



**MENDOCINO COUNTY BEHAVIORAL  
HEALTH ADVISORY BOARD**

**REGULAR MEETING  
AGENDA**

**April 18, 2018  
10:00 a.m. to 2:00 p.m.**

**Yuki Trails Conference Room  
23000 Henderson Road  
Covelo**

**Chairperson**  
JAN MCGOURTY

**Vice Chair**  
EMILY STRACHAN

**Secretary**  
DINA ORTIZ

**Treasurer**  
CATHY HARPE

**BOS Supervisor**  
GEORGEANNE  
CROSKEY

**1<sup>ST</sup> DISTRICT:**

DENISE GORNY  
JAN MCGOURTY  
LOIS LOCKART

**2<sup>ND</sup> DISTRICT:**

CATHY HARPE  
DINA ORTIZ  
MICHELLE RICH

**3<sup>RD</sup> DISTRICT:**

MEEKA FERRETTA  
VACANT  
VACANT

**4<sup>TH</sup> DISTRICT:**

EMILY STRACHAN  
TAMMY LOWE  
VACANT

**5<sup>TH</sup> DISTRICT:**

PATRICK PEKIN  
MARTIN MARTINEZ  
FLINDA BEHRINGER

**OUR MISSION:** "To be committed to consumers, their families, and the delivery of quality care with the goals of recovery, human dignity, and the opportunity for individuals to meet their full potential."

<b>Item</b>	<b>Agenda Item / Description</b>	<b>Action</b>
<b>1.</b> 5 minutes	<b>Call to Order, Roll Call &amp; Quorum Notice</b> <b>Approve Agenda:</b>	Board Action:
<b>2.</b> 5 minutes	<b>Minutes of March 21, 2018 BHAB Regular Meeting:</b> <i>Discussion and Approval (Handout)</i>	Board Action:
<b>3.</b> 15 minutes (Maximum)	<b>Public Comments:</b> <i>Members of the public wishing to make comments to the BHAB will be recognized at this time.</i>	Board Action:
<b>4.</b> 20 minutes	<b>Board Check-in &amp; Comments:</b>	
<b>5.</b> 15 minutes	<b>Board Reports:</b> <i>Discussion and Possible Action</i> 1. BOS Supervisor: 2. Chair: 3. Secretary: 4. Treasurer: 5. Other:	Discussion and Possible Action:
<b>6.</b> 15 minutes	<b>Committee Reports:</b> 1. By-Laws Committee - SUDT: <i>(Members Lockart, Martinez, Ferretta)</i> 2. Flow Chart Committee: <i>(Members Strachan, Harpe, Pekin)</i> 3. Dual Diagnosis Committee: <i>(Members Lowe, Ortiz)</i> 4. Project Follow-up Committee: <i>(Members Behringer, Gorny)</i> 5. Membership Committee: <i>New Applications</i>	Discussion and Possible Action:
<b>7.</b> 10 minutes	<b>Site Visit Reports:</b>	Discussion and Possible Action:
<b>8.</b> 10 minutes	<b>Measure B:</b>	Discussion and Possible Action:





**MENDOCINO COUNTY BEHAVIORAL  
HEALTH ADVISORY BOARD**

**REGULAR MEETING  
MINUTES**

**March 21, 2018  
10:00 a.m. to 2:00 p.m.**

**Public Health Building, Conference Room 1, 1120 S. Dora St. Ukiah  
and by live video conferencing  
Seaside Room, 778 S. Franklin St., Fort Bragg**

**Chairperson**  
JAN MCGOURTY

**Vice Chair**  
EMILY STRACHAN

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Item	Agenda Item / Description	Action
1.	<p><b>Call to Order, Roll Call &amp; Quorum Notice</b>  <b>Approve Agenda:</b>  <i>Please be respectful, because this meeting is a video conference, any side conversations or comments interfere with auditory reception.</i></p> <ul style="list-style-type: none"> <li>• Meeting called to order at 10:13 by Chair McGourty.</li> <li>• Roll call by Vice Chair Strachan.</li> <li>• Chair McGourty announced quorum is met.</li> <li>• Discussion of changes to the agenda items, move Membership discussion to the top of the list.</li> <li>• Members Present: Harpe, Strachan, Behringer, McGourty, Rich, Lockart, Martinez, Ferretta, and Pekin.</li> <li>• BOS Supervisors Croskey and McCowen also present.</li> </ul>	Board Action:
2.	<p><b>Membership:</b></p> <ol style="list-style-type: none"> <li>1. Chair McGourty announced and introduced the new BHAB member Michelle Rich. Member Rich was recommended to be appointed by Supervisor McCowen to fill the vacant seat in District 2. BOS approved the appointment of Member Rich.             <ol style="list-style-type: none"> <li>A. Supervisor McCowen stated he knew Member Rich was interested in behavioral health issues and thought she would be an asset to BHAB.                 <ol style="list-style-type: none"> <li>I. He apologized to BHAB members for her being appointed without following the protocol that has been in place for appointing new BHAB members.</li> <li>II. Supervisor McCowen explained he saw that there was a vacancy for District 2 and wanted to get the position filled so BHAB would not be short of members and be unable to have a quorum for meetings.</li> </ol> </li> </ol> </li> </ol>	

	<p>B. Supervisor Croskey commented that BHAB is the only local board that has a vetting process for members, so she could see why the process was easily over looked.</p> <p>I. Discussion and expression from several BHAB members regarding their frustration and disappointment of the protocol not being followed by BOS.</p> <p>C. New BHAB Member Rich stated she is happy to participate in whatever the vetting process is.</p> <p>I. Chair McGourty commented that Vice Chair Strachan will be calling Member Rich regarding the interview process.</p> <p>D. Discussion of the applications not being sent to Administrative Secretary Peckham as the protocol states. Based on the discussion there are at least two applications that have been submitted, at this time none has been forwarded.</p> <p>I. Supervisor Croskey will be going back to the Clerk of the Board office and will follow up with staff to have the applications forwarded to Administrative Secretary Peckham.</p>	
<b>3.</b>	<p><b>Minutes of February 21, 2018 BHAB Regular Meeting:</b> <i>Discussion and Approval (Handout)</i></p> <p>1. Discussion and review of minutes.</p> <p>A. Discussion of the Oaths of Office and clarification of who was sworn in at the last meeting.</p> <p>B. Admin. Secretary Peckham is in the process of trying to get copies of all the Oaths of Office for the current members.</p> <p>2. Minutes were approved as written by members present.</p>	<p><b>Board Action:</b> Motion made by Member Pekin, seconded by Treasurer Harpe, to approve the minutes from the BHAB regular meeting 2/21/18 as written, passed with a unanimous yay vote by members present.</p>
<b>4.</b>	<p><b>Public Comments:</b> <i>Members of the public wishing to make comments to the BHAB will be recognized at this time.</i></p>	<p>Board Action:</p>
<b>5.</b>	<p><b>Board Check-in &amp; Comments:</b> Tabled due to a late meeting start.</p>	
<b>6.</b>	<p><b>Board Reports:</b> <i>Discussion and Possible Action</i></p> <p>1. BOS Supervisor:</p> <p>A. Supervisor Croskey will follow up with the Clerk of the Board Office about the applicants for BHAB. (See item 2-D.I for details)</p> <p>2. Chair:</p> <p>A. Chair McGourty commented Secretary Ortiz was not available to comment on the status of the Data Notebook. She will follow up with Secretary Ortiz.</p> <p>3. Treasurer: Everything looks good on the budget. Treasurer</p>	<p><b>Discussion and Possible Action:</b></p>

	<p>Harpe suggested everyone go to training as there are funds in the training budget.</p> <p>A. Treasurer Harpe asked Supervisor Croskey if she asked the BOS members if there is anything they need from BHAB.</p> <p>I. Supervisor Croskey stated that they had not discussed it as they were busy with other County business.</p> <p>4. Recommendations to BOS for Crisis Intervention Training (CIT):</p> <p>A. Chair McGourty commented that at the last BHAB meeting the board voted to have the BHAB executive board draft a recommendation to BOS regarding Crisis Intervention Training (CIT). She passed around two drafts that were created for members to vote on.</p> <p>I. Member Lockart stated this training is very important. She commented we need Law Enforcement training and cultural training to make life as good as we can for people.</p> <p>II. Chair McGourty had members review to see which recommendation they preferred.</p> <p>III. Members Ferretta and Pekin stated they liked B better as it didn't seem as accusatory as A and the recommendation needn't be accusatory.</p> <p>B. Chair McGourty commented about a grant she found regarding CIT training. She asked members if it should be attached to the recommendation.</p> <p>I. Vice Chair Strachan stated that maybe if there was a grant there would be movement forward with training.</p> <p>C. Discussion of whether BHAB should get on the BOS agenda or speak at Public Comment time. Supervisor Croskey recommended that the BHAB recommendation be sent to all the BOS members and Chair McGourty read it at the next BOS meeting. Will look into also getting on the BOS agenda to follow up in a month.</p>	<p>Motion made by Member Ferretta, seconded by Member Martinez, to use recommendation version B for BOS regarding CIT for Law Enforcement, motion passed with a unanimous yay vote by members present.</p>
<p><b>7.</b></p>	<p><b>Committee Reports:</b></p> <p>1. By-Laws Committee - SUDT: <i>(Members Lockart, Martinez, Ferretta)</i></p> <p>A. Member Ferretta stated the committee has met a few times, they have a draft and she is putting it together. They will hopefully be ready to present at the May meeting.</p> <p>B. BHRS Director Miller will review the draft changes before it goes to County Counsel.</p> <p>2. Flow Chart Committee: <i>(Members Strachan, Harpe, Pekin)</i></p> <p>A. Member Pekin stated the committee met last month, they are waiting for a detailed flow chart from BHRS.</p> <p>I. Admin. Secretary Peckham will finish the mental health flow chart and have it ready for the April meeting.</p> <p>3. Dual Diagnosis Committee: <i>(Members Lowe, Ortiz)</i></p> <p>A. Tabled as neither committee member was available to comment.</p> <p>4. Project Follow-up Committee: <i>(Members Behringer, Gorny)</i></p> <p>A. Member Behringer has nothing more to comment from the</p>	<p>Discussion and Possible Action:</p>

	<p>report read at the last meeting.</p> <p>I. Admin. Secretary Peckham will forward the report to the BHAB members.</p> <p>5. Membership Committee: <i>New Applications?</i></p> <p>A. Please see Item 2-D.I for details.</p>	
<b>8.</b>	<p><b>Site Visit Reports:</b></p> <ul style="list-style-type: none"> <li>• Tabled by Chair McGourty</li> </ul>	Discussion and Possible Action:
<b>9.</b>	<p><b>Measure B:</b></p> <ol style="list-style-type: none"> <li>1. CEO Carmel Angelo, BHRS Director Miller and Chair McGourty were appointed to the Ad Hoc Committee to find out the history of the Howard Hospital Foundation. <ol style="list-style-type: none"> <li>A. Chair McGourty commented they are working to put the information together to present at the next Measure B meeting.</li> </ol> </li> <li>2. The Measure B Committee is working on the Mission Statement for the Committee. They are taking recommendation from members. <ol style="list-style-type: none"> <li>A. Member Martinez asked if it was put out to the public that they can put in a recommendation for a Mission Statement.</li> <li>B. BHRS Director Miller said she wasn't sure if it was put on the Measure B website.</li> </ol> </li> <li>3. BHRS Director Miller stated the committee also voted to go before the BOS regarding getting a Needs Report done to see what facilities would be most needed. The hope is that Lee Kemper would be available to do the report.</li> </ol>	Discussion and Possible Action:
<b>10.</b>	<p><b>Questions for Mendocino County Staff:</b></p> <ol style="list-style-type: none"> <li>1. RFP for Adult Services this year? <ol style="list-style-type: none"> <li>A. Chair McGourty brought up for discussion the question of whether there will be a RFP for mental health services this year. <ol style="list-style-type: none"> <li>I. BHRS Director Miller commented she is consulting with County Counsel and will be bringing the recommendation to BOS in May.</li> <li>II. Supervisor McCowen commented he thinks the board needs to consider if there is a legal reason to do a RFP or are there complaints or is services not being provided. He commented that according to Dr. Marbut's report a lot of the reason for an increase in chronic homelessness is the instability in mental health services.</li> </ol> </li> <li>B. Chair McGourty asked BHRS Director Miller to have it put on the BHAB agenda when she gets clarification from County Counsel.</li> </ol> </li> <li>2. MOU between County and Redwood Coast Regional Center. <ol style="list-style-type: none"> <li>A. Chair McGourty asked if there is an existing MOU with Redwood Coast Regional Center (RCRC). <ol style="list-style-type: none"> <li>I. BHRS Director Miller commented the County has had an MOU with RCRC in place since 2011, which was renewed in 2014.</li> </ol> </li> </ol> </li> </ol>	Discussion and Possible Action:

	<p>II. The County has reached out to the new director at RCRC to start the process of getting a new one in place. BHRS Director Miller has not met with the director yet. The plan is to complete the MOU for 2018.</p> <p>3. Meeting adjourned to try and move tables for better reception for the video conferencing. Adjourned at 11:27, reconvened at 11:40.</p> <p>4. Question regarding Press Releases for BHAB meetings.</p> <p>A. Member Martinez asked if BHRS could send the press releases to BHAB members.</p> <p>B. Supervisor Croskey commented that the press releases could be dropped off at the local TV office.</p> <p>C. Discussion of how press releases are processed; BHRS completes the press releases, e-mails it to HHS Media, they review it and forwards it to printed media and radio contacts locally.</p> <p>D. Members requested a meeting flier be created for the meetings that can be sent to members to post to see if the attendance from the public can be increased.</p> <p>I. A flier will be created monthly for the meetings beginning in April.</p> <p>Adjourned for lunch at 12:22, reconvened at 1:03.</p>	
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**12:30 to 1:00 Lunch Break**

<p><b>11.</b></p>	<p><b>Whole Person Care Grant Overview:</b> <i>Megan Van Sant, Sr. Program Manager, HHS Advocacy &amp; Collaboration Team presenting</i></p> <p>1. Chair McGourty introduced Megan Van Sant.</p> <p>A. Ms. Van Sant referred to the handouts provided in the agenda packet; she reviewed the information and answered questions.</p> <p>B. Ms. Van Sant stated the Whole Person Care (WPC) project is a federally funded project.</p> <p>I. The goal is to identify people with high level needs that are not being met with their current services that meet the criteria for the project.</p> <p>II. When a person is enrolled they get a wellness coach, short term housing if/when they are discharged from hospitalization, and expedited access to Substance Use Disorder Treatment (SUDT) services. There will be a lot of providers looking out for them.</p> <p>C. Ms. Van Sant thinks there are about eighty-one people enrolled currently and they are looking at having up to two hundred people enrolled as the project moves forward.</p> <p>D. The providers/partners in WPC are struggling with the issues around data sharing. All participants have signed a pretty extensive agreement and are willing to work out the issues.</p> <p>E. There will be case conferencing every week to keep all the providers up to date.</p> <p>F. Member Pekin asked who the wellness coaches will be and the level of experience required.</p>	
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- I. Ms. Van Sant commented the wellness coaches will be paraprofessionals.
- II. Wynd Novotny Director of Manzanita commented there is training provided through RCS. The wellness coaches are not licensed staff; they have experience with mental health. She feels confident the coaches that have been hired will be able to hit the ground running.
- III. RCS CEO Camille Schraeder commented the coaches will be working with the primary care providers.
- G. Member Rich asked how the data sharing was going to be done.
  - I. Ms. Van Sant commented they are looking at various formats. At this time no one is being asked to change to a different Electronic Health Record (EHR).
- H. Member Martinez asked what the service areas are.
  - I. Ms. Van Sant stated WPC is open to the whole county, at this time mainly focusing in Ukiah, Willits and Fort Bragg, but they are hoping to expand to other communities. They are looking at expanding the providers and partners to include more clinics.
- I. Member Lockart expressed concern about the short care coordination for housing.
  - I. Ms. Van Sant explained everyone will enter the program at a high intensity level so there has to be an exiting point. The grant does not provide for long term housing.
  - II. Chair McGourty stated BHAB had made a recommendation to BOS to have some kind of form to keep information regarding housing back ground information so that people wouldn't have to pay to have a background done each time they applied for housing. She wondered if something like this could be incorporated into WPC.
  - III. Ms. Van Sant is not aware of anything regarding having a position in the county to hold information for people looking for housing. She will look into it and follow up with the housing unit.
- J. Question - Does WPC track the data of where the clients are being referred from?
  - I. Ms. Van Sant doesn't have the information with her, but yes they know where the referral came from.
- K. Member Behringer asked if they were keeping stats on which criteria is being met for enrollment.
  - I. RCS CEO Schraeder stated yes they are tracking with the enrollment.
  - II. Member Behringer asked if there could be a report included with the RQMC stats at the next BHAB meeting.
  - III. RCS CEO Schraeder stated they will provide the numbers at the next BHAB meeting.
- L. Ms. Van Sant reminded everyone this is a very new program and they are just getting started and sill working out issues as they come up.
  - I. Wynd Novotny Director of Manzanita commented that



	<p>when starting any process you have to develop a relationship with clients and providers. Rapport building with clients as to all the paperwork and new people involved is important; you have to build a safe space for the client.</p> <p>II. Karen Rizzolo from Hillside Clinic commented the clinics have been trying to get something like WPC in place for probably ten years. She is hoping this will be the first step in making it happen.</p>	
<p><b>12.</b></p>	<p><b>Mendocino County Report:</b> <i>Jenine Miller, Psy. D., BHRS Director</i></p> <ol style="list-style-type: none"> <li>1. Mike Palleson from Rural Communities Housing Development Corporation (RCHDC), the developers for the Willow Terrace project, stopped by the meeting to thank BHAB for all the support to get this project going. They are demolishing the current building and will begin building the new housing unit next month.</li> <li>2. BHRS Director Miller asked if there were any questions regarding the information in the Director Report (attached in the Agenda Packet).       <ol style="list-style-type: none"> <li>A. BHRS Director Miller introduced Juanita Dreiling as she is the Administrative Services Manager in fiscal and will be overseeing BHRS fiscal.</li> <li>B. Ms. Dreiling commented she worked for the County previously nine years ago, she started again last week.</li> </ol> </li> <li>3. Fiscal Reports:       <ol style="list-style-type: none"> <li>A. Venus Hoaglen, BHRS fiscal, commented that this month the SUDT budget was included with the fiscal reports in the agenda packet. The Revenue for SUDT comes from Drug Medi-Cal.</li> <li>B. BHRS Director Miller commented the SUDT budget is combined with funding sources from Drug Medi-Cal, realignment dollars, grants, and small amounts from MHSA and AB109.</li> <li>C. BHRS Director Miller clarified on the report, Prevention and Planning are listed which is part of Public Health, but comes under the SUDT budget.</li> <li>D. The board requested that the heading “Other Charges” be changed to “Contracts”.</li> </ol> </li> <li>4. Legislation:       <ol style="list-style-type: none"> <li>A. Due to short time, the legislative update will be postponed.</li> </ol> </li> <li>5. Specialty Mental Health Education:       <ol style="list-style-type: none"> <li>A. This will take a couple of meetings to get through, but BHRS Director Miller will be giving an overview of services, about what Specialty Mental Health (SMH) services are and try to give members a good idea of what it entails.           <ol style="list-style-type: none"> <li>I. SMH services are not all of the levels of mental health (MH) services. The County only provides a small portion of MH services.</li> <li>II. In 1965 congress passed legislation to have Medicare and Medi-Cal enacted to provide MH services.</li> </ol> </li> </ol> </li> </ol>	<p>Discussion and Possible Action:</p>

- III. In 1968 California implemented their Medi-Cal program.
  - IV. In 1968 the Lanterman-Petris-Short (LPS) act for Conservatorship was implemented in California. Creating a judicial system for people conserved.
  - V. In 1991 the realignment funds we started, it was a shift from authority for the State to Counties.
  - VI. In 1995 the State started the Mental Health Plan (MHP), each county started a managed MHP. This is a carve out plan for MH and SUDT carved out.
  - VII. In 2004 the Mental Health Services Act (MHSA) was implemented. This was funding to increase in MH programs and staffing.
  - VIII. In 2010 parity for coverage with the same level of care regardless of where you get your services or insurance coverage.
  - IX. In 2011 realignment funds covers a variety of Health and Human Services Programs.
  - X. In 2014 with the ACA expansion there was an increase of clients.
6. Cultural Competency Meeting (*Discussion/Feedback*)
- A. Acting Deputy Director Lovato attended to hear feedback and offer some clarification of the Cultural Competency Meetings.
  - B. Acting Deputy Director Lovato commented that the County is mandated to have a Cultural Competency Committee.
    - I. The County has scheduled meetings quarterly, have had declining attendance in the last few years. The time of meetings was changed to later in the day with the hope that more people could attend at that time. She is open to ideas and suggestions regarding ways to increase attendance. The Committee has received in the past feedback from the community they wanted more of a educational training type of meeting.
  - C. Question - What is the purpose of the meeting?
    - I. Acting Deputy Director Lovato commented to provide more information and education to communities on what is working and not working.
    - II. Acting Deputy Director Lovato explained the plan that is required by the State is to look at disparities, and what is being done. The report is required and submitted to Department of Health Care Services (DHCS). She commented that BHRS including MH and SUDT is the focus. The target audience is the community in general, anyone that considers themselves interested in the improvement of BHRS.
  - D. Question - Has the Committee developed goals and objectives?
    - I. Acting Deputy Director Lovato commented they do have goals and objectives, they are not dictated by the State.
  - E. Member Martinez stated he doesn't know how the Committee is put together and where did the information come from? How does the County define culture? He wants

	<p>to know who is on the board and committee. Was there public announcement for the committee?</p> <ul style="list-style-type: none"> <li>I. Acting Deputy Director Lovato stated the feedback is really important. For clarification it's a stakeholder meeting, not a formal board. She stated the County is mandated by the State and it is unfunded. Any funds used are MHSA funds.</li> <li>A. Acting Deputy Director Lovato listed some of the trainings that the County has provided. County staff facilitates the meetings based on the input from the stakeholders. <ul style="list-style-type: none"> <li>I. Chair McGourty commented that she and Member Lockart attended the last meeting at the Hopland Rancheria. There were no tribal members in attendance.</li> <li>II. Member Lockart commented that the agenda stated to improve responsiveness to Native Americans. She commented the correct way to set up a meeting on their land is to contact the tribal leaders to see if this is a good time to do the meeting and invite them to be there. She was appalled that she was on tribal land and there were no tribal representatives and the lack of understanding of proper protocol.</li> <li>III. Acting Deputy Director Lovato commented that she appreciates the comments and acknowledges that they need to work on the way to communicate with First Native People.</li> </ul> </li> <li>B. Acting Deputy Director Lovato talked about how there are different ways of looking at culture. <ul style="list-style-type: none"> <li>I. Member Lockart commented on the historical trauma of the First Native People.</li> <li>II. Acting Deputy Director Lovato commented that the County needs to be better at the way they communicate with First Native People.</li> <li>III. Member Lockart talked about all the problems that tribal people have dealing with outsiders and are not always able to talk about it.</li> </ul> </li> <li>C. Acting Deputy Director Lovato stated one strategy they have tried in the past to increase the attendance at meetings was to have speaker panels, but was unable to sustain the process. She asked for suggestions or ideas on how to get speakers to participate.</li> <li>D. Member Martinez commented there's a lot of cultural competency that needs to be addressed with the County. He commented on the tribal people that are in the jail are put down and there is no sensitivity.</li> </ul>	
<p><b>13.</b> 15 minutes</p>	<p><b>RQMC Report:</b> <i>Camille Schraeder, RCS CEO</i></p> <ul style="list-style-type: none"> <li>1. Data Sheet: (<i>Handout</i>) <ul style="list-style-type: none"> <li>A. RCS CEO Camille Schraeder commented that they added the cost per client to the Data Dashboard along with adding the Medication Management information.</li> </ul> </li> <li>2. Services Update: <ul style="list-style-type: none"> <li>A. RCS CEO Camille Schraeder commented that when you see</li> </ul> </li> </ul>	<p>Discussion and Possible Action:</p>

	<p>the difference in the child system of care vs. the adult system of care it's based on the information that BHRS Director Miller had talked about. (see item 12 for more details)</p> <p>3. Adult Social Activities:</p> <p>A. BHRS Director Miller commented that she proposed as an innovation project is to do some type of model for adult activities. They will be coming up at the MHSA forums for input.</p>							
<b>14.</b> 5 minutes	<b>Adjournment: 2:00</b> Next meeting: April 18, 2018 - Covelo							
<b>Agenda Item Handouts:</b>								
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><i>BHAB Agenda - March 21, 2018</i></td> <td style="width: 50%; border: none;"><i>BHRS Department Report</i></td> </tr> <tr> <td style="border: none;"><i>BHAB Draft Regular Meeting Minutes – February 21, 2018</i></td> <td style="border: none;"><i>RQMC Data Dashboard</i></td> </tr> <tr> <td style="border: none;"><i>BHAB Finance Reports</i></td> <td style="border: none;"><i>Whole Person Care Handouts</i></td> </tr> </table>			<i>BHAB Agenda - March 21, 2018</i>	<i>BHRS Department Report</i>	<i>BHAB Draft Regular Meeting Minutes – February 21, 2018</i>	<i>RQMC Data Dashboard</i>	<i>BHAB Finance Reports</i>	<i>Whole Person Care Handouts</i>
<i>BHAB Agenda - March 21, 2018</i>	<i>BHRS Department Report</i>							
<i>BHAB Draft Regular Meeting Minutes – February 21, 2018</i>	<i>RQMC Data Dashboard</i>							
<i>BHAB Finance Reports</i>	<i>Whole Person Care Handouts</i>							

**AMERICANS WITH DISABILITIES ACT (ADA) COMPLIANCE**

The Mendocino County Behavioral Health Board complies with ADA requirements and upon request will attempt to reasonably accommodate individuals with disabilities by making meeting material available in appropriate alternative formats (pursuant to Government code Section 54953.2) Anyone requiring reasonable accommodations to participate in the meeting should contact the Mendocino County Mental Health's Administrative Office by calling (707) 472-2310 at least five days prior to the meeting.

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Jan McGourty, BHAB Chair Date

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Carolyn Peckham, BHRS Administrative Secretary Date

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**CONTACT INFORMATION: PHONE: (707) 472-2310 FAX: (707) 472-2331**

**BHAB EMAIL THE BOARD: [bhboard@mendocinocounty.org](mailto:bhboard@mendocinocounty.org)**

**WEBSITE: <https://www.mendocinocounty.org/government/health-and-human-services-agency/mental-health-services/mental-health-board>**

Mendocino County Behavioral Health and Recovery Services  
Behavioral Health Advisory Board General Ledger

FY 17/18  
April 11, 2018



ORG	OBJ	ACCOUNT DESCRIPTION	YR/PER/JNL	EFF DATE	AMOUNT	INVOICE #	CHECK #	VENDOR NAME	COMMENT
MHB	862080	FOOD	2018/02/000452	08/17/2017	85.96	85006 072217	4266285	SAFEWAY	ACCT 85006
MHB	862080	FOOD	2018/03/000127	09/07/2017	134.81	081917	4267352	SAFEWAY	ACCT 85006
MHB	862080	FOOD	2018/03/000527	09/14/2017	43.23	01201709071326	4268149	SAVE MART SUPER	TRD-4030
MHB	862080	FOOD	2018/03/000743	09/21/2017	41.18	07201709200826	4268881	SAVE MART SUPER	TRD-4030
MHB	862080	FOOD	2018/04/000504	10/13/2017	164.40			SUPER CHAV59180.0009/20/20	
MHB	862080	FOOD	2018/06/000194	12/07/2017	86.09	85006 11-11-17	4272720	SAFEWAY	85006
MHB	862080	FOOD	2017/07/000129	01/05/2018	47.98	85006 120917	4274324	SAFEWAY	ACCT 85006
MHB	862080	FOOD	2018/08/000887	01/25/2018	90.00	85006 010618	4275534	SAFEWAY	ACCT 85006
MHB	862080	FOOD	2018/08/000847	02/12/2018	89.89	20318	4277416	SAFEWAY	ACCT 85006
MHB	862080	FOOD	2018/09/000194	03/29/2018	77.28	30318	4279526	SAFEWAY	ACCT 85006
		<b>FOOD Total</b>			<b>\$860.82</b>				
MHB	862150	MEMBERSHIPS	2018/07/000224	01/05/2018	\$600.00	DUES 17/18	4274428	CALHB/C	MEMBERSHIP JUL 17-JUN 18
		<b>MEMBERSHIPS TOTAL</b>			<b>\$600.00</b>				
MHB	862170	OFFICE EXPENSE	2018/02/000934	08/24/2017	31.08	6210070673	4267084	VERITIV EXPRESS	13199PC031
MHB	862170	OFFICE EXPENSE	2018/04/000816	10/18/2017	154.33	1100759	4270200	FISHMAN SUPPLY COMP	15368.17
MHB	862170	OFFICE EXPENSE	2018/05/0001343	11/30/2017	32.40	6210072289	4272804	VERITIV EXPRESS	131995PC031
MHB	862170	OFFICE EXPENSE	2018/06/000323	12/07/2017	219.57	1107910	4273014	FISHMAN SUPPLY COMP	15368.17
MHB	862170	OFFICE EXPENSE	2018/08/000592	02/08/2018	32.48	6210073803	4277012	VERITIV EXPRESS	131995PC031
		<b>OFFICE EXPENSE Total</b>			<b>\$469.86</b>				
MHB	862210	RNTS & LEASES BLD GRD			<b>\$0.00</b>				
		<b>RNTS &amp; LEASES BLD GRD Total</b>			<b>\$0.00</b>				
MHB	862250	TRNSPRATION & TRAVEL	2018/02/000017	08/03/2017	54.57	7/19/2017	4265488	STRACHAN EMILY	BHAB MTG MILEAGE FY17/1
MHB	862250	TRNSPRATION & TRAVEL	2018/02/000017	08/03/2017	95.98	7/19/2017	4265294	HANDLEY MARGIE	BHAB MTG MILEAGE
MHB	862250	TRNSPRATION & TRAVEL	2018/02/000017	08/03/2017	68.87	7/19/17	4265285	GASTON KATE C	BHAB MTG MILEAGE
MHB	862250	TRNSPRATION & TRAVEL	2018/02/000447	08/10/2017	69.02	7/19/17	4266105	HARPE CATHY	BHAB MTG 7/19/17 MI
MHB	862250	TRNSPRATION & TRAVEL	2018/02/000447	08/10/2017	91.49	7/19/17	4266169	MCGOURTY JAN	BHAB MTG 7/19/17 MI
MHB	862250	TRNSPRATION & TRAVEL	2018/02/000447	08/10/2017	79.18	8/1/17	4266169	MCGOURTY JAN	BHAB MTG 8/1/17 MI
MHB	862250	TRNSPRATION & TRAVEL	2018/03/000145	09/07/2017	80.26	7/19/17	4267269	MARTINEZ MARTIN D	BHAB MEETING MILEAGE
MHB	862250	TRNSPRATION & TRAVEL	2018/03/000145	09/07/2017	25.68	7/19/17	4267301	O'SULLIVAN MAUREEN	BHAB MTG MILEAGE
MHB	862250	TRNSPRATION & TRAVEL	2018/03/000145	09/07/2017	48.15	8/16/17	4267378	STRACHAN EMILY	LOCAL 8/16/17
MHB	862250	TRNSPRATION & TRAVEL	2018/04/000062	10/05/2017	64.42	9/8,9/20/17	4269100	HANDLEY MARGIE	BHAB MTGS MILEAGE
MHB	862250	TRNSPRATION & TRAVEL	2018/04/000062	10/05/2017	77.04	9/20/17	4269251	STRACHAN EMILY	BHAB MTG MILEAGE
MHB	862250	TRNSPRATION & TRAVEL	2018/05/000024	11/02/2017	159.43	8/16-10/18/17	4270627	GASTON KATE C	BHAB MEETINGS MI
MHB	862250	TRNSPRATION & TRAVEL	2018/05/000024	11/02/2017	67.20	10/18/17	4270639	HARPE CATHY	BHAB MEETING MI
MHB	862250	TRNSPRATION & TRAVEL	2018/05/000024	11/02/2017	18.19	9/20/17	4270639	HARPE CATHY	BHAB MEETING MILEAGE
MHB	862250	TRNSPRATION & TRAVEL	2018/05/000024	11/02/2017	68.48	10/18/17	4270770	STRACHAN EMILY	BHAB MEETING MILEAGE
MHB	862250	TRNSPRATION & TRAVEL	2018/05/001110	11/16/2017	42.80	10/18/17	4271913	MARTINEZ MARTIN D	BHAB MTG MILEAGE
MHB	862250	TRNSPRATION & TRAVEL	2018/05/001110	11/16/2017	57.25	10/18/17	4271918	MCGOURTY JAN	BHAB MTG MILEAGE
MHB	862250	TRNSPRATION & TRAVEL	2018/05/001343	11/30/2017	28.89	11/15/17	4272504	HANDLEY MARGIE	BHAB MEETING MILEAGE
MHB	862250	TRNSPRATION & TRAVEL	2018/06/000323	12/07/2017	74.90	11/15/17	4273293	STRACHAN EMILY	BHAB MEETING MILEAGE
MHB	862250	TRNSPRATION & TRAVEL	2018/06/000571	12/14/2017	74.90	9/20/17	4273390	BEHRINGER FLINDA	BHAB MTG MILEAGE
MHB	862250	TRNSPRATION & TRAVEL	2018/06/000571	12/14/2017	81.32	11/15/17	4273390	BEHRINGER FLINDA	BHAB MTG MILEAGE
MHB	862250	TRNSPRATION & TRAVEL	2018/07/000990	01/19/2018	67.41	12/20/2017	4275563	STRACHAN EMILY	BHAB MTG MILEAGE
MHB	862250	TRNSPRATION & TRAVEL	2018/09/000088	03/01/2018	68.02	2/21/2018	4277514	BEHRINGER FLINDA	BHAB MTG MILEAGE
MHB	862250	TRNSPRATION & TRAVEL	2018/09/000088	03/01/2018	54.18	2/21/18	4277664	LOWE TAMMY	LOCAL 2/21/18
MHB	862250	TRNSPRATION & TRAVEL	2018/09/000088	03/01/2018	59.95	2/21/18	4277790	STRACHAN EMILY	BHAB MTG MILEAGE
MHB	862250	TRNSPRATION & TRAVEL	2018/08/000826	03/15/2018	64.04	2/21/18	4278950	MCGOURTY JAN	BHAB MTG & TRNG MILEAGE
		<b>TRNSPRATION &amp; TRAVEL Total</b>			<b>\$1,741.62</b>				
MHB	862253	TRAVEL & TRSP OUT OF COUNTY	2018/02/000447	08/10/2017	356.28	7/26-7/27/17	4266169	MCGOURTY JAN	SAC OAC MEETING



Behavioral Health Advisory Board General Ledger  
FY 17/18  
April 11, 2018

ORG	OBJ	ACCOUNT DESCRIPTION	YR/PER/JNL	EFF DATE	AMOUNT	INVOICE #	CHECK #	VENDOR NAME	COMMENT
		TRAVEL & TRSP OUT OF COUNTY Total			\$356.28				
		Grand Total			\$4,028.58				



Behavioral Health Advisory Board General Ledger  
 FY 17/18  
 April 11, 2018

ORG	OBJ	ACCOUNT DESCRIPTION	YR/PER/JNL	EFF DATE	AMOUNT	INVOICE #	CHECK #	VENDOR NAME	COMMENT
Summary of Budget for FY 17/18									
	<b>OBJ</b>	<b>ACCOUNT DESCRIPTION</b>	<b>Budget Amount</b>	<b>YTD Exp</b>	<b>Remaining Budget</b>				
	862060	Communications	200.00	0.00	200.00				
	862080	Food	1,800.00	860.82	939.18				
	862150	Memberships	0.00	600.00	-600.00				
	862170	Office Expense	300.00	469.86	-169.86				
	862210	Rents & Leases Bld	30.00	0.00	30.00				
	862250	In County Travel	5,870.00	1,741.62	4,128.38				
	862253	Out of County Travel	3,300.00	356.28	2,943.72				
		<b>Total Budget</b>	<b>\$11,500.00</b>	<b>\$4,028.58</b>	<b>\$7,471.42</b>				

# Behavioral Health Advisory Board Director's Report

## April 2018

### 1. Board of Supervisors:

a) Recently passed items or presentations:

i) Mental Health:

- Approval of Amendment to Increase the Amount of the Redwood Quality Management Company Contracts Fiscal Year 16/17.
- Approval of Amendment to Increase the Amount of the Contract with Telecare Corporation to Provide Services as a Skilled Nursing Facility.

ii) Substance Use Disorders Treatment:

- None

b) Future BOS items or presentations:

i) Mental Health:

- Presentation on the Current Provision of Mental Health Services in Mendocino County.

ii) Substance Use Disorders Treatment:

- None

### 2. Staffing Updates:

#### February:

a) New Hires:

Mental Health: 0

Substance Use Disorders Treatment: 0

b) Promotions:

Mental Health: 0

Substance Use Disorders Treatment: 0

c) Departures:

Mental Health: 0

Substance Use Disorders Treatment: 0



**3. Audits/Site Reviews:**

- a) Date occurred and report out of findings:
  - Substance Abuse Prevention and Treatment annual review on April 2nd - 3rd. Review completed; waiting for report from Department of Health Care Services.
  - Network Adequacy Certification Tool (NACT) was submitted to the State on March 30th.
- b) Upcoming/scheduled:
  - External Quality Review Organization (EQRO) annual review on August 8-9.

**4. Meetings of Interest:**

- a) Joint QIC/MHSA Stakeholder Meeting: May 31, 2018; 3:30 pm-5:30 pm, Potter Valley Family Resource Center 10270 Main St., Potter Valley, CA 95469.
- b) Cultural Diversity Committee Meeting: Wednesday April 25, 2018; 3:00 pm- 5:00 pm, Mendocino Coast Hospitality Center 101 N. Franklin St., Fort Bragg.

**5. Grant Opportunities:**

- a) Benefits for Homeless Individuals – Application Submitted.
- b) SB 82 Children Crisis Grant – Application Submitted.
- c) Crisis Counselor Program Regular Services Program – Application submitted.

**6. Assisted Outpatient Treatment (AOT), AB 1421/Laura’s Law:**

- a) Updates on Program:
  - William Riley AOT Coordinator is accepting and triaging referrals

Referrals to date:	33
Did not meet AOT Criteria:	28
Currently in Investigation/Screening/Referral:	4
Settlement Agreement/Full AOT	1
Other:	0

**7. Educational Opportunities/ Information:**

- a) Joint QIC/MHSA Stakeholder Meeting: May 31, 2018; 3:30 pm-5:30 pm, Potter Valley Family Resource Center 10270 Main St., Potter Valley, CA 95469
- b) Cultural Diversity Committee Meeting: Wednesday April 25, 2018; 3:00 pm- 5:00 pm, Mendocino Coast Hospitality Center 101 N. Franklin St., Fort Bragg.
- c) Native HOPE Training (Helping Our People Endure) May 2018, Date and Location TBD.

## **8. Mental Health Services Act (MHSA):**

- a) Innovation:
  - Plan submitted to MHSOAC with BHAB support letter March 13, 2017.
  - MHSOAC acknowledged receipt, and will respond to us with 20 questions that need to be answered.
  - Public comment period July 24 – August 13, 2017.
  - Approval by Board of Supervisors on September 19, 2017.
  - Final presentation to MHSA Oversight and Accountability Commission on October 26, 2017.
  - Innovation plan was approved by MHSA Oversight and Accountability Commission on October 26, 2017.
  - MHSA Oversight and Accountability Commission Staff Technical Assistance visit was February 7-9, 2018.
  - Stakeholder meetings occurring roughly twice monthly Tuesdays 1-3, announcements sent out by RVIHC staff.
- b) Staffing change: De-Anne Hooper has returned to work with Public Health; Debra Dockins will be filling her role as MHSA Program Administrator.

## **9. Lanterman Petris Short Conservatorships (LPS):**

- a) Number of individuals on LPS Conservatorships = 55

## **10. Substance Use Disorder Treatment Services:**

- a) Number of Substance Use Disorder Treatment Clients Served in February 2018
  - Total number of clients served = 85 (-4.5%)
  - Total number of services provided = 575 (-10.7%)
  - Fort Bragg: 8 (-33.3%) clients served for a total of 54 (-31.6%) services provided
  - Ukiah: 69 (+1.5%) clients served for a total of 456 (-7.3%) services provided
  - Willits: 8 (-11.1) clients served for a total of 65 (-12.3%) services provided

## **11. Contracts in Process:**

- a) Buckelew Programs Contract 18/19
- b) California Psychiatric Transitions, Inc. 18/19 Contract
- c) Coastal Seniors 18/19 Contract
- d) Communique Interpreting 18/19 Contract
- e) Consolidated Tribal Health 18/19 Contract
- f) Ernst, Gary 18/19 Contract
- g) Helios Healthcare 18/19 Contract
- h) Moore, Deborah 18/19 Contract
- i) North Coast Drivers 18/19 Contract

- j) Planned Parenthood, Shasta Diablo Inc. 18/19 Contract
- k) Redwood Toxicology 18/19 Contract
- l) Round Valley Indian Health Center 18/19 Contract
- m) Safe Passages Family Resource Center 18/19 Contract
- n) Tri-Cities Answering Services and Call Center, Inc. 18/19 Contract
- o) Ukiah Senior Center 18/19 Contract
- p) Wirth, Steven, M.D. 18/19 Contract
- q) Hospitality Center SAMSHA Grant 18/19 Contract
- r) Hospitality Center PATH Grant 18/19 Contract
- s) Redwood Children's Services PATH 18/19 Contract

**12. Capital Facility Projects:**

- a) Orchard Project
  - Aka: SB 82 Wellness Grant, Crisis Residential Treatment, Crisis Center
  - Agency: Redwood Community Services
  - Purpose: One stop crisis campus to include Crisis Residential Treatment
  - Status: Property had been purchased
  - Next steps: Development for use
  - Funding: SB82 Grant and California Development Block Grant (CDBG)
  
- b) Willow Terrace Project
  - Aka: MHSA Housing, Gobbi Street
  - Agency: Rural Community Housing Development Corporation
  - Purpose: 38 unit apartment complex
  - Status: Property acquired, Tax Credits Awarded, BOS approval to sign Loan docs
  - Loan and Service Agreement documents finalized. Invoice for disbursement received.
  - Next steps: Disburse MHSA funding (by 3/12/18)
  - Funding: MHSA Housing, Affordable Housing Program, and California Tax Credit
  - Ground breaking ceremony was held on March 29, 2018
  - Proposed opening: May 2019



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WELLNESS • RECOVERY • RESILIENCE

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# COUNTY OF MENDOCINO

Health and Human Services Agency

Behavioral Health and Recovery Services

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**Mental Health Services Act**

**Three Year Reversion Expenditure Plan**

**Prevention and Early Intervention**

**Innovation**

**Workforce Education and Training**

**Capital Facilities and Technology Needs**

**2018-2020**

# Mendocino County Fiscal Accountability Certification<sup>1</sup>

## Annual Update-Reversion Plan Update

County Mental Health Director	County Auditor Controller
Name: Jenine Miller	Name: Lloyd B. Weer, Auditor/Controller
Telephone Number: (707) 472-2341	Telephone Number: (707) 234-6860
E-mail: <a href="mailto:millerje@mendocinocounty.org">millerje@mendocinocounty.org</a>	E-mail: <a href="mailto:weerl@mendocinocounty.org">weerl@mendocinocounty.org</a>
Local Mental Health Mailing Address: Mendocino County Health and Human Services Agency Behavioral Health and Recovery Services 1120 S. Dora Street Ukiah, CA 95482	

I hereby certify that the Three Year Reversion Expenditure Plan is true and correct and that the County has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including Welfare and Institutions Code (WIC) sections 5813.5, 5830, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations sections 3400 and 3410. I further certify that all expenditures are consistent with an approved plan and that MHSA funds will only be used for programs specified in the Mental Health Services Act.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached Appeal Worksheets are true and correct to the best of my knowledge.

\_\_\_\_\_  
Jenine Miller, Psy.D.

\_\_\_\_\_  
Date

Mendocino County Behavioral Health and Recovery Services Director

I hereby certify that for the fiscal year ended June 30, 2017, the County has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's financial statements are audited annually by an independent auditor and the most recent audit report is dated **XXXX** for the fiscal year ended June 30, 2017. I further certify that for the fiscal year ended June 30, 2017, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

I declare under penalty of perjury under the laws of this state that the foregoing, and if there is a revenue and expenditure report attached, is true and correct to the best of my knowledge.

\_\_\_\_\_  
Lloyd B. Weer,

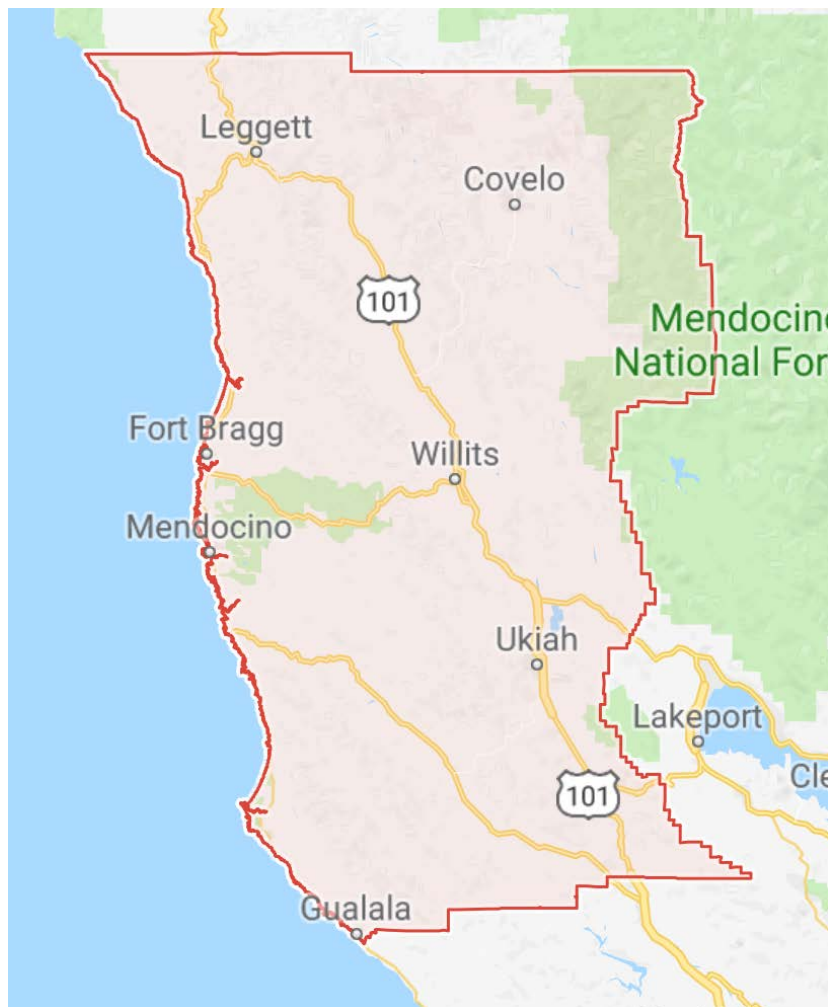
\_\_\_\_\_  
Date

Mendocino County Auditor Controller

<sup>1</sup> Welfare and Institutions Code Sections 5847(b)(9) and 5899(a) Three-Year Program and Expenditure Plan, Annual Update, and RER Certification (07/22/2013)

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## Introduction

In accordance with AB114 (Chapter 38, Statutes of 2017), effective July 10, 2017, and Department of Health Care Services Information Notice 17-059, California counties must prepare a report identifying the amounts of Mental Health Services Act Funds subject to reversion as of July 1, 2017. Funds not spent in earlier years can be spent in the same program (component) areas as originally allocated, upon State approval of the County's plan to spend. Each county must prepare a plan to spend the reallocated funds. The plan must be posted to the County's website by July 1, 2018, with a link sent to Department of Health Care Services. The Plan must be adopted by the County's Board of Supervisors within 90 days of posting to the county website.

Mendocino County identified \$679,476 of Prevention and Early Intervention (PEI) and \$1,030,218 of Innovation (INN) funds that were subject to Reversion as of July 1, 2017. Additionally, Mendocino County identified up to \$150,000 of Workforce Education and Training (WET) and \$175,000 of Capital Facilities and Technology (CFTN) funds which were slated for expenditures or reversion by the end of the 2017-2018 Fiscal Year, which we now plan to expend over the next two years in accordance with Department of Health Care Services Information Notice 17-059 instructions that "CFTN or WET funds that were not spent within ten years, will be deemed to have been reverted and reallocated to the county of origin for the purpose it was originally intended."

The Mendocino County MHSA Reversion Plan, due July 1, 2018, was posted for review by the public on the county website **INSERT** beginning on **DATE**. Copies of the plan were distributed to the Behavioral Health Advisory Board and stakeholders for review at their April 18, 2018 meeting. A public comment hearing was held **DATE** for feedback regarding the MHSA Reversion Plan. Paper copies of the plan were made available at County Mental Health buildings. An email was sent to all Mendocino County MHSA stakeholders notifying them of the Reversion Plan and where to review it.

## Prevention and Early Intervention Reversion Plan

Mendocino County identified \$679,476 of Prevention and Early Intervention (PEI) reverted and reallocated funds. Mendocino County prioritized projects that had been proposed for funding during the Three Year Program and Expenditure planning process. The prioritized projects were supported through the ongoing stakeholder processes; however funding was not available at the time to fund the projects.

1. **Prevention Program: Positive Parenting Program (Triple P):** First 5 Mendocino will provide services using the evidence-based Positive Parenting Program (Triple P) in a multi-family support group format, at no cost to parents of children up to 16 years of age. The curriculum utilizes a self-regulatory model that focuses on strengthening the positive attachment between parents and children by helping parents develop effective communication skills and manage common childhood behavioral issues.

**Status of MHSA Funding: New program funded with PEI Reversion through FY 19/20.**

- a. **Population served:** Parents and caregivers of children up to age 16 residing in Mendocino County.
  - b. **Services Provided:** Six (6) one-hour seminars per year will be provided through local Family Resource Centers, targeting parents of children up to age 16. Eight (8) 8-week groups per year of Triple P classes will be provided annually, to parents of children under age 16. Supervision and support to partnering agencies maintaining quality and consistency in the implementation of the program will be provided.
  - c. **Program Goals:** To improve parenting skills, increase sense of competence in parenting priorities, improve self-awareness of parenting issues, reduce parental stress, improve the mental health outcomes for children and parents, and improve parent-child relationships.
  - d. **Program Evaluation Methods:** The program staff conducts evaluation activities that meet the PEI requirements. The program will implement pre- and post-Parent Scale and pre- and post- Depression, Anxiety, Stress Scale (DASS). The program will provide number of groups held, number of attendees of each group, and location of each group quarterly for annual program evaluation.
  - e. **Estimated Budget:** \$120,000 over two years.
2. **Stigma and Discrimination Reduction Programs: Old Coast Café Training Program:** Mendocino Coast Hospitality Center (MCHC) will provide vocational services and recovery opportunities for people with mental health challenges in an effort to reduce stigma by demonstrating that those with mental health concerns can be productive members of the community. The participants in the program will come from a variety of backgrounds and routes into the program.  
**Status of MHSA Funding: New program funded with PEI Reversion through FY 19/20.**
    - a. **Population served:** Participants with mental health conditions that are developing work skills. Participants may be referred to the program through



Welfare to Work, Mendocino College, MCHC, and other agencies serving clients who are or have been homeless.

- b. **Services Provided:** Flexible training elements will allow for people to participate in adaptable and individualized ways which relate to their needs and goals. “Soft work skills” modules, including resume building will be offered. Additionally, completion of college modules, and completion of in-house taught modules for individuals needing support in specific areas.
- c. **Program Goals:** The program will provide vocational training to those in need, and support them on their own path towards self-sufficiency. To improve the community culture by contributing to a vibrant neighborhood.
- d. **Program Evaluation Methods:** The program staff conducts evaluation activities that meet the PEI requirements. The program will measure the number of trainings provided, the number of individuals trained at each training, demographic information about those trained, and the number of individuals moving to permanent employment at the end of the training program.
- e. **Estimated Budget:** \$100,000 over two years.

3. **Programs for Access and Linkage to Treatment: Targeted Access to Tribal Government Communities for Increasing Access and engagement in Behavioral Health Services:**

Mendocino County will partner with Consolidated Tribal Health Project to engage each Mendocino County Tribal Government community in consultation and conversation about strategies to improve access and engagement to their members.

**Status of MHSa Funding: New program funded with PEI Reversion through FY 19/20.**

- a. **Population served:** Each Tribal Government Community will be consulted to provide input on Access and Linkage strategies needed to address the unique engagement needs of their members.
- b. **Services Provided:** Expand outreach and engagement services to tribal government and tribal community members. Outreach and engagement strategies will be informed by and targeted toward each individual tribal community’s needs as identified by the tribal government.
- c. **Program Goals:** To increase the number of tribal members that are accessing and engaging with behavioral health services.
- d. **Program Evaluation Methods:** The program staff will conduct evaluation activities that meet PEI requirements. The program will provide quarterly data on the number of outreach/consultation sessions with tribal government. The program will provide quarterly data on the number of trainings/educational sessions conducted each quarter. The program will provide quarterly data on all services provided including number of referrals made, where individuals were referred to, numbers of referrals that were successfully followed through, and time frames for follow through.
- e. **Estimated Budget:** \$200,000 over two years.

4. **Stigma and Discrimination Reduction Programs: Cultural Diversity Committee and Disparity Reduction Project:** This is a program to expand training and educational opportunities for providers of behavioral health services by increasing information and

feedback provided by underserved communities. The program will prioritize improving and increasing strategies for individuals by incentivizing and reimbursing shared lived experiences.

**Status of MHSA Funding: New program funded with PEI Reversion through FY 19/20.**

- a. **Population served:** Mendocino county residents, in particular those that are of a cultural group that experiences disparities in behavioral health services. These can include cultural groups based on ethnicity, age, gender identity, or other cultural identities.
- b. **Services Provided:** Improve the format of the Cultural Diversity Committee (CDC) Meetings utilizing Key Informant input from cultural leaders in the community. Test and practice strategies suggested by Key Informants and collect feedback from meeting participants about the success of strategies. Conduct at least three trainings per year on reducing disparities and promoting equity in behavioral health services in Mendocino County. Provide a stipend for individuals providing information and education based on their lived experience in Mendocino County.
- c. **Program Goals:** Improve attendance and participation by the community in CDC meetings by making them more relevant to consumers. Identify an increased number of strategies to improve equity in behavioral health services. Identify increased opportunities to train behavioral health providers in community informed and evidence-based culturally responsive practices.
- d. **Program Evaluation Methods:** The program staff will conduct evaluation activities that meet the PEI requirements. The program will provide the County with data on the number of trainings completed, the number of committee meetings held, the number of Key Informant interviews conducted, the number of attendees at trainings/meetings, the results of satisfaction surveys completed following trainings/meetings, the number of stipends for cultural experts/cultural brokers, and the demographic composition of training participants.
- e. **Estimated Funding:** \$250,000 over 2 years.

## Innovation Reversion Plan

Mendocino County identified \$1,709,694 of reverted and reallocated Innovation (INN) funds. Innovation projects must be presented to the Mental Health Services Oversight and Accountability Commission (MHSOAC) for final approval to expend the funds. Projects below will be developed and refined in more detail through the Community Program Planning Process prior to submission to the MHSOAC.

1. **Friends for Health/Weekend Wellness:** The project would be designed for adults with serious mental health conditions, recently discharged from higher levels of placement or those who are at risk to enter these higher levels of care settings. Initially staff will develop, with input from consumers, activities to improve social opportunities and develop friendships in settings that are not associated with services.

**Status of MHSO Funding: New program funded with INN Reversion through FY 19/20.**

- a. **Population served:** Mendocino County specialty mental health recipients, in particular those on Lanterman-Petris-Short (LPS) Conservatorships, those stepping down from higher levels of care, or the most isolated and difficult to engage of Full Service Partners.
  - b. **Innovative Idea:** Advancing the social rehabilitative model further by testing strategies that further consumer development beyond engagement of social activities in service venues toward independent development of lasting friendships and relationships.
  - c. **Program Goals:** Increase the quality of mental health services. Strategies would include building weekend activities, evening social groups, and activities that occur in housing venues, and testing whether these activities can move from program/service initiated activities to consumer initiated and sustained activities. Improve consumer report of sense of isolation. Improve consumer report of lack of programming after business hours. Improve consumer report of self-advocacy and self-determination. Reduce return of consumers to higher levels of care.
  - d. **Program Evaluation Methods:** Measure changes in consumer isolation, sense of self-advocacy, sense of self-determination. Measure changes in participation of consumers in developing projects. Measure levels of higher level of care utilization.
  - e. **Estimated Funding:** \$1,334,000 over two years.
2. **Computer Program and Virtual Reality Applications for Services to Youth:** This project would explore the applications of gaming systems, and possibly virtual reality, in providing mental health rehabilitation services for youth. These interventions are being tested at university hospitals and in the medical field, but have not been utilized in the public mental health field.

**Status of MHSO Funding: New program funded with INN Reversion through FY 19/20.**

- a. **Population served:** Mendocino County specialty mental health service recipients, in particular Transition Aged Youth (TAY). Targeted service populations may be selected to pilot the project.
- b. **Innovative Idea:** There are computer programs that exist in establishing supporting youth develop online resources to mental health services. The medical field and sports medicine fields are using virtual reality in their service delivery. The project would expand and explore how computer programming and virtual reality applications can be applied to youth rehabilitative services such as practicing social interactions, experiencing systematic desensitization in a more real way. By providing services in a technologically savvy and engaging way, we hope to improve probability of youth seeking, receiving, and continuing mental health services. The program could also have stigma reduction and educational applications to aid in helping someone understand the impacts of visual and auditory hallucinations, and other symptoms of mental illness.
- c. **Program Goals:** Increase access to and quality of mental health services. Increase consumer participation in various life domains (education, work, etc.). Increase duration of services for youth.
- d. **Program Evaluation Methods:** Measure changes in consumer symptoms and experience of mental health conditions through the use of pre- and post-evaluation tools such as Child Assessment of Needs and Strengths (CANS), Generalized Anxiety Disorder Scale (GAD 7), and Patient Health Questionnaire (PHQ-9) Scores.
- e. **Estimated Funding:** \$600,000 over two years.

## Workforce Education and Training Reversion Plan

Mendocino County identified up to \$150,000 of Workforce Education and Training (WET) funds that were slated for expenditures or reversion by the end of the 2017-2018 Fiscal Year. Mendocino County plans to spend any unspent funds over the next two years in accordance with Department of Health Care Services Information Notice 17-059 instructions that “CFTN or WET funds that were not spent within ten years will be deemed to have been reverted and reallocated to the county of origin for the purpose it was originally intended.” Mendocino County prioritized projects that had been supported for funding during the Three Year Program and Expenditure planning process or through the ongoing stakeholder processes.

**Workforce Development and Collaborative Partnership Training:** Mendocino County will continue to provide consultation and training resources to improve the capacity of Mendocino County’s mental health plan staff and contracted providers, consumer and family members, and partnering agencies. Consultation and training will prioritize:

1. Consumer and family member driven services
2. Cultural responsiveness and sensitivity
3. Community partnership and collaboration
4. Wellness resiliency and Recovery principles
5. Evidence Based Practices
6. Quality Improvement

### **Scholarships and Loan Assumption in Support of Education Related to Mental Health**

**Services:** Mendocino County will continue to work with the Office of Statewide Health Planning and Development (OSHPD) to support the Mental Health Loan Assumption Program for the Mendocino County public mental health workforce as long as funding remains available.

**Workgroup and Subcommittees:** Mendocino County will continue to collect input on the Workforce Education and Training component through regular community stakeholder meetings. Stakeholders will continue to have input on identifying training priorities. Existing priorities include:

1. Training for Co-Occurring Disorders
2. Scholarship and Loan Assumption
3. Electronic Resources
4. Peer Navigation and Peer Support Programs

## Capital Facilities and Technology Needs Reversion Plan

Mendocino County identified approximately \$175,000 of Capital Facilities and Technology Needs (CFTN) funds that are slated for expenditures or reversion by the end of the 2017-2018 Fiscal Year. We plan to spend any unspent funds over the next two years in accordance with Department of Health Care Services Information Notice 17-059 instructions that “CFTN or WET funds that were not spent within ten years will be deemed to have been reverted and reallocated to the county of origin for the purpose it was originally intended.” Mendocino County prioritized projects that had been supported for funding during the Three Year Program and Expenditure planning process or through the ongoing stakeholder processes.

**Increase the Technological needs of the Mental Health System:** Mendocino County will continue to advance the technological systems to meet the Meaningful Use Standards as set by the goals of California Health Information Technology (HIT) executive order and the Centers for Medicare and Medicaid Services (CMS) Electronic Health Record (EHR) standard requirements for quality and efficient technology records. This will continue work done with NetSmart and XPIO, a contracted company, to evaluate and improve the EHR, MyAvatar.

**Additional Capital Facilities and Technology Needs:** Additional or remaining resources in this component will go towards furthering information technology, communication, and other infrastructural needs of the Mental Health Plan.

## Reversion Expenditure Plans

### Reverted-Reallocated Funds Table:

Mendocino	PEI	INN
FY 2005-06	--	--
FY 2006-07	--	--
FY 2007-08	120,793	--
FY 2008-09	343,482	181,400
FY 2009-10	215,201	181,400
FY 2010-11	--	301,826
FY 2011-12	--	75,870
FY 2012-13	--	154,070
FY 2013-14	--	135,652
FY 2014-15	--	--
<b>Total</b>	<b>679,476</b>	<b>1,030,218</b>

Behavioral Health Recovery Services  
 SUDT FY 2017-2018 Budget Summary  
 Year to Date as of **March 31, 2018**

Program	FY 17/18 Approved Budget	EXPENDITURES							REVENUE					Total Net Cost		
		Salaries & Benefits	Services and Supplies	Other Charges	Fixed Assets	Operating Transfers	Total Expenditures	2011 Realign	Medi-Cal FFP	Other	Total Revenue					
1 County Wide Services	322,998		19,376								19,376			107,345	107,345	(87,969)
2 Drug Court Services	400,574	115,488	3,978								119,466	71,821		71,821	71,821	47,645
3 Ukiah Adult Treatment Services	233,231	357,370	18,493			(5,169)				370,694	3,750	17,735	37,268	58,753	58,753	311,941
4 Women In Need of Drug Free Opportunities	143,508	88,966	3,677							92,643	74,765			74,765	74,765	17,878
5 Family Drug Court	2	191,559	6,172			(336)				197,395				-	-	197,395
6 Child Welfare Services	0	24,228	1,391			1,391				27,011				-	-	27,011
7 Friday Night Live	8,061	5,622	610							6,231				-	-	6,231
8 Willits Adult Services	0	62,864	2,256							65,120				-	-	65,120
9 Fort Bragg Adult Services	261,277	106,110	7,392							113,502			88	88	88	113,413
10 Administration	557,267	233,115	159,642							392,757			83,952	83,952	83,952	308,805
11 Adolescent Services	295,721	267,534	1,001							268,536			5,449	5,449	5,449	263,087
12 Prevention Services	194,280	162,822	38,568			(63,968)				137,422			12,368	12,368	12,368	125,055
<b>a Total YTD Expenditures &amp; Revenue</b>		1,615,679	262,556	-	-	(68,082)				1,810,153	150,336	17,735	139,125	414,541	414,541	1,395,612
<b>b FY 2017-2018 Adjusted Budget</b>	2,416,919	2,360,984	787,839	(731,904)	-	-				2,416,919	695,103	90,000	1,373,538	2,158,642	2,158,642	258,277
<b>c Variance</b>		745,305	525,283	(731,904)	-	68,082				606,766	544,767	72,265	1,234,413	1,744,101	1,744,101	(1,137,335)





Behavioral Health Recovery Services  
Mental Health FY 2017-2018 Budget Summary  
Year to Date as of **March 31, 2018**

Program	FY 17/18 Approved Budget	EXPENDITURES							REVENUE					Total Net Cost
		Salaries & Benefits	Services & Supplies	Other Charges	Fixed Assets	Operating Transfers	Total Expenditures	2011 Realign	1991 Realign	Medi-Cal FFP	Other	Total Revenue		
1 Mental Health (Overhead)	980,600	27,389	304,521	420,038		58,986	810,934		2,097,221		1,894,337	3,991,558		(3,180,624)
2 Administration	1,678,299	731,060	229,196			960,256					128,669	128,669		831,588
3 CalWorks	100,995	68,680	133			68,813					63,027	63,027		5,786
4 Mobile Outreach Program	212,886	120,015	7,422			127,436					78,536	78,536		48,900
5 Adult Services	9,048,183	250,854	215,013	6,112,939		6,578,806				1,271,813	184,839	1,456,652		5,122,154
6 Path Grant	19,500		15,069			15,069					11,598	11,598		3,471
7 SAMSHA Grant	123,401		47,007			47,007						-		47,007
8 Mental Health Board	11,500		4,029			4,029						-		4,029
9 Business Services	819,954	329,610	18,331			347,942					18,521	18,521		329,421
10 Children Services	9,481,381	53,074	91	6,840,134		6,893,299				2,276,086		2,276,086		4,617,213
11 AB109	146,791	84,384	22,028			106,412		42,800				42,800		63,612
12 QA/QI	746,022	437,249	16,243			453,492					15,809	15,809		437,683
<b>a Total YTD Expenditures &amp; Revenue</b>		2,102,315	879,083	13,373,111	-	58,986	16,413,494	42,800	2,097,221	3,547,900	2,395,335	8,083,255		8,330,240
<b>b FY 2017-2018 Adjusted Budget</b>	<b>23,369,512</b>	<b>3,823,209</b>	<b>1,957,499</b>	<b>17,450,381</b>	<b>40,000</b>	<b>98,423</b>	<b>23,369,512</b>	<b>5,788,752</b>	<b>4,180,046</b>	<b>7,375,708</b>	<b>5,996,167</b>	<b>23,340,673</b>		<b>28,839</b>
<b>c Variance</b>		<b>1,720,894</b>	<b>1,078,416</b>	<b>4,077,270</b>	<b>40,000</b>	<b>39,438</b>	<b>6,956,018</b>	<b>5,745,952</b>	<b>2,082,825</b>	<b>3,827,808</b>	<b>3,600,832</b>	<b>15,257,418</b>		<b>(8,301,401)</b>



## **Report to the Behavioral Health Advisory Board**

**4/18/18**

1. Staffing

Due to increased demand for services and volume of referrals, adult agencies are hiring additional clinical and administrative staff.

2. Audits

Mendocino County Behavioral Health and Recovery Services has completed their audit of provider clinical charts and is preparing their report.

3. Meetings of Interest

We are participating in meetings regarding the Whole Person Care project as well as routine meetings and trainings.

4. Grant opportunities

RQMC, RCS, and Mendocino County BHRS submitted a crisis triage grant to the MHSA Oversight and Accountability Commission this week.

5. Significant Projects/brief status

We are discussing with County BHRS the expansion of crisis services to clients already open to an agency, where a situation is present where danger to self or others, or involvement with law enforcement, or other critical incidents are present.

6. Educational Opportunities

RQMC continues to provide various trainings to providers and representatives of service agencies.

7. LPS Conservatorships

RQMC now has only one conserved client living at Gibson House. The Haven has four conserved clients.

8. We will be working on contract meetings with providers in the near future to provide feedback and prepare for the next fiscal year.

9. Medication Support Services

Medication and injection clinics are going well, and our team is improving efficiency and client care as we get more practice. Currently medication management is supplied by Dr. Garratt, Dr. Timme, Larry Aguirre PA, Dr. Segal with Haley Fuller-Sinkler. Injections are provided by Grace Fantulin, Sue Ruddick, and Sandra Lopez.

Tim Schraeder MFT



Redwood Quality Management Company (RQMC) is the Administrative Service Organization for Mendocino County- providing management and oversight of specialty mental health, community service and support, and prevention and early intervention services. The following data is reported by age range, along with a total for the system of care (either youth or adult) as well as the overall RQMC total. This will assist in interpreting how different demographics are accessing service, as well as assist in providing an overall picture of access and service by county contract (youth and adult). Our goal is to provide the Behavioral Health Advisory Board with meaningful data that will aid in your decision making and advocacy efforts while still providing a snapshot of the overall systems of care.

**AGE OF PERSONS SERVED**

*Children, Youth, & Young Adult System*      *Adult & Older Adult System*      *RQMC*

0-11	12-17	18-21	22-24	25-40	41-64	65+	Total
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**Persons Admitted to...**

Outpatient Services	38	42	10	6	53	97	10	
<i>Total</i>	96				160			<b>256</b>

Crisis Services	7	19	8	8	37	36	5	
<i>Total</i>	42				78			<b>120</b>

*Children, Youth, & Young Adult System*      *Adult & Older Adult System*      *RQMC*

**Identified As...**

Male	70	119	<b>189</b>
Female	65	119	<b>184</b>
Transgender	3		<b>3</b>

White	58	184	<b>242</b>
Hispanic	35	10	<b>45</b>
American Indian	8	7	<b>15</b>
Asian	3	3	<b>6</b>
African American	3	5	<b>8</b>
Other/Undisclosed	31	29	<b>60</b>



**AGE OF PERSONS SERVED**

*Children, Youth, & Young Adult System*      *Adult & Older Adult System*      *RQMC*

0-11	12-17	18-21	22-24	25-40	41-64	65+	Total
------	-------	-------	-------	-------	-------	-----	-------

**Unduplicated Persons...**

Served in February	286	255	77	47	212	303	52	
<i>Total</i>	665				567			<b>1,232</b>

Served Fiscal Year to Date	479	457	190	93	446	598	100	
<i>Total</i>	1,219				1,144			<b>2,363</b>

YTD Persons by location...	
Ukiah Area	1254
Willits Area	307
North County	64
Anderson Valley	26
North Coast	570
South Coast	45
OOC/OOS	97

**AGE OF PERSONS SERVED**

*Children, Youth, & Young Adult System*      *Adult & Older Adult System*      *RQMC*

0-11	12-17	18-21	22-24	25-40	41-64	65+	Total
------	-------	-------	-------	-------	-------	-----	-------

**Total Number of...**

Full Service Partnerships (FSP)	1	0	12	8	20	44	3	
<i>Total</i>	21				67			<b>88</b>

**Total Number of...**

Emergency Crisis Assessments	10	28	10	10	52	52	6	
<i>Total</i>	58				110			<b>168</b>

by location...	
Ukiah Valley Medical Center	60
Crisis Center-Walk Ins	65
Mendocino Coast District Hospit:	27
Howard Memorial Hospital	15
Jail	
Juvenile Hall	
Schools	1
Community	
FQHCs	

by insurance...	
Medi-Cal/Partnership	116
Private	19
Medi/Medi	18
Medicare	6
Indigent	8
Consolidated	
Private/Medi-Cal	1
VA	



**AGE OF PERSONS SERVED**

	<i>Children, Youth, &amp; Young Adult System</i>				<i>Adult &amp; Older Adult System</i>			<i>RQMC</i>
	0-11	12-17	18-21	22-24	25-40	41-64	65+	Total
Inpatient Psychiatric Hospitalizations	2	11	4	4	16	14	1	
<i>Total</i>	21				31			<b>52</b>

<b>by location...</b>	
Aurora- Santa Rosa	6
Restpadd Redding/RedBluff	21
St. Helena Vallejo/DeerPark	17
St. Mary's San Francisco	3
Marin General	1
John Muir	1
Doctors Behavioral Health	1
Fremont	1
Haritage Oaks	1

<b>by criteria...</b>	
Danger to Self	28
Gravely Disabled	11
Danger to Others	2
Combination	11
<b>at discharge...</b>	
41 Discharged to Mendocino Cnty	
33 Had a Post-Hospital Session	
Avg 0 days to Exit Interview	

**AGE OF PERSONS SERVED**

	<i>Children, Youth, &amp; Young Adult System</i>				<i>Adult &amp; Older Adult System</i>			<i>RQMC</i>
	0-11	12-17	18-21	22-24	25-40	41-64	65+	Total
Crisis Line Contacts	12	39	18	14	179	182	8	
<i>Total</i>	83				369			<b>452</b>

\*There were 79 logged calls where age was not disclosed. Those have been added to the total.

<b>by reason for call...</b>	
Increase in Symptoms	94
Phone Support	120
Information Only	84
Suicidal ideation/Threat	90
Self-Injurious Behavior	11
Access to Services	27
Aggression towards Others	5
Resources/Linkages	21

<b>by time of day...</b>	
09:00am-05:00pm	253
05:00pm-09:00am	199

<b>Calls from Law Enforcement to Crisis</b>		
TOTAL: 56		
MCSO: 28	CHP: 1	WPD: 4
FBPD: 5	Jail:	UPD: 18



**Medication Support Services for January...**

<b>Medication Management</b>	
<b>Clients Served</b>	
Youth	60
Adult	206

<b>Location of Med Services</b>	
Ukiah	222
Fort Bragg	79
Total Services	301

\*\* of the 206 adults, 45 were new to the system

**Contracts usage for February....**

<b>Medi-Cal</b>	<b>\$991,524.08</b>
<b>MHSA</b>	<b>\$59,736.66</b>
<b>Realignment</b>	<b>\$18,840.00</b>
<b>Medication Management</b>	<b>\$56,232.55</b>

**Realignment** is for services provided that could not be billed to medi-cal (meaning all county dollar). The amounts are subject to adjust.