
**“Mental Health Treatment Act”
Measure B Citizens Oversight Committee
SEPTEMBER 26, 2018; 1:00-3:00 PM**

MINUTES
APPROVED 11-28-18

**MENDOCINO COUNTY ADMINISTRATION CENTER
CONFERENCE ROOM C
501 LOW GAP ROAD, UKIAH, CALIFORNIA**

1. **Roll Call** was called by Dora Briley, Committee Clerk.
 - a. Present: Jenine Miller, Jan McGourty, Carmel Angelo, Ace Barash, Ross Liberty, Lloyd Weer, Mark Mertle, Jed Diamond, Shannon Riley, Thomas Allman, Donna Moschetti.
 - b. Quorum was established.

2. **Approval of August 29, 2018 Minutes**

- a. August 29, 2018 minutes were approved with three corrections.

Motion by Member Moschetti, seconded by Member Barash.

Vote was called for by Chair Allman:

Yay	11	Committee unanimously passed the motion.
No	0	

3. **Communications Received and Filed:**

Can be found at: <https://www.mendocinocounty.org/community/mental-health-oversight-committee/agendas-and-minutes>

- a. Kemper Consulting Group Memo Re: Follow Up to August 29, 2018 Presentation
- b. Impacts of Prevailing Wage Requirement for Market Rate Housing in California. Provided by Kemper Consulting Group.

4. **Public Expression.**

- a. Chair Allman invited public expression for items not on the agenda.

No one came forward.

The September 26, 2018 meeting can be viewed at:

https://www.youtube.com/watch?v=hQ7iLYLm8_Y&feature=youtu.be

5. Discussion and Possible Action Items.

a. Report on Measure B Tax Funds; Expenditure Report with Discussion and Possible Action. *Member Weer*

Member Weer provided a work sheet for all to review. He went over the work sheet. All funds are in a separate fund # 1224 budget unit # 4052 apart from the General Fund. The report covers June 2018-August 2018. The report covers incoming and outgoing funds from the account to date. The incoming total at the end of August 2018 is \$1,606,571. The outgoing total at the end of August 2018 is \$199,048 for a total fund amount of \$1,407,523.

b. Tracking and Monitoring Measure B Tax Funds with Discussion and Possible Action. *Member Angelo*

Member Angelo reported on the September 25, 2018 Board of Supervisor's (BOS) meeting and the Kemper contract amendment submitted for that BOS date on behalf of the Measure B Committee by the CEO office. Mr. Kemper had submitted a final invoice on September 5, 2018 that exceeded the amount of the original contract to do the assessment report. The amendment sought an additional \$28,000. Mr. Kemper did not intend to request the amount over the original \$40,000 contract, however CEO Angelo felt the amount should be paid. The BOS removed the item from their agenda on September 25 so it could be brought before the Measure B Committee for consideration and recommendation to the BOS.

Member Mertle confirmed that the item went to the BOS to spend Measure B funds without coming before the committee first. Member Angelo confirmed, that is what she did. The BOS do not want retroactive contracts and there was not time to get the item to the committee prior to the September 25 BOS meeting.

Member Diamond asked what the additional funds were for, is it for work already completed or does it cover future work. Member Angelo stated it was for work already completed and includes his travel time and work time to meet with the BOS in the future. Member Diamond feels Mr. Kemper did spend the time needed for the report. Mr. Kemper gave us the actual costs of his work but did not ask for the extra funding, correct? But you feel we need to pay for the work completed. Member Angelo confirmed. Member Diamond requested that in the future when working with contractors, that if the funds are running out, he would like the item to be brought back to the committee for consideration, discussion and decision. At this time Member Diamond agrees that paying Mr. Kemper the extra funds is warranted.

Member Liberty shared that in business he watches every penny. When he has situations like this he asks himself, if the contract goes over the original estimate, would I have paid for it at the higher rate in the first place? We have to be known as fair. Would we have gone forward if the original bid was \$68,000? I cannot make that judgment. Mr. Kemper did the work, he went

forward to do the work in a good period of time. He did the right thing, but he had to.

Member Riley expressed that payment should be made for services rendered; she agrees he did the work and produced a good product. She does not agree with the process, I appreciate that the BOS sent this request back to the committee where it should have been in the first place. She will support payment in this case, but expressed strongly that it is preferred to have such items for payment come to the committee first even if it means a special meeting must be called.

Member Mertle, a general contractor, shared that when you agree to do a project and it goes over your estimate it is usually at the risk of the contractor. This report was a specialty scenario. There weren't many other choices. It is substantially more than the original contract and it feels ominous about moving more money into the contract, it is substantially more.

Chair Allman called for public comment on the item. No one came forward.

Motion by Member McGourty: The Committee recommends to the Board of Supervisors to approve the Lee Kemper and Associates amendment of \$28,000 to the original contract. Seconded by Member Miller.

Discussion occurred. The \$28,000 will cover Mr. Kemper's report to the Board of Supervisors on October 16, 2018 at 1:30pm plus his travel time.

Vote was called for by Chair Allman:

Yay	10	Members Miller, McGourty, Angelo, Barash, Liberty, Weer, Diamond, Riley, Allman, Moschetti
No	1	Member Mertle

Tracking and Monitoring Measure B Funds:

Member Angelo shared that the Auditor is tracking and monitoring the Measure B funds and expenditures, so he should be the one to do this, not the CEO or Sheriff Office or HHSA. At budget time the committee together with the auditor would work on and prepare the Measure B budget for submission.

c. Discussion of the Kemper Report with Possible Action. Chair Allman

Last month Lee Kemper gave us a presentation of his report. Members were encouraged to re-read the report and be prepared to give some thoughts to the next steps of the process.

Member Moschetti read the report and found it to be very good. As a family member she would like to see a complete and well-functioning mental health

system around the psychiatric health facility (PHF) unit so it can operate efficiently. We need preventative care, respite care, de-escalation care and after care for an efficient and effective PHF Unit. It has to come together and it has to function well and it has to be complete.

Member Riley spent a lot of time reviewing the report again. Respects the amount of work that went into the report. Has some serious concerns, especially around the estimates of the construction costs of facilities. Additional exploration needs to be done on the preventative side. The need to build more facilities might be remediated to a certain extent if additional resources are spent on preventative and other types of care. Not prepared today to make recommendations on spending money on a certain type of facility. We should agree on the prioritization of funding. There is more work for this committee to do before we make a recommendation to the BOS.

Member Diamond felt the committee agreed that the report was good, Mr. Kemper is an expert. He looked at significant ways to look at mental health, comprehensively. Preventative is first, expensive long term is last vs. first. There is a need for a number of priority services that need to get started. Recommends that the combined crisis stabilization unit (CSU) and crisis residential treatment (CRT) in Ukiah is a high priority, it would be valuable, it won't serve all the problems but would give a place for people to be evaluated and take pressure off the emergency rooms (ER) and law enforcement plus reduce long term hospitalizations. Would recommend funding this. Long term services would be in two types, one being in an existing hospital either Ukiah or Willits. Two would be to build a PHF Unit from scratch or renovate the Old Howard Hospital. There are a lot of questions, would need to research, we need to find out the answers to those questions.

Member Mertle read the report again. Kemper focused on the preventative services. From a utilitarian stand point that is where you want to spend the money. PHF is 2/3's of the budget, it is at the very end of the critical treatment, we need to spend the majority of our efforts on the substance use disorder treatment and building up from that aspect. Preventative treatment and ready to go programs to supplement what we have. Need to tread lightly when spending millions of dollars especially with the CSU and CRT's, three explanations of budgets are in the Kemper report and they all lose money between \$300,000 and \$500,000. We need to have a budget that we can either take the loss into account or minimizes the loss before we start spending. We need to reach out to private organizations to take on building a PHF and maybe partnering with those. We need to move forward with the preventative aspects. Substance abuse disorder is a big gap, there is a lot of systemic relationships between that and mental health.

Member Weer, read the report. We need to phase our way through this process. We should not run off and make all the recommendations right away. There is more to it than just building the facility, we also have to operate it down the line. A cost analysis is needed, to measure how much it will cost to provide what we need and build it into a calendar and measure it

against what funds will come in. If we move to construction faster than the funds coming in, we would have to look at a loan. I'm not in favor of recommending something solid until we see the numbers. Need to look at the numbers on a year to year basis, project it out and compare that against the funding sources and project that out to see exactly where we are asking the BOS to go. As long as that is done first then we can present that to the BOS first.

Member Liberty felt the report spoke to prevention. By doing prevention it is achievable to reduce the number of people who use a PHF Unit by 50% according to the Kemper Report. In speaking to a mental health professional that he knows, they said with proper prevention that number could be 80%. If that is possible then this would be the best use of the funds, keeping people out of a PHF Unit and making a difference in their lives. It would be beneficial financially but also beneficial to the inflicted. They would be kept out of that type of facility, out of a locked up facility, they could remain in their community and be a productive member of society. Maybe that's not realistic, but I would like to ask that question. We can do this early, it doesn't take years, we have funds, up to 75% can be spent on brick and mortar but it doesn't have to. If we commit funds to brick and mortar we need to have a business plan. Make sure we know how it will operate. Being from the private sector, can't imagine spending tens of millions of dollars without fully understanding how it will work. There is a missing data point now that Adventist Health is interested in building a psychiatric hospital. That might be a different way of looking at this.

Member Barash shared that Adventist Health has a mental health partner they work with, but they pick and choose their patients and we cannot do that; he stressed that whoever we decide to run a PHF Unit would have to take all patients regardless of payment structures. We have to be careful of that. More deliberation is needed to consider a PHF Unit vs. a psychiatric hospital. Eventually we will need it. Another consideration is that there is a lot of money being spent now with these patients being in emergency departments and keeping law enforcement busy. To have a facility now that could help to take the pressure off these two entities would be best. He read a study recently and it gave compelling evidence that the best practices are crisis intervention and stabilization and crisis residential; going up stream vs. a PHF unit. He would recommend moving forward with a crisis stabilization and residential project. Boarding mental health patients in emergency rooms and jails is not in anyone's best interest. Having a psychiatric facility that can manage crisis is in our best interest. In our last meeting when Mr. Kemper was here, I asked if he agreed with this approach as a priority and he did.

Member Angelo referenced a statement near the end of the Kemper Report; "policy makers should establish a policy goal with Measure B funding to reduce the need for inpatient psychiatric care while simultaneously assuring that inpatient psychiatric care is available in the county when you need it". She feels that is a very good statement. He talks about us having a golden opportunity because we have money for the mental health system that we

have considered at many times as broken. He talks about crisis stabilization unit and crisis residential treatment regional services and we need to support those services such as the community based partners who struggle day to day. She would like to see us look at moving forward with a crisis stabilization and crisis residential treatment center. Most services are Ukiah-centric, this would give us the opportunity to infuse money into the outlying areas and have better regional services. Infusing money to regional services, crisis stabilization and crisis residential, the support services we have an opportunity to actually have a 24-hour psychiatric hospital or PHF that would be successful vs. building a PHF unit without the underlying services and the PHF unit would be all we have. The PHF unit has to be a part of the whole system.

Member McGourty shared that the Behavioral Health Advisory Board (BHAB) has had three consultations on the Kemper Report. They had two study sessions and spent an hour in their last Board meeting. She had some notes to share with the committee. Mr. Kemper made three types of recommendations; services, policies, finances and recommendations for actions. Most of the consultations centered on program services. We get one chance to do it right, we don't want to fail. It took Mr. Kemper five months to do the report. We need to take the time to understand the types of facilities. Finds it objectionable to think about taking out a loan to finance a building if we do something too soon. Building things takes time. Understands the need is great. Services that could happen right away would be to expand the mobile outreach units. Currently there are three teams. Only one has a team with both mental health and law enforcement. If we could get complete teams with law enforcement and expand the number of teams that would help get services to outlying areas. Another idea is to expand some resources that already exist in outlying areas, such as the Family Resource Centers. Another thing, expand the support programs and wellness efforts, the BHAB asked what is meant by "wellness"? It is a broad term that means different things to different people and situations. Community education to remove the stigma of mental health illness is needed. Day treatment, Kemper stated we don't have that, but there are some programs in the county. Need a definition of day treatment. Need to be careful and take our time, form subcommittees to research the different aspects of what is needed. We need to learn more, it is very complicated, we get one shot. The coast needs some kind of crisis stabilization.

Member Miller, is the Mental Health Director, has worked in mental health for Mendocino County for 11 years and is a family member. There were a lot of things in Kemper's Report that rang true and what would help our system. There has been a movement in the State of California and across the country to move towards a crisis residential option as an alternative because it reduces hospitalizations, it reduces the impact on hospital emergency departments and jails. In Behavioral Health we began a process towards a crisis residential treatment facility, we applied for a grant and we were awarded \$500,000 to start the process to build a crisis residential treatment facility. Redwood Community Services will talk about this a bit later. An

inpatient facility is a last step, not that we don't need one; we have to look at our prevention services. Patients want to be helped up front. Agrees with the Kemper Report that it is a first step. Crisis stabilization/residential is very important. We have laid the groundwork for crisis residential; it's been in the planning for our county for a couple of years. It has been in the Mental Health Services Act Plan to have some money to go towards a crisis residential facility. On board with Mr. Kemper's recommendation for first steps. It will reduce hospitalization and give positive outcomes for patients as well as the community. Also need to increase supportive services and housing options. Clients will continue to fail if they don't have housing. We still have a need for conservatorships so we bring clients home that can live in the community. On board with Kemper's recommendations, would like to see us move towards a crisis stabilization unit and crisis residential treatment facility as our first priorities.

Chair Allman shared that he has been in law enforcement for 34 years and what prompted him to support measures A, G and H and ultimately Measure B was the lack of a PHF unit in this county. Our society has either intentionally or unintentionally changed the paradigm from mental health workers taking care of mental health patients and victims to emergency responders and putting law enforcement officers as the initial responders. When we see tragedies on TV of law enforcement using lethal force on someone who is mentally ill, that certainly is a reason to prompt a community to say "we can do better" and we can do better. While the Kemper Report urges us to look at the preventative, the reality of a crisis happening at any time in this county with a person who has never experienced any kind of mental trauma exists, and it happens every day, and law enforcement responds. Law enforcement certainly uses hours in our response. The deputies and police officers transport these clients to emergency rooms and that was the catalyst for hoping to improve the mental health services in Mendocino County. If this county says CSU and CRT is the way to go without prioritizing a PHF Unit, then "in my opinion" we are going against the voter's intent. When signatures were collected, the voters were very strong on asking "Why do our mental health victims have to be transported to Yuba County or Sacramento or Redding or Vallejo to receive treatment where their families cannot see them, they can't wear their own clothes and when they are released they can't see the doctors who initially treated them". To be clear, I believe it would be easier to go with CSU and CRT than to go the hard road on how to figure out to make a PHF Unit work in this county. There could be a business plan to include other counties, like Lake and Humboldt; I would support a business plan to see a PHF Unit work. Law enforcement officers as a whole are the most expensive government employees we have. We do need to include the coast. We need to get to a point where we can ask the Board of Supervisors to move forward. Need a 24 month plan to have something in our county to deliver services to people who need it in addition to the mobile services we offer. The families of the victims should be heard. Every perspective has valid points. There is no easy solution, even if we have the money. With the offer from the hospital to build a wing, the concerns would not be any different from neighbors and community members on the

old Howard Hospital facility. Hopes by the end of today's meeting we can have a recommendation for the Board of Supervisors.

Chair Allman called for public comment.

John Fremont, from the coast, there is a close relationship between homelessness and mental illness. Many years ago there was a homeless shelter on a lumber yard site on the coast. The board was comprised of the residents, they had strict rules but the theme was caring for one another. When you have caring for one another, mental illness outbreaks become modified. Around the country there are pods, very low cost housing, and individual or community units. Free housing for mental health workers.

Josephine Silva, Willits, has gone to facilities in Eureka, Yuba City, and San Jose. In each facility, doctors changed the medications of her family member. Each visit was a cost of \$100,000. Each visit out of county was a long drive. She is proud of her son for his courage and progress and thankful for the help along the way. Giving pills out is not the only way to treat. Social counselors are needed to show ways to become a part of the community. It won't be easy. It would take individual work for each client. She wants to see a hospital in the county. Feels using the old Howard Hospital would bring an economic boom to Willits.

Betty Hook, 31 year employee at local hospital, agrees that she voted for Measure B because she expected a PHF unit. Often people who show up at the emergency rooms haven't sought preventative help; you won't see them until a crisis. We need the psychiatric facility.

Jason Wells, President of Howard Memorial Hospital in Willits. Spoke with his boss, and he has committed to being a part of this process in whatever way this community sees fit. The biggest challenge faced in our hospitals are patients in our emergency departments and we are not equipped to have a 4-5 day length of stay for patients who have nowhere else to go. Our nurses are not trained in combat, they have very difficult situations, and it is not safe for our nurses or the patients. Finding beds and locations best for these patients is critical. We operate more mental health beds than any health system in northern California. It is a difficult situation to be in; you want to keep the hospital open and employing people. Little hospitals are shutting down all over the country. Most of the health systems in California have gotten out of the state. Adventist still operates Vallejo, a 68 bed facility and St. Helena, a 30 bed facility. We are turning away 200 patients a month from St. Helena. If we had the beds we could serve more. One of the challenges is reimbursement for services. We have to care for the whole person, you can't pick and choose. We are committed to being a part of this process. If it is responding to a Request for Proposal (RFP) or being on a subcommittee to explore facilities we will participate. At Howard we can build an additional 10 bed psychiatric wing and stay within regulations. Crisis Stabilization is a good first option, a natural first step to help 5150 patients. The Ukiah hospital's new emergency room upgrade has taken over six years. The Office of Statewide

Health Planning and Development (OSHPOD) regulations can make a project go six years and cost more, knowing that, it would take six years to add the 10 bed wing to Howard Memorial. But we are happy to be a part of the process.

Meeka Ferretta, BHAB member, speaking as a member of the community. The BHAB deals with the services spoken of in the Kemper Report on a monthly basis. Would like to take the old Howard Hospital site off the table, because it changes the conversation from where our clients are served to who are clients are. Not opposed to a site being in Willits but let's not change the conversation. Let's talk about where a place should be to serve those in mental health crisis. Let's look at the mental health system not as broken but a system in repair. When I voted for Measure B, I thought we would get some sort of crisis facility. Would like to reduce conflict in what is being worked on. The facility needs to take both Medi-Cal and private insurance. Even with the best system we will still have people in crisis. The coast needs something, housing, substance abuse treatment and a phased approach is needed. Good to hear the hospital wants to help.

Chair Allman asked if the committee would like to take action on this item.

Member Diamond would like to see action taken today; however would like to hear items D & E first.

Chair Allman shared that 25% of the funds can be spent on services. Could those funds be put towards expansion of mobile teams for preventative services? Chair Allman asked committee members if they would like to make a motion to recommend this to the BOS.

Member McGourty expressed that it would be a good way to take quick action.

Member Miller stated that mobile outreach has been a good service and has expanded services to outlying areas. But she needs to research the costs before supporting a motion.

Member Barash asked to learn more about the mobile outreach program before recommending expansion.

Chair Allman asked the item to be added to the October agenda. He and Member Miller will do the presentation to cover the program.

Member McGourty would like to also know more about Howard Hospital's offer of participation. Can an Ad Hoc committee be formed to explore the offer?

Chair Allman asked for an Ad Hoc committee to be formed to explore the Howard Hospital offer of participation. The Ad Hoc committee participants will

be Members Barash, Mertle and Miller. A report to the committee will be on the October agenda.

d. Presentation on Current Funding Streams Spent on In-Patient Facilities and How They Could Support an In-Patient Facility in the County.

Member Miller

Member Miller gave an overview of in-patient facilities. She prefaced her report with the fact that CSU's and CRT's can be billed for insurance coverage, so in patient care is not the only service that can be billed for insurance. In patient care is a part of a system of care, it is the most costly service and highest level and costly type of care and should be the last step.

In-patient facilities can be psychiatric hospitals and PHF Units and they can bill Medi-Cal, Medi-Care, Medi-Medi, private insurance, Veteran's and self-pay. Self-pay can be two options, client paid or county paid. If a client has no insurance then the county has to pay to have a client placed. Those facilities are paid on a daily rate, it can be anywhere from \$800 up to \$2,000 per day depending on the type of facility and the negotiated rate. A client has to meet medical necessity prior to being placed and while admitted they have to meet acuity in order to have services paid for by insurance; once they are no longer acute the insurance payments are stopped. After that the County and the facility have to negotiate how the additional days will be paid for. The County can deny payment; it does become an issue because the care of the individual is in the balance.

There is a professional code called the Medicaid institute for mental disease exclusion (IMD exclusion), it says Medi-Cal dollars cannot be used for any individual under the age of 65 to be placed in an institute for mental disease unless it is an in-patient facility and then they will pay for children under the age of 21. What that means is if we build a facility that has more than 16 beds, the likelihood of us being able to bill for the 22-64 year old population is not likely due to the inability to take Medi-Cal for that group. This is one of the biggest needs and we have the least amount of beds for this group in the State of California.

How Medi-Cal works, there is Federal Financial Participation (FFP) and County Realignment dollars. A handout was provided titled "Hospitalizations 17-18" that shows the number of patients hospitalized in that time period and how the cost was paid.

The payment for an individual is paid by the insurance source for that individual facility. If we had a facility, instead of us paying out to facilities elsewhere, those funds would go here and help to cover some of the costs of running the facility. It means keeping the beds filled on a daily basis. A facility could take clients from other counties to help fill the beds. As of 2016, California had 32 free standing psychiatric facilities such as PHF's. There are other facilities that are free standing that have more than 16 beds. They are called psychiatric hospitals; however they are in the IMD exclusion situation

and cannot serve the 22-64 year old patients who have Medi-Cal. We have 79 psychiatric units attached to acute care hospitals, which is what Howard Hospital is considering. There are several counties in California that do not have a PHF or Psychiatric Hospital; there are several close to us. They are Trinity, Lake, Colusa, Glenn and Tehama. Those that do have them they run them by keeping the beds full, they book beds for their own clients they negotiate with other counties who need bed space, they look for ways to have beds full so they aren't losing money. Sonoma County has a free standing psychiatric facility with over 16 beds however they are limited due to the IMD exclusion; they cannot take 22-64 year old Medi-Cal patients. Sonoma County is another county that needs options for this age group.

You have to have a business plan, have a business model and run a PHF like a business. You have to keep the beds filled; you have to negotiate with other counties. It is the highest level and the most costly option where we place clients.

Member Mertle clarified, most of our clients fall into the 22-64 year old category and those are the ones we cannot bill Medi-Cal for? Member Miller confirmed.

Chair Allman called for public comment.

James Marmon, if you have preventative services you will reduce the need for those services that the county is paying for. The committee is headed in the right direction, good job.

e. Discussion on the Redwood Quality Management Company's 631 S. Orchard Avenue Ukiah Proposed Location for a Crisis Stabilization Unit; with Discussion and Possible Action. *Member Barash*

Member Barash talked about OSHPOD standards and meeting those requirements can add significant time and cost to the building of a structure. When you look at the overcrowding of emergency rooms and the time for law enforcement to be involved, it becomes an issue as to the type of facility we can build in the quickest amount of time to serve the clients quickly, efficiently and in county and remove the pressure from hospitals and law enforcement.

Redwood Community Services (RCS) will present on a Crisis Services Center project that may not have to be OSHPOD regulated and the time frame would be about 18 months. He introduced Camille Schraeder.

Camille gave a background of the project. The Board of Supervisors/County and the BHAB asked Mendocino County to respond to an RFP for SB82 (the Investment in Mental Health Wellness Act of 2013), Mental Health Wellness Grant Funding for Adult Crisis Residential. One third of the clients who need psychiatric in-patient care can be safely diverted if you have a front end crisis continuum, crisis residential, crisis stabilization, in addition to the crisis access and crisis response unit. RCS responded to the SB82 Program for a 10-bed

crisis residential in the amount of \$1.2 million. The proposal received \$500,000 from the State. The grant of \$500,000 has a clock, it is running, we are in a third extension on the clock. This money bought the land on Orchard Avenue where the planned crisis campus was to occur. When RCS took over taking care of adults, it became clear that something was needed as an alternative plan to crisis. We have 5-8 clients at any given time in emergency rooms. We increased outreach by 18-20% overall, that increased crisis response by 17% last year. The need is there. Some of those clients could be safely diverted if we had a CSU and a CRT in place. Workforce in Mendocino County is difficult, leveraging resources efficiently is critical. It needs to be Medi-Cal and private insurance certified.

Currently RCS crisis response clinic is located on Gobbi Street in Ukiah. If the Orchard Crisis facility is built the RCS office would move from Gobbi Street to the Orchard Avenue facility to leverage staff, requirements and funding to support the three areas (crisis stabilization, crisis residential, crisis response).

Currently 60% of all crisis assessments are done in RCS crisis response clinics both in Ukiah and on the coast. The other 40% occur at the hospital and often include law enforcement.

Crisis stabilization is a 23-hour facility. The State of California is considering changing this to a 72-hour facility and that would open some other options for funding.

Crisis stabilization is 23-hours, however we are looking at a waiver that will allow us to only be open when we have patients in the unit (the design is to have this as a 4 bed facility). You have to meet medical necessity and acuity the entire time you are in the facility. It is a secured facility, there are a lot of regulations but does not fall under OSHPOD. The cost per episode per client is \$2,829 per day.

Crisis Residential is a 10 bed facility. Can stay up to 90-days and it is voluntary. Medical necessity is less severe. It can help with co-occurring disorders. Staff between Crisis Stabilization and Residential can be shared.

These do not replace a PHF Unit, that is still needed, but the Crisis campus can be an upfront facility to help reduce the strain on hospitals and law enforcement and serve the clients faster in a shorter period of time.

The Orchard Avenue project was also submitted as a Community Development Block Grant (CDBG) grant, but was denied on a technicality. So we come back to having the land but not the funds to continue the project. It is hoped that the \$500,000 will not have to be returned.

Dan Anderson presented plans for the Orchard Ave. project with the committee and public. The plans were designed after a few tours of other facilities and talking to staff. The resulting plan was based on those tours, the conversations and with the needs of Mendocino County in mind.

The main floor would include outpatient crisis workers who are doing 5150 patient assessments. There would be a therapist also. There would be 4 beds and this is all connected to a Sally Port where patients would enter the facility or be transferred out to an in-patient facility. Also on the main floor would be an office for a substance abuse counselor, an eligibility worker and nursing support staff for medications.

If a 5150 patient is stabilized but needs further treatment they could be transferred to the CRT unit within the complex. This is on the second floor, 10 beds, not locked down. If a patient deteriorates in CRT, they could transfer back to floor one for CSU and be on a hold for transfer to elsewhere.

Dr. Trotter from Ukiah Adventist Hospital shared that room one in the local ER is always filled with a mental health patient. Room two, 80% of the time is filled with a mental health patient. 5-6 beds out of 11 beds are filled with mental health patients. Last year we had 742 crisis evaluations for mental health patients in the ER. Overall, 2.5% of mental health patients take 18% of the resources of nursing time in the ER. This is a crucial problem we have to solve. Would like to see these patients for a 12-hour period to medically stabilize them then transfer them to a proper facility. Mental health patients have to be supervised; this takes up ER staff time.

Member Diamond asked what the committee could recommend to do now to help while something is being built on the long term.

Dr. Trotter expressed that sometimes patients are stabilized but cannot be released. They need a step down facility. RCS has one now in Redwood Valley in a house. The committee could buy the house, hold for a couple of years and then sell it when a facility is built.

Camille Schraeder shared that the above house is a stop gap measure for now; we need to focus on the bigger picture and a proper facility. The Orchard Ave. facility was previous to Measure B. We did the house to solve a problem. Anyone can run the proposed Orchard Ave. project, whatever the committee and the BOS desires. The funds that bought the Orchard Ave. property are county funds. The current extension on the property and the funds is with the State and may be ok since the conversation and future plans are being discussed.

Chair Allman asked how does the Orchard Ave. project alleviate the stress on the ER's.

Camille Schraeder stated that it would in two ways, one the patients come directly to the CSU, they are stabilized, and a doctor can come to the center to evaluate and release them. Two, they come to CSU, they are deemed not a 5150 and they can enter CRT. Or, they enter the ER, get assessed, sent to CSU and the 23 hour clock begins. A CSU and a CRT can absolutely reduce

the numbers at the ER. It is front end services, part of the continuum but does not replace a PHF or Psychiatric Facility.

Committee Questions:

Member Miller shared that a CSU is a mental health emergency room vs. going to the medical ER.

Member Liberty asked who has the title on the Orchard Avenue property. Camille stated that RCS does but ownership is not the goal.

Member Liberty asked if there were quotes from contractors. Camille shared that yes they have some. They would need to be updated. The planned facility would be eligible for Federal draw down, but the county would need to put funds in.

Member Liberty asked if there was a business plan for the site. Camille stated that there is a general operations plan, but it will need to be revised.

Member Angelo asked two questions. One, do ambulances take patients to the CSU facility and two; at what point do you get medical clearance? Dan Anderson explained that they would coordinate with Ukiah Adventist to do medical clearance. Most facilities require a medical clearance.

More discussion occurred.

Member Miller clarified that a patient can only be held for 20-hours in a CSU. In rural communities Crisis Respite is used more than a CSU, but a CSU gives more options. We are lucky that we have the possibility of a CSU. Ambulances cannot currently drop off patients to a CSU. There is some legislation moving towards changing that, but for now ambulances cannot drop off to CSU's.

Member Mertle, asked if the project had been drawn out by a designer? Camille responded that it was shovel ready per CDBG. Member Mertle specified that it was then 30% designed and we would need to factor the remaining 70% design cost into the budget to have the design finished. The budget, revenue sharing and cost must be accurate.

Camille has the operation figures for the CRT and the Crisis Respite, would have to put the CSU operation figures together.

Chair Allman asked Camille to come back to the October meeting to do a 15 minute presentation on the budget of the project.

Member Riley pointed to the Kemper Report on page 28 where he defines what should be considered for a fiscal analysis and asked that those be considered.

Jason Wells asked that he and Camille combine a report back to the committee in October and Dr. Barash and Dr. Trotter will also be included.

Chair Allman asked for Public Expression.

James Marmon said the committee is headed in the right direction. He doesn't feel that the voters intended a locked facility with beds used by other counties.

Bear Kamaroff, Willits. A lot of voters felt strongly about Measure B being for a PHF Unit. Can a PHF Unit be considered to be a part of the Orchard Ave. project?

- f. **Monthly Committee Update to the Board of Supervisors at their First Meeting Each Month, Who will Present and What will be Shared; with Discussion and Possible Action.** *Chair Allman.*

Chair Allman asked if any committee members would like to participate in giving the update to the BOS.

Member Riley appreciated Chair Allman giving the reports to the BOS each month, she also would appreciate in the future that there would not be promises made to the BOS on behalf of the committee before the committee has discussed such actions.

Member McGourty posed that we recommend to the BOS to adopt the policies the Kemper Report suggested on page 43.

Member McGourty moves that we adopt the policies as recommended by the Kemper Report and the committee recommends to the BOS that they adopt the policies. Seconded by Member Liberty.

Chair Allman noted that this specific item is not specifically on the agenda.

Chair Allman opened the motion to public expression.

Carole Hester asked the committee to pause for a bit. The public is wondering what happened to the measure we voted on? Glad you are taking some step forward. Asks that the committee communicate better to the public.

Committee discussion occurred on the proposed motion.

Member Mertle expressed that if we adopt these, we have to do all these things. This is a feel good action but there is a lot of work in the proposal.

Member Weer stated these recommendations are Mr. Kemper's ideas. We need to look at the Ordinance and make sure these align.

Member Diamond stated that sometimes you can't act until you get to the point that good action is before us. This feels premature. We need to be consistent with the measure.

Chair Allman expressed concern that we haven't addressed this specifically and very little public comment or the ability to notify the public has been done.

Member Angelo supports the motion but Member Weer has a good point, our true charge is Measure B and how it is written. We need to make sure the guidelines align with the measure.

Member Liberty withdrew his second and **Member McGourty** withdrew the motion.

6. Committee Member Reports. *Each committee member will have the opportunity to report out on any actions they have performed since the previous meeting.*

Member Miller:

Shared the data dashboard, will try to bring it to each meeting. It gives the number of clients we serve, hospitalize and dollars being spent.

Member McGourty:

Participated in the National Alliance on Mental Illness (NAMI) advocacy meeting in Sacramento; highlighted some books from the NAMI library; and announced that the first Family to Family class began.

Member Angelo:

May have a conflict in her October schedule for this committee, is working to change her schedule so she can attend, will keep us informed.

Member Barash:

Has had robust discussions in advance of the meeting.

Member Liberty:

Nothing to report.

Member Mertle:

Met with the Mendocino Coast Clinic and shared a letter with the committee. They feel they need a crisis center on the coast. They have a problem with transportation from their facility to RQMS or the hospital. They also shared the "Living Room" brochure that was distributed today. It would be beneficial in the remote areas, may be good for this area as well. Please read about it and let's discuss.

The Kemper memo and Prevailing Wage documents that we received, please note that there are flaws in the rates they use. For example an electrician is listed as \$43.00 per hour in the document. Actual prevailing wage information shows a wage rate for an electrician as \$72.50 per hour, and that doesn't

include fully loaded rates. That is a big difference. The information is easily obtained, from the Department of Industrial Relations. Anyone can look it up. It would be helpful for when we go to fund a project that we have the qualified estimate.

Member Liberty:

Noted that there is a big difference between what the Kemper Report gives us and the real numbers.

Member Diamond:

Continues to reach out to the committee and updates the Willits City Council.

May not be available for the October committee meeting, he has family in the hospital.

Member Riley:

Nothing to report.

Chair Allman:

Nothing to report.

Member Moschetti:

Nothing to report.

7. Adjournment

Meeting adjourned at 3:39 p.m.

Next meeting is October 24, 2018