



**MENDOCINO COUNTY BEHAVIORAL
HEALTH ADVISORY BOARD**

**REGULAR MEETING
AGENDA**

**June 20, 2018
10:00 a.m. to 2:00 p.m.**

**Boonville Veterans' Hall Building
14400 Highway 128, Boonville**

Chairperson
JAN MCGOURTY

Vice Chair
EMILY STRACHAN

Secretary
DINA ORTIZ

Treasurer
CATHY HARPE

BOS Supervisor
GEORGEANNE
CROSKEY

1ST DISTRICT:
DENISE GORNY
JAN MCGOURTY
LOIS LOCKART

2ND DISTRICT:
CATHY HARPE
DINA ORTIZ
MICHELLE RICH

3RD DISTRICT:
MEEKA FERRETTA
VACANT
VACANT

4TH DISTRICT:
EMILY STRACHAN
TAMMY LOWE
VACANT

5TH 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."

| Item | Agenda Item / Description | Action |
|--------------------------------------|---|---------------------------------|
| 1. 5 minutes | Call to Order, Roll Call, & Quorum Notice Approve Agenda: | Board Action: |
| 2. 10 minutes | Minutes of May 16, 2018 BHAB Regular Meeting: Discussion and Approval (Handout) | Board Action: |
| 3. 15 minutes (Maximum) | Public Comments: <i>Members of the public wishing to make comments to the BHAB will be recognized at this time.</i> | Board Action: |
| 4. 20 minutes | Board Reports: Discussion and Possible Action A. BOS Supervisor Croskey: B. Chair: C. Secretary: D. Treasurer: E. Membership Committee: <i>Applicants</i> F. BHAB Training Opportunities: <i>June 22nd to 23rd in Los Angeles and August 25th in Redding</i> G. Other: | Discussion and Possible Action: |
| 5. 20 minutes | BHAB Committee Reports: A. By-Laws Committee: <i>(Members Martinez & Ferretta)</i> B. Flow Chart Committee: <i>(Members Strachan & Pekin)</i> C. Dual Diagnosis Committee: <i>(Members Lowe & Ortiz)</i> D. Project Follow-up Committee: <i>(Members Behringer & Gorny)</i> E. CIT Committee: <i>(Members McGourty, Harpe & Rich)</i> | |

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|---|---|---------------------------------|------------------------------------|-------------------------------|--|----------------------------|-----------------------------|------------------------------|-----------------------------------|-----------------------|--|---------------------------------------|---|------------------------------|
| 6. 20 minutes | Mendocino County Report: <i>Jenine Miller, Psy. D., BHRS Director</i> A. See Director Report: <i>(attached in the Agenda Packet)</i> B. Fiscal Reports: <i>Handout</i> | Discussion and Possible Action: | | | | | | | | | | | | |
| 7. 20 minutes | RQMC Report: <i>Tim Schraeder, CEO</i> A. Data Sheet: <i>(Handout)</i> B. Services Update : C. Adult Social Activities: | Discussion and Possible Action: | | | | | | | | | | | | |
| 8. 30 minutes | MHSA Three Year Plan - Annual Update: <i>Review and Discussion</i> | Discussion and Possible Action: | | | | | | | | | | | | |
| 12:30 to 1:00 Lunch Break | | | | | | | | | | | | | | |
| 9. 15 minutes | Site Visit - Old Howard Hospital Building: <i>Discussion of last month's tour by BHAB Members</i> | Discussion and Possible Action: | | | | | | | | | | | | |
| 10. 40 minutes | Contract Review: <i>County Contract with Redwood Quality Management Company</i> A. Adult Services Contract Exhibits A & B: B. Medication Management Contract Exhibits A & B: | Discussion and Possible Action: | | | | | | | | | | | | |
| 11. 5 minutes | Adjournment: Next Meeting: July 18, 2018 - Ukiah and live video conferencing to Fort Bragg | | | | | | | | | | | | | |
| Agenda Item Handouts: | | | | | | | | | | | | | | |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><i>BHAB Agenda - June 20, 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 – May 16, 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>RQMC Quarterly Report</i></td> </tr> <tr> <td style="border: none;"><i>CALBHBC Summer News Letter</i></td> <td style="border: none;"><i>CALBHBC Letter</i></td> </tr> <tr> <td style="border: none;"><i>Member Applicant Information - Amy Buckingham</i></td> <td style="border: none;"><i>Contracts - Exhibits A & B</i></td> </tr> <tr> <td style="border: none;"><i>MHSA Three Year Plan - Annual Update</i></td> <td style="border: none;"><i>Draft By-Laws Updates</i></td> </tr> </table> | | | <i>BHAB Agenda - June 20, 2018</i> | <i>BHRS Department Report</i> | <i>BHAB Draft Regular Meeting Minutes – May 16, 2018</i> | <i>RQMC Data Dashboard</i> | <i>BHAB Finance Reports</i> | <i>RQMC Quarterly Report</i> | <i>CALBHBC Summer News Letter</i> | <i>CALBHBC Letter</i> | <i>Member Applicant Information - Amy Buckingham</i> | <i>Contracts - Exhibits A & B</i> | <i>MHSA Three Year Plan - Annual Update</i> | <i>Draft By-Laws Updates</i> |
| <i>BHAB Agenda - June 20, 2018</i> | <i>BHRS Department Report</i> | | | | | | | | | | | | | |
| <i>BHAB Draft Regular Meeting Minutes – May 16, 2018</i> | <i>RQMC Data Dashboard</i> | | | | | | | | | | | | | |
| <i>BHAB Finance Reports</i> | <i>RQMC Quarterly Report</i> | | | | | | | | | | | | | |
| <i>CALBHBC Summer News Letter</i> | <i>CALBHBC Letter</i> | | | | | | | | | | | | | |
| <i>Member Applicant Information - Amy Buckingham</i> | <i>Contracts - Exhibits A & B</i> | | | | | | | | | | | | | |
| <i>MHSA Three Year Plan - Annual Update</i> | <i>Draft By-Laws Updates</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.

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

BHAB EMAIL THE BOARD: bhboard@mendocinocounty.org

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



**MENDOCINO COUNTY BEHAVIORAL
HEALTH ADVISORY BOARD**

**REGULAR MEETING
AND
MHSA REVERSION PLAN PUBLIC HEARING
MINUTES**

**May 16, 2018
10:00 a.m. to 12:00 p.m.**

**WISC Office Atlantic Room
472 E. Valley Rd., Willits**

Chairperson
JAN MCGOURTY

Vice Chair
EMILY STRACHAN

Secretary
DINA ORTIZ

Treasurer
CATHY HARPE

BOS Supervisor
GEORGEANNE
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1ST DISTRICT:
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| Item | Agenda Item / Description | Action |
|---------------------------------|--|--|
| <p>1. 5 minutes</p> | <p>Call to Order, Roll Call & Quorum Notice</p> <ul style="list-style-type: none"> Chair McGourty called the meeting to order at 10:05. Roll call by Vice Chair Strachan. Chair McGourty announced quorum is met. Agenda discussion – approved Discussion of the tour of the old Howard Hospital that will take place after the public meeting is adjourned. The tour will take place in two groups so there will not be a quorum in the tour. Members present: Harpe, Gorny, Ortiz, Strachan, Behringer, McGourty, Martinez, Ferretta, and Supervisor Croskey. | <p>Board Action: Motion made by Vice Chair Strachan, seconded by Member Gorny to approve the 5/16/18 agenda as written, motion passed with a unanimous yay vote by members present.</p> |
| <p>2. 10 minutes</p> | <p>Minutes of April 18, 2018 BHAB Regular Meeting: Discussion and Approval (Handout)</p> <ul style="list-style-type: none"> Discussion of members not always reading the minutes prior to the meeting due to difficulty of reading them on the computer. Administrative Secretary Peckham announced that any member that wants to pick up a hard copy of the minutes before the meeting just let her know and it will be available at Behavioral Health and Recovery Services front desk in Ukiah. Discussion of Sheriff Allman’s comments at the last BHAB meeting in Covelo as noted in the minutes. Meeting minutes from April 18, 2018 approved as written. | <p>Board Action: Motion made by Member Rich, seconded by Member Gorny to approve the 4/18/18 minutes as written, motion passed with a unanimous yay vote by members present.</p> |

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| <p>3. 15 minutes (Maximum)</p> | <p>Public Comments: <i>Members of the public wishing to make comments to the BHAB will be recognized at this time.</i></p> <ol style="list-style-type: none"> 1. Question from the public regarding why inmates at the County Jail is not hospitalized when they need mental health treatment. <ol style="list-style-type: none"> A. BHRS Director Miller explained that most mental health facilities will not accept inmates as a patient. The fact that the person is an inmate changes the security that is required to place the person. B. Chair McGourty requested that BHRS Director Miller write up the reasons and process for inmate hospitalization for BHAB members. | <p>BHRS Director Miller was requested to write the process for hospitalizing inmates out of the Jail.</p> |
| <p>4. 15 minutes</p> | <p>Board Reports: Discussion and Possible Action</p> <ol style="list-style-type: none"> 1. BOS Supervisor: <ol style="list-style-type: none"> A. Supervisor Croskey requested that BOS get BHAB on their agenda to report and discuss any issues; it is tentatively scheduled for July 10, 2018. B. Discussion on the Stepping Up and Crisis Intervention Training (CIT) and Sheriff Allman's comments regarding Stepping Up and CIT training to the BOS. <ol style="list-style-type: none"> I. Discussion of whether it should be mandatory for Sheriff Deputies to get CIT training as part of their annual training. II. Supervisor Croskey stated that if the other county agencies are not participating, maybe the ones that are should prepare a flow chart with assignments for all agencies and see if that will get them engaged. III. BHRS Director Miller stated BHRS will again attempt to set up a Stepping Up meeting and CIT training. 2. Chair: <ol style="list-style-type: none"> A. California Association of Local Behavioral Health Boards and Commissions (CALBHBC) Annual Meeting and Training - Who from the board is attending? <ol style="list-style-type: none"> I. Discussion of which BHAB members wants to attend the CALBHBC training in Los Angeles June 23, 2018. Member Behringer and Secretary Ortiz were interested in going. The members voted to approve two members to attend. One member's travel expense to be paid by CALBHBC the other by BHAB travel funds. B. Measure B - <ol style="list-style-type: none"> I. Discussion and comments about the Measure B meeting regarding possibly using the old Howard Hospital building for a mental health facility and the misconception from the public regarding what the building would be used for. II. Supervisor Croskey commented there will need to be public education for the Measure B process. 3. Secretary: <ol style="list-style-type: none"> A. Nothing to report at this time. 4. Treasurer: <ol style="list-style-type: none"> A. Treasurer Harpe stated Juanita Dreiling, BHRS Administrative Services Manager called regarding changes | <p>Discussion and Possible Action:</p> <p>Board Action: Motion made by Member Rich, seconded by Secretary Ortiz to approve two BHAB members to travel to the CALBHBC training in Los Angeles, one to be paid by the CALBHBC the other by BHAB travel funds, motion passed with a unanimous yay vote by members present.</p> |

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| | <p>for the BHAB budget for Fiscal Year 2018-2019. The total amount of the budget will remain the same; some funding will be shifted from one item to another to reflect the spending of BHAB.</p> <p>5. Membership Committee: <i>Applicants</i> –</p> <p>A. Vice Chair Strachan stated the BHAB applicant Julia Eagles from District Four is no longer eligible for BHAB membership as there is a conflict of interest with her employment. Another applicant Raymond Tate from District Three has asked to be on hold for personal reasons.</p> <p>I. Administrative Secretary Peckham stated there is a new applicant from District Three; she will forward it to Chair McGourty and Vice Chair Strachan on her return to the office.</p> <p>B. Vice Chair Strachan commented that the board needs to discuss member attendance at meetings.</p> <p>I. Discussion of how the board will approach member absences and whose decision it is to dismiss a member if they are missing a lot of meetings.</p> <p>II. Vice Chair Strachan stated the board needs to be consistent as to how absences are handled.</p> <p>III. Secretary Ortiz stated the BHAB Executive Committee should discuss how to handle the absences.</p> <p>6. Committees -</p> <p>A. SUDT Bylaws Committee - Member Ferretta stated the three members of the committee are having a hard time getting together. She has two draft versions of the proposed bylaws ready for review. She will send them to Chair McGourty and Members Martinez and Lockart for their comments.</p> <p>7. Other:</p> <p>A. The upcoming May is Mental Health Month Awareness Event with speaker Hufsa Ahmed was announced. Richard Matens, Executive Director of Consolidated Tribal Health commented the event was being held at Consolidated Tribal Health. (Fliers were available at the meeting for anyone interested in attending)</p> <p>I. Chair McGourty asked if there was anything BHAB could do to help with the event.</p> <p>II. BHRS Director Miller commented that BHRS does a public speaker every year for May is Mental Health Month, Consolidated Tribal Health is providing the use of their conference room for the event.</p> | |
| <p>5. 30 minutes</p> | <p>Mendocino County Report: <i>Jenine Miller, Psy. D., BHRS Director</i></p> <p>1. See Director Report: (attached in the Agenda Packet)</p> <p>2. Contracts –</p> <p>A. Member Rich had some questions regarding the Contracts section of the Directors Report. The contracts listed as renewal residential facilities, how are they selected?</p> <p>I. BHRS Director Miller explained the selection is based on which facilities will take the clients. There are several facilities that BHRS has been working with for a while.</p> | <p>Discussion and Possible Action:</p> |

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| | <ul style="list-style-type: none"> I. Chair McGourty recommended that if Member Rich is interested in doing a site visit to Willow Glen that would be great. B. Chair McGourty stated that one of the duties of BHAB is to review BHRS contracts. She has asked for the Exhibit A pages from one of the contracts to be reviewed at each meeting. <p>3. Media Press Releases Process for BHAB Meetings - <i>Laura Vanderwarker, Staff Services Administrator, HHSA Administration presenting</i></p> <ul style="list-style-type: none"> A. Ms. Vanderwarker handed out a sample press release for BHAB with a list of the media outlets she releases to. She stated she has no control as to what is actually posted or announced by the media. The Media Unit is currently working on trying to get more exposure for County press releases. B. Ms. Vanderwarker asked what BHAB would like to see happen. <ul style="list-style-type: none"> I. Chair McGourty asked if anyone from the County is going around posting fliers. II. Ms. Vanderwarker commented that she doesn't have time or man power to post fliers. III. Member Behringer stated she doesn't mind posting fliers, but doesn't know where to post them. IV. Richard Matens, Executive Director of Consolidated Tribal Health stated if he gets the fliers he could send them out to the tribes. C. Supervisor Croskey stated that she has noticed there is a very low public turn out at any of the County meetings. D. Ms. Vanderwarker questioned if the time of the BHAB meeting was possibly a deterrent to the public attending. E. Discussion of a thirty minute Public Service Announcement being made for the local radio stations. Chair McGourty and Member Ferretta thought it would be a good idea. Nothing decided on at this time. | |
| <p>6. 15 minutes</p> | <p>RQMC Report: <i>Camille Schraeder, RCS CEO</i></p> <ul style="list-style-type: none"> 1. Data Sheet: (<i>Handout</i>) – <ul style="list-style-type: none"> A. Ms. Schraeder reviewed the RQMC Data Dashboard (included in the Agenda Packet) in detail as to what the numbers mean. B. Members asked specific questions regarding the statistics. C. Ms. Schraeder explained what each section means and where the numbers come from. D. She commented on the changes in the Adult System of Care in the last few years, adults are getting more services without having to go through crisis. <ul style="list-style-type: none"> I. BHRS Director Miller clarified that there is a need to look at the adult clients coming into crisis and see how many are Serious Mentally Ill (SMI) or mild to moderately mentally ill. The County only provides service to SMI clients, mild to moderate are referred to the local clinics and Beacon to provide services. | <p>Discussion and Possible Action:</p> |

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| | <p>II. Ms. Schraeder commented on the difference between clients with private insurance and Medi-cal and what information and follow up can happen with the client.</p> <p>E. Discussion of medication management regarding the number of clients and the costs for the month.</p> <p>2. Services Update –</p> <p>A. Ms. Schraeder commented on the number of clients in residential housing.</p> <p>B. Ms. Schraeder commented on the number of day’s medication management is provided, it has been increased to two days a week in Fort Bragg and four days in Ukiah.</p> <p>C. Ms. Schraeder commented on a housing unit that RQMC is working on getting a master lease and taking on the financial responsibility of approximately \$5,000 a month. The housing unit would house up to ten clients. They are still in the process of working out the details.</p> <p>D. Ms. Schraeder stated she wanted to make sure BHAB knows where the money is going and that it is being accounted for.</p> <p>I. Chair McGourty asked that RQMC provide quarterly reports reflecting what services are being provided.</p> <p>E. Supervisor Croskey announced that BOS will not be putting out a new Request for Proposal (RFP) as they are happy with the services RQMC has been providing.</p> | | | | | | | | | | | |
| <p>7. 25 minutes 11:30</p> | <p>Mental Health Services Act (MHSA) Reversion Plan: <i>Karen Lovato, Acting Deputy Director presenting</i></p> <p>1. Public Hearing –</p> <p>A. Acting Deputy Director Lovato gave her presentation on the updates that had been done from the recommendations from the board.</p> <p>2. Discussion-</p> <p>A. Discussion and some recommendations were made by BHAB members and the public.</p> <p>B. Acting Deputy Director Lovato documented all comments and questions. She will add the county response to the final reversion plan.</p> | <p>Discussion and Possible Action:</p> | | | | | | | | | | |
| <p>8. 5 minutes</p> | <p>Adjournment: Meeting adjourned at 12:30</p> <p>Next Meeting: June 20, 2018 in Boonville</p> | | | | | | | | | | | |
| <p style="text-align: center;">Agenda Item Handouts:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><i>BHAB Agenda - May 16, 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 – April 18, 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>May Is Mental Health Month Activities Flier</i></td> </tr> <tr> <td style="border: none;"><i>MHSA Reversion Plan - revised</i></td> <td style="border: none;"><i>CALBHBC Letter</i></td> </tr> <tr> <td style="border: none;"><i>Understanding Trauma through the Science of Resiliency Flier</i></td> <td></td> </tr> </table> | | | <i>BHAB Agenda - May 16, 2018</i> | <i>BHRS Department Report</i> | <i>BHAB Draft Regular Meeting Minutes – April 18, 2018</i> | <i>RQMC Data Dashboard</i> | <i>BHAB Finance Reports</i> | <i>May Is Mental Health Month Activities Flier</i> | <i>MHSA Reversion Plan - revised</i> | <i>CALBHBC Letter</i> | <i>Understanding Trauma through the Science of Resiliency Flier</i> | |
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WEBSITE: <https://www.mendocinocounty.org/government/health-and-human-services-agency/mental-health-services/mental-health-board>

DRAFT

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

FY 17/18

June 12, 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 |
| MHB | 862080 | FOOD | 2018/10/000875 | 04/26/2018 | 104.46 | 85006 033118 | 4281269 | SAFEWAY | ACCT 85006 |
| MHB | 862080 | FOOD | 2018/11/000583 | 05/17/2018 | 147.90 | 85006 042818 | 4281269 | SAFEWAY | ACCT 85006 |
| | | FOOD Total | | | \$1,113.18 | | | | |
| MHB | 862150 | MEMBERSHIPS | 2018/07/000224 | 01/05/2018 | \$600.00 | DUES 17/18 | 4274428 | CALHB/C | MEMBERSHIP JUL 17-JUN 18 |
| | | MEMBERSHIPS TOTAL | | | \$600.00 | | | | |
| 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 | 2018/05/001343 | 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 |
| MHB | 862170 | OFFICE EXPENSE | 2018/10/001228 | 04/30/2018 | 5.43 | | | | COR ORG AMAZON PCARD |
| MHB | 862170 | OFFICE EXPENSE | 2018/10/001229 | 04/30/2018 | 92.31 | | | | COR ORG AMAZON PCARD |
| MHB | 862170 | OFFICE EXPENSE | 2018/11/001241 | 05/24/2018 | 33.81 | 1134600 | 4283269 | FISHMAN SUPPLY COMP | 15368.17 |
| | | OFFICE EXPENSE Total | | | \$601.41 | | | | |
| MHB | 862210 | RNTS & LEASES BLD GRD | | | \$0.00 | | | | |
| MHB | 862250 | TRANSPRTATION & TRAVEL | 2018/02/000017 | 08/03/2017 | 54.57 | 7/19/2017 | 4265488 | STRACHAN EMILY | BHAB MTG MILEAGE FY17/1 |
| MHB | 862250 | TRANSPRTATION & TRAVEL | 2018/02/000017 | 08/03/2017 | 95.98 | 7/19/2017 | 4265294 | HANDLEY MARGIE | BHAB MTG MILEAGE |
| MHB | 862250 | TRANSPRTATION & TRAVEL | 2018/02/000017 | 08/03/2017 | 68.87 | 7/19/17 | 4265285 | GASTON KATE C | BHAB MTG MILEAGE |
| MHB | 862250 | TRANSPRTATION & TRAVEL | 2018/02/000447 | 08/10/2017 | 69.02 | 7/19/17 | 4266105 | HARPE CATHY | BHAB MTG 7/19/17 MI |
| MHB | 862250 | TRANSPRTATION & TRAVEL | 2018/02/000447 | 08/10/2017 | 91.49 | 7/19/17 | 4266169 | MCGOURTY JAN | BHAB MTG 7/19/17 MI |
| MHB | 862250 | TRANSPRTATION & TRAVEL | 2018/02/000447 | 08/10/2017 | 79.18 | 8/1/17 | 4266169 | MCGOURTY JAN | BHAB MTG 8/1/17 MI |
| MHB | 862250 | TRANSPRTATION & TRAVEL | 2018/03/000145 | 09/07/2017 | 80.26 | 7/19/17 | 4267269 | MARTINEZ MARTIN D | BHAB MEETING MILEAGE |
| MHB | 862250 | TRANSPRTATION & TRAVEL | 2018/03/000145 | 09/07/2017 | 25.68 | 7/19/17 | 4267301 | O SULLIVAN MAUREEN | BHAB MTG MILEAGE |
| MHB | 862250 | TRANSPRTATION & TRAVEL | 2018/03/000145 | 09/07/2017 | 48.15 | 8/16/17 | 4267378 | STRACHAN EMILY | LOCAL 8/16/17 |
| MHB | 862250 | TRANSPRTATION & TRAVEL | 2018/04/000062 | 10/05/2017 | 64.42 | 9/8.9/20/17 | 4269100 | HANDLEY MARGIE | BHAB MTGS MILEAGE |
| MHB | 862250 | TRANSPRTATION & TRAVEL | 2018/04/000062 | 10/05/2017 | 77.04 | 9/20/17 | 4269251 | STRACHAN EMILY | BHAB MTG MILEAGE |
| MHB | 862250 | TRANSPRTATION & TRAVEL | 2018/05/000024 | 11/02/2017 | 159.43 | 8/16-10/18/17 | 4270627 | GASTON KATE C | BHAB MEETINGS MI |
| MHB | 862250 | TRANSPRTATION & TRAVEL | 2018/05/000024 | 11/02/2017 | 67.20 | 10/18/17 | 4270639 | HARPE CATHY | BHAB MEETING MI |
| MHB | 862250 | TRANSPRTATION & TRAVEL | 2018/05/000024 | 11/02/2017 | 18.19 | 9/20/17 | 4270639 | HARPE CATHY | BHAB MEETING MILEAGE |
| MHB | 862250 | TRANSPRTATION & TRAVEL | 2018/05/000024 | 11/02/2017 | 68.48 | 10/18/17 | 4270770 | STRACHAN EMILY | BHAB MEETING MILEAGE |
| MHB | 862250 | TRANSPRTATION & TRAVEL | 2018/05/001110 | 11/16/2017 | 42.80 | 10/18/17 | 4271913 | MARTINEZ MARTIN D | BHAB MTG MILEAGE |
| MHB | 862250 | TRANSPRTATION & TRAVEL | 2018/05/001110 | 11/16/2017 | 57.25 | 10/18/17 | 4271918 | MCGOURTY JAN | BHAB MTG MILEAGE |
| MHB | 862250 | TRANSPRTATION & TRAVEL | 2018/05/001343 | 11/30/2017 | 28.89 | 11/15/17 | 4272504 | HANDLEY MARGIE | BHAB MEETING MILEAGE |
| MHB | 862250 | TRANSPRTATION & TRAVEL | 2018/06/000323 | 12/07/2017 | 74.90 | 11/15/17 | 4273293 | STRACHAN EMILY | BHAB MEETING MILEAGE |
| MHB | 862250 | TRANSPRTATION & TRAVEL | 2018/06/000571 | 12/14/2017 | 74.90 | 9/20/17 | 4273390 | BEHRINGER FLUNDA | BHAB MTG MILEAGE |
| MHB | 862250 | TRANSPRTATION & TRAVEL | 2018/06/000571 | 12/14/2017 | 81.32 | 11/15/17 | 4273390 | BEHRINGER FLUNDA | BHAB MTG MILEAGE |
| MHB | 862250 | TRANSPRTATION & TRAVEL | 2018/07/000990 | 01/19/2018 | 67.41 | 12/20/2017 | 4275563 | STRACHAN EMILY | BHAB MTG MILEAGE |
| MHB | 862250 | TRANSPRTATION & TRAVEL | 2018/09/000088 | 03/01/2018 | 68.02 | 2/21/2018 | 4277514 | BEHRINGER FLUNDA | BHAB MTG MILEAGE |



Behavioral Health Advisory Board General Ledger
 FY 17/18
 June 12, 2018

| ORG | OBJ | ACCOUNT DESCRIPTION | YR/PER/JNL | EFF DATE | AMOUNT | INVOICE # | CHECK # | VENDOR NAME | COMMENT |
|-----|--------|--|-----------------|------------|-------------------|--------------|---------|-------------------|----------------------------|
| 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 | 2018/08/0000826 | 03/15/2018 | 64.04 | 2/21/18 | 4278950 | MCGOURTY JAN | BHAB MTG & TRNG MILEAGE |
| MHB | 862250 | TRNSPRATION & TRAVEL | 2018/10/0000602 | 04/12/2018 | 14.18 | 3/21/18 | 4280494 | BEHRINGER FLINDA | BHAB MTG MILEAG |
| MHB | 862250 | TRNSPRATION & TRAVEL | 2018/11/0000023 | 05/03/2018 | 70.85 | 4/18/18 | 4281526 | MARTINEZ MARTIN D | BHAB MEETING MILEAGE |
| MHB | 862250 | TRNSPRATION & TRAVEL | 2018/11/0000023 | 05/03/2018 | 85.02 | 4/18/18 | 4281629 | STRACHAN EMILY | BHAB MEETING MILEAGE |
| MHB | 862250 | TRNSPRATION & TRAVEL | 2018/11/0000292 | 05/03/2018 | 80.88 | 4/18/18 | 4281936 | MCGOURTY JAN | BHAB MTG MILEAGE |
| MHB | 862250 | TRNSPRATION & TRAVEL | 2018/11/0000890 | 05/17/2018 | 66.50 | 4/25/18 | 4282690 | BEHRINGER FLINDA | BHAB MEETING MILEAGE |
| MHB | 862250 | TRNSPRATION & TRAVEL | 2018/11/0000890 | 05/17/2018 | 99.19 | 4/18/18 | 4282690 | BEHRINGER FLINDA | BHAB MEETING MILEAGE |
| MHB | 862250 | TRNSPRATION & TRAVEL | 2018/12/000164 | 06/01/2018 | 44.69 | 5/16/18 | 4283845 | STRACHAN EMILY | BHAB MTG MILEAGE |
| | | TRNSPRATION & TRAVEL Total | | | \$2,202.93 | | | | |
| MHB | 862253 | TRAVEL & TRSP OUT OF COUNTY | 2018/02/0000447 | 08/10/2017 | 356.28 | 7/26-7/27/17 | 4266169 | MCGOURTY JAN | SAC OAC MEETING |
| MHB | 862253 | TRAVEL & TRSP OUT OF COUNTY | 2018/10/000340 | 04/05/2018 | 277.50 | 1/24-1/26/18 | 4280245 | MCGOURTY JAN | MATHER/WOODLAND OAC/CBPBPC |
| | | TRAVEL & TRSP OUT OF COUNTY Total | | | \$633.78 | | | | |
| | | Grand Total | | | \$5,151.30 | | | | |



Behavioral Health Advisory Board General Ledger
 FY 17/18
 June 12, 2018

| ORG | OBJ | ACCOUNT DESCRIPTION | YR/PER/JNL | EFF DATE | AMOUNT | INVOICE # | CHECK # | VENDOR NAME | COMMENT |
|--------------------------------|------------|----------------------------|----------------------|-------------------|-------------------------|-----------|---------|-------------|---------|
| Summary of Budget for FY 17/18 | | | | | | | | | |
| | OBJ | ACCOUNT DESCRIPTION | Budget Amount | YTD Exp | Remaining Budget | | | | |
| | 862060 | Communications | 200.00 | 0.00 | 200.00 | | | | |
| | 862080 | Food | 1,800.00 | 1,113.18 | 686.82 | | | | |
| | 862150 | Memberships | 0.00 | 600.00 | -600.00 | | | | |
| | 862170 | Office Expense | 300.00 | 601.41 | -301.41 | | | | |
| | 862210 | Rents & Leases Bld | 30.00 | 0.00 | 30.00 | | | | |
| | 862250 | In County Travel | 5,870.00 | 2,202.93 | 3,667.07 | | | | |
| | 862253 | Out of County Travel | 3,300.00 | 633.78 | 2,666.22 | | | | |
| | | Total Budget | \$11,500.00 | \$5,151.30 | \$6,348.70 | | | | |

Profile

Amy

First Name

Buckingham

Last Name

AMY ELIZABETH BUCKINGHAM

Full/Legal Name (if different than name provided above)

Email Address

Voter Registration Address

Street Address

Suite or Apt

WILLITS

City

CA

State

95490

Postal Code

Mailing Address (if different than Voter Registration or Street address)

Mobile:

Primary Phone

Business:

Alternate Phone

Which Boards would you like to apply for?

Behavioral Health Advisory Board: Submitted

UNKN

Which position, seat, or representational category would you prefer?

Availability to Attend Meetings

Other (Please Specify Below)

**OPEN AS LONG AS ADVANCED
NOTICE**

Availability to Attend Meetings (Other)

Interests & Experiences

Special Expertise, Experience, or Interest in This Area?

EMERGENCY DEPARTMENT DIRECTOR FOR ADVENTIST HEALTH HOWARD MEMORIAL HOSPITAL. I WILL BE ABLE TO SPEAK FROM THE PERSPECTIVE OF WHAT CURRENTLY OCCURS WITH OUR 5150 POPULATION WHILE IN CRISIS

Upload a Resume

Upload Additional Supporting Documents

Upload Additional Supporting Documents

Upload Additional Supporting Documents

Certification

Please read the following statements and indicate your acceptance thereof.

I hereby certify that I am a registered voter in the State of California, County of Mendocino, a citizen of the United States, and will be at least 18 years of age at the time of the next election. I am not imprisoned or on parole for the conviction of a felony. I certify under penalty of perjury, under the laws of the State of California, that the information on this application is true and correct. I understand that assuming this public responsibility could result in public knowledge of my background and/or qualifications, including financial interests. Applications will be kept on file for one year.

I Agree *

AMY BUCKINGHAM, RN, CEN

Adventist Health Howard Memorial Hospital
 One Marcela Drive Willits CA 95490

PROFESSIONAL SUMMARY**Registered Nurse**

- Highly skilled, motivated, energetic career professional with more than 10 years clinical experience in an acute care hospital.
- Established SART program for Howard Memorial Hospital. Including; forensic assessments, forensic evidence collection, counseling resources, education regarding medications and treatment, lab work, and victim advocacy.
- Established Trauma Level 4 Designation.
- Developing STROKE certification.
- Proficient in Emergency Department Nursing
- Management and leadership skills with the ability to manage multiple departments

CREDENTIALS

| | |
|---|------------|
| Registered Nursing State Board Exam, California License # 705006 | 04/30/2019 |
| Certified Emergency Nurse National Board Exam Cert. # 981106899 | 06/29/2018 |

EXPERIENCE

| | |
|---|---------------|
| Emergency Department Director <i>Adventist Health Howard Memorial Hospital</i> | 2009-current |
| Respiratory Department Director <i>Adventist Health Howard Memorial Hospital</i> | 2010- current |
| Emergency Department Staff Nurse <i>Adventist Health Howard Memorial Hospital</i> | 2008-current |
| <i>Adventist Health Ukiah Valley</i> | 2008-2010 |
| Medical Surgical Staff Nurse <i>Adventist Health Howard Memorial Hospital</i> | 2007-2008 |

EDUCATION/CERTIFICATIONS

| | |
|--|-------------------|
| Associate Degree, Nursing <i>Mendocino College</i> | 2007-current |
| Basic Life Support <i>06/2018</i> | BLS |
| Advanced Life Support <i>06/2018</i> | ACLS |
| Pediatric Advanced Life Support <i>08/2019</i> | PALS |
| Trauma Nursing Care Course <i>02/2020</i> | TNCC |
| Emergency Nursing Pediatric Course <i>06/2018</i> | ENPC |
| California Forensic Nurse Training <i>course completed date: 09/2014</i> | SART Nurse |
| California Forensic Pediatric Nurse Training <i>Course completed: 4/2015</i> | SANE Nurse |
| Leadership Mendocino <i>Class 25</i> | 2017/2018 |
| Western Governors University <i>RN-MSN Focus in Leadership and Development</i> | 1/1/2018- current |

AFFILIATIONS

| | |
|---|---------|
| Emergency Nurses Association chapter # 253 member # 678992 | 06/2018 |
| Cal SAFE Forensic Examiners | |

From: CALBHBC <Alert@CALBHBC.com >
To: Carolyn Peckham <peckhamc@mendocinocounty.org>
Date: 5/23/2018 4:50 PM
Subject: CALBHBC: Important Dates



California Association of Local Behavioral Health Boards and Commissions

Important Reminders: *For CA Mental/Behavioral Health Board/Commission Members*

May 25 Teleconference, 10am

Please [RSVP](#) if you will join us.

Mark Salazar, Interim Executive Director of Mental Health America, San Francisco will present regarding the scaling down of a "Warm Line" that is impacting counties throughout California.

Join from PC, Mac, Linux, iOS or Android: <https://zoom.us/j/771762563>

Or iPhone one-tap :

US: +16699006833,,771762563# or +16465588656,,771762563#

Or Telephone:

Dial (for higher quality, dial a number based on your current location):

US: +1 669 900 6833 or +1 646 558 8656

Meeting ID: 771 762 563

International numbers available: <https://zoom.us/u/dw5HMJxZI>

June 22nd CALBHBC Meeting in L.A.

(& June 23 CIBHS Training):

Register: www.calbhbc.com/meetings-and-training.html [PDF Flyer](#)

For those requiring travel and hotel reservations, please [register](#) and plan travel now for best rates and guaranteed rooms.*

Members of your local board or commission are invited to the June 22nd CALBHBC Annual Meeting in Los Angeles and *CIBHS Mental/Behavioral Health Board Training on June 23rd.*

CALBHBC will pay meeting-related travel expenses and hotel accommodations for one local board/commission member per county/jurisdiction, but more are welcome!

and

CIBHS will pay training-related accommodations for one local board/commission member per county/jurisdiction, but more are welcome!

Local support staff / board liaisons are also encouraged to register!

There is no fee to attend the meeting or training.

Questions, contact: CALBHC's Secretary/Treasurer: Mae Sherman: ellimae2000@yahoo.com 530-257-6904.

* Hotel room block guarantee deadline is June 11th.



Facebook: CALBHC



CALBHC Website

*CA Association of Local Boards and Commissions (CALBHC/C):
Supporting the work of California's 59 local Mental/Behavioral Health Boards and Commissions*

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You are receiving this email because you are affiliated with a local mental/behavioral health board/commission.

Our mailing address is:

CALBHC - California Association of Local Behavioral Health Boards & Commissions
154 S. Fairfield Ave
Susanville, CA 96130

[Add us to your address book](#)

Want to change how you receive these emails?
You can [update your preferences](#) or [unsubscribe from this list](#).

MailChimp

From: CALBHB/C <news@CALBHBC.com>
To: Carolyn Peckham <peckhamc@mendocinocounty.org>
Date: 6/5/2018 11:53 AM
Subject: SUMMER Newsletter (CALBHB/C)



California Association of Local Behavioral Health Boards and Commissions

SUMMER 2018 Newsletter

www.facebook.com/CALBHBC

www.calbhbc.com



CALBHBBC NEWSLETTER

CALBHB/C: A STATEWIDE ORGANIZATION SUPPORTING THE WORK OF LOCAL MENTAL HEALTH & BEHAVIORAL HEALTH BOARDS AND COMMISSIONS.

**Yield not to calamity,
but face her boldly.**
Virgil

Whether the calamity is a personal mental/behavioral health crisis or one of the many disasters impacting Californians recently (fires, floods, shootings, and more), creating effective plans to address disaster-related mental/behavioral health needs is critical.

To address individual and community needs, CALBHB/C is providing information at our [June 22 Statewide Meeting in L.A.](#), and through our [website](#) regarding:

- 1. Disaster Preparedness & Recovery:** Mental/Behavioral Health Issues/Gaps & Planning: At our [June 22nd Annual Meeting in L.A.](#), a panel of local and statewide Mental/Behavioral Health Disaster Response leaders will address:
 - The Spectrum: Needs & Levels of Care
 - The Structure: Mental/Behavioral Health in Emergency Response Organizations
 - The Issues: Addressing Problems & Solutions in Disaster-Related Mental Health/Behavioral Health.
- 2. Psychiatric Advance Directives (PAD)**
PADs are legal documents, drafted when a person is well enough to consider preferences for future mental health treatment.

MEETINGS / TRAINING

Statewide: June 22/23, Los Angeles
Central: October 19/20, Folsom
Superior: August 25, Redding
Southern: January 18/19 San Diego

CALBHB/C Friday Meeting and CA Institute for Behavioral Health Solutions (CIBHS) Saturday Training Registration:
calbhbc.com/meetings-and-trainings.html

TOP ISSUES / SOLUTIONS

Housing is the #1 issue as reported by MH/BH boards/commissions. Adult Residential Facilities (Board and Cares) are a critical piece of the solution. Issue information at: www.calbhbc.com

Employment—Individual Placement & Support (IPS) has been identified as a successful practice, facilitating sustained employment for adults with mental illness.
www.calbhbc.com/employment.html

GOT 15 MINUTES?

Check out CALBHB/C's on-line training modules. Each module takes approximately 15 minutes—time well spent for new members and old.

Full newsletter at: www.calbhbc.com/newsissues-full-listing.html

MEETING REGISTRATION

Register: CALBHB/C Annual Statewide Meeting

June 22, 2018, Los Angeles, CA

<http://www.calbhbc.com/meetings-and-training.html>

[PDF Flyer/Agenda](#)

*CIBHS Mental/Behavioral Health Board Training is 6/23.

Thank you to those who have already registered!

ON-LINE TRAINING

(15 Minute Modules)

1. [MHSA- Role of MHB](#)
2. [MHSA- Fiscal](#)
3. [Ethics \(2 Hours\)](#)

Handbooks, Manuals & more:

www.calbhbc.com/training.html



Facebook: CALBHBC



CALBHBC/C Website



Email

*CA Association of Local Behavioral Health Boards & Commissions
is a statewide organization supporting the work of California's 59 local
mental and behavioral health boards and commissions.*

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You are receiving this email because you are affiliated with a local mental/behavioral health board/commission.

Our mailing address is:

CALBHBC - California Association of Local Behavioral Health Boards & Commissions
154 S. Fairfield Ave
Susanville, CA 96130

[Add us to your address book](#)

Want to change how you receive these emails?
You can [update your preferences](#) or [unsubscribe from this list](#).

MailChimp

MENDOCINO COUNTY BEHAVIORAL HEALTH ADVISORY BOARD

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BYLAWS

Article I **NAME**

The name of this Board shall be the Mendocino County Mental Health Advisory Board, herein referred to as BHAB.

Article II **AUTHORITY**

The authority of the BHAB (acting as a Mental Health Board) is set forth in sections 5604 through 5607 of the California Welfare and Institutions Code (W&I Code) and resolutions of the Mendocino County Board of Supervisors.

Article III **DUTIES**

The duties of the Mendocino Behavioral Health Advisory Board shall be as follows:

1. Review and evaluate Mendocino County's (County) Behavioral Health and Recovery Services (BHRS) treatment and prevention needs of mental health and substance use disorder treatment (SUDT), services, facilities and related problems.
2. Review any County agreements entered into pursuant to W&I Code section 5650.
3. Advise the Governing Body, herein after the Mendocino County Board of Supervisors (BOS) and the local BHRS Director, as to any aspect of the local BHRS program.
4. Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process.
5. Submit an annual report to the BOS on the needs, challenges, and performance of the County's BHRS and BHRS-contracted services.

6. Review, interview and make recommendations regarding applicants seeking appointment as a BHRS Director prior to appointment by the BOS.
7. Review and comment on the County's performance outcome data and communicate its findings to the California Mental Health Planning Council (CMHPC) and/or other appropriate entities.
8. Assess the impact of realignment of services from the State of California to the County on behavioral health and recovery services, that include mental health and substance use disorders treatment mental health services delivered, to consumers of behavioral health and recovery ~~MH~~ services and the local community.
9. Develop and amend bylaws.
10. Recognize that the BOS can transfer additional duties or authority to the BHAB.
11. Review and submit input on Substance Use Disorder Treatment (SUDT) programs provided by Behavioral Health and Recovery Services, in-order to assist the county services to keep their commitment to providing SUDT services to the residents of Mendocino County. Provide a collaborative process so that current issue can be brought to the attention of the Board of Supervisors' and county Behavioral Health and Recovery Services.

Special Duties in connection with the Mental Services Act shall include but not be limited to:

1. BHAB shall conduct a public hearing on the Mental Health Services Act (MHSA) draft three-year program and expenditure plan and each annual update at the close of each mandated 30-day comment period.
2. The BHAB shall review the (MHSA) adopted plan or update and make recommendations pursuant to W&I Code 5848(b) and W&I Code section 5608.

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Article IV
MEMBERSHIP

SECTION 1.

There shall be 16 members on the BHAB including one representative from the BOS, who serves as a non-voting, ex-officio member who shall not be counted for the purposes of establishing a quorum.

SECTION 2.

Each member of the BOS shall nominate three (3) members to the BHAB. The BHAB will interview and vote to recommend or not to recommend applicants. The Board of Supervisors appoints BHAB members. The Board of Supervisors may appoint anyone to the BHAB who meets the qualifications set forth in the W&I Code and these Bylaws, sections IV.3 and IV.6 whether the BHAB has recommended the person or not.

SECTION 3.

Fifty (50%) of the BHAB membership shall be consumers, or the parents, spouses, siblings, or adult children of consumers, who are receiving or have received mental health services. At least twenty (20%) of the total BHAB membership shall be consumers, and at least twenty (20%) shall be families of consumers. Pursuant to W&I Code Section 5604(a)(1) the BHAB should reflect the ethnic diversity of the client population of the County.

SECTION 4.

In accordance with W&I Code, the term of each member of the BHAB shall be three (3) years. The BOS shall equitably stagger the appointments so that approximately one-third of the appointments expire in each year. Appointed members are eligible to vote at the next regular or special meeting after being sworn in by a County Official. In case of an unscheduled vacancy, a new member shall be appointed to fill the unexpired term of their predecessor and may subsequently apply to be re-appointed to a new three-year term.

SECTION 5.

BHAB members are in good standing unless they have three (3) consecutive absences in a 12-month period. The Chairperson may send written notice to the member of his/her default status. A copy of the notice will be provided to the BOS. Upon receipt of written notice, the defaulting member may re-engage with the BHAB, resign or be terminated by the BOS. A terminated defaulted BHAB member may reapply at any time. The Chairperson may pre-approve a leave of absence for up to three (3) meetings at his/her sole discretion, announced at a Regular or Special meeting.

SECTION 6.

Except as provided in section 3, no appointed member of the BHAB or his/her spouse/domestic partner shall be an employee of the County BHRS, an employee of the Department of California Health Care Services (DCHS)/Mental Health Services Division (MHSD), an employee of a Mendocino County mental health services contractor or their subcontractor, or employee of the State Department of Mental Health, or a paid member of the governing body of a mental health contract agency. However, a consumer of mental health services who has obtained employment with an employer described above and who holds a position in which he/she does not have any interest, influence, or authority over any financial or contractual matter concerning

the employer may be appointed to BHAB. That member shall abstain from voting on any financial or contractual issue concerning his/her employer that may come before BHAB.

Article V

OFFICERS

SECTION 1. OFFICERS

The officers of the BHAB shall be Chairperson, Vice-Chairperson, Secretary, and Treasurer. They shall be elected annually at the Regular or Special meeting in December, to take office immediately.

SECTION 2. EXECUTIVE COMMITTEE

The officers and the Chairpersons of the standing committees shall constitute an Executive Committee. The Chairman may appoint a member-at-large from the membership to serve for a term approved by a majority of the Executive Committee.

SECTION 3. REMOVAL OF OFFICERS

Any officer may be removed from office and relieved of duties by a Majority Vote of the BHAB membership at any regular or special meeting with a quorum in attendance.

SECTION 4. DUTIES

1. CHAIRPERSON

- a. Administer the operation of the BHAB and preside at all meetings
- b. Call special meetings.
- c. Establish committees and appoint committee members to standing and ad hoc committees.
- d. Finalize and forward the Annual Report to the BOS and BHRS directors.
- e. Notify the BOS when vacancies or prolonged absences occur.
- f. Be in regular contact, consultation, and collaboration with the BHRS Director(s).
- g. Prepare and approve the monthly agenda.

VICE-CHAIRPERSON

- a. Act as Chairperson in the absence of the Chairperson.
- b. Monitor and work with the County Executive Office on membership issues.
- c. Other duties as requested by the Chairperson.

SECRETARY

- a. Handle correspondence as directed by the Chairperson.
- b. Establish a Quorum at regular and special meetings.
- c. Prepare and process publicity releases.
- d. Maintain the Policies and Procedures Manual in consultation and with the assistance of the BHRS department and administrative staff.

TREASURER

- a. Monitor any and all funds allocated to and expended by the BHAB.

- b. Report the BHAB's financial status at each regular meeting.
- c. Submit a timely annual BHAB budget request to the Chairperson and the BHRS Director(s) in accordance with W&I Code section 5604.3 and County policy.

SECTION 5. VACANCIES OF OFFICES

Should the office of Chairperson be vacated, the Vice-Chairperson shall assume the Chair for the remainder of the term, or until a special election is approved at a Regular or Special meeting with a Quorum in attendance. Vacancies in other offices shall be filled by appointment of the Chairperson subject to ratification by a Majority Vote of the BHAB membership at a Regular or Special meeting with a Quorum present.

Article VI

MEETINGS

SECTION 1.

1. The annual regular meeting for the BHAB shall be approved by the BHAB.
2. Meetings shall be scheduled in various geographic locations approved by the BHAB.
3. Regular and Special meetings shall be noticed and conducted in accordance with the provisions of the Government Code section 54950 et. seq., "The Brown Act."
4. BHAB Regular and Special meetings shall be conducted in accordance with the most recent version of the BHAB Policies and Procedures approved by a Majority Vote of the BHAB.

SECTION 2. SPECIAL MEETINGS

Special meetings of the BHAB may be called at any time by the Chairperson or by a Majority Vote of the members at a Special or Regular meeting at which a Quorum is present.

Special meetings shall be noticed and conducted in conformance with the provisions of the Brown Act.

SECTION 3. QUORUM

A Quorum is one-half plus one of the duly appointed members currently serving on the BHAB.

SECTION 4. MAJORITY VOTE

A Majority Vote shall be a majority of those members present and voting at a Regular or Special meeting at which a Quorum is present.

SECTION 5. VOTING PROCEDURE

The Chairperson may request a vote by show of hands or a roll call vote.

Article VII

COMMITTEES

SECTION 1. STANDING COMMITTEES

The Chairperson may create one or more standing committees and appoint members at any time with the Majority Vote of the members. Standing committee meetings shall be noticed and conducted in conformance with the provisions of The Brown Act.

SECTION 2. AD HOC COMMITTEES

The Chairperson may create ad hoc committees at any time. Ad hoc committees are of limited scope and duration, and address specific issues under consideration by the BHAB. Ad Hoc committees terminate no later than the submission of the Annual Report to the BOS.

Article IX

AMENDMENT OF THE BYLAWS

Any proposed revision to these bylaws shall be received and approved for discussion by the BHAB Executive Committee prior to being placed on the BHAB agenda. These bylaws may then be amended by a Majority Vote at any Regular or Special meeting with a Quorum present. BHAB-approved bylaws and amendments shall be forwarded to County Counsel for review prior to a vote by the BOS at a regular meeting.

MENDOCINO COUNTY BEHAVIORAL HEALTH ADVISORY BOARD

BYLAWS

Article I
NAME

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Article II

AUTHORITY

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DUTIES

The duties of the Mendocino Behavioral Health Advisory Board shall be as follows:

1. Review and evaluate Mendocino County's (County) Behavioral Health and Recovery Services (BHRS) treatment and prevention needs of mental health and substance use disorder treatment (SUDT), services, facilities and related problems.
2. Review any County agreements entered into pursuant to W&I Code section 5650.
3. Advise the Governing Body, herein after the Mendocino County Board of Supervisors (BOS) and the local BHRS Director, as to any aspect of the local BHRS program.
4. Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process.
5. Submit an annual report to the BOS on the needs, challenges, and performance of the County's BHRS and BHRS-contracted services.
6. Review, interview and make recommendations regarding applicants seeking appointment as a BHRS Director prior to appointment by the BOS.
7. Review and comment on the County's performance outcome data and communicate its findings to the California Mental Health Planning Council (CMHPC) and/or other appropriate entities.

8. Assess the impact of realignment of services from the State of California to the County on behavioral health and recovery services, that include mental health and substance use disorder treatment ~~mental health~~ services delivered to consumers of behavioral health and recovery ~~MH~~ services and the local community.
9. Develop and amend bylaws.
10. Recognize that the BOS can transfer additional duties or authority to the BHAB.
11. Advise the county Alcohol and Other Drug Programs Administrator on policies, goals, and operations of the county substance abuse program and on any other related matters the Administrator refers to or which are raised by the Advisory Board.
12. Encourage public understanding of the problem of substance abuse and support throughout the county for development and implementation of effective substance abuse programs.

~~10.13.~~

Special Duties in connection with the Mental Services Act shall include but not be limited to:

1. BHAB shall conduct a public hearing on the Mental Health Services Act (MHSA) draft three-year program and expenditure plan and each annual update at the close of each mandated 30-day comment period.
2. The BHAB shall review the (MHSA) adopted plan or update and make recommendations pursuant to W&I Code 5848(b) and W&I Code section 5608.

Article IV

MEMBERSHIP

SECTION 1.

There shall be 16 members on the BHAB including one representative from the BOS, who serves as a non-voting, ex-officio member who shall not be counted for the purposes of establishing a quorum.

SECTION 2.

Each member of the BOS shall nominate three (3) members to the BHAB. The BHAB will interview and vote to recommend or not to recommend applicants. The Board of Supervisors appoints BHAB members. The Board of Supervisors may appoint anyone to the BHAB who meets the qualifications set forth in the W&I Code and these Bylaws, sections IV.3 and IV.6 whether the BHAB has recommended the person or not.

SECTION 3.

Fifty (50%) of the BHAB membership shall be consumers, or the parents, spouses, siblings, or adult children of consumers, who are receiving or have received mental health services. At least twenty (20%) of the total BHAB membership shall be consumers, and at least twenty (20%) shall be families of consumers. Pursuant to W&I Code Section 5604(a)(1) the BHAB should reflect the ethnic diversity of the client population of the County.

SECTION 4.

In accordance with W&I Code, the term of each member of the BHAB shall be three (3) years. The BOS shall equitably stagger the appointments so that approximately one-third of the appointments expire in each year. Appointed members are eligible to vote at the next regular or special meeting after being sworn in by a County Official. In case of an unscheduled vacancy, a new member shall be appointed to fill the unexpired term of their predecessor and may subsequently apply to be re-appointed to a new three-year term.

SECTION 5.

BHAB members are in good standing unless they have three (3) consecutive absences in a 12-month period. The Chairperson may send written notice to the member of his/her default status. A copy of the notice will be provided to the BOS. Upon receipt of written notice, the defaulting member may re-engage with the BHAB, resign or be terminated by the BOS. A terminated defaulted BHAB member may reapply at any time. The Chairperson may pre-approve a leave of absence for up to three (3) meetings at his/her sole discretion, announced at a Regular or Special meeting.

SECTION 6.

Except as provided in section 3, no appointed member of the BHAB or his/her spouse/domestic partner shall be an employee of the County BHRS, an employee of the Department of California Health Care Services (DCHS)/Mental Health Services Division (MHSD), an employee of a Mendocino County mental health services contractor or their subcontractor, or employee of the State Department of Mental Health, or a paid member of the governing body of a mental health contract agency. However, a consumer of mental health services who has obtained employment with an employer described above and who holds a position in which he/she does not have any interest, influence, or authority over any financial or contractual matter concerning the employer may be appointed to BHAB. That member shall abstain from voting on any financial or contractual issue concerning his/her employer that may come before BHAB.

Article V

OFFICERS

SECTION 1. OFFICERS

The officers of the BHAB shall be Chairperson, Vice-Chairperson, Secretary, and Treasurer. They shall be elected annually at the Regular or Special meeting in December, to take office immediately.

SECTION 2. EXECUTIVE COMMITTEE

The officers and the Chairpersons of the standing committees shall constitute an Executive Committee. The Chairman may appoint a member-at-large from the membership to serve for a term approved by a majority of the Executive Committee.

SECTION 3. REMOVAL OF OFFICERS

Any officer may be removed from office and relieved of duties by a Majority Vote of the BHAB membership at any regular or special meeting with a quorum in attendance.

SECTION 4. DUTIES

1. CHAIRPERSON

- a. Administer the operation of the BHAB and preside at all meetings
- b. Call special meetings.
- c. Establish committees and appoint committee members to standing and ad hoc committees.
- d. Finalize and forward the Annual Report to the BOS and BHRS directors.
- e. Notify the BOS when vacancies or prolonged absences occur.
- f. Be in regular contact, consultation, and collaboration with the BHRS Director(s).
- g. Prepare and approve the monthly agenda.

VICE-CHAIRPERSON

- a. Act as Chairperson in the absence of the Chairperson.
- b. Monitor and work with the County Executive Office on membership issues.
- c. Other duties as requested by the Chairperson.

SECRETARY

- a. Handle correspondence as directed by the Chairperson.
- b. Establish a Quorum at regular and special meetings.
- c. Prepare and process publicity releases.
- d. Maintain the Policies and Procedures Manual in consultation and with the assistance of the BHRS department and administrative staff.

TREASURER

- a. Monitor any and all funds allocated to and expended by the BHAB.
- b. Report the BHAB's financial status at each regular meeting.
- c. Submit a timely annual BHAB budget request to the Chairperson and the BHRS Director(s) in accordance with W&I Code section 5604.3 and County policy.

SECTION 5. VACANCIES OF OFFICES

Should the office of Chairperson be vacated, the Vice-Chairperson shall assume the Chair for the remainder of the term, or until a special election is approved at a Regular or Special meeting with a Quorum in attendance. Vacancies in other offices shall be filled by appointment of the Chairperson subject to ratification by a Majority Vote of the BHAB membership at a Regular or Special meeting with a Quorum present.

Article VI

MEETINGS

SECTION 1.

1. The annual regular meeting for the BHAB shall be approved by the BHAB.
2. Meetings shall be scheduled in various geographic locations approved by the BHAB.
3. Regular and Special meetings shall be noticed and conducted in accordance with the provisions of the Government Code section 54950 et. seq., "The Brown Act."
4. BHAB Regular and Special meetings shall be conducted in accordance with the most

recent version of the BHAB Policies and Procedures approved by a Majority Vote of the BHAB.

SECTION 2. SPECIAL MEETINGS

Special meetings of the BHAB may be called at any time by the Chairperson or by a Majority Vote of the members at a Special or Regular meeting at which a Quorum is present.

Special meetings shall be noticed and conducted in conformance with the provisions of the Brown Act.

SECTION 3. QUORUM

A Quorum is one-half plus one of the duly appointed members currently serving on the BHAB.

SECTION 4. MAJORITY VOTE

A Majority Vote shall be a majority of those members present and voting at a Regular or Special meeting at which a Quorum is present.

SECTION 5. VOTING PROCEDURE

The Chairperson may request a vote by show of hands or a roll call vote.

Article VII

COMMITTEES

SECTION 1. STANDING COMMITTEES

The Chairperson may create one or more standing committees and appoint members at any time with the Majority Vote of the members. Standing committee meetings shall be noticed and conducted in conformance with the provisions of The Brown Act.

SECTION 2. AD HOC COMMITTEES

The Chairperson may create ad hoc committees at any time. Ad hoc committees are of limited scope and duration, and address specific issues under consideration by the BHAB. Ad Hoc committees terminate no later than the submission of the Annual Report to the BOS.

Article IX

AMENDMENT OF THE BYLAWS

Any proposed revision to these bylaws shall be received and approved for discussion by the BHAB Executive Committee prior to being placed on the BHAB agenda. These bylaws may then be amended by a Majority Vote at any Regular or Special meeting with a Quorum present. BHAB-approved bylaws and amendments shall be forwarded to County Counsel for review prior to a vote by the BOS at a regular meeting.

Behavioral Health Advisory Board Director's Report

June 2018

1. Board of Supervisors:

a) Recently passed items or presentations:

i) Mental Health:

- Approval of Amendment with Canyon Manor to increase the amount of funding to provide Residential Treatment Services for fiscal year 17-18.
- Approval of Amendment with Willow Glen Care Center to increase the amount of funding to provide Residential Treatment Services for fiscal year 17-18.
- Approval of Agreement with Redwood Community Services, Inc. to provide Crisis Counseling Services and Community Educational meetings for fiscal year 17-18.
- Approval of Amendment with Vista Pacifica Center to increase the amount of funding to provide Residential Treatment Services for fiscal year 17-18.
- Approval of Agreement with Redwood Community Services, Inc. to provide Specialty Mental Health Services at Haven House for fiscal year 18-19.
- Approval of Agreement with Anderson Valley Unified School District to provide MHSA Prevention and Early Intervention Services for fiscal year 18-19.
- Approval of Agreement with Casa Serenity, LLC to provide Residential Care Facilities offering a broad range of services to clients with mental health challenges for fiscal year 18-19.
- Approval of Agreement with National Alliance on Mental Illness to provide MHSA Prevention and Early Intervention Services for fiscal year 18-20.
- Approval of Agreement with Vista Pacifica Center to increase the amount of funding to provide Residential Treatment Services for fiscal year 18-19.

ii) Substance Use Disorders Treatment:

- None

b) Future BOS items or presentations:

i) Mental Health:

- Approval of the Mental Health Services Act Reversion Plan for Innovation, Prevention and Early Intervention, Workforce Education and Training, and Capital Facilities and Technology Needs.
- Approval of the Amendment to the Agreement with XPIO Group Health, LLC to further develop the efficiency and scope of the NetSmart Avatar Electronic Health Record for fiscal year 16-19.

- Approval of the Agreement with Redwood Quality Management Company to provide Mental Health Plan Specialty Mental Health Medication Services to eligible Medi-Cal Beneficiaries for fiscal year 18-19.
 - Approval of the Agreement with Redwood Quality Management Company to arrange and/or manage Specialty Mental Health Services, and MHSA Services to Children and Youth for fiscal year 18-19.
 - Approval of the Agreement with Redwood Quality Management Company to arrange and/or manage Specialty Mental Health Services, and MHSA Services to Adults for fiscal year 18-19.
 - Approval of the Agreement with Redwood Community Services DBA Redwood Community Crisis Center to provide 24/7 Crisis Response, Outreach, and Engagement Services for Children, Youth, and Young Adults for fiscal year 18-19.
 - Approval of the Agreement with FEI.com to provide Support and Maintenance for the MendoWITS Software System for fiscal year 18-19.
 - Approval of the Agreement with NetSmart Technologies, LLC to provide Licensing, Maintenance, and Support for the County's Electronic Health Record System, MyAvatar for fiscal year 18-20.
 - Approval of the Amendment to the Agreement with Redwood Quality Management Company to provide Mental Health and Medication Services to Children and Youth for fiscal year 17-18.
 - Approval of the Amendment to the Agreement with Redwood Quality Management Company to provide Mental Health and Medication Services to Adults for fiscal year 17-18.
 - Approval of Second Amendment with Crestwood Behavioral Health to provide Residential Treatment Services for fiscal year 17-18.
 - Approval of Agreement with Crestwood Behavioral Health, Inc. to provide Residential Mental Health Treatment Services for fiscal year 18-19.
 - Approval of Agreement with Davis Guest House to provide Residential Mental Health Treatment to clients for fiscal year 18-19.
- ii) Substance Use Disorders Treatment:
- Approval of Agreement with Redwood Community Services, Inc. DBA Arbor Outpatient Drug Free Clinic to provide State Certified Medi-Cal Counseling Services to Transitional Age Youth for fiscal year 18-19.

2. Staffing Updates:

May:

a) New Hires:

Mental Health: Staff Assistant II

Substance Use Disorders Treatment: 0

- b) Promotions:
Mental Health: 0
Substance Use Disorders Treatment: 0
- c) Departures:
Mental Health: Program Administrator
Substance Use Disorders Treatment: Substance Use Treatment Supervisor

3. Audits/Site Reviews:

- a) Date occurred and report out of findings:
 - None
- b) Upcoming/scheduled:
 - External Quality Review Organization (EQRO) annual review on August 8-9.

4. Meetings of Interest:

- a) **Tentative** Joint QIC/MHSA Stakeholder Meeting July 26, 2018; 3:30-5:30 pm, Ukiah Manzanita with video conference to Hospitality Center.

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: | 5 |
| Settlement Agreement/Full AOT | 2 |
| Other: | 0 |

7. Educational Opportunities/ Information:

- a) Native American Cultural Responsiveness Training, June 20, 2018 9 am-4 pm, Consolidated Tribal Health Project, 6991 N. State St. Redwood Valley.
- b) Native HOPE Training (Helping Our People Endure) September 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: Debra Dockins has left County Service. The MHSA supervisor position is currently unfilled. Karen Lovato and Robin Meloche will be filling the duties until the position is filled.

9. Lanterman Petris Short Conservatorships (LPS):

- a) Number of individuals on LPS Conservatorships = 53

10. Substance Use Disorder Treatment Services:

- a) Number of Substance Use Disorder Treatment Clients Served in February 2018
 - Total number of clients served = 85
 - Total number of services provided = 575
 - Fort Bragg: 8 clients served for a total of 54 services provided
 - Ukiah: 69 clients served for a total of 456 services provided
 - Willits: 8 clients served for a total of 65 services provided

11. Contracts in Process:

- a) RCS Perinatal Services
- b) Psynergy Mental Health Residential Services
- c) DLS Consulting

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
- Status Update: Extension granted for use of funds through 2021.
- 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

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

| Program | FY 17/18 Approved Budget | EXPENDITURES | | | | | | | | | | REVENUE | | | | | |
|---|--------------------------------|------------------------|--------------------------|------------------|-----------------|------------------------|-----------------------|---------------------|--------------|--------------|-----------|---------------|----------------|--------|-----------|-----------|-----------|
| | | Salaries & Benefits | Services and Supplies | Other Charges | Fixed Assets | Operating Transfers | Total Expenditures | SAPT Block Grant | 2011 Realign | Medi-Cal FFP | Other | Total Revenue | Total Net Cost | | | | |
| 1 SUDT Overhead | 0 | | | | | | | | | | - | 82,040 | | | 33,994 | 116,034 | (116,034) |
| 2 County Wide Services | 322,998 | | 22,542 | | | | | | | | 22,542 | | | | | - | 22,542 |
| 3 Drug Court Services | 400,574 | 138,834 | 4,237 | | | | | | | | 143,071 | | 105,286 | | | 105,286 | 37,785 |
| 4 Ukiah Adult Treatment Services | 233,231 | 422,603 | 21,487 | | (5,169) | 438,920 | | | | | 438,920 | | 24,349 | 17,735 | 57,115 | 99,199 | 339,722 |
| 5 Opportunities | 143,508 | 94,611 | 3,943 | | | 98,554 | | | | | 98,554 | | 95,086 | | | 95,086 | 3,468 |
| 6 Family Drug Court | 2 | 226,032 | 7,217 | | (336) | 232,913 | | | | | 232,913 | | | | | - | 232,913 |
| 7 Child Welfare Services | 0 | 26,035 | 1,391 | | | 27,426 | | | | | 27,426 | | | | | - | 27,426 |
| 8 Friday Night Live | 8,061 | 6,833 | 610 | | | 7,442 | | | | | 7,442 | | | | | - | 7,442 |
| 9 Willits Adult Services | 0 | 73,990 | 2,448 | | | 76,438 | | | | | 76,438 | | | | | - | 76,438 |
| 10 Fort Bragg Adult Services | 261,277 | 127,816 | 11,221 | | | 139,037 | | | | 88 | 139,037 | | | | | 88 | 138,949 |
| 11 Administration | 557,267 | 251,414 | 190,186 | | | 441,600 | | | | 87,611 | 441,600 | | | | | 87,611 | 353,989 |
| 12 Adolescent Services | 295,721 | 312,598 | 7,577 | | | 320,175 | | | | 9,451 | 320,175 | | | | | 9,451 | 310,723 |
| 13 Prevention Services | 194,280 | 191,764 | 52,247 | | (66,827) | 177,184 | | | | 18,841 | 177,184 | | | | | 18,841 | 158,343 |
| a Total YTD Expenditures & Revenue | | 1,872,529 | 325,105 | - | - | 2,125,302 | 82,040 | 224,721 | 17,735 | 207,100 | 2,125,302 | 82,040 | 224,721 | 17,735 | 207,100 | 531,596 | 1,593,706 |
| b FY 2017-2018 Adjusted Budget | 2,416,919 | 2,360,984 | 787,839 | (731,904) | - | 2,416,919 | - | 695,103 | 90,000 | 1,373,538 | 2,416,919 | - | 695,103 | 90,000 | 1,373,538 | 2,158,642 | 258,277 |
| c Variance | | 488,455 | 462,734 | (731,904) | - | 291,617 | (82,040) | 470,382 | 72,265 | 1,166,438 | 291,617 | (82,040) | 470,382 | 72,265 | 1,166,438 | 1,627,046 | |

Behavioral Health Recovery Services
Mental Health FY 2017-2018 Budget Summary
Year to Date as of **May 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 | 19,186 | 340,161 | 420,038 | | 58,986 | 888,371 | 3,479,423 | 2,097,221 | | 14,610 | 5,591,253 | (4,752,882) | |
| 2 Administration | 1,678,299 | 892,502 | 239,104 | | | 1,131,606 | | | | | 155,403 | 155,403 | 976,203 | |
| 3 CalWorks | 100,995 | 81,893 | 133 | | | 82,026 | | | | | 63,027 | 63,027 | 19,000 | |
| 4 Mobile Outreach Program | 212,886 | 160,837 | 9,606 | (29) | | 170,414 | | | | | - | - | 170,414 | |
| 5 Adult Services | 9,048,183 | 314,749 | 222,849 | 7,639,158 | | 8,176,756 | | | 1,891,740 | | 119,236 | 2,010,976 | 6,165,780 | |
| 6 Path Grant | 19,500 | | 18,284 | | | 18,284 | | - | | | - | - | 18,284 | |
| 7 SAMHSA Grant | 123,401 | 58,759 | 58,759 | | | 58,759 | | | | | | - | 58,759 | |
| 8 Mental Health Board | 11,500 | 5,107 | 5,107 | | | 5,107 | | | | | | - | 5,107 | |
| 9 Business Services | 819,954 | 384,084 | 20,470 | | | 404,554 | | | | | 35,776 | 35,776 | 368,778 | |
| 10 Children Services | 9,481,381 | 53,074 | 91 | 8,755,383 | | 8,808,549 | | | 2,837,610 | | | 2,837,610 | 5,970,939 | |
| 11 AB109 | 146,791 | 100,755 | 25,588 | | | 126,343 | | 104,652 | | | | 104,652 | 21,691 | |
| 12 Conservatorship | 72,420 | 34,300 | 49,445 | | | 83,745 | | | | | | - | 83,745 | |
| 13 QA/QI | 746,022 | 512,535 | 17,319 | | | 529,854 | | | | | 16,292 | 16,292 | 513,562 | |
| a Total YTD Expenditures & Revenue | | 2,553,915 | 1,006,917 | 16,814,580 | (29) | 58,986 | 20,434,369 | 3,584,075 | 2,097,221 | 4,729,350 | 404,344 | 10,814,989 | 9,619,380 | |
| b FY 2017-2018 Adjusted Budget | 23,441,932 | 3,823,209 | 1,957,499 | 17,450,381 | 40,000 | 98,423 | 23,369,512 | 5,788,752 | 4,180,046 | 7,375,708 | 5,996,167 | 23,340,673 | 28,839 | |
| c Variance | | 1,269,294 | 950,582 | 635,801 | 40,029 | 39,438 | 2,995,143 | 2,204,677 | 2,082,825 | 2,646,358 | 5,591,823 | 12,525,684 | (9,590,541) | |



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 |
|------|-------|-------|-------|-------|-------|-----|-------|
|------|-------|-------|-------|-------|-------|-----|-------|

Persons Admitted to...

| | | | | | | | | |
|---------------------|-----|----|----|---|----|----|---|------------|
| Outpatient Services | 45 | 40 | 11 | 8 | 14 | 32 | 3 | |
| <i>Total</i> | 104 | | | | 49 | | | 153 |

| | | | | | | | | |
|-----------------|----|----|---|---|----|----|----|------------|
| Crisis Services | 3 | 23 | 5 | 5 | 36 | 39 | 11 | |
| <i>Total</i> | 36 | | | | 86 | | | 122 |

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

Identified As...

| | | | |
|-------------|----|----|------------|
| Male | 68 | 64 | 132 |
| Female | 68 | 70 | 138 |
| Transgender | 4 | 1 | 5 |

| | | | |
|-------------------|----|----|------------|
| White | 57 | 97 | 154 |
| Hispanic | 32 | 7 | 39 |
| American Indian | 12 | 8 | 20 |
| Asian | 3 | 2 | 5 |
| African American | 3 | 2 | 5 |
| Other/Undisclosed | 33 | 19 | 52 |



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 April | 309 | 269 | 77 | 52 | 227 | 339 | 57 | |
| <i>Total</i> | 707 | | | | 623 | | | 1,330 |

| | | | | | | | | |
|----------------------------|-------|-----|-----|-----|-------|-----|-----|--------------|
| Served Fiscal Year to Date | 502 | 483 | 205 | 100 | 484 | 610 | 125 | |
| <i>Total</i> | 1,290 | | | | 1,219 | | | 2,509 |

| YTD Persons by location... | |
|-----------------------------------|------|
| Ukiah Area | 1323 |
| Willits Area | 322 |
| North County | 74 |
| Anderson Valley | 27 |
| North Coast | 617 |
| South Coast | 37 |
| OOC/OOS | 109 |

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 | | 12 | 9 | 20 | 46 | 3 | |
| <i>Total</i> | 22 | | | | 69 | | | 91 |

Total Number of...

| | | | | | | | | |
|------------------------------|----|----|----|---|-----|----|----|------------|
| Emergency Crisis Assessments | 3 | 26 | 10 | 8 | 47 | 68 | 12 | |
| <i>Total</i> | 47 | | | | 127 | | | 174 |

| by location... | |
|----------------------------------|----|
| Ukiah Valley Medical Center | 57 |
| Crisis Center-Walk Ins | 60 |
| Mendocino Coast District Hospit: | 15 |
| Howard Memorial Hospital | 32 |
| Jail | 7 |
| Juvenile Hall | |
| Schools | 1 |
| Community | 2 |
| FQHCs | |

| by insurance... | |
|------------------------|-----|
| Medi-Cal/Partnership | 129 |
| Private | 21 |
| Medi/Medi | 15 |
| Medicare | 2 |
| Indigent | 7 |
| Consolidated | |
| Private/Medi-Cal | |
| VA | |



AGE OF PERSONS SERVED

| | <i>Children, Youth, & Young Adult System</i> | | | | <i>Adult & Older Adult System</i> | | | <i>RQMC</i> |
|--|--|-------|-------|-------|---------------------------------------|-------|-----|-------------|
| | 0-11 | 12-17 | 18-21 | 22-24 | 25-40 | 41-64 | 65+ | Total |
| Inpatient Psychiatric Hospitalizations | 0 | 11 | 6 | 4 | 21 | 21 | 1 | |
| <i>Total</i> | 21 | | | | 43 | | | 64 |

| by location... | |
|-----------------------------|----|
| Aurora- Santa Rosa | 10 |
| Restpadd Redding/RedBluff | 17 |
| St. Helena Vallejo/DeerPark | 23 |
| St. Mary's San Francisco | 2 |
| Kaiser | 1 |
| San Jose BH | 1 |
| WoodLand Memorial | 1 |
| Fremont | 1 |
| CPMC | 1 |
| Sutter | 1 |
| Sierra Vista | 1 |
| Southern Ca | 1 |
| Paradise Valley | 1 |
| VA | 3 |

| by criteria... | |
|---------------------------------|----|
| Danger to Self | 35 |
| Gravely Disabled | 10 |
| Danger to Others | 1 |
| Combination | 18 |
| at discharge... | |
| 50 Discharged to Mendocino Cnty | |
| 43 Had a Post-Hospital Session | |
| Avg 0 days to Exit Interview | |

AGE OF PERSONS SERVED

| | <i>Children, Youth, & Young Adult System</i> | | | | <i>Adult & Older Adult System</i> | | | <i>RQMC</i> |
|----------------------|--|-------|-------|-------|---------------------------------------|-------|-----|-------------|
| | 0-11 | 12-17 | 18-21 | 22-24 | 25-40 | 41-64 | 65+ | Total |
| Crisis Line Contacts | 6 | 45 | 13 | 16 | 170 | 295 | 14 | |
| <i>Total</i> | 80 | | | | 479 | | | 559 |

*There were **82** logged calls where age was not disclosed. Those have been added to the total.

| by reason for call... | |
|------------------------------|-----|
| Increase in Symptoms | 109 |
| Phone Support | 255 |
| Information Only | 75 |
| Suicidal ideation/Threat | 85 |
| Self-Injurious Behavior | 6 |
| Access to Services | 13 |
| Aggression towards Others | 4 |
| Resources/Linkages | 12 |

| by time of day... | |
|--------------------------|-----|
| 09:00am-05:00pm | 315 |
| 05:00pm-09:00am | 244 |

| Calls from Law Enforcement to Crisis | | |
|---|---------|--------|
| TOTAL: 30 | | |
| MCSO: 12 | CHP: 3 | WPD: 3 |
| FBPD: 3 | Jail: 7 | UPD: 5 |



Medication Support Services for April...

| Medication Management | |
|------------------------------|-----|
| Clients Served | |
| Youth | 67 |
| Adult | 271 |

| Location of Med Services | |
|---------------------------------|------------|
| Ukiah | 297 |
| Fort Bragg | 109 |
| Total Services | 406 |

** of the adults, 23 were new to the system

Contracts usage for April....

| | |
|------------------------------|--|
| Medi-Cal | |
| MHSA | |
| Realignment | |
| Medication Management | |



Outpatient Services July 2017 to March 2018

| YOUTH 0-24 years | | | |
|---------------------------------------|-----|-------------------------------------|-------|
| Unduplicated Clients Served by Agency | | Count of Services Provided | |
| RCS-Redwood Community Sevices | 525 | RCS-Redwood Community Sevices | 19815 |
| Mendocino County Youth Project | 219 | Mendocino County Youth Project | 2646 |
| Tapestry Family Services | 199 | Tapestry Family Services | 7022 |
| Manzantia Services | 10 | Manzantia Services | 68 |
| Hospitality Center | 8 | Hospitality Center | 64 |
| MCAVHN | 0 | MCAVHN | 0 |
| RQMC Medication Management | 200 | RQMC Medication Management | 535 |
| RC3 Redwood Community Crisis Center | 331 | RC3 Redwood Community Crisis Center | 1720 |

| ADULTS 25 and older | | | |
|---------------------------------------|-----|-------------------------------------|------|
| Unduplicated Clients Served by Agency | | Count of Services Provided | |
| RCS-Redwood Community Sevices | 128 | RCS-Redwood Community Sevices | 3560 |
| Manzantia Services | 250 | Manzantia Services | 4638 |
| Hospitality Center | 113 | Hospitality Center | 1834 |
| MCAVHN | 46 | MCAVHN | 712 |
| RQMC Medication Management | 374 | RQMC Medication Management | 819 |
| RC3 Redwood Community Crisis Center | 647 | RC3 Redwood Community Crisis Center | 3734 |

| Tapestry | | | |
|------------------------------------|----------------|--------------|-------|
| | Youth | Adults | Total |
| <i>Unduplicated Clients Served</i> | 199 | | 199 |
| <i>Age Range of Clients Served</i> | 2yrs to 21 yrs | | |
| <i>Count of Services Provided</i> | 7022 | | 7022 |
| <i>*Assessment</i> | 300 | | 300 |
| <i>*Case Management</i> | 674 | | 674 |
| <i>*Collateral</i> | 570 | | 570 |
| <i>*Family Therapy</i> | 539 | | 539 |
| <i>*Group Therapy</i> | 197 | | 197 |
| <i>*Group Rehab</i> | 758 | | 758 |
| <i>*ICC</i> | 767 | | 767 |
| <i>*Individual Rehab</i> | 556 | | 556 |
| <i>*Individual Therapy</i> | 1872 | | 1872 |
| <i>*IHBS</i> | 394 | | 394 |
| <i>*Plan Development</i> | 211 | | 211 |
| <i>*TBS</i> | 184 | | 184 |
| No Shows | 281 | No Show Rate | 4% |



Outpatient Services July 2017 to March 2018

| Mendocino County Youth Project | | | |
|------------------------------------|----------------|--------------|-------|
| | Youth | Adults | Total |
| <i>Unduplicated Clients Served</i> | 219 | | 219 |
| <i>Age Range of Clients Served</i> | 3yrs to 23 yrs | | |
| <i>Count of Services Provided</i> | 2646 | | 2646 |
| <i>*Assessment</i> | 265 | | 265 |
| <i>*Case Management</i> | 269 | | 269 |
| <i>*Collateral</i> | 296 | | 296 |
| <i>*Family Therapy</i> | 612 | | 612 |
| <i>*Group Rehab</i> | 21 | | 21 |
| <i>*ICC</i> | 15 | | 15 |
| <i>*Individual Rehab</i> | 71 | | 71 |
| <i>*Individual Therapy</i> | 894 | | 894 |
| <i>*Plan Development</i> | 218 | | 218 |
| <i>*TBS</i> | 0 | | 0 |
| No Shows | 223 | No Show Rate | 8% |

| RCS-Redwood Community Sevices | | | |
|------------------------------------|-----------------|------------------|-------|
| | Youth | Adults | Total |
| <i>Unduplicated Clients Served</i> | 525 | 128 | 653 |
| <i>Age Range of Clients Served</i> | 3 yrs to 24 yrs | 25 yrs to 75 yrs | |
| <i>Count of Services Provided</i> | 19815 | 3560 | 23375 |
| <i>*Assessment</i> | 690 | 226 | 916 |
| <i>*Case Management</i> | 3100 | 825 | 3925 |
| <i>*Collateral</i> | 1120 | 19 | 1139 |
| <i>*Family Therapy</i> | 981 | 5 | 986 |
| <i>*Group Rehab</i> | 2050 | 444 | 2494 |
| <i>*ICC</i> | 2104 | 0 | 2104 |
| <i>*Individual Rehab</i> | 4491 | 1288 | 5779 |
| <i>*Individual Therapy</i> | 3678 | 620 | 4298 |
| <i>*IHBS</i> | 536 | 0 | 536 |
| <i>*Plan Development</i> | 482 | 133 | 615 |
| <i>*TBS</i> | 583 | 0 | 583 |
| No Shows | 1487 | No Show Rate | 6% |



Outpatient Services July 2017 to March 2018

| Manzanita | | | |
|------------------------------------|------------------|------------------|-------|
| | Youth | Adults | Total |
| <i>Unduplicated Clients Served</i> | 10 | 250 | 260 |
| <i>Age Range of Clients Served</i> | 19 yrs to 24 yrs | 25 yrs to 73 yrs | |
| <i>Count of Services Provided</i> | 68 | 4638 | 4706 |
| <i>*Assessment</i> | 16 | 395 | 411 |
| <i>*Case Management</i> | 14 | 2529 | 2543 |
| <i>*Collateral</i> | 6 | 46 | 52 |
| <i>*Family Therapy</i> | 0 | 1 | 1 |
| <i>*Individual Rehab</i> | 17 | 900 | 917 |
| <i>*Individual Therapy</i> | 5 | 457 | 462 |
| <i>*Plan Development</i> | 10 | 310 | 320 |
| No Shows | 293 | No Show Rate | 6% |

| MCAVHN | | | |
|------------------------------------|-------|------------------|-------|
| | Youth | Adults | Total |
| <i>Unduplicated Clients Served</i> | | 46 | 46 |
| <i>Age Range of Clients Served</i> | | 25 yrs to 72 yrs | |
| <i>Count of Services Provided</i> | | 712 | 712 |
| <i>*Assessment</i> | | 64 | 64 |
| <i>*Case Management</i> | | 274 | 274 |
| <i>*Individual Rehab</i> | | 242 | 242 |
| <i>*Individual Therapy</i> | | 101 | 101 |
| <i>*Plan Development</i> | | 31 | 31 |
| No Shows | 20 | No Show Rate | 3% |

| Hospitality | | | |
|------------------------------------|-----------------|------------------|-------|
| | Youth | Adults | Total |
| <i>Unduplicated Clients Served</i> | 8 | 113 | 121 |
| <i>Age Range of Clients Served</i> | 19yrs to 24 yrs | 25 yrs to 77 yrs | |
| <i>Count of Services Provided</i> | 64 | 1834 | 1898 |
| <i>*Assessment</i> | 13 | 162 | 175 |
| <i>*Case Management</i> | 12 | 890 | 902 |
| <i>*Collateral</i> | 0 | 13 | 13 |
| <i>*Individual Rehab</i> | 16 | 334 | 350 |
| <i>*Individual Therapy</i> | 17 | 351 | 368 |
| <i>*Plan Development</i> | 6 | 84 | 90 |
| No Shows | 517 | No Show Rate | 21% |



Outpatient Services July 2017 to March 2018

| RCS-Crisis | | | |
|------------------------------------|----------------|------------------|-------|
| | Youth | Adults | Total |
| <i>Unduplicated Clients Served</i> | 331 | 647 | 978 |
| <i>Age Range of Clients Served</i> | 5yrs to 24 yrs | 25 yrs to 95 yrs | |
| <i>Count of Services Provided</i> | 1720 | 3734 | 5454 |
| <i>*Crisis Assessment</i> | 889 | 1932 | 2821 |
| <i>*Case Management</i> | 401 | 975 | 1376 |
| <i>*Individual Rehab</i> | 247 | 304 | 551 |
| <i>*Individual Therapy</i> | 163 | 518 | 681 |
| <i>*Family Therapy</i> | 0 | 0 | 0 |
| <i>*Collateral</i> | 20 | 5 | 25 |
| No Shows | 173 | No Show Rate | 3% |

| RQMC-Medication Management | | | |
|------------------------------------|-----------------|------------------|-------|
| | Youth | Adults | Total |
| <i>Unduplicated Clients Served</i> | 200 | 374 | 574 |
| <i>Age Range of Clients Served</i> | 4 yrs to 24 yrs | 25 yrs to 78 yrs | |
| <i>Count of Services Provided</i> | 535 | 819 | 1354 |
| <i>*Medication Management</i> | 535 | 660 | 1195 |
| <i>*Case Management</i> | 0 | 0 | 0 |
| <i>*Assessment</i> | 0 | 109 | 109 |
| <i>*Plan Development</i> | 0 | 50 | 50 |
| No Shows | 245 | No Show Rate | 15% |

| Service Monitoring/Client Capacity | | |
|------------------------------------|-----------------|------------|
| Agencies | Yr End Expected | YTD served |
| RCS | 750-850 | 653 |
| RCS crisis | 800-900 | 978 |
| RQMC Medication Mgt | undefined | 574 |
| Tap | 300-350 | 199 |
| MYP | 150-250 | 219 |
| Man | 350-400 | 260 |
| MCA | 50-100 | 46 |
| HOS | 150-300 | 121 |

Mendocino County Contract with
Redwood Quality Management
Company
for
Adult Services

Exhibits A and B

EXHIBIT A

DEFINITION OF SERVICES

CONTRACTOR agrees to arrange for the provision of and pay for medically necessary Specialty Mental Health Services (SMHS), including those services required to meet the COUNTY's obligation to assist the indigent population to access SMHS, and referred by the Mental Health Services Act (MHSA) on behalf of the County of Mendocino in accordance with the Definition of Services defined in this contract. In the arrangement for the provision of services, CONTRACTOR shall ensure compliance with all applicable Medicaid laws, and regulations, including the 1915(b) Medi-Cal Specialty Mental Health Services Waiver, the County of Mendocino State Mental Health Plan (MHP) Agreement and Behavioral Health and Recovery Services (BHRS) policies and procedures.

CONTRACTOR shall arrange for the provision of the following services:

- I. Provision of Service
 - A. CONTRACTOR shall arrange and pay for medically necessary covered Specialty Mental Health Services to beneficiaries twenty-five (25) years and older, as defined for the purpose of this contract.
 - B. COUNTY shall provide and pay for the following mental health services to clients twenty-five (25) years and older:
 1. Access Line Coverage
 2. Lanterman-Petris-Short Conservatorship oversight and placement
 3. Mobile Outreach and Prevention Services (County Mobile Outreach teams to North County, South County, and Anderson Valley)
 4. Probation Mental Health Services (AB109)
 5. CalWorks Mental Health Services
 6. 1370 Competency Restoration
 7. Patients Rights Advocate
 - C. CONTRACTOR shall ensure that all medically necessary covered Specialty Mental Health Services are sufficient in amount, duration, and scope to reasonably be expected to achieve the purpose for which the services are furnished.
 - D. All medically necessary covered Specialty Mental Health Services shall ensure:
 1. The availability of services to address emergency psychiatric conditions twenty-four (24) hours a day, seven (7) days a week.

EXHIBIT A – PAGE 2

DEFINITION OF SERVICES

2. The availability of services to address urgent conditions twenty-four (24) hours a day, seven (7) days a week.
3. The availability of services within 60 miles or 90 minutes of travel for all beneficiaries.
4. Timely access to routine services, as determined by COUNTY to be required to meet needs.

E. CONTRACTOR shall, to the extent feasible, allow Medi-Cal beneficiaries to choose the person/agency providing the services.

II. Availability and Accessibility of Services

A. CONTRACTOR shall ensure the availability and accessibility of adequate numbers and types of subcontractors of medically necessary services. At a minimum, CONTRACTOR shall:

1. Maintain and monitor a network of appropriate providers that is supported by a subcontract with providers and that is sufficient to provide adequate access to all services covered under this contract. CONTRACTOR must establish the network and monitor the network, taking into consideration all of the following:
 - a. Anticipated number of Medi-Cal eligible clients.
 - b. Expected utilization of services.
 - c. Expected number and type of subcontractors, including cultural competency of subcontractors.
 - d. Number of subcontractors not accepting new beneficiaries.
 - e. Geographic location of subcontractors and their access to beneficiaries.
 - f. Whether subcontractors are credentialed for the services being provided.
2. CONTRACTOR and subcontractors shall have links to the COUNTY provider directory and maintain a current list of their individual provider staff on their websites.
3. If CONTRACTOR determines that it is unable to arrange for access to all services covered under this contract, CONTRACTOR shall notify COUNTY in writing detailing the area and/or services CONTRACTOR is unable to fulfill under this contract. CONTRACTOR shall work with COUNTY to develop a plan for the provision of needed access and/or services to meet requirements set forth in this contract that CONTRACTOR has identified it cannot fulfill.

EXHIBIT A – PAGE 3

DEFINITION OF SERVICES

B. CONTRACTOR shall comply with COUNTY requirements for timely access to services. CONTRACTOR shall:

1. Require all subcontractors to meet the COUNTY standards for timely access to care and services, taking into account the urgency of need for services.
 - a. Require all subcontractors to have hours of operations during which services are provided to Medi-Cal beneficiaries that are no less than the hours of operation during which the subcontractor offers services to non-Medi-Cal clients.
 - b. Establish mechanisms to ensure that subcontractors comply with timely access requirements.
 - c. Monitor subcontractors regularly to determine compliance with timely access requirements.
 - d. Take corrective action if a subcontractor fails to comply with timely access requirements.
 - e. Provide monthly timeliness access reports to COUNTY.
 - f. Notify COUNTY when a subcontractor is failing to comply with timely access requirements and provide COUNTY with corrective action provided to subcontractor. CONTRACTOR shall continue to work with subcontractor until subcontractor is in compliance with requirement or subcontractor services have been terminated. CONTRACTOR shall keep COUNTY informed throughout the corrective action process.

III. Quality Assurance / Quality Improvement

A. Quality Management

1. CONTRACTOR shall adhere to COUNTY Quality Management program which defines the structure and operational processes, assigns responsibility to appropriate individuals, and adopts or establishes quantitative measures to assess performance and to identify and prioritize area(s) of improvement.
2. CONTRACTOR and COUNTY shall conduct performance monitoring activities throughout CONTRACTOR'S operations. These activities shall include, but are not limited to, client system outcomes, utilization management, utilization review, subcontractor appeals, credentialing, and monitoring and assistance in the resolution of client grievances.

EXHIBIT A – PAGE 4

DEFINITION OF SERVICES

3. CONTRACTOR, in coordination with COUNTY, shall ensure coordination of care with community health centers, law enforcement, County jail, acute care hospitals, Public Guardians, Substance Use Disorders Treatment, and any other identified entity by COUNTY. Memorandums of Understanding (MOU) shall be developed by COUNTY with each entity. CONTRACTOR shall assess the effectiveness of each MOU and work with the entity to improve identified problematic areas. COUNTY shall be available to help resolve any issue that cannot be resolved between the parties.
4. CONTRACTOR shall track underutilization of services and overutilization of services. CONTRACTOR shall provide monthly reports to the COUNTY on the underutilization and overutilization of services.
5. CONTRACTOR shall prevent and eliminate barriers to effective care, including but not limited to non-discrimination against particular subcontractors that serve high-risk populations or specialize in conditions that require costly treatment.
6. CONTRACTOR shall resolve any identified service delivery problems and take effective action when improvement is required or desired. COUNTY shall be notified by CONTRACTOR of any service delivery problems and the steps being taken by CONTRACTOR to resolve the identified problem.
7. CONTRACTOR shall ensure that all subcontractors participate in the COUNTY and State required beneficiary/family satisfaction surveys. CONTRACTOR shall submit to COUNTY all surveys by the due date. CONTRACTOR shall work with COUNTY to use the data to identify trends and opportunities for improvement.
8. CONTRACTOR shall ensure that all subcontractors adhere to the COUNTY and Mental Health Plan (MHP) requirements for beneficiary grievances, appeals, fair hearings, and change of subcontractor request. CONTRACTOR shall provide COUNTY original document of beneficiary grievances, appeals, fair hearings, and change of provider requests. COUNTY shall work with CONTRACTOR and subcontractors, as appropriate, to resolve all beneficiary problem resolution matters. CONTRACTOR shall work with COUNTY to use the data to identify trends and opportunities for improvement.
9. CONTRACTOR shall establish processes to ensure that all subcontractors remain in compliance with COUNTY and MHP requirements. If a subcontractor is not in compliance CONTRACTOR will start the corrective action process. CONTRACTOR shall notify COUNTY of any subcontractor out of compliance and provide COUNTY with a copy of the corrective action provided to subcontractor. CONTRACTOR shall continue to work with subcontractor until subcontractor is in compliance with requirements or subcontractor services have been terminated. CONTRACTOR shall keep COUNTY informed throughout the corrective action process.

EXHIBIT A – PAGE 5

DEFINITION OF SERVICES

10. CONTRACTOR shall assure that all relevant cultural and linguistic standards of care are incorporated into service delivery.
 - a. CONTRACTOR and/or subcontractors shall have evidence of culture-specific programs or referrals to community-based, culturally-appropriate, and non-traditional mental health subcontractors.
 - b. CONTRACTOR and/or subcontractors shall have evidence of the availability, as appropriate, of alternatives and options that accommodate the individual preference of clients.
11. CONTRACTOR shall participate in the Department of Health Care Services (DHCS) reviews. In preparation for reviews, CONTRACTOR shall provide COUNTY all requested information and data to maintain compliance. Information and data may be requested monthly to remain in compliance with set standards.

B. Quality Improvement (QI)

1. CONTRACTOR shall make continuous quality improvements to assure the appropriateness and effectiveness of Specialty Mental Health Services and meet the needs of the client. CONTRACTOR shall design and implement interventions for improving performance, and measure the effectiveness of interventions.
2. CONTRACTOR shall work with COUNTY to complete a minimum of two (2) Performance Improvement Projects (PIP) each fiscal year, one (1) clinical and one (1) non-clinical. CONTRACTOR shall provide COUNTY with all required information and data to be in compliance with the PIP requirements. These PIPs will measure performance using objective quality indicators and demonstrate planning for increasing or sustaining improvement.
3. CONTRACTOR shall assure that all identified issues are tracked over time and reported to the COUNTY.
4. CONTRACTOR shall provide reports at COUNTY meetings, such as Quality Improvement/Quality Management, Behavioral Health Advisory Board (BHAB), Utilization Management, and Quality Improvement Committee meetings.
5. CONTRACTOR shall participate in the Quality Improvement Committee meetings and provide reports as requested by the COUNTY and in relation to the goals set in the Quality Improvement Work Plan.

EXHIBIT A – PAGE 6

DEFINITION OF SERVICES

6. CONTRACTOR shall work with COUNTY annually to complete the Quality Improvement Work Plan and Quality Improvement Work Plan Evaluation. The Work Plan identifies key factors for quality improvement and utilization management. CONTRACTOR shall work with COUNTY toward agreed upon goals and provide COUNTY with requested information and data to complete the plans.
7. CONTRACTOR shall provide ongoing monitoring of the accessibility of services as evidenced by:
 - a. Timeliness of routine mental health appointments
 - b. Timeliness of services for urgent conditions
 - c. Access to after-hours care
 - d. Responsiveness of the crisis number
8. CONTRACTOR shall participate in the External Quality Review (EQR) annually. In preparation for the review, CONTRACTOR shall provide COUNTY with all requested information and data to complete the EQR requirements. EQR data shall be requested monthly by COUNTY to remain in compliance with set standards and goals. EQR focus areas are categorized as follows:
 - a. Service delivery capacity
 - b. Service delivery system and meaningful clinical issues
 - c. Service accessibility
 - d. Continuity of care and coordination of care
 - e. Beneficiary satisfaction
9. CONTRACTOR shall be responsible for the following:
 - a. Collaboration and coordination among clients, Mendocino County Behavioral Health and Recovery Services (BHRS), subcontractors, and CONTRACTOR
 - b. Assessment of subcontractor performance, including peer review, when appropriate
 - c. Provision of sufficient resources and trainings to ensure compliance with regulations
 - d. Requirement that subcontractors participate in QI activities
 - e. Management of service delivery utilizing a comprehensive Electronic Health Record (EHR) to facilitate the collection, management, and analysis of data needed for monitoring, evaluation, and improvement

EXHIBIT A – PAGE 7

DEFINITION OF SERVICES

- f. Requirement of subcontractors to follow the goals of the Quality Improvement Work Plan
- g. Requirement that subcontractors must adhere to COUNTY and MHP requirements
- h. QI activities must meet the requirements as specified by DHCS and SMHS requirements
- i. Provision of necessary resources to assure the delivery of culturally competent Specialty Mental Health Services

C. Quality Improvement and Quality Management Committees

1. COUNTY shall be responsible for facilitation of a Quality Improvement/Quality Management (QI/QM) Committee. CONTRACTOR shall participate on the QI/QM committee and attend all meetings. QI/QM recommends policy decisions, implements specific review and evaluation activities, and ensures follow-up of QI processes.
2. COUNTY shall facilitate a Quality Leadership Committee that shall provide oversight, approve policy and system changes, and review outcomes of PIPs. Summary reports shall be prepared for members with data and information concerning the QI functions measured. Identification and review of the performance of key indicators over time shall be intended to allow committee members to track success of improvement efforts and provide appropriate direction as needed. The Quality Leadership Committee shall provide oversight of the following:
 - a. Utilization Management
 - b. Subcontractor Relations
 - c. Client Services
 - d. Risk Management
 - e. Quality of Care

D. Utilization Management

1. CONTRACTOR shall be responsible for assuring that beneficiaries have appropriate access to Specialty Mental Health Services. CONTRACTOR shall assess the capacity of service delivery and accessibility of services to beneficiaries; this includes monitoring the number, type and geographic

EXHIBIT A – PAGE 8

DEFINITION OF SERVICES

- distribution of mental health services. This information shall be provided to COUNTY and reported at Utilization Management meetings.
2. CONTRACTOR shall evaluate medical necessity appropriateness and efficiency of services provided to beneficiaries. CONTRACTOR shall track utilization of data to show client outcomes and performance indicators over time. CONTRACTOR shall track patterns, trends, and outlier data and monitor post care outcomes to assess effectiveness of care and services.
 3. CONTRACTOR shall participate in COUNTY Utilization Management meetings and provide to COUNTY all requested information and data for the meetings.

E. Utilization Review

1. CONTRACTOR shall implement mechanisms to assure authorization decision standards are met for the following services: Adult Residential, Crisis Residential, Day Treatment Intensive, Day Rehabilitation, and Therapeutic Behavioral Services. CONTRACTOR shall adhere to MHP requirements for processing requests for initial and continuing authorizations of services. Authorization decisions shall be made within the timeframe set by Title 42, Code of Federal Regulations (C.F.R.) § 438.210(d).
2. CONTRACTOR shall have mechanisms in place to ensure consistent application of review criteria for authorization decisions, and shall consult with the requesting subcontractor when appropriate. CONTRACTOR shall authorize services based on medical necessity criteria and each client's level of service needs. Any decisions to deny a service authorization request or to authorize a service in an amount, duration, or scope that is less than requested shall be made by a professional who has appropriate clinical expertise in treating the client's condition or disease.
3. CONTRACTOR shall issue Notices of Adverse Benefit Determination (NOABD), per the MHP requirements, within the timeframe set forth in 42 C.F.R. 438.404(c). A copy of every NOABD issued shall be provided to COUNTY. NOABDs shall be provided to the COUNTY monthly.
4. CONTRACTOR shall use COUNTY approved clinical documentation and forms. CONTRACTOR shall obtain approval from COUNTY Behavioral Health Director or designee before using a new clinical documentation or form that would be subject to review or audit by the State of California or Federal Government. Failure by CONTRACTOR to obtain COUNTY approval may result in the inability of CONTRACTOR to bill for services.

EXHIBIT A – PAGE 9

DEFINITION OF SERVICES

5. COUNTY shall conduct clinical chart audits, treatment authorization audits and billing audits. COUNTY shall notify CONTRACTOR in writing of audit results. Corrective Action Plans shall be required for any items found out of compliance as a result of the audit. Findings may also indicate a recoupment of funds as dictated by the annual DHCS Reasons for Recoupment list.
6. CONTRACTOR shall monitor the amount of time from initial request for services to first billable visit. This data shall be analyzed and findings reported on a monthly basis to the BHAB, Quality Improvement Committee, and reported through CSI beginning November 7, 2018.
7. CONTRACTOR shall act as the Point of Authorization (POA) for mental health services for beneficiaries twenty-five (25) years and older. At the same time, COUNTY shall retain authority as the official POA for all mental health services and shall have the right to review, audit, and deny services based on MHP requirements. All denials shall be reviewed with CONTRACTOR. CONTRACTOR has the right to appeal decisions to the Behavioral Health Director or designee.
8. CONTRACTOR shall provide utilization review of the activities listed below. CONTRACTOR shall monitor and measure System Performance on a monthly basis, to include, but not be limited to the following:
 - a. Inpatient hospitalizations
 - b. Crisis services
 - c. Timely access to outpatient and psychiatric services
 - d. No shows
 - e. Client outcomes
 - f. Client satisfaction

IV. Specialty Mental Health Services

A. Provision of Cultural Competence

1. CONTRACTOR shall ensure subcontractors provide culturally competent services. CONTRACTOR shall coordinate with COUNTY to comply with annual cultural competency skills training for its staff and for the staff of each of the subcontractors. COUNTY shall develop and revise the Cultural Competency Plan in collaboration and coordination with CONTRACTOR and stakeholders.
2. Areas of focus in the implementation of the Cultural Competency Plan shall include, but not be limited to, elimination of the disparities in service delivery to special populations (Latino and Native American clients).
3. In the event the CONTRACTOR and/or subcontractors provide cultural competency training, CONTRACTOR and/or subcontractors shall submit to

EXHIBIT A – PAGE 10

DEFINITION OF SERVICES

COUNTY copies of agendas, sign-in sheets, handouts, and flyers, for cultural competency training provided to CONTRACTOR's staff and subcontractor's staff as occurs.

B. Assure Client Rights

CONTRACTOR shall assure that the screening of a client for a treatment or service program shall not result in the client being deprived of any rights, privileges, or benefits which are guaranteed to individuals by State or Federal law. CONTRACTOR shall assure that services are provided in a safe, sanitary, least restrictive and humane environment. All clients shall have the right to be treated with dignity and respect by CONTRACTOR and all subcontractors. CONTRACTOR shall work with the COUNTY's Patient's Rights Advocate to assure proper client interactions and interventions.

C. Maintain Client Records

CONTRACTOR and subcontractors shall maintain client records. CONTRACTOR shall identify a compliance officer that is responsible for maintaining the integrity of clients' health care information. Records shall be organized in a systematic fashion and stored according to licensing/regulatory standards. Individual and aggregate records shall be accessible to clinicians, the Quality Management process, and BHRS. Records that are released to proper authorities, individuals, and others shall be released only with an appropriately signed Release of Information (ROI). CONTRACTOR and subcontractors shall comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulations, State and Federal laws, and other BHRS requirements for client confidentiality and record security. Client records shall be kept and maintained for 10 years after client discharge.

D. Provide Access to Quality Care with a "no wrong door" Access System

1. CONTRACTOR shall operate a "no wrong door" Access System to provide services for adults twenty-five (25) years and older. "No wrong door access" means that community members in need of services can be presented at any contracted Mendocino County mental health service program and receive help or services. More importantly the client will be engaged and assisted to meet his/her needs.
2. The Access System's primary role shall be to receive all treatment requests for community mental health services made by clients, their families, County agencies, community subcontractors, or law enforcement.

EXHIBIT A – PAGE 11

DEFINITION OF SERVICES

3. CONTRACTOR's Access System shall determine eligibility for services and medical necessity. When Mendocino County adult residents twenty-five (25) years and older access services they will be provided with "no wrong door" access to avoid delays or long waits for mental health service regardless of where they live within Mendocino County, without regard to their financial ability, and in compliance with Mendocino County MHP rules and regulations for services. If requested, Medi-Cal beneficiaries shall receive a screening and, if initial screening indicates, shall receive further assessment. A NOABD shall be provided to all beneficiaries who, upon initial screening or assessment, do not meet medical necessity criteria.
4. Direct services shall be provided in the client's native language or in American Sign Language (ASL), if required. Language assistance, if needed, for initial intake screening, assessment, and plan development services will be provided through use of competent bilingual staff, staff interpreters, contractors or formal arrangements with local organizations providing interpretation or translation services, technology and telephonic interpretation services or telehealth services. Language taglines shall be attached to vital documents, which shall be provided in current threshold languages. Accommodations to support access to vital documents shall be made for those beneficiaries with disabilities.
5. The scope of the Access System shall include, but is not limited to:
 - a. Prompt access to screening, assessment, and triage. CONTRACTOR shall monitor and document the amount of time from initial request for services to first billable visit, client language, all service requests, and outcomes from initial contact through crisis line. This data shall be analyzed and findings reported on a monthly basis to the BHAB and Quality Improvement Committee.
 - b. Client intakes and eligibility determinations.
 - c. Appropriate service referrals and authorizations within a Continuum of Care (CoC) appropriate to client's mental health needs.
 - d. Care manager assignments.
 - e. Transport coordination.
 - f. Coordination with primary care and/or substance abuse needs.
 - g. Offering hours of operation during which services are provided to Medi-Cal beneficiaries that are no less than the hours of operation offered to commercial beneficiaries or comparable to Medi-Cal fee-for-service, if the subcontractor serves Medi-Cal clients.

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6. CONTRACTOR's subcontractors shall provide assistance, linkage and referrals to clients accessing services at multiple entry points. These entry points may include Community Based Organizations, Federally Qualified Healthcare Centers (FQHC), Rural Health Clinics, several Indian Health Clinics, three Hospital Emergency Rooms, Redwood Coast Regional Center, the community, and any mental health plan subcontractor.
 - a. Hospital Emergency Rooms shall be the destination points for 5150 (5150 is a section of the California Welfare and Institution Code specifically, the Lanterman-Petris-Short Act or "LPS" which allows a qualified officer or professional to involuntarily confine a person deemed to have a mental disorder that makes them a danger to him or herself, and/or others, and/or gravely disabled. When used as a term, 5150 can informally refer to the person being confined or the declaration itself or as in "someone was 5150'd").
 - b. MHP subcontractors shall provide mental health assessments and referrals; supportive care management services; substance abuse linkage and referrals; integration with primary care; crisis intervention and stabilization services; and emergency mental health services.
7. Clients shall be provided with required information pamphlets that include Client Rights, Notice of Privacy Practices, Grievance and Appeals Process Brochure, Advanced Directives, Provider Directory, Guide to Medi-Cal Mental Health Services Handbook and language taglines.

E. Adult System of Care

1. CONTRACTOR shall arrange for an appropriate range of SMHS that are adequate for the anticipated number of clients that will be served by the MHP. CONTRACTOR shall provide oversight and regulation of the programs and services provided by subcontractors. SMHS means:
 - a. Rehabilitative Mental Health Services
 - b. Mental Health Services
 - c. Medication Support Services
 - d. Crisis Intervention
 - e. Crisis Stabilization
 - f. Crisis Residential Treatment Services
 - g. Psychiatric Health Facility Services
 - h. Psychiatric Inpatient Hospital Services
 - i. Targeted Case Management

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- j. Psychologist Services
 - k. EPSDT Supplemental SMHS
 - l. Psychiatric Nursing Facility Services
2. CONTRACTOR shall arrange for client advocacy, outreach services, coordinate local SMHS and medical care, provide interagency information and communication, arrange or provide local service transports, as well as, post-discharge transportation from inpatient psychiatric hospitalizations, and maintain each client's care management record. Services shall include, but not be limited to:
- 1. Crisis Services
 - 2. Access System
 - 3. Prompt access to screening and assessment; client intakes and eligibility determinations
 - 4. Appropriate client service referrals within a CoC appropriate to client's mental health needs
 - 5. Care management
 - 6. Transport coordination
 - 7. Coordination with primary care and co-occurring needs
 - 8. Crisis intervention and stabilization
 - 9. Coordination with law enforcement
 - 10. Emergency response to hospital emergency rooms
 - 11. Obtaining twenty-four (24) hour care service authorizations
3. Target Mental Health Population: The target population shall consist of Mendocino County Medi-Cal beneficiaries, twenty-five (25) years and older, who meet medical necessity criteria for MHP reimbursement as defined in Title IX, Article 2, Section 1830.205 and 1830.210 and meet the functional criteria for seriously mentally ill.
4. Mental Health Services: Services shall include a comprehensive array of services that address a client's mental health needs. Interventions shall be: individualized and designed to diminish impairments and prevent significant deterioration; culturally competent and appropriate services, which are sensitive and responsive to cultural and gender differences and special needs; and, delivered without regard to race, religion, national origin, gender, physical disability, or sexual orientation. Beneficiaries shall receive services in accordance with their level of medical necessity and the unique needs. Services shall be guided by an individualized client treatment plan, which shall be reviewed and revised annually.

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5. Services shall be available in person, on the phone, and/or through telecommunication. Services shall be timely and accessible, and delivered by licensed/waivered staff, mental health professionals who are credentialed according to State requirements, and/or non-licensed subcontractors. Services shall be provided by or under the direction of mental health professionals functioning within the scope of their professional license and applicable State law. Transport services shall be available as needed.
6. Beneficiaries shall be linked to physical health care, dental services, benefits, employment, schools, training, transportation, and other non-mental health services as needed. Services shall also be coordinated with FQHC/Rural Health Clinic (RHC), Probation, and HHS, as needed. Beneficiaries receiving mental health services shall be supported to receive health care at community health care organizations, and CONTRACTOR shall ensure that ROI promote integrated health care services. Beneficiaries shall be assisted with applying for and maintaining housing. Services shall be reviewed regularly to ensure client access to appropriate care for mental health and physical health needs.
7. Outpatient Services: CONTRACTOR shall provide outpatient services. Outpatient mental health services shall be provided to beneficiaries with a mental health diagnosis who meet medical necessity criteria for specialty mental health services. Outpatient services may be provided in the home, clinic, or community setting. Beneficiaries shall be actively involved throughout the assessment, treatment planning, and service delivery process. Services shall be client driven and culturally sensitive.
8. Specialty Mental Health Services: An array of Specialty Mental Health Services shall be available to Medi-Cal beneficiaries who meet medical necessity criteria. Services shall be aimed at ameliorating mental health symptoms, utilizing interventions that are designed to provide reduction of the client's mental disability, restoration, improvement and/or preservation of individual and community functioning. Specialty Mental Health Services shall include Assessment, Plan Development, Collateral, Therapy, Rehabilitation, and Crisis Intervention. SMHS shall be delivered within the least restrictive and most normative environment that is clinically appropriate.
9. Targeted Case Management Services: Linkage services shall be provided to assist beneficiaries to receive appropriate services, arrange transportation to appointments and/or activities when needed, and help them perform activities of daily living. Targeted case management services are defined as services furnished to assist individuals in gaining access to needed medical, alcohol and drug treatment, social, educational and other services.

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10. **Mental Health Services Act (MHSA):** The MHSA program shall continue to be planned, updated and administered by COUNTY. COUNTY requires CONTRACTOR to be involved in the stakeholder's planning process and shall manage the implementation of the MHSA approved plan. CONTRACTOR shall integrate the MHSA programs into core programs in the System of Care by organizing and contracting with subcontractors to initiate Full Service Partnerships (FSP) and by managing and monitoring other MHSA programs and services including prevention programs, innovation programs, care management, housing support programs, community services and supports, workforce education, and training.
11. **Drop-in Centers:** COUNTY believes in wellness and recovery. CONTRACTORS shall arrange for prevention and support programs through drop-in centers. Subcontractors shall operate three (3) to five (5) days per week, including some weekends, to serve the Severely Mentally Ill (SMI) population. Services at these sites shall include, but not be limited to, client advocacy, assertive care management, illness prevention programs, peer-to-peer counseling, senior peer counseling, peer support programs, and transportation services.
12. **Full Service Partnership (FSP):** CONTRACTOR shall authorize the FSP benefit for qualified SMI clients upon consultation and approval from COUNTY Behavioral Health Director or designee. This service shall respond to client needs and support efforts toward wellness and recovery. Services may include treatment, wrap-around services, vocational training, and housing support.
13. **Assisted Outpatient Treatment (AOT):** CONTRACTOR shall arrange for subcontractors to provide AOT services. Subcontractors shall participate in the AOT Team meetings as requested by COUNTY and participate in the initial investigation of AOT referrals, providing known history on potential AOT clients. CONTRACTOR's subcontractors shall accept referrals for Biopsychosocial Assessment and assess client, determine if client has a qualifying diagnosis that meets medical necessity for SMHS, understand that many AOT clients may be reluctant to participate in voluntary services, and repeated and unique attempts to engage client in services may be necessary.
14. **AOT requires subcontractor participation with the AOT treatment team and client in developing an AOT treatment plan.** Assigned Care Managers shall assist clients in overcoming barriers, meeting treatment plan goals and reducing functional impairments toward reducing risk to self or others and increasing ability to participate meaningfully in independent living. Subcontractor shall testify in court when required regarding AOT qualifications, assessment, diagnosis, risk of client, and any other pertinent information to beneficiary.

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15. AOT also requires completing any documents necessary for the AOT petition requested by the COUNTY or required by the Courts, which includes the Declaration stating that there is reason to believe AOT criteria are met according to WIC Code 5346(b)(5)(B). CONTRACTOR shall ensure that all timelines outlined in regulation or ordered by the court proceedings are met. Family and natural supports shall be included as part of client care plan. When successful treatment is sustained, CONTRACTOR shall facilitate transition of client to less restrictive treatment programs maintaining contact through a supported transition process.
16. COUNTY shall provide the following services for AOT:
- a. Accept all referrals to AOT services.
 - b. Investigate all referrals.
 - c. Outreach to client, build rapport, and attempt to obtain engagement in voluntary services.
 - d. Coordinate services with the AOT treatment team consisting of Administrative Service Organization (ASO) Clinician, Counsel, Behavioral Health Director, and ASO Care Manager.
 - e. Assist with determining Treatment Plan Goals.
 - f. Support client and Care Manager in initial services needs such as financial, housing, and other imminent basic needs.
 - g. Make determination of need to file Declaration of AOT criteria with Court.
 - h. Notification of Counsel and Courts.
 - i. Tracking of all timelines and communication with treatment team around court processes and deadlines.
 - j. Complete documentation of non-compliance when necessary and communicate with Counsel.
 - k. Monitor and track transitions of client.
 - l. Report data to the State Department of Mental Health.
17. Forensic Services: CONTRACTOR shall establish a formal liaison with those agencies in the community that are primarily engaged with mental health care recipients who are actively connected to forensic, in order to be consistent with public safety and the needs of the individual. CONTRACTOR shall meet regularly in order to problem solve for concerns or specific clients, on an individual basis with the following offices, but not limited to the following:

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- a. Behavioral Health Court
- b. Mendocino County Office of the Public Guardian
- c. Mendocino County Jail and Sheriff
- d. City Police Departments
- e. California Forensics Medical Group (CFMG)
- f. Office of the Public Defender
- g. Mendocino County Probation Office
- h. Mendocino County Superior Court

A representative of COUNTY shall be invited to participate in any interagency deliberation or meeting.

18. Transportation Service: CONTRACTOR shall arrange for transportation services. CONTRACTOR shall have subcontractors coordinate transportation for clients for admission to authorized services or placement sites, transfers between placement sites and discharges from placement sites back to the community. This service shall be provided through a coordinated effort by care managers with the local ambulance company, local care managers, members of the subcontractor network, and transportation contractors.
19. Behavioral Health Court: CONTRACTOR shall arrange for the provision of care management and outpatient services to participants of the Behavioral Health Court. In addition, CONTRACTOR shall arrange for subcontractors to collaborate and coordinate with the multi-agency Behavioral Health Court planning group.
20. Outcome Measurement Tools: CONTRACTOR shall require all in-county subcontractors to use the Adult Needs and Strengths Assessment (ANSA) outcome measurement tool. CONTRACTOR shall work with out-of-county subcontractors on using this outcome measurement tool. With the ANSA the frequency and intensity of services shall be correlated with outcome measure data. Outcome measure data shall be collected at the beginning of treatment, every six months following the first administration, and at the end of treatment to ensure that services maintain the appropriate level of intensity, frequency, and duration.
21. All urgent care needs related to medication management, routine visits, emergent conditions, and nonemergency crisis situations shall be assessed, treated, referred to a local clinic, and discharged to home or family, unless they have a medical or psychiatric emergency or a supportive care or placement need.
22. Medical needs shall be referred to a primary care clinic site within the System of Care network for assessment and treatment. Medical emergencies shall be referred to the appropriate emergency service or to the nearest hospital emergency room. Continued monitoring shall occur through an assigned care manager.

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23. Psychiatric emergencies shall be assessed and referred to the appropriate level of the multi-tiered crisis service. Dispositions to crisis or twenty-four (24) hour care services shall be based on medically necessary interventions centered on client safety and rapid stabilization of the crisis episode.

F. Crisis Services

1. CONTRACTOR shall arrange for multi-tiered crisis intervention and crisis response services to Mendocino County residents twenty-five (25) years and older. Crisis services shall be available to those experiencing a mental health emergency and be accessible twenty-four (24) a day, seven (7) days a week. Crisis services shall be accessible via the telephone, walk-in crisis centers, and mobile response to designated community locations.
2. The Crisis Service's goals are:
 - a. Provide emergency assessments, appropriate emergency services/referrals, and a safe environment. CONTRACTOR's subcontractor shall maintain the response requirements.
 - b. Divert individuals from unnecessary presentations at local hospital emergency rooms.
 - c. Minimize the time involvement of emergency rooms and local law enforcement with each incident.
 - d. Reduce recidivism by linking client with appropriate resources and after care services.
 - e. Provide qualified professionals to respond to the local emergency rooms within twenty (20) minutes in Ukiah and Fort Bragg and within forty-five (45) minutes or less to Willits to perform the assessment for a 5150 placement.
 - f. Coordinate with law enforcement and hospital emergency departments to provide quality mental health services.
3. Crisis services shall be available to those in need, regardless of ability to pay. Once crisis services are accessed, assessments at every level of care shall determine the client's need for additional services. In every case, particular care shall be given to provide a safe, secure, and confidential experience. CONTRACTOR shall provide services to Medi-Cal clients and assist indigent clients to access mental health services. After stabilizing clients with insurance, CONTRACTOR shall provide referrals to the appropriate primary care provider/medical group network. CONTRACTOR shall bill crisis services covered by insurance to the appropriate third party payer. Payment for crisis services that are not covered by insurance are the responsibility of the client.

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4. Individuals may be self-referred, family-referred, referred by law enforcement, Mendocino County agency referred, or referred by community-based mental health or medical professionals. Each individual shall be provided the least restrictive intervention possible. Assessments at every level of care shall determine the individual's need for additional services. CONTRACTOR shall assure that each crisis call is being responded to promptly; and, individuals who are determined to have a life-threatening or 5150 designation receive the highest priority.
5. Services by CONTRACTOR'S subcontractors may be provided over the phone or in person. All crisis contacts shall be logged and/or documented in the EHR, thus allowing the CONTRACTOR to monitor timeliness to access, appropriateness of intervention, and coordination of aftercare linkages, including, at times, access into mental health services. CONTRACTOR's subcontractor shall respond promptly and triage the crisis accordingly to the individual's level of suicidal, homicidal, and/or grave disability. The subcontractor shall refer medical emergencies to the appropriate emergency service or to the nearest hospital emergency room.
6. CONTRACTOR shall ensure service provision meets the following levels of care:
 - a. Crisis Prevention and Outreach
 - (1) CONTRACTOR shall work with subcontractors to ensure the provision of crisis prevention, outreach, and de-stigmatization services.
 - (2) CONTRACTOR and subcontractors shall participate in education and awareness events held locally throughout the County.
 - (3) CONTRACTOR shall arrange for crisis response to local community tragedies and disasters, as deemed necessary.
 - (4) CONTRACTOR shall provide subcontractors with assigned duties in emergency community efforts as per direction from the Behavioral Health Director.
 - (5) CONTRACTOR and subcontractors shall have informational pamphlets, flyers, and cards located throughout the County to ensure that beneficiaries have access to crisis services as needs arise.
 - (6) CONTRACTOR shall ensure appropriate networking to continue to expand local community supports and the development of a crisis continuum of care.

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b. Crisis Intervention

- (1) CONTRACTOR shall assure crisis services can be requested through self-referrals, as well as referrals from community mental health agencies/subcontractors, healthcare subcontractors, law enforcement, family members, friends, neighbors, landlords, or community members concerned about the welfare of an individual who appears to be in a mental health crisis. Referrals shall be accepted by CONTRACTOR through an advertised toll-free crisis phone number which shall operate twenty-four (24) hours a day, seven (7) days a week.
- (2) CONTRACTOR shall ensure the operation of a minimum of two (2) Crisis Centers to be located inland and on the coast, with walk-in availability for individuals in crisis.
- (3) CONTRACTOR's subcontractor shall have appropriately credentialed staff that is trained to manage the crisis intervention and to resolve problems and/or situations with the least restrictive crisis response.
- (4) Criteria used by CONTRACTOR in assessing situations shall, at minimum, include deterioration of the mental health status or an increase in mental illness symptoms, along with:
 - i. Acute emotional distress;
 - ii. Thoughts of suicide or wanting to hurt oneself;
 - iii. Thoughts of harm to others;
 - iv. Physical aggression toward others;
 - v. Refusal of psychiatric or medical care because of impaired insight or judgment; and,
 - vi. Grave disability.
- (5) CONTRACTOR'S subcontracted crisis staff shall, upon completion of the assessment, provide brief crisis interventions designed to de-escalate and resolve the crisis or diminish the symptoms.
- (6) CONTRACTOR and subcontractors shall work to ensure that all parties involved in the initial crisis are content with the outcome of the initial assessment prior to determining a final disposition.

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- (7) CONTRACTOR shall ensure appropriate referrals are made for the individual to assist in the stabilization of functioning and reduce potential recidivism into the crisis continuum of care.
- (8) CONTRACTOR shall assist subcontractors as needed to facilitate access to community resources such as housing, food, transportation, eligibility workers, and other domains of daily functioning to assist in the development of appropriate safety networks.
- (9) CONTRACTOR shall ensure that crisis services are provided in the least restrictive setting.
- (10) CONTRACTOR shall ensure access to a psychiatrist twenty-four (24) hours a day, seven (7) days a week for available consultation on medication and psychiatric conditions, as well as, requests for a second opinion when disagreements occur.
- (11) Crisis staff shall assess the need for inpatient psychiatric hospitalization and will work to complete the assessment, broker the bed, and arrange transportation should acute care be required.
- (12) CONTRACTOR shall monitor outcomes and indicators to look for trends and ways to prevent future inpatient psychiatric hospitalization.

c. Respite Services

- (1) CONTRACTOR shall arrange for Respite Care Services. Respite Care Services offer safe, temporary relief for adults who are experiencing a nonthreatening but difficult crisis situation, and for their care-givers. Respite programs provide short-term and time-limited breaks for mentally ill adults in need of temporary housing relief, without which emotional distress and situational trauma might increase, precipitating a need for more intensive services. It also operates as a support to unpaid caregivers of adults with a mental health diagnosis in order to support and maintain the care-giving relationship. Respite Care may be provided at a licensed community care facility or through temporary housing in a shelter, transitional housing sites, or a local motel and is available twenty-four (24) hours a day, seven (7) days a week. On occasion this service may be an alternative to costly higher levels of care, and

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avoids potential emergency room visits and law enforcement involvement. Respite care shall be accessed by referral and authorized by CONTRACTOR.

d. Inpatient Psychiatric Services

- (1) CONTRACTOR shall arrange for the provision of voluntary and involuntary inpatient hospitalizations for adult clients twenty-five (25) years of age or older when medical necessity has been determined. CONTRACTOR shall authorize placement, find a bed with a contracted psychiatric facility, and arrange for transportation. Examples of qualified inpatient subcontractors include St. Helena Hospital, Woodland Memorial Hospital, Aurora Behavioral Healthcare, Restpadd and Marin General Hospital. COUNTY expects length of stay to range from three (3) to seven (7) days. CONTRACTOR shall monitor inpatient care and coordinate linkage and treatment upon discharge. When or if hospital staff suggest that an LPS conservatorship may be necessary for a patient, CONTRACTOR will contact COUNTY to begin to formulate a discharge strategy.

e. Supportive Aftercare Services

- (1) Following the initial crisis episode, CONTRACTOR shall ensure subcontractors timely follow-up is coordinated so as to assist in stabilization of the crisis and linkage for ongoing supports. When appropriate, the client's identified natural supports shall be involved in the planning and aftercare process.
- (2) Following an inpatient psychiatric stay, CONTRACTOR shall ensure that subcontractor provides a post-discharge exit interview to the client and offer supportive aftercare services. This exit interview will happen within the first seventy-two (72) hours of discharge and timeliness will be reported with utilization review reports.

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- (3) CONTRACTOR shall ensure that all Mendocino County clients are transported back to the County following an inpatient stay.
- (4) Supportive after care services shall be offered to all clients who meet medical necessity criteria. After care may include respite, peer support, linkage to primary care and/or substance abuse programs, psychiatric follow-up, medication monitoring, care management, case consultation, and possibly other psychiatric emergency services. Support and aftercare shall be provided by subcontractors, even if the crisis is deemed not to be a mental health emergency.
- (5) CONTRACTOR shall allow for post-crisis aftercare linkage and support services to Medi-Cal and Indigent individuals regardless of the individual's ability to pay. For individuals with insurance, CONTRACTOR shall provide referrals to the appropriate primary care provider/medical group network for post-crisis aftercare linkage and support services.
- (6) CONTRACTOR shall ensure that aftercare services are mobile and provided in the community. The mobile aftercare model will assist crisis staff in evaluating client's environment, developing appropriate coping strategies, monitoring functioning in life domains, streamlining linkage referrals, and working to expand natural resources.
- (7) CONTRACTOR shall, to the extent possible, work with subcontractor to develop new resources in underserved areas so that referrals are made within the community of origin during crisis.
- (8) CONTRACTOR shall make supportive aftercare services available for up to sixty (60) days post crisis to allow for stabilization and linkage to community supports.
- (9) Conservatorship Investigations and Involuntary Detention: COUNTY shall provide oversight and placement of all Lanterman-Petris-Short Act Conservatorships. CONTRACTOR shall arrange for the provision of SMHS to persons within Mendocino County.
- (10) COUNTY shall provide 5150 training to all of CONTRACTOR'S subcontractors who will be conducting 5150 assessments. All personnel conducting 5150 assessments

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shall be certified by the Behavioral Health Director. This training shall be conducted yearly to meet State requirements and all subcontractors need to be recertified yearly. Any subcontractor who does not attend the training or does not pass the training shall be unable to conduct 5150 assessments until the matter is rectified.

V. Administrative/Utilization Review Services

A. CONTRACTOR shall provide administrative and utilization review services. CONTRACTOR shall partner with COUNTY to coordinate and/or consolidate existing administrative functions where appropriate. COUNTY anticipates that COUNTY will retain certain functions including fiscal management, client billing to State, Chart Audits/Clinical Review and quality management. COUNTY shall perform oversight of the CONTRACTOR and the contract. CONTRACTOR shall provide the following administrative services to complete the mental health management structure for Mendocino County:

1. Administrative Services

- a. Care management technology
- b. Medi-Cal billing preparation
- c. Compliance management of administrative requirements
- d. Program system/data reports
- e. Subcontractor network development
- f. Subcontractor contracting and contract monitoring
- g. Subcontractor management/relations
- h. MHSA program/services management
- i. Subcontractor fiscal planning and budget monitoring
- j. Subcontractor cost report monitoring and oversight
- k. BHRS/ASO functions, systems and committee integration
- l. BHRS reporting/coordination/communication
- m. BHRS interagency coordination/communication
- n. BHAB, National Alliance on Mental Illness (NAMI) stakeholder relations
- o. Community relations

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2. Utilization Review Services

- a. Client eligibility verification
- b. Medical necessity determination
- c. Service authorization
- d. Lockouts
- e. Utilization management
- f. Quality/outcome management
- g. Compliance management of utilization review services
- h. Clinician/agency credentialing

3. CONTRACTOR's contracts with subcontractors shall be developed, negotiated and managed by the CONTRACTOR. A CONTRACTOR's representative shall consult with Mendocino County Counsel regarding requirements and safeguards necessary for inclusion into each network subcontractor agreement. CONTRACTOR shall be responsible for contract management and shall be the point of contact between subcontractors and COUNTY. CONTRACTOR shall maintain regular and routine communication with the Behavioral Health Director to report progress, solve problems, coordinate resources, provide information and maintain relationships.

VI. Subcontracts

- A. CONTRACTOR shall maintain and monitor a network of appropriate subcontractors that are supported by written contract. CONTRACTOR shall provide COUNTY with a copy of each executed subcontractor contract, at least yearly. In all contracts, CONTRACTOR and subcontractor must comply with the requirements of 42 C.F.R. § 438.214. CONTRACTOR shall ensure all subcontractors adhere to the COUNTY policies and procedures.
- B. CONTRACTOR shall not discriminate in the selection, or reimbursement, of any subcontractor who is acting within the scope of his or her license or certification under applicable State law, solely on the basis of that license or certification. CONTRACTOR shall ensure that subcontractors adhere to the COUNTY policy and procedure for selection, retention, credentialing, and re-credentialing of subcontractors.
- C. CONTRACTOR shall give written notice of the reason for deciding not to contract with a specific subcontractor or groups of subcontractors. A copy of the notice shall be provided to COUNTY.

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- D. CONTRACTOR shall comply with California Code of Regulations (CCR) Title 9 § 1830.215 in the selection of subcontractors. Subcontractors shall maintain compliance with all MHP, State and Federal requirements. If a subcontractor does not maintain compliance CONTRACTOR shall issue a corrective action plan. COUNTY shall be notified when a subcontractor is failing to comply with requirements. CONTRACTOR shall provide COUNTY with a copy of the corrective action plan provided to subcontractor. CONTRACTOR shall continue to work with subcontractor until subcontractor is in compliance with requirement or subcontractor's services have been terminated. CONTRACTOR shall keep COUNTY informed throughout the corrective action process.
- E. CONTRACTOR shall ensure that subcontractors only use licensed, registered, or waived staff acting within their scope of practice for services which require a license, waiver, or registration.
- F. CONTRACTOR shall ensure that all subcontractor sites meet the requirements for Medi-Cal certification. COUNTY shall certify all subcontractors and recertify every three years. COUNTY shall conduct annual site reviews to verify that all subcontractors are in compliance with Medi-Cal site certification requirements. Any subcontractor found out of compliance shall receive a corrective action plan from COUNTY. COUNTY shall provide to CONTRACTOR a copy of any corrective action plan issued to a subcontractor. Failure to comply with the corrective action plan may result in termination of subcontractors Medi-Cal certification.
- G. CONTRACTOR shall assure that no subcontractor is on a list excluding them from billing Medi-Cal, such as:
1. Office of General Inspector General List of Excluded Individuals/Entities (LEIE).
 2. DHCS Medi-Cal List of Suspended or Ineligible Subcontractors
 3. Excluded Parties List System (EPLS)
 4. Social Security Death Master List
 5. Verification of licensure without restrictions
 6. National plan and subcontractor Enumeration System (NPPES)
- H. CONTRACTOR shall run monthly checks on the exclusion list sites, as directed by the COUNTY, and provide COUNTY monthly reports.

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- I. CONTRACTOR shall include in subcontractor contracts the following:
 1. Anticipated number of Medi-Cal eligible clients.
 2. Expected utilization of services.
 3. Number and types of subcontractors in terms of training, experience and specialization needed to meet expected utilization.
 4. Number of subcontractors who are not accepting new clients.
 5. Geographic location of subcontractors and their accessibility to clients, considering distance, travel time, means of transportation ordinarily used by Medi-Cal recipients and physical access for disabled clients.
 6. Specific language stating the subcontractor is required to comply with all Federal, State & COUNTY requirements, regulations, and MHP policy and procedures for SMHS. This includes notification to COUNTY in a timely manner according to code provisions of Special Incidences, and communicating in writing to COUNTY throughout the process with status updates and outcomes.

- J. CONTRACTOR shall have a certification protocol for all subcontractors to ensure their capacity and capability for meeting the full requirements of the Mendocino County MHP. CONTRACTOR shall be responsible for financial and billing reconciliation, including cost reports, allowable costs, federal cost report compliance, etc. for all subcontractors.

- K. CONTRACTOR shall ensure that all subcontractors use an EHR. The EHR allows subcontractor to enter client data, upload clinical documents, enter progress notes, and track outcome data. EHR also allows CONTRACTOR to access various reports, to assist in monitoring:
 1. Subcontractor scheduling and productivity
 2. Intensity and duration of services
 3. Demographic data
 4. Clinical data
 5. Service utilization
 6. Level of placement
 7. High-cost beneficiaries

- L. CONTRACTOR shall have a Chief Psychiatrist (licensed psychiatrist) who will be available to provide medical consultation as needed. CONTRACTOR's Chief Psychiatrist shall also assist with emergency ex partes, as needed. CONTRACTOR's Chief Psychiatrist shall have particular focus on medication, assessment, consultation, inpatient denials, appeals, and assist with recommendations for further treatment.

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- M. CONTRACTOR shall be responsible for sending notification letters to clients, if a subcontractor terminates their contract with CONTRACTOR or CONTRACTOR terminates contract with COUNTY.

VII. Monthly, Quarterly and Annual Reporting

- A. CONTRACTOR shall provide monthly, quarterly, and annual reports. The CONTRACTOR shall fully cooperate with BHRS and promptly provide all information pertaining to any aspect of the MHP when requested.
- B. CONTRACTOR shall provide COUNTY with information and reports as required, including, but not limited to, the following information:
1. Annual MHP and budget.
 2. Annual program report.
 3. Annual cost report - Cost Report Template Excel forms for CONTRACTOR and all subcontractors for current fiscal year with back up documentation (Invoices, Worksheets, Profit and Loss with Assets and Liabilities, Depreciation Schedule of Facilities and Equipment associated with this contract.).
 4. Monthly program report to BHAB.
 5. Monthly and quarterly claim submissions; no more than one (1) quarter in arrears.
 6. Quarterly CSS Demographic Reports for all CSS programs.
 7. Fiscal Year full Expenditure Detail Report by CSS Programs submit to BHRS (including receipts, invoices, vouchers, etc. to back up the expenditures that are entered in the Fiscal Report).
 8. Fiscal Year full Expenditure Detail Report by PEI Programs submit to BHRS (including receipts, invoices, vouchers, etc. to back up the expenditures that are entered in the Fiscal Report).
 9. PEI Quarterly Demographic Reports for all PEI programs.
 10. Maintain and submit to BHRS a semiannual list of all CONTRACTOR and subcontractor cultural and linguistic skills and training.
 11. Report on utilization funds compared to Plan of Services as requested.
 12. Tracking Access/Crisis Log due by the 10th of the month following the occurrence.
 13. Access Log Monthly totals page, includes year-to-date information due by the 10th of the month following the occurrence.
 14. Outpatient timeliness to Authorization Report due by the 10th of the month following the occurrence.

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15. Outpatient Treatment Authorization Request (TAR) log (included hard copies of original TAR) due by the 10th of the month following the occurrence.
 16. Hospitalization Log including exit interview data done within seven (7) days of hospital exit, due by the 10th of the month following the occurrence.
 17. Hospital Report including charts/graphs, year-to-date which has admission average length of stay, readmission within thirty (30) days data, due by the 10th of the month following the occurrence.
 18. Copies of NOABDs, due monthly.
 19. Quarterly Training Log.
 20. Annual Statements of disclosure of ownership, control, and relationship information, managing employees, including agents and managing agents from both CONTRACTOR and subcontractor, as required in CRF, title 42, § 455.1012 and 455.104, and in the MHP Contract, Program Integrity Requirements.
 21. Diagnosis/Periodic Update Form (DPU) as occurs.
 22. Monthly closing summary of all cases closed which includes the name of the client, date of birth, chart number and the effective close date.
 23. Updated Network Adequacy Certification Tool quarterly. The report shall include Organizational Provider data, Individual Provider data and Providers providing services outside of certified provider sites.
 24. Quarterly utilization of Language Line data for all subcontractors. Data shall be separated by month and service provided in the following categories:
 - a. 24/7 telephone numbers
 - b. Face to face encounters
 - c. Telehealth or telephonic service encounters
 25. Any other data or cost reports, as requested.
 26. COUNTY may develop reporting instruments to facilitate evaluation and monitoring during the term of this agreement and with input from CONTRACTOR. Upon implementation of these reporting instruments, CONTRACTOR shall comply with the established requirements.
- C. COUNTY reserves the right to add performance indicators to the submission packet by informing the CONTRACTOR of new indicator requirements by letter from the Behavioral Health Director. The CONTRACTOR agrees to submit all performance indicators to COUNTY within thirty (30) days of receipt of the letter from COUNTY.

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DEFINITION OF SERVICES

- D. CONTRACTOR shall provide COUNTY with a monthly “Operational” Cost Report using the most recent data. The Operational Cost Report will be used to track against the interim rate for less future audit reconciliation variation, and to produce an Official Annual Cost Report of Community Based Organizations. Community Based Organizations are those that provide Medi-Cal services contracted with the Administrative Service Organization for services under the Mental Health Plan. The Official Annual Cost Report will be in the State approved format, for submission to the State of California, DHCS.

VIII. Technical Assistance and Training

- A. CONTRACTOR agrees to be subject to oversight reviews within each sub-heading:

1. Programmatic:

CONTRACTOR agrees to be subject to oversight reviews of programmatic service provision that satisfy DHCS, Program Oversight and Compliance Reviews and External Quality Reviews. These reviews evaluate the following, but are not limited to:

- a. Access
- b. Point of authorization
- c. Client protection
- d. Target population service provision
- e. Interface with physical health care
- f. Program integrity
- g. Quality improvement
- h. Service provision
- i. Data management
- j. Penetration rates and approved claim dollars per client
- k. Process barriers
- l. Race/ethnicity penetration rates

2. Financial

- a. CONTRACTOR shall make available to COUNTY, its authorized agents, officers, or employees, for examination any and all ledgers, books of accounts, invoices, vouchers, cancelled checks, and other records or documents evidencing or relating to the expenditures and disbursements charged to COUNTY. CONTRACTOR shall furnish to COUNTY, within

EXHIBIT A – PAGE 31

DEFINITION OF SERVICES

sixty (60) days after examination, its authorized agents, officers or employees such other evidence or information as the COUNTY may require with regard to any such expenditure or disbursement charged by the CONTRACTOR.

- b. CONTRACTOR and subcontractors shall be required to attend all mandatory COUNTY Technical Assistance and Training. COUNTY shall provide Technical Assistance and Training to ensure that CONTRACTOR complies with all components of Medi-Cal and Medicaid requirements including but not limited to:

- (1) Certified public expenditures
- (2) Funding, reporting and contract requirements
- (3) Compliance
- (4) Cultural Competency
- (5) 5150 Certification
- (6) Invoice training
- (7) Medi-Cal match training
- (8) Medi-Cal services training
- (9) Medi-Cal medical necessity training
- (10) Local, State and Federal laws, codes and regulations related to the provision of Medi-Cal services
- (11) Full Service Partnership
- (12) Mandated Reporting
- (13) Documentation training and supervisory documentation review and compliance to regulations
- (14) Redwood Coast Regional Centers

IX. Health Care Reform

- A. CONTRACTOR shall collaborate with BHRS to participate, upon request, in the planning, coordination and implementation of the following Health Care Reform elements, including, not limited to:
1. Health systems service integration including, but not limited to, primary care and behavioral health (mental health and substance abuse) services
 2. Establishment of the "Medical Home"
 3. Medi-Cal Expansion
 - a. Outreach and engagement to facilitate client enrollment and maintenance of benefits.

EXHIBIT A – PAGE 32

DEFINITION OF SERVICES

4. Clinical and Fiscal Outcomes

- a. Monitor and measure the achievement of quality clinical and fiscal outcomes while reducing costs through the management and delivery of integrative care

X. Memorandums of Understanding

- A. CONTRACTOR shall participate in the development and/or maintain with COUNTY and other parties the following MOU's:

1. COUNTY Substance Use Disorders Treatment
2. Justice System
3. Medical Hospitals
4. Community Health Centers
5. Law Enforcement
6. Public Guardians Office

XI. Compliance

- A. The COUNTY is accountable for any functions and responsibilities that it delegates to CONTRACTOR. COUNTY shall evaluate CONTRACTOR's ability to perform the activities prior to delegation. CONTRACTOR shall not delegate any activities to subcontractors.
- B. CONTRACTOR shall prepare a System Design Structure Report that describes the CONTRACTOR's SMHS delivery system, including all of the following:
 1. Proposed goals and objectives for the delivery system;
 2. Written description and/or outline of how the requirements specified in each section of the Scope of Work (Exhibit A) have been met; and for those requirements pending completion, a timeline for completion and the manner in which the requirements will be met;
 3. Identification and description of the roles of all subcontractors and other organizations providing services on behalf of or to CONTRACTOR;
 4. Written description and flow chart for the referral and service delivery framework involving ASO and subcontractors delivering mental health and any other services specified in the Scope of Work; and,
 5. Written description of the CONTRACTOR's mental health system interfaces, including services delivered to and by other systems, including community

EXHIBIT A – PAGE 33

DEFINITION OF SERVICES

hospitals, community health centers and other health care subcontractors in the County, and the County jail and justice system.

- C. The System Design Structure Report shall be due in a final form from CONTRACTOR no later than ninety (90) days from start date of this contract. The report shall be provided in written format and delivered to the Behavioral Health Director. BHRS, in its sole discretion, shall have the right to review and approve CONTRACTOR's System Design Structure report and require modification of such report. If modifications are required, the Behavioral Health Director shall meet with CONTRACTOR to discuss the requested modifications. Following BHRS approval of CONTRACTOR's System Design Structure Report, BHRS shall within ten (10) days provide written notice of approval to CONTRACTOR.
- D. CONTRACTOR shall provide a compliance officer, in coordination with COUNTY, and comply with Federal and State compliance program requirements. CONTRACTOR shall assure that all subcontractors comply with the compliance plan and that there are tools and protocols in place for ongoing compliance review. All clinical documentation shall meet Medi-Cal (Title IX) standards and EPSDT requirements. Internal systems shall be employed to monitor strict compliance with all requirements to meet standards and regulations with service authorizations, service delivery, documentation, and billing.
- E. CONTRACTOR's program policies, procedures and protocols, as related to client services and as shown in Exhibit A shall be reviewed and revised to reflect the requirements set forth by the Mendocino County MHP.
- F. CONTRACTOR acknowledges, and understands all current requirements of DHCS for the provision of SMHS. Such requirements include the following agreements, but are not limited to:
 - 1. MHP Performance Agreement
 - 2. Medi-Cal Services Agreement
 - 3. Managed Care Services Agreement
 - 4. MHSA Agreement
- G. CONTRACTOR shall meet the standards of said agreements referenced above as well as all successor agreements between the COUNTY and DHCS during the term of this Agreement.
- H. COUNTY shall operate a confidential phone line for calls regarding suspected fraud and compliance issues and shall respond to each call in a timely manner. All calls shall be recorded in a compliance log. CONTRACTOR shall post in all locations the compliance poster that includes the phone number.

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DEFINITION OF SERVICES

- I. All services that do not meet medical necessity and are not sufficient to achieve the purpose for which the services are furnished, shall be disallowed. In no event shall the County be obligated to pay CONTRACTOR for any Short-Doyle/Medi-Cal services where Medi-Cal has been denied, disallowed or refused as payment for services by State or Federal authorities.
- J. All services disallowed are to be reimbursed by CONTRACTOR to COUNTY within thirty (30)-days of the notice of disallowance.
- K. In carrying out the Scope of Work contained in this Exhibit A, CONTRACTOR shall comply with all requirements to the satisfaction of COUNTY, in the sole discretion of COUNTY. For any finding of CONTRACTOR'S non-compliance with the requirements contained in the Exhibit A, COUNTY shall within ten (10) working days of discovery of non-compliance notify CONTRACTOR of the requirement in writing and ask for a written response within five (5) working days. If the identified non-compliance issue has not been resolved through response from CONTRACTOR, then COUNTY shall request in writing CONTRACTOR submit a Corrective Action Plan to correct the area of non-compliance and shall define the timeframe and measurability for each item listed within such Corrective Action Plan. COUNTY shall respond within sixty (60) days of receipt of CONTRACTOR'S Corrective Action Plan. Following such notification by COUNTY, should CONTRACTOR'S Corrective Action Plan and/or CONTRACTOR'S performance of such Plan fail to satisfy COUNTY that CONTRACTOR has complied with the requirements of this Exhibit A, COUNTY may withhold monthly payments for Administration/Utilization Review pending determination by COUNTY that CONTRACTOR'S Corrective Action Plan and/or performance meets COUNTY requirements. Should COUNTY determine that CONTRACTOR'S non-compliance has not been addressed to the satisfaction of COUNTY for a period of sixty (60) days or more from the date of notice by COUNTY of the required Corrective Action Plan by CONTRACTOR, COUNTY may impose a penalty of five percent (5%) of the monthly amount otherwise payable to CONTRACTOR for Administration/Utilization Review for each month following the sixty (60) day time period that CONTRACTOR'S non-compliance continues. Failure to meet compliance requirements may lead to termination of this contract by the COUNTY with a ninety (90) day written notice, when non-complaint issues continue and the Corrective Action Plan has not been successfully completed within the allotted timeline.

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DEFINITION OF SERVICES

XII. Communication Plan

CONTRACTOR shall notify COUNTY of all communications with Media, including, but not limited to, press releases, interviews, articles, etc. CONTRACTOR shall not speak on behalf of COUNTY in any communications with Media but is encouraged to describe the services it provides and respond to questions about those services. CONTRACTOR is also encouraged, where appropriate, to provide timely and factual responses to public concerns.

XIII. CONTRACTOR covenants that it presently has no interest and that it will not acquire any interest, direct or indirect, that represents a financial conflict of interest under state law or that would otherwise conflict in any manner or degree with the performance of its services hereunder. CONTRACTOR further covenants that in the performance of this Agreement, no person having any such interests shall be employed. In addition, if requested to do so by COUNTY, CONTRACTOR with 5% or more direct or indirect ownership interest shall complete and file and shall require any other person doing work under this Agreement to complete and file a "Disclosure of Ownership & Control Interest" with COUNTY disclosing CONTRACTOR's or such other person's financial interests. Additionally, a background check, including fingerprinting, may be required for said persons if it is determined there is a "high" risk to the Medi-Cal program. Furthermore, CONTRACTOR agrees to gather completed Disclosure of Ownership forms from any and all subcontractors who are providing Medi-Cal specialty mental health services and provide a copy of forms to COUNTY.

[END OF DEFINITION OF SERVICES]

EXHIBIT B

PAYMENT AND COST SETTLEMENT TERMS

COUNTY shall reimburse CONTRACTOR for administrative fees, and Specialty Mental Health Services provided to all medically eligible clients as per the following instructions:

1. Specialty Mental Health Services and Mental Health Services Act (MHSA) funding shall mean the projected amounts of Realignment and MHSA funding received by Mendocino County from the State to provide: (1) required Medi-Cal Specialty Mental Health Services; (2) specified qualifying services to non-Medi-Cal eligible individuals; and (3) MHSA programs and services. Funding provided by COUNTY during the term of this Agreement is subject to increase, decrease, or not change upon sole discretion of COUNTY. All funding amounts shall be determined by COUNTY.
2. CONTRACTOR shall provide or arrange for the provision of services as directed by the Mendocino County Behavioral Health Director, and in compliance with the Mendocino County Mental Health Plan Contract with the State of California and the California MHSA Plan. Funding sources shall include 1991 Realignment, 2011 Realignment Behavioral Health Subaccount, and MHSA.
3. COUNTY shall provide reimbursement for Administrative Services, Utilization Review Services, Specialty Mental Health Services and MHSA Programs as follows:
 - a. Administrative Services are funded by 1991 Realignment. Funds shall be used only to reimburse direct and indirect costs necessary for the administration of the provision of Specialty Mental Health Services. Actual costs shall be reimbursed quarterly within forty-five (45) days of receipt of a complete and accurate invoice. Reimbursement for the cost of Administrative Services for FY 18-19 shall not exceed Two Hundred Thirty-Four Thousand Dollars (\$234,000). CONTRACTOR shall submit a quarterly invoice that includes allowable direct and indirect costs per Office of Management and Budget Circular A-87. Invoices shall include compensation for employees for the time specifically devoted to the support of MHP funded programs and the Administrative Services identified in this Agreement. Direct costs also include materials acquired, consumed, or expended; equipment and other approved capital expenditures, and travel expenses incurred specifically to carry duties and obligations of the MHP funded programs. Allowable indirect costs include facility costs and the cost of

EXHIBIT B – PAGE 2

PAYMENT AND COST SETTLEMENT TERMS

- services provided by other staff (i.e., HR, IT) to employees devoted to the MHP funded programs.
- b. Utilization Review Services are funded by 1991 Realignment. Funds shall be used only for the purposes of utilization review services and shall be reimbursed quarterly within forty-five (45) days of a complete and accurate invoice based on actual cost with maximum annual reimbursement not to exceed Three Hundred Twenty-Three Thousand Five Hundred Dollars (\$323,500). CONTRACTOR shall submit costs on form MC1982C SMHS.
 - c. COUNTY shall submit Medi-Cal billable services received from the CONTRACTOR to allow the COUNTY to draw down FFP dollars from the State for the CONTRACTOR for Short-Doyle Medi-Cal Eligible Services. COUNTY agrees to remit the FFP payment related to State approved claims to CONTRACTOR within sixty (60) days of receipt of payment from the State. All services that do not meet medical necessity and are not sufficient to achieve the purpose for which the services are furnished, shall be disallowed. COUNTY shall be fully reimbursed for the total claimed amount of all services disallowed (by State and/or County) audit and/or review within thirty (30) days of the notice of disallowance. Maximum annual reimbursement for Specialty Mental Health Services not to exceed One Million Five Hundred Twenty-Six Thousand Three Hundred Thirteen Dollars (\$1,526,313) for Fiscal Year (FY) 2018-19. 2011 Realignment for Specialty Mental Health Services claims shall be distributed quarterly beginning in July 2018 as scheduled:
 - i. July 9, 2018
 - ii. October 12, 2018
 - iii. January 11, 2019
 - iv. April 12, 2019
 - d. MHSA Services and Programs are funded by MHSA and shall be used in accordance with MHSA laws and regulations. CONTRACTOR shall provide COUNTY with copies of all MHSA contracts executed by CONTRACTOR. COUNTY shall reimburse CONTRACTOR for MHSA expenditures on a quarterly basis. Maximum annual reimbursement for MHSA services is not to exceed Two Million Two Hundred Fifty-Seven Thousand Six Hundred Eighty-Seven Dollars (\$2,257,687) for FY 2018-19. COUNTY shall reimburse CONTRACTOR within forty-five (45) days of receipt of:

EXHIBIT B – PAGE 3

PAYMENT AND COST SETTLEMENT TERMS

- i. Complete and accurate spreadsheet reporting PEI and CSS expenditures by Provider with services categorized by Adult and Children.
- ii. Monthly invoices for PEI and CSS costs from each provider for the quarter being billed.
- iii. Complete and accurate spreadsheet reporting MHSA Flex Fund expenditures by Provider with services categorized by Adult and Children.
- iv. Monthly invoices for MHSA Flex Fund for the quarter being billed.
- v. Quarterly Expenditure Summary reports with MHSA reported on the Other Contract Services area.
- vi. Final end of year Expenditure Summary Actual Reports.

| Program/Services | Funding Source | Quarterly | Maximum Payable |
|--|----------------------------|------------------|------------------------|
| Specialty Mental Health Services | 2011 Realignment | \$381,578.25 | \$1,526,313.00 |
| MHSA PEI, CSS | Mental Health Services Act | \$564,421.75 | \$2,257,687.00 |
| Subtotal | | \$946,000.00 | \$3,784,000.00 |
| Federal Financial Participation(match) | | | \$3,000,000.00 |
| Total | | | \$6,784,000.00 |

EXHIBIT B – PAGE 4

PAYMENT AND COST SETTLEMENT TERMS

| RQMC ASO reimbursement ASO Contract | | | |
|--|-----------------------|---------------------|------------------------|
| Program/Services | Funding Source | Quarterly | Maximum Payable |
| Administration | 1991 Realignment | \$46,000.00 | \$184,000.00 |
| Ancillary Admin Support Services | | \$12,500.00 | \$50,000.00 |
| Utilization Review / Quality Assurance | 1991 Realignment | \$80,875.00 | \$323,500.00 |
| System of Care Contract Monitoring Fee | | \$15,000.00 | \$60,000.00 |
| Total | | \$154,375.00 | \$617,500.00 |
| | | | |
| Contract Maximum | | | \$7,401,500.00 |

4. CONTRACTOR shall submit Specialty Mental Health Medi-Cal Services claims in electronic files in a HIPAA compliant format to COUNTY as expeditiously as possible, and no later than sixty (60) days after the end of the month during which services were rendered (i.e. billing for services rendered in May would be due no later than July 31). Claims submitted by CONTRACTOR in excess of one hundred eighty (180) days from date of service shall be reviewed with the Behavioral Health Director and Behavioral Health Fiscal Manager for justification regarding late submission. COUNTY is aware that some services may require a late submission. If CONTRACTOR and Behavioral Health Fiscal Manager are unable to come to an agreement regarding late submission, the Behavioral Health Director shall make the final determination as to whether payment is to be remitted to CONTRACTOR. The Behavioral Health Director shall meet with CONTRACTOR to allow CONTRACTOR to provide justification for late payment. If late submission is not approved, CONTRACTOR shall be responsible for payment to any subcontractors owed reimbursement for services subject to such late billing.
5. COUNTY shall submit Medi-Cal billable services received from the CONTRACTOR to draw down FFP dollars from the State. All services that do not meet medical necessity and are not sufficient to achieve the purpose for which the services are furnished, shall be disallowed. COUNTY shall be fully reimbursed by CONTRACTOR for the total claimed amount of all services

EXHIBIT B – PAGE 5

PAYMENT AND COST SETTLEMENT TERMS

- disallowed by State and/or County audit and/or review within thirty (30) days of the notice of disallowance.
6. CONTRACTOR shall work with COUNTY to develop a Plan of Services, in a COUNTY provided format. CONTRACTOR shall submit the Plan of Services to COUNTY by September 30, 2018 for the Fiscal Year. The Plan of Services shall include all phases of services, projected age groups, expected budgeted components and justification for all planned expenditures for approval by the Behavioral Health Director, and Health and Human Services Agency Assistant Director of Administration. The parties agree that all changes approved/assigned by the Behavioral Health Director shall take effect no later than forty five (45) days from the approval date of such change.
 7. Prior to CONTRACTOR making any changes in payment rates of any amount and/or changes of more than five percent (5%) to total budget amounts allocated to subcontractors proportionate to the previous fiscal year, CONTRACTOR shall submit for approval to the Behavioral Health Director all such proposed changes.
 8. CONTRACTOR shall comply with all direction(s) from the Behavioral Health Director and all policies, procedures, letters and notices of the County of Mendocino Mental Health Plan, MHSA Plan, and the California Department of Health Care Services (DHCS). CONTRACTOR agrees to utilize all funds in accordance with the terms of this Agreement, and State and Federal healthcare funding laws and regulations. Funds shall not be used for lobbying or other administrative activities not related to the delivery of services under the Mental Health Plan.
 9. CONTRACTOR shall provide COUNTY with a monthly "Operational" Cost Report using the most recent data. The Operational Cost Report will be used to track against the interim rate for less future audit reconciliation variation, and to produce an Official Annual Cost Report of Community Based Organizations. Community Based Organizations are those that provide Medical services contracted with the Administrative Service Organization for services under the Mental Health Plan. The Official Annual Cost Report will be in the State approved format, for submission to the State of California, DHCS.
 10. COUNTY shall conduct quarterly reviews of CONTRACTOR's interim rates with CONTRACTOR's monthly Operational Cost Reports to maintain interim

EXHIBIT B – PAGE 6

PAYMENT AND COST SETTLEMENT TERMS

rates that align with COUNTY cost. COUNTY shall also review CONTRACTOR's Annual Cost Report to establish interim rates with CONTRACTOR. COUNTY shall consult with CONTRACTOR to determine possible adjustments and/or actions to be used for Cost Report reconciliation. CONTRACTOR shall provide COUNTY a copy of each contract negotiated with an outside provider within thirty (30) days of contract completion.

11. CONTRACTOR is responsible for the submission of all subcontractor cost reports by October 31, 2019. Cost reports must be completed using the appropriate templates and in accordance with the annual DHCS Fiscal Year Cost Report Policy Information Notice. Cost Reports shall include all services delivered through June 30 of FY 18-19. Settlement to cost will be made through the submission and acceptance of the Cost Reports in accordance with federal Medicaid requirements and the approved Medicaid State Plan and Waivers.

If the CONTRACTOR is out of compliance with the Cost Report submission requirements under any previous Agreement, CONTRACTOR agrees that funds to be distributed under the terms of this Agreement shall be withheld until such time as CONTRACTOR submits acceptable Cost Report(s).

Acceptable Cost Reports are Cost Reports that comply with State guidelines and are deemed complete by the COUNTY.

12. The compensation payable to CONTRACTOR shall be dependent on CONTRACTOR satisfying all components of this Agreement and all direction from the Behavioral Health Director, the State/County Mental Health Plan, the MHPA Plan, CFR 42 of Federal Regulations, California Title IX, Exhibit A and Exhibit B as directed within this Agreement.

[END OF PAYMENT TERMS]

Mendocino County Contract with
Redwood Quality Management
Company
for
Medication Management

Exhibits A and B

EXHIBIT A
SCOPE OF WORK

CONTRACTOR shall provide for the provision of the Mental Health Plan (MHP) Specialty Mental Health Medication Support Services on behalf of the County of Mendocino to eligible Medi-Cal beneficiaries of Mendocino County within the Scope of Services defined in this contract and pursuant to the Medication Support Payment Terms in Exhibit B. ~~Contractor~~ CONTRACTOR shall provide Specialty Mental Health Medication Support Services that are adequate for the anticipated number of clients that will be served by the MHP.

I. Provision of Service

- A. CONTRACTOR shall arrange, provide, and pay for all medically necessary covered Specialty Mental Health Medication Support Services to beneficiaries, as defined for the purpose of this contract.
- B. CONTRACTOR shall ensure that all medically necessary covered Specialty Mental Health Medication Support Services are sufficient in amount, duration, and scope to reasonably be expected to achieve the purpose for which the service is furnished.
- C. CONTRACTOR shall, to the extent feasible, provide allow a beneficiary choice to choose of the professional providing the services ~~to the extent feasible.~~

II. Availability and Accessibility of Services

- A. CONTRACTOR shall ensure the availability and accessibility of adequate numbers of medication support prescribers. At a minimum, CONTRACTOR shall:
 - 1. Maintain and monitor an appropriate number of medication support prescribers that is sufficient to provide adequate access to services covered under this contract. CONTRACTOR must take into consideration all of the following:
 - a. Anticipated number of Medi-Cal eligible clients.
 - b. Expected utilization of services.
 - c. Expected number and type of prescribers, including cultural competency of prescribers.
 - d. Notifying County if not accepting new beneficiaries.
 - e. Geographic location of prescribers and their access to beneficiaries.
 - f. Whether prescribers are credentialed for the services being provided.
 - 2. If CONTRACTOR determines that it is unable to arrange for and provide medication support services as outlined under this contract, CONTRACTOR shall notify COUNTY in writing. CONTRACTOR shall work with COUNTY to

develop a plan for the provision of services to meet the MHP requirements set forth in this contract that CONTRACTOR has identified it cannot fulfill.

- B. CONTRACTOR shall comply with COUNTY requirements for timely access to services. CONTRACTOR shall:
1. Meet the COUNTY standards for timely access to care and services, taking into account the urgency of need for services.
 2. Provide hours of operations during which services are provided to Medi-Cal beneficiaries that are no less than the hours of operation during which the subcontractor offers services to non-Medi-Cal beneficiaries.
 3. Provide monthly timeliness access reports to COUNTY.

III. Quality Assurance / Quality Improvement

A. Quality Management

1. CONTRACTOR shall adhere to COUNTY Quality Management program which defines the structure and operational processes, assigns responsibility to appropriate individuals, and adopts or establishes quantitative measures to assess performance and to identify and prioritize area(s) of improvement.
2. CONTRACTOR and COUNTY shall conduct performance monitoring activities throughout CONTRACTOR'S operations. These activities shall include, but are not to be limited to, beneficiary system outcomes, utilization management, utilization review, credentialing, and monitoring and resolution of beneficiary grievances.
3. CONTRACTOR shall assure that no provider is on a list excluding them from billing Medi-Cal, such as:
 - a. Office of General-Inspector General List of Excluded Individuals/Entities (LEIE).
 - b. Department of Health Care Services (DHCS) Medi-Cal List of Suspended or Ineligible Subcontractors
 - c. Excluded Parties List System (EPLS)
 - d. Verification of licensure without restrictions
 - e. National plan and subcontractor Enumeration System (NPPES)
 - f. Social Security Administration's Death Master File
4. CONTRACTOR shall run monthly checks on the exclusion list sites, as directed by the COUNTY, and provide COUNTY monthly reports.
5. CONTRACTOR shall have a certification protocol for all providers to ensure their capacity and capability for meeting the full requirements of the

Mendocino County MHP. CONTRACTOR shall be responsible for financial and billing reconciliation, including cost reports, allowable costs, federal cost report compliance, etc.

6. CONTRACTOR, in coordination with COUNTY, shall ensure coordination of care with community health centers, law enforcement, county jail, acute care hospitals, Public Guardian, Substance Use Disorders Treatment, and any other identified entity by COUNTY.
7. CONTRACTOR shall track underutilization of services and overutilization of medication support services. CONTRACTOR shall provide monthly reports to the COUNTY on the underutilization and overutilization of medication support services.
8. CONTRACTOR shall resolve any identified service delivery problems and take effective action when improvement is required or desired. COUNTY shall be notified by CONTRACTOR of any service delivery problems and the steps being taken by CONTRACTOR to resolve the identified problem.
9. CONTRACTOR shall participate in the COUNTY and State required beneficiary/family satisfaction surveys. CONTRACTOR shall submit to COUNTY all surveys by the due date. CONTRACTOR shall work with COUNTY to use the data to identify trends and opportunities for improvement.
10. CONTRACTOR shall adhere to the COUNTY and MHP requirements with beneficiary grievances, appeals, fair hearings, and change of provider requests. CONTRACTOR shall provide COUNTY original copies of beneficiary grievances, appeals, fair hearings, and change of provider requests. COUNTY shall work with CONTRACTOR, as appropriate, to resolve all beneficiary problem resolution matters. CONTRACTOR shall work with COUNTY to use the data to identify trends and opportunities for improvement.
11. CONTRACTOR shall establish processes to ensure compliance with COUNTY and MHP requirements
12. CONTRACTOR shall assure that all relevant cultural and linguistic standards of care are incorporated into service delivery.
 - a. CONTRACTOR shall have evidence of culture-specific programs or referrals to community-based, culturally-appropriate, and non-traditional mental health subcontractors.
 - b. CONTRACTOR shall have evidence of the availability, as appropriate, of alternatives and options that accommodate the individual preference of clients.
13. CONTRACTOR shall participate in the Department of Health Care Services

reviews, if requested. In preparation for reviews, CONTRACTOR shall provide COUNTY all requested information and data to maintain in compliance. Information and data may be requested monthly to remain in compliance with set standards.

B. Quality Improvement

1. CONTRACTOR shall make continuous quality improvements to assure the appropriateness and effectiveness of Specialty Mental Health Medication Support Services and meet the needs of the beneficiary. CONTRACTOR shall design and implement interventions for improving performance, and measure the effectiveness of interventions.
2. CONTRACTOR shall assure that all identified issues are tracked over time and reported to the COUNTY.
3. CONTRACTOR shall provide ongoing monitoring of the accessibility of medication support services as evidenced by:
 - a. Timeliness of routine medication support services appointments
4. CONTRACTOR shall participate in the External Quality Review (EQR) annually, if requested. In preparation for the review, CONTRACTOR shall provide COUNTY with all requested information and data to complete the EQR requirements. EQR data shall be requested monthly by COUNTY to remain in compliance with set standards and goals. EQR focus areas are categorized as follows:
 - a. Service delivery capacity
 - b. Service delivery system and meaningful clinical issues
 - c. Service accessibility
 - d. Continuity of care and coordination of care
 - e. Beneficiary satisfaction

C. Utilization Management

1. CONTRACTOR shall be responsible for assuring that beneficiaries have appropriate access to medication support services. CONTRACTOR shall assess the capacity of service delivery and accessibility of services to beneficiaries; this includes monitoring the number, type and geographic distribution of medication support services. This information shall be provided to COUNTY monthly.
2. CONTRACTOR shall evaluate medical necessity appropriateness and efficiency of services provided to beneficiaries. CONTRACTOR shall track utilization of data to show client outcomes and performance indicators over time. CONTRACTOR shall track patterns, trends, and outlier data and monitor post care outcomes to assess effectiveness of care and services.

CONTRACTOR shall provide to COUNTY all requested information and data, as needed.

3. CONTRACTOR shall issue Notices of Action (NOA), per the MHP requirements, within the timeframe set forth in 42 C.F.R. 438.404(c). A copy of every NOA sent shall be provided to COUNTY. NOAs shall be provided to the COUNTY monthly.
4. CONTRACTOR shall use COUNTY approved clinical documentation and forms. CONTRACTOR shall obtain approval from COUNTY Mental Health Director or designee before using a new clinical documentation or form that would be subject to review or audit by the State of California or Federal Government. Failure by CONTRACTOR to obtain COUNTY approval may result in the inability of CONTRACTOR to bill for services.
5. COUNTY shall conduct regular clinical chart audits. COUNTY shall notify CONTRACTOR in writing the audit results. Corrective Action Plans shall be required for any items found out of compliance during chart audits.
6. CONTRACTOR shall monitor the amount of time from initial request for services to first billable visit. These data shall be analyzed and findings reported on a monthly basis to the Behavioral Health Advisory Board and Quality Improvement Committee.

IV. Specialty Mental Health Medication Support Services

A. Services

1. CONTRACTOR shall determine eligibility for services and medical necessity. When Mendocino County residents access medication support services they will be provided with "no wrong door" access to avoid delays or long waits for mental health service regardless of where they live within Mendocino County, without regard to their financial ability, and in compliance with Mendocino County MHP rules and regulations for services. If requested, Medi-Cal beneficiaries shall receive a screening and, if initial screening indicates, shall receive further assessment. A NOA shall be provided to all beneficiaries who, upon initial screening or assessment, do not meet medical necessity criteria. Initial intake screening, assessment, and plan development services shall be readily available in both English and Spanish. Additional resources shall be utilized to accommodate client and families need for services and documents to be provided in their native language. This same accommodation shall be made for those beneficiaries with disabilities.
2. Clients shall be provided with required information pamphlets that include Notice of Privacy Practices, Grievance and Appeal Brochure, Patient Rights Advocate Brochure, Provider List Brochure, Request for Second Opinion

Brochure, Request for Change of Provider Brochure, Your Right to Make Decisions about Medical Treatment, Guide to Medi-Cal Mental Health Services Packet, and Mental Health Plan Brochure.

3. CONTRACTOR shall have a Medical Director (licensed psychiatrist) who will be available to provide medical consultation as needed. CONTRACTOR's Medical Director shall also assist with emergency expartes, as needed. CONTRACTOR'S Medical Director shall have particular focus on medication, assessment, consultation, inpatient denials, appeals, and assist with recommendations for further treatment.
4. Target Mental Health Population: The target population shall consist of Mendocino County Medi-Cal beneficiaries, who meet medical necessity criteria for Mendocino County MHP reimbursement as defined in Title IX, Article 2, Section 1830.205 and 1830.210 and indigent_s who meet medical necessity criteria.
5. Services shall include Mediation Support services that address a beneficiary's mental health needs. Interventions shall be: individualized and designed to diminish impairments and prevent significant deterioration; culturally competent and appropriate, which are sensitive and responsive to cultural and gender differences and special needs; and, delivered without regard to race, religion, national origin, gender, physical disability, or sexual orientation. Beneficiaries shall receive services in accordance with their level of medical necessity and the unique needs. Services shall be guided by an individualized client treatment plan, which shall be reviewed and revised annually.
6. Services shall be available in person and/or through telecommunication. Services shall be timely and accessible, and delivered by licensed professionals who are credentialed according to state requirements.
7. Outcome Measurement Tools: CONTRACTOR shall use the Adult Needs and Strengths Assessment (ANSA) outcome measurement tool. With the ANSA the frequency and intensity of services shall be correlated with outcome measure data. Outcome measure data shall be collected at regular intervals throughout treatment to ensure that services maintain the appropriate level of intensity, frequency, and duration.
8. Medical needs shall be referred to a primary care clinic site within the System of Care network for assessment and treatment. Medical emergencies shall be referred to the appropriate emergency service or to the nearest hospital emergency room.

B. Provide Cultural Competence

1. CONTRACTOR shall provide culturally competent services. CONTRACTOR

shall coordinate with County to comply with annual cultural competency skills training for its staff. CONTRACTOR shall utilize industry experts to augment annual training for target populations in Mendocino County.

2. CONTRACTOR shall submit to COUNTY copies of agendas, sign-in sheets, handouts, and flyers, for cultural competency training provided to CONTRACTOR staff.

C. Assure Consumer Rights

1. CONTRACTOR shall assure that the screening of a consumer for a treatment or service program shall not result in the consumer being deprived of any rights, privileges, or benefits which are guaranteed to individuals by state or federal law. CONTRACTOR shall assure that services are provided in a safe, sanitary, least restrictive and humane environment. All consumers shall have the right to be treated with dignity and respect by CONTRACTOR. CONTRACTOR shall work with the Patient's Rights Advocate to assure proper client interactions and interventions.

D. Maintain Client Records

1. CONTRACTOR shall maintain client records. CONTRACTOR shall identify an individual that is responsible for maintaining the integrity of the clients' health care information. Records shall be organized in a systematic fashion and stored according to licensing/regulatory standards. Individual and aggregate records shall be accessible to prescribers, the Quality Management process, and Mendocino County Behavioral Health and Recovery Services (BHRS). Records that are released to proper authorities, individuals, and others shall be released only with an appropriately signed Release of Information (ROI). CONTRACTOR shall comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulations, state and federal laws, and other Mendocino County BHRS requirements for client confidentiality and record security.
2. CONTRACTOR shall use an electronic health record (EHR). The EHR allows contractor to enter client data, upload clinical documents, enter progress notes, and track outcome data. EHR also allows CONTRACTOR to access various reports, to assist in monitoring:
 - a. Scheduling and productivity
 - b. Intensity and duration of services
 - c. Demographic data
 - d. Clinical data
 - e. Service utilization
 - f. Level of placement
 - g. High-cost beneficiaries

V. Monthly, Quarterly and Annually Reporting

- A. CONTRACTOR shall provide monthly, quarterly, and annual reports. The CONTRACTOR shall fully cooperate with COUNTY BHRS and promptly provide all information pertaining to any aspect of Medication Support Services when requested.
- B. CONTRACTOR shall provide COUNTY with information and reports as required, including, but not limited to, the following information:
 1. Annual Medication Support Services budget
 2. Annual program report
 3. Annual cost report - Cost report Template Excel forms for current fiscal year with back up documentation (Invoices, Worksheets, Profit and Loss with Assets and Liabilities, Depreciation Schedule of Facilities and Equipment associated with this Contract.)
 4. Monthly medication support services report to Mendocino County Mental Health Advisory Board
 5. Monthly and quarterly claim submissions; no more than one quarter in arrears
 6. Maintain and submit to BHRS semiannual list of all providers' cultural and linguistic skills and training.
 7. Copies of Notice of Actions (NOA), due monthly
 8. Quarterly Provider Training Log
 9. Diagnosis/Periodic Update Form (DPU) as occurs
 10. Monthly closing summary of all cases closed which includes the name of the client, date of birth, chart number and the effective close date
 11. Any other data or costs reports, as requested
 12. Mendocino County during the term of this agreement and with input from CONTRACTOR may develop reporting instruments to facilitate evaluation and monitoring. Upon implementation of these reporting instruments, CONTRACTOR shall comply with the established requirements.
- C. COUNTY reserves the right to add performance indicators to the submission packet by informing the CONTRACTOR of new indicator requirements by letter from the Behavioral Health Director. The CONTRACTOR agrees to submit all performance indicators to COUNTY within thirty (30) days of receipt of the letter from COUNTY.

VI. Technical Assistance and Training

- A. CONTRACTOR agrees to be subject to oversight reviews within each sub-heading:
 1. Programmatic:
CONTRACTOR agrees to be subject to oversight reviews of programmatic service provision that satisfy State Department of Health Care Services,

Program Oversight and Compliance Reviews and External Quality Reviews. These reviews evaluate the following, but are not limited to:

- a. Access
- b. Beneficiary protection
- c. Target population service provision
- d. Interface with physical health care
- e. Program integrity
- f. Quality improvement
- g. Service provision
- h. Data management
- i. Penetration rates and approved claim dollars per beneficiary
- j. Process barriers
- k. Race/ethnicity penetration rates

2. Financial

CONTRACTOR shall make available to the COUNTY, its authorized agents, officers, or employees, for examination any and all ledgers, books of accounts, invoices, vouchers, cancelled checks, and other records or documents evidencing or relating to the expenditures and disbursements charged to the COUNTY, and shall furnish to the COUNTY, within sixty (60) days after examination, its authorized agents, officers or employees such other evidence or information as the COUNTY may require with regard to any such expenditure or disbursement charged by the CONTRACTOR.

B. COUNTY shall provide Technical Assistance and Training to ensure that CONTRACTOR complies with all components of Medi-Cal and Medicaid requirements including but not limited to:

1. Certified public expenditures
2. Funding, reporting and contract requirements
3. Invoice training
4. Medi-Cal match training
5. Medi-Cal services training
6. Medi-Cal necessity training
7. All Local, State and Federal laws, codes and regulations related to the provision of Medi-Cal services.
8. Mandated Reporting
9. Documentation training and supervisory documentation review and compliance to regulations

VII. Compliance

A. The Mental Health Plan (MHP) oversees and is accountable for any functions and responsibilities that it delegates to any CONTRACTOR and before any delegation evaluates the prospective CONTRACTOR's ability to perform the activities to be delegated.

- B. All clinical documentation shall meet Medi-Cal (Title IX) standards and Early Periodic Screening, Diagnosis, and Treatment (EPSDT) requirements. Internal systems shall be employed to monitor strict compliance with all requirements to meet standards and regulations with service authorizations, service delivery, documentation, and billing.
- C. CONTRACTOR'S program policies, procedures and protocols, as related to client services and as shown in Exhibit A shall be reviewed and revised to reflect the requirements set forth by the Mendocino County's MHP.
- D. CONTRACTOR acknowledges, and understands all current requirements of the California State Department of Health Care Services (DHCS) for the provision of specialty mental health medication support services. Such requirements include the following agreements, but are not limited to:
 - 1. County Mental Health Plan Performance Agreement
 - 2. Medi-Cal Services Agreement
 - 3. Managed Care Services Agreement
 - 4. Mental Health Services Act Agreement
- E. CONTRACTOR shall meet the standards of said agreements referenced above as well as all successor agreements between the COUNTY and DHCS during the term of this Agreement.
- F. CONTRACTOR shall not discriminate in the selection, reimbursement, or indemnification of any staff who is acting within the scope of his or her license or certification under applicable state law, solely on the basis of that license or certification.
- G. CONTRACTOR shall ensure that the sites meet the requirements for Medi-Cal certification. COUNTY shall certify all sites and recertify every three years. COUNTY shall conduct annual site reviews to verify that CONTRACTOR is in compliance with Medi-Cal site certification requirements. If CONTRACTOR is found out of compliance, CONTRACTOR shall receive a corrective action plan from COUNTY. Failure to comply with the corrective action plan may result in termination of CONTRACTOR'S Medi-Cal certification.
- H. COUNTY shall operate a confidential phone line for calls regarding suspected fraud and compliance issues and shall respond to each call in a timely manner. All calls shall be recorded in a compliance log. CONTRACTOR shall post in all locations the compliance poster that includes the phone number.
- I. All services that do not meet medically necessity are not sufficient to achieve the purpose for which the services are furnished and, shall be disallowed. All services disallowed are to be reimbursed by CONTRACTOR to COUNTY within 30-days of the notice of disallowance. Reimbursement for such disallowance

shall include reimbursement of Medi-Cal, MHSA and/or FFP dollars.

- J. CONTRACTOR shall be responsible for sending notification letters to clients, if a CONTRACTOR terminates contract with COUNTY.
- K. In carrying out the Scope of Work contained in this Exhibit A, CONTRACTOR shall comply with all requirements to the satisfaction of the COUNTY, in the sole discretion of the COUNTY. For any finding of CONTRACTOR's non-compliance with the requirements contained in the Exhibit A, COUNTY shall within ten (10) working days of discovery of non-compliance notify CONTRACTOR of the requirement in writing. CONTRACTOR shall provide a written response to COUNTY within five (5) working days of receipt of this written notification. If the non-compliance issue has not been resolved through response from CONTRACTOR, COUNTY shall notify CONTRACTOR in writing that this non-compliance issue has not been resolved. COUNTY may withhold monthly payment until such time as COUNTY determines the non-compliance issue has been resolved. Should COUNTY determine that CONTRACTOR's non-compliance has not been addressed to the satisfaction of COUNTY for a period of thirty (30) days from the date of first Notice, and due to the fact that it is impracticable to determine the actual damages sustained by CONTRACTOR's failure to properly and timely address non-compliance, COUNTY may additionally require a payment from CONTRACTOR in the amount of fifteen percent (15%) of the monthly amount payable to CONTRACTOR for each month following the thirty (30) day time period that CONTRACTOR's non-compliance continues. The parties agree this fifteen percent payment shall constitute liquidated damages and is not a penalty. CONTRACTOR's failure to meet compliance requirements, as determined by COUNTY, may lead to termination of this contract by the COUNTY with a forty-five (45) day written notice.

VIII. Communication Plan

- A. CONTRACTOR shall notify COUNTY of all communications with Media, including, but not limited to, press releases, interviews, articles, etc. CONTRACTOR shall not speak on behalf of COUNTY in any communications with Media but is encouraged to describe the services it provides and respond to questions about those services. CONTRACTOR is also encouraged, where appropriate, to provide timely and factual responses to public concerns.
- B. CONTRACTOR will collaborate with the COUNTY in the development of a specific communication plan, including an immediate short term plan announcing the award of the contract, interviews and feature stories about the transition of services, etc. and a long term plan including, but not limited to, periodic updates, feature stories, and special events.

[END OF EXHIBIT A]

EXHIBIT B

1. COUNTY will pay CONTRACTOR:

| CPT CODE | TITLE | Rate |
|--|--|--|
| 90791 | Assessment | \$2.45 per minute |
| 90792 | Psychiatric Diagnostic Evaluation with Medical Services | \$4.82 per minute |
| 99201 | Evaluation and Management-New Patient | \$4.82 per minute |
| 99202 | Evaluation and Management-New Patient | \$4.82 per minute |
| 99203 | Evaluation and Management-New Patient | \$4.82 per minute |
| 99204 | Evaluation and Management-New Patient | \$4.82 per minute |
| 99205 | Evaluation and Management-New Patient | \$4.82 per minute |
| 99201 thru 99205+ 90833 add on code | Evaluation and Management New Patient with 30 minutes of Psychotherapy | Evaluation and Manage \$4.82 per minute, Psychotherapy \$2.45 per minute |
| 99201 thru 99205+ 90836 add on code | Evaluation and Management New Patient with 45 minutes of Psychotherapy | Evaluation and Manage \$4.82 per minute, Psychotherapy \$2.45 per minute |
| 99211 | Evaluation and Management-Established Patient | \$4.82 per minute |
| 99212 | Evaluation and Management-Established Patient | \$4.82 per minute |
| 99213 | Evaluation and Management-Established Patient | \$4.82 per minute |
| 99214 | Evaluation and Management-Established Patient | \$4.82 per minute |

| | | |
|---|--|---|
| 99215 | Evaluation and Management- Established Patient | \$4.82 per minute |
| 99211 thru 99215 + 90833 add on code | Evaluation and Management Established Patient with 30 minutes of Psychotherapy | Evaluation and Manage \$4.82 per minute, Psychotherapy \$2.45 per minute |
| 99211 thru 99215 + 90836 add on code | Evaluation and Management Established Patient with 45 minutes of Psychotherapy | Evaluation and Manage \$4.82 per minute, Psychotherapy \$2.45 per minute |
| 908 | General time | \$0.00 |
| H0032 | Plan Development | \$2.45 per minute |
| M96 | Client Cancelled | \$0.00 |
| M97 | Client Rescheduled | \$0.00 |
| M98 | Clinical Staff Cancelled | \$0.00 |
| M99 | Missed Med Visit | \$0.00 |
| T1017 | Case Management | \$2.20 per minute |

2. CONTRACTOR shall in collaboration with COUNTY determine a provisional rate for services based on anticipated costs. Authorization is granted for payment up to, but no more than current State approved Short-Doyle/Medi-Cal Maximum Reimbursement Rate for authorized services. This amount may be revised by the State during the contract period and rate adjustments will be made accordingly.
3. Billing for services is to be completed as per instructions in Mendocino County Mental Health Policy and Procedure, "Claims Processing and Payment to Contract provider under the Mental Health Medi-Cal Managed Care Plan".
4. COUNTY shall reimburse CONTRACTOR at the established provisional rate within 30 days following the submission of invoice.
5. CONTRACTOR shall be liable for any exceptions and shall reimburse COUNTY for any recoupments ordered by the State.
6. CONTRACTOR shall provide COUNTY with an annual COST Report in the appropriate format for submission to the State of California, Department of Health Care Services Medi-Cal reimbursement. This Cost Report will establish the final basis upon which CONTRACTOR will be paid for services provided during the term of the Agreement. Final reimbursement shall not exceed the Department of Health Care Services audited Cost Report and EPSDT claims.

7. COUNTY shall not reimburse CONTRACTOR for services provided to non-Medi-Cal beneficiaries.
8. CONTRACTOR may establish charges permitted for services at the same published rate. Fees shall be based upon the patient's ability to pay as specified under the Uniform Method of Determining Ability to Pay (UMDAP) as developed by the Department of Health care Services.

Payments under this Agreement shall not exceed One Million One Hundred Thousand Dollars (\$1,100,000) for the term of this Agreement.