this document to help enhance wellness and quality of life in Mendocino County.

Four main populations have been identified in Mendocino County as disproportionately impacted: low income families, outlying communities, Native American communities and Latinx communities. Specific goals should be set for addressing outlying communities and low-income families where possible, based on our partnerships and community conversations.

Along with focusing on the 3 priority areas identified in the 2019 CHNA, it was decided to continue supporting the Housing Action Teams inland and, on the coast, and the Childhood Trauma Action Team in Ukiah. Both these teams have been working on these priorities identified in the 2016 CHNA. Since it takes more than 3 years to produce sustainable change, these groups are still working hard with a committed group of agency and community members.

Strategies/Actions Implemented by Housing and Childhood Trauma Action Teams Since the 2016 CHNA

Priority Area	Geographic Area	Strategies/Actions Implemented To Date
1. Childhood Trauma	Inland Mendocino County	<ul style="list-style-type: none"> ... Developed a strategic action plan that outlines the work of the team, and goals of partners for monthly meetings to address prevention efforts, community engagement and education ... Coordinated with partners on a range of trainings focused on mental health, professional development, and resilience for community members (see Mental Health below) ... Created a countywide capacity/asset map for resources across the prevention/intervention spectrum for childhood trauma and resilience work
2. Housing	Fort Bragg	<ul style="list-style-type: none"> ... Hosted 2 Accessory Dwelling Unit workshops for more than 180 residents addressing logistics, code and zoning, tax implications, financing, and structure options

Priority Area	Geographic Area	Strategies/Actions Implemented To Date
		<ul style="list-style-type: none"> ... Participated in the Fort Bragg 2019 Housing Element Plan Update process and made recommendations for changes, e.g., for a variety of housing types (more senior housing, etc.), simplified processes, and flexible development standards ... Currently exploring a Community Land Trust option
	Ukiah area	<ul style="list-style-type: none"> ... Hosted an Accessory Dwelling Unit workshop ... Participated in the Ukiah 2019-2027 Housing Element Update process and made recommendations, e.g., help land-owners manage and update current housing stock; change zoning on non-conforming properties to align with historical uses, develop an amnesty/legalization program for residents that are illegal or non-conforming
	Countywide	<ul style="list-style-type: none"> ... Participated in 2019-2027 Mendocino County Housing Element Plan Update process and made recommendations regarding, e.g., encouraging mixed-use development and facilitating construction of secondary dwelling units on residential properties ... Hosted a Community Land Trust forum for policy makers, planners, and community members to begin to assess feasibility ... Created recommendations for the Healthy Mendocino Advisory Council for the 2019-2020 workplan



Proposed Initiatives

In the initiative proposals below, Healthy Mendocino staff considered the social determinants of health and root causes related to the data that emerged from the 2019 CHNA, Action Team Lessons learned from the 2016-2019 CHIP and community listening tours.

The 2019 CHNA Planning Group extrapolated three health and quality-of-life priority areas from the community data compiled in the report: Mental Health, Domestic Abuse and Substance Abuse. Healthy Mendocino then conducted 23 [Listening Tours](#) with diverse groups and sectors throughout the county to identify what organizations and individuals need to improve health and quality of life in their communities. Consistently, staff heard common themes throughout the listening tours. The challenges and barriers were similar on the issues of poverty; housing; childhood trauma; access to health care, especially mental health; lack of skilled laborers and workforce development causing large job vacancies in government and health care sectors; lack of transportation to outlying areas; and lack of programs for young children and youth. Our communities need access to mental health services, affordable market rate housing, well-paying jobs, economic freedom, and more awareness of educational and employment opportunities. Incorporating the 2019 CHNA priority areas, national best practices, and lessons learned from the [2016-2019 CHIP](#) work, staff developed three Initiative Proposals for Workforce Development, Mental Health, and Housing. All three are outlined below.

The Workforce Development Initiative: Promoting Pathways for Progress, was chosen to be the focus of work Healthy Mendocino would start on in the winter of 2020. This is an upstream initiative that would help move the dial towards substantial change in the 2019 CHNA priority areas of Mental Health, Domestic Abuse and Substance Abuse.



Number One: Workforce Development

PROMOTING PATHWAYS FOR PROGRESS

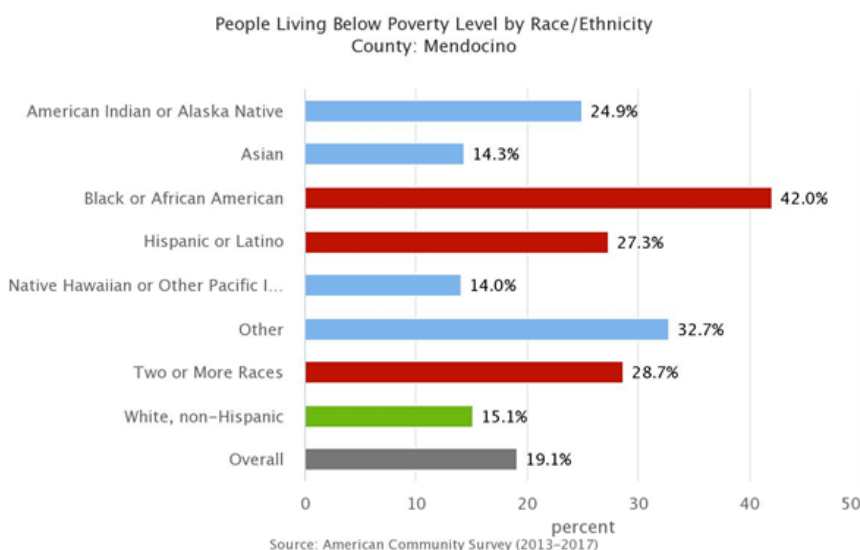
Overview: Health is created where we live, work, play, pray and learn. Lack of meaningful or gainful employment accompanied by despair for the future sows the seeds for poor mental health and substance abuse. **Promoting Pathways for Progress** is aimed at building hope for a brighter and more prosperous 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.

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 [24.7% of the county population has a bachelor's degree or higher](#), with only 7.6% holding post-baccalaureate or professional degrees. In some agencies and organizations even entry level positions are difficult to fill as the [unemployment rate is 6.0%](#). This may be related to the fact that [18.1% of our community does not have a high school diploma](#) or GED certificate.

While statistically we have very low unemployment rates, we seem to have either an under-employment issue or a wage issue, as [18.5% of the population](#) and [24.8% of our children](#) are living below the federal poverty line. 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 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



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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 are not 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

Proposal

1. Create a map that serves to outline, enhance, communicate and support 3-4 key stepping-stone 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
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 partners who provide direct services to youth, 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.

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)

Goals and Strategies

Community Education and Engagement

Goal 1: Create a Workforce Development Asset Map

Strategy 1: Create asset map as a living document to be shared with community partners

Strategy 2: Identify strengths, gaps, and opportunities

Goal 2: Create Pathways to Progress Map

Strategy 1: Assist the Mendocino/Lake Adult and Career Education (ACE) collaborative in the completion of the Construction Trades and Business pathways maps/brochures. Using existing template, create additional maps for Mental Health/Social Worker, Education (including early childhood education). The maps 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.

Strategy 2: Identify gaps in programs and opportunities.

Strategy 3: In collaboration with Mendocino/Lake ACE, work with underserved communities to identify possible solutions to increase opportunities to existing pathways.

Strategy 4: Use information to create a countywide document that outlines and sets priorities, identifies potential funding, and provides a basis for leveraging resources to build pathway support in outlying communities.

Goal 3: Promote the Pathways and Pathway Maps

Strategy 1: Tell the success stories – individuals – highlight purpose. 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: Tell success stories – organizations

Strategy 3: Share Map and the success stories through a range of media and social media outlets

Goal 4: Help make the connection between work and health

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

Strategy 2: Share information and resources about meaningful work: how to find it, what that can look like, impacts on health.

Goal 5: Help engage youth and potential employees identify with a progressive pathway

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).

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.

Goal 6: Soft Skills

Strategy 1: Support and promote the expansion of soft skills workshops for students and adults (e.g. find ways to livestream or record for outlying areas).

Policy and Legislation

Goal 1: Advocate for a national and/or state workforce development policy

Strategy 1: Advocate for policies that include the challenges or rural workforce development. Work with partners to identify top priorities.

Changing Organizational Practices and Policies

Goal 1: Encourage internships and mentoring

Strategy 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.

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

Strategy 1: Work with communities of color and equity panels 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.

Goal 3: Convene a roundtable of Human Resource Managers

Strategy 1: Discuss and brainstorm ways to collectively build workforce rather than “poach and trade”. Develop strategies to provide more integrated skill and knowledge development.



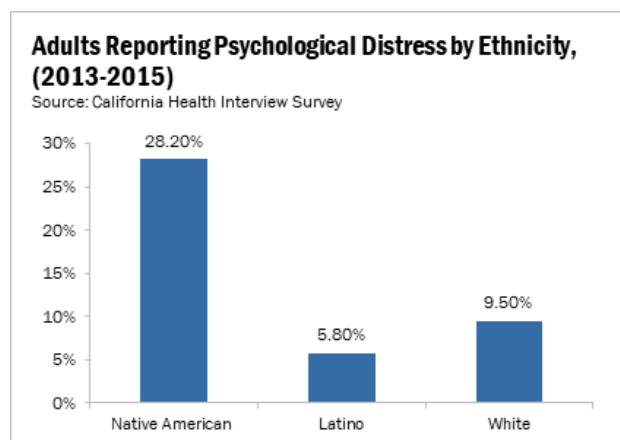
Number Two: Improving Mental Health

MENDO THRIVES: BUILDING COMMUNITY MUSCLE

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, from the day-to-day stresses and anxiety, to full-blown 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.

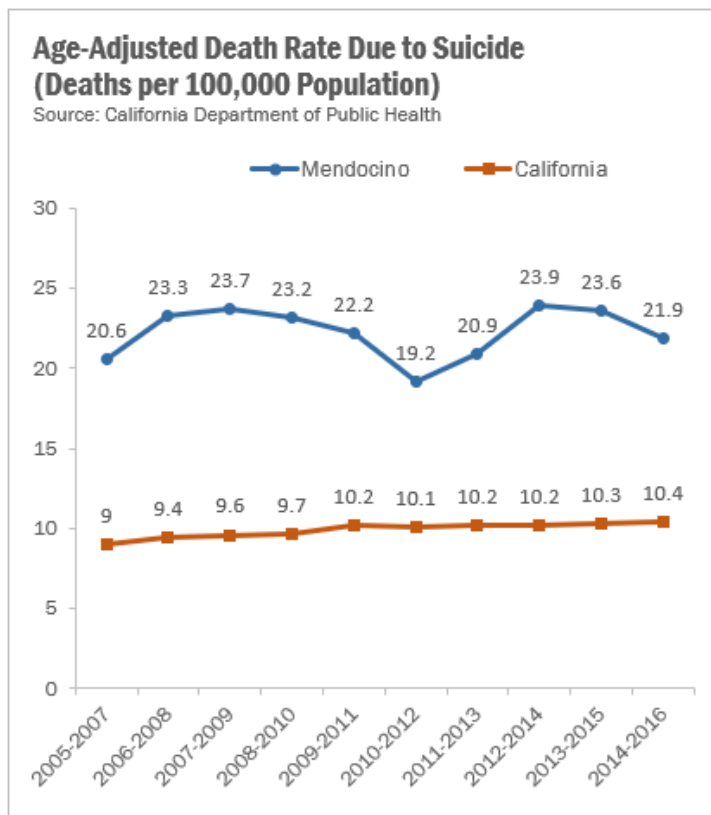


Mental health has been a top issue of concern for the health and wellness of our community in both the 2016 and 2019 Community Health Needs Assessments. According to the Healthy Mendocino website community health indicators, [9.5% of adults](#) in Mendocino County have likely serious psychological stress, increasing from 4.7% of adults in 2009. In addition, [13.4% 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 of

10.4 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 move on 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 Bureau, there is only one mental health clinician for every 497 people in Mendocino County. That is 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

Proposal

Mendo Thrives: Building Community Muscle initiative aims to address the barriers to accessing mental health support. Creating a Mental and Behavioral Health Services continuum care map will give 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, it 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, 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: Explore the feasibility of developing a volunteer community advocate navigator program.

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.

Goal 4: 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 (e.g. 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

Goal 5: 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 (e.g. 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 do not 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).



Number Three: Housing Initiative

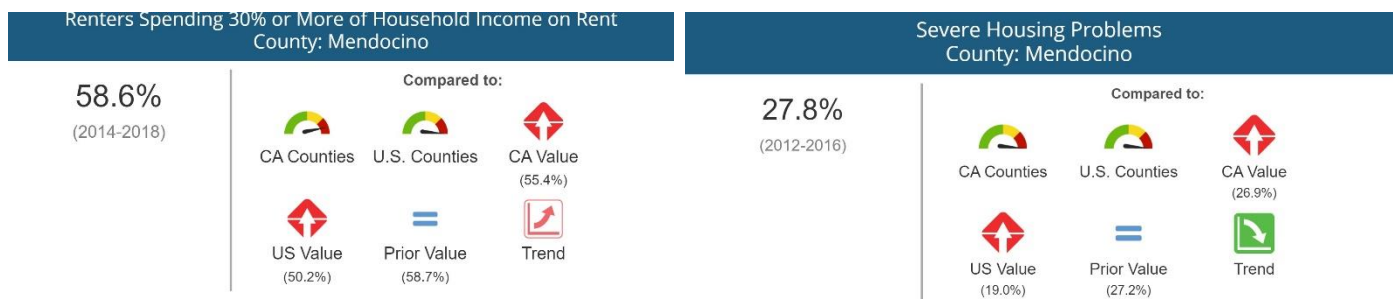
HEALTHY COMMUNITIES START AT HOME

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 58.6% 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 [27.8% 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 these issues. 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.

Proposal

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

Assisting agencies 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. 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: 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 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) Accessory Dwelling Units (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: e.g. 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.

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

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

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 the community 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: 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.

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

Strategy 2: Community Land Trust feasibility

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

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

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 Housing and Urban Development (HUD) HOME dollars to Mendocino County

Strategy 2: Create community land trust workgroup

Who do we still need to bring to table?

Community Development Commission, Local Agency Formation Commission (Lafco), Coyote Valley and Round Valley Tribal Housing Agencies, contractors/developers, more community members in outlying communities, and the Department of Environmental Health.

