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**“Mental Health Treatment Act”  
Measure B Citizens Oversight Committee  
NOVEMBER 28, 2018; 1:00-3:00PM**

**MINUTES**  
Approved 12/19/18

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1. **Roll Call** was called by Dora Briley, Committee Clerk.
  - a. Present: Jenine Miller, Jan McGourty, Carmel Angelo (via tele-conference), Ace Barash, Lloyd Weer, Mark Mertle, Jed Diamond, Thomas Allman, Donna Moschetti.
  - b. Members Liberty and Riley joined the meeting at 1:10 p.m.
  - c. Member Angelo left the meeting at 2:00 p.m.
  - d. Quorum was established.
2. **Approval of September 26, 2018 Minutes.**
  - a. September 26, 2018 minutes were approved as corrected.

**Motion to approve minutes with corrections by Member Moschetti; seconded by Member Barash.**

***Vote was called for by Chair Allman:***

Yay	9	Committee unanimously passed the motion. Member Angelo is in attendance via phone from 1-2:00 p.m.
No	0	
Absent	2	Members Liberty and Riley were not yet in attendance.

3. **Communications Received and Filed:**
  - a. November 26, 2018 County Counsel Opinion #18-012.
4. **Public Expression.**
  - a. Chair Allman invited public expression for items not on the agenda.

Darca Nicholson, member of Board of Family Medicine Education for Mendocino County, which supports the medical residency program which was just finalized. Six new physicians are coming to our community in June 2019, with more to follow. She spoke on health and well-being for these new physicians including mental health services. She noted that suicide rates are

high in physicians, and we need to support our physicians with adequate care.

Cynthia Cole is interested in knowing more about the training institute.

*The November 28, 2018 meeting can be viewed at:*

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

## **5. Discussion and Possible Action Items.**

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

Member Weer went over two documents re: Measure B funds.

Total expenses to date \$199,048

Interest to date \$3,400

Total balance \$2,922,108

Note: the County finance system assigns a minus sign to positive numbers.

Member Diamond asked why the discrepancy in amounts from month to month. Member Weer explained the tax is based on sales and that could affect the income, the State is going through a tax conversion and that can make a difference, also sometimes the reporting is wrong between inside city limits and outside of city limits and it takes time to catch up with the corrections. Member Riley also noted that Costco opened in August, and that could have made the amount for August higher.

Member Weer went over the Recommended Budget Summary. Measure B needs to prepare for the County Budget Cycle. The sheet is an estimate covering July 1, 2018 to June 30, 2019. If we present a budget estimate to the Board of Supervisors (BOS) with a pre-determined amount in the categories listed and as long as we stay under the spending limits, we won't have to take every expense singularly to the BOS. We can present our budget to the BOS at one of their budget adjustment sessions. This draft budget was done with help from the CEO's office. Member Weer went through the draft budget with the committee. This budget would be a starting point and could be adjusted as needed by recommending any changes to the BOS.

Member Diamond asked for more information regarding an Executive Director for the committee. Member Weer explained this would be our go-to person for the committee. They would collect information and report to the committee so it would be one point of contact vs. eleven separate members, it would serve as the committee's liaison.

Member McGourty shared that the Behavioral Health Advisory Board (BHAB) also had a similar recommendation for a project manager. She will bring the BHAB information to the next meeting.

Member Mertle asked about leasing vs. owning a property. Member Weer explained that county money spent has to be for a county owned facility, but anything we recommend to the BOS would go through County facilities. Member Mertle asked about the \$1 million set aside, is that really for us to budget? Member Weer explained that in order to spend it we have to appropriate it. Everything we recommend must go to the BOS to be approved. It is in the budget, appropriated, for any possible facility recommendations we send to the BOS between now and June 30, 2019.

Member Liberty asked about the \$20,000 special department expense, is it for staff support? Member Weer explained, yes, our minute taker or any other staff support. It was estimated based on invoices from departments.

The proposed budget item will be on the December 19 Agenda for voting.

***Public comment on this item was invited.***

BOS supervisor McCowen pointed out per the County Counsel Opinion #18-012, the committee cannot appropriate anything. The committee is an advisory committee only. The committee cannot appropriate. The committee can recommend a budget to the BOS for adoption. Measure B cannot spend money.

**Note:** to accommodate Member Angelo's schedule and her participation in item "D", the Chair moved the order of the agenda to discuss item "D" at this point, however the minutes remain recorded in the sequential order of the Agenda.

**b. 2019 Calendar for Measure B Citizen's Oversight Committee; with Discussion and Possible Action. Chair Allman**

Motion to accept 2019 Calendar as presented by Member Diamond,  
Seconded by Member McGourty.

**Vote was called for by Chair Allman**

Yay	10	Committee passed the motion.
No	0	
Absent	1	Member Angelo by pre-arrangement.

***Public comment on this item was invited.***

None was given.

c. **Mobile Outreach Presentation. What does the program consist of, what does it cost; Discussion and Possible Action.** *Member Miller and Chair Allman*

Member Miller shared an overview and cost analysis for two additional MOPS teams. A pamphlet with program information was distributed as well as an information sheet.

The program began with one MOPS team serving three areas of the county. The team consists of a Sheriff's Service Technician and a Behavioral Health Rehab Specialist. The original team found they were spending most of their time in the North County and Covelo and unable to adequately cover the other two areas originally identified for their coverage. A second team was added to cover the south coast areas and a third team was eventually added to cover the Anderson Valley and Hopland areas.

The teams are mobile, working in the communities. Referrals can come from any entity or person. The team goes to the individual's home, they work on building relationships to help individuals. The communities love the MOPS teams. The teams work to connect those in need with the services they need and support them early to prevent a crisis escalation wherever possible. MOPS teams have been effective in reducing 9-1-1 calls and removing some of the issues from law enforcement.

If we add two additional teams, a proposal would have one team covering the north coast (Westport to Little River), that would include the city of Fort Bragg. Another team would cover the inland area of Ukiah, Willits, Potter Valley and Redwood Valley.

Staffing costs \$389,600 for two teams per year. We would need two vehicles plus some administrative costs to cover things like gasoline, paper, pens, etc.

Chair Allman hopes we can recommend to the BOS the addition of two MOPS teams to be funded with Measure B services funds.

Member Barash asked for more information on the services that the teams provide. Member Miller shared that the teams see clients several times a week. They are certified to 5150 clients if necessary. They work with Redwood Quality Management Services and other agencies. They do not respond to crisis calls, they are not 24-7. They are four days a week, 8:00 am to 6:00 pm. They can see individuals in jail and offer services when they are released.

Member Diamond asked if longer hours and days could be explored for MOPS. Member Miller stated that it could be explored.

Chair Allman shared that once the February Mendocino County Critical Incident Team (MCCIT) training for first responders occurs, then MCCIT would work with MOPS as well.

Member Mertle asked if the people that MOPS touches are already in the system in some way. Member Miller responded that they mostly deal with people not in the system already, some could be in the system, it can vary.

Member Mertle shared that the stakeholders on the coast want to know what to do with people in crisis, does MOPS deal with those situations or do those still go back to the Emergency Departments (ED) and law enforcement? Member Miller stated MOPS does not deal with crisis situations to the extent you would think. Chair Allman shared that in March of 2016, the Sheriff's Office did a 90-day study of 5150 calls in March, April and May of 2016 that were non-violent, non-threatening and non-weapon related. It was found that only 30% of 5150 calls involved non-violence, non-threatening and non-weapons. 70% of the crisis calls would be great to have a co-response with deputies and MOPS teams to get the help needed at step one.

Member Mertle stated that the 8:00-5:00 p.m., 4-day a week MOPS teams could not respond to the crisis calls, this isn't what we need. This isn't going to reduce your calls.

Chair Allman shared that four days a week those potential, frequent flier 5150 calls are getting attention and it reduces the 5150 calls in that category.

Member Mertle asked Chair Allman if the Sheriff's Office has seen a reduction in crisis calls since the MOPS program began. Chair Allman shared that in the first 12 months of the program, his office saw a 100% reduction in crisis in 9-1-1 calls coming to the Sheriff's Office. There were some seen by MOPS and then went into crisis mode, but easily over 90% of the people that MOPS see are no longer being crisis 9-1-1, 5150 holds. Member Miller said that although MOPS isn't going out in the moment of crisis, the communities are calling earlier for their services, pre-crisis, so the services are getting started earlier when needed.

Member McGourty reminded that the Kemper Report stated more services were needed out in the communities of the outlying areas of the county. When BHAB studied the report, MOPS looked like a quick and easy way to accomplish this because it has been effective. But, with the condition that there be a representative from the Sheriff's Office on each team, something that is lacking currently.

Chair Allman has talked with Member Miller about the staffing in MOPS. There are some funding logistical issues such as the Sheriff Services Technician is paid approximately \$10 less an hour than the Behavioral Health Specialist. They do the same duties yet a large disparity in pay exists. Chair Allman would like to work with the County Human Resources Department to create a classification/position for MOPS to remove the wage difference.

Member Riley in general supports the MOPS teams, however the MOPS days and hours may not be meeting the needs of the clients. If we move forward

with the recommendation to add more teams then she would like to see it come back for review once the analysis has been done.

Member Liberty would like to have a way to measure the outcomes if we are going to recommend moving forward with more MOPS teams. How do we track and follow up on the effectiveness of the program from year to year?

Chair Allman understands, the data is there, we need to get the data.

Member Liberty would also like to see how many Sheriff Responses are in those areas and are required for crisis, if we could have that information on-going, that would be good.

Member Weer would like the addition of two MOPS teams to be added to the proposed budget.

Member Liberty would like to see metrics in place to monitor the effectiveness of the program.

Member Riley would like to see a time frame for review, six months would be good. Member McGourty pointed out that six months aligns with the Kemper Report recommendation.

Member Diamond would like to see the services increased, but maybe expanding hours and days vs. covering more area would be good. What is most helpful and how can we assess the outcomes.

Member Mertle would like to see more coverage over more days.

***Public comment on this item was invited.***

Bill Keller, asked if the report would be public information that could be shared? Chair Allman stated it would be, and we can post it. MOPS Behavioral Health stats only give numbers of people seen. Member Miller shared MOPS information is on the Behavioral Health website.

Camille Schraeder shared that MOPS is not meant to be a crisis intervention program. They will bring clients to a crisis center or ED (the only legal place law enforcement can leave a 5150 assessment client), but what MOPS does is to provide support and to stabilize the situation. MOPS is in addition to other wrap-around services. By definition it is a prevention service.

Motion to recommend to the Board of Supervisors to create two new Mobile Outreach Program (MOPS) teams with Measure B services funds; and the collection of measurable metrics for the determination of the effectiveness of the program to be reviewed at every six month interval to determine ongoing effectiveness; by Member McGourty seconded by Member Mertle.

**Vote was called for by Chair Allman**

Yay	9	Committee passed the motion.
No	1	Member Weer.
Absent	1	Member Angelo by pre-arrangement.

- d. **AdHoc Group for Howard Hospital Partnership, Report to the Committee; with Discussion and Possible Action.** *Member's Barash, Mertle and Miller*

**This item was heard second to accommodate Member Angelo's attendance via phone conference.**

Member Mertle reported the AdHoc sub-committee created a committee with Dr. Trotter (Adventist Health Ukiah Valley), Dan Anderson, Camille Schraeder (RQMC), Member Barash, Jason Wells (Adventist Health Howard Memorial), Member Miller and himself. They had two conference calls, one on October 4 and another October 18 for a total of 2 ½ hours. They discussed how the local hospitals can support the Measure B efforts. Member Miller was unable to attend the October 4 call.

Options that were discussed:

1. Adding on to Howard Memorial hospital in Willits for a psychiatric facility.
2. Remodeling the vacant ED/ICU at Ukiah Adventist to a medical psychiatric facility in Ukiah to supplement the proposed Crisis Residential Treatment Unit (CRT) and Crisis Stabilization Unit (CSU) on Orchard Avenue in Ukiah.
3. Develop bare land for a CRT, CSU, Psychiatric Health Facility (PHF).
4. Develop old Howard Hospital into a Residential Treatment Psychiatric facility, the plan that was proposed to the committee earlier in the year.

At the October 18 meeting, Jason Wells did some further research on what it would take to remodel the Ukiah Adventist Hospital to a medical psychiatric facility. He reported it would be about \$7.7 million (if a kitchen is required) for a 6 bed facility; that is a very rough estimate. Time wise it would be about 2 to 3 years to create.

Member Miller discussed next steps, there are lots of questions, what type of facility is a medical psychiatric facility, what would it look like, require, there is different funding depending on the type of facility, what would an Request for Proposal (RFP) look like, difference between this and a psychiatric hospital, a PHF, etc. To build at the current Howard Hospital it would take 5-6 years and the cost is unknown. Who are we serving, what are we providing, what is the daily cost at each facility to serve those clients, there are still multiple questions and things to look at.

Member Barash clarified that there were three options to consider:

1. Psychiatric hospital which is a locked facility associated with an acute hospital. Ukiah Adventist's vacated ICU/ER is an example.
2. Old Howard, PHF unit, locked facility along with other services because the building is large.
3. CSU, CRT with RQMC, vacant lot on Orchard Avenue in Ukiah.

Member Barash asked how this would be apportioned. The intent for option 1, a 6 bed psychiatric hospital, would be run by Ukiah Adventist. It would be up to the Measure B Committee to pay for the remodeling. An advantage is that it is already OSHPOD approved and it would be in an acute hospital as well and that would save money.

Jason Wells of Howard Hospital in Willits shared that Adventist Health appreciates the cooperation between the County, the hospital and community leaders. What we looked at was how we can meet the greatest need for the greatest good. They are committed to being a part of the solution.

Building onto the current Howard Hospital is a 5-6 year project, it is doable and would be 10 psychiatric beds. At the Ukiah Valley Adventist Hospital, the recently evacuated old ER/ICU would give 6 psychiatric beds. Ryan Quattlebaum, CFO Ukiah Adventist Health, did some research and a kitchen would not be required, so the cost for six beds would be around the 4 million dollar range. To go to an eight bed facility the price would go back to the 7 million dollar range due to structural issues that would need to be addressed. A six bed unit would just be a bridge, whether the end game is old Howard Hospital or a vacant lot build out. After meeting with everyone twice, the number one need determined is crisis stabilization; that is the greatest need that you can take to the BOS. Proper recognition is given to the Frank R. Howard Foundation for stepping up into the void for giving \$135,000 to seed a project with Redwood Community Services (RCS) to remodel a house to fill a gap while a CSU is established. This will help patients who sit in the ED's, to have a place to go while waiting for further treatment. This is a significant contribution to mental health treatment services in the county.

Ryan Quattlebaum spoke regarding the vacant Ukiah Valley Adventist Hospital old ED and ICU. It is approximately only 4,500 square feet. It would be a locked facility, it is already OSHPOD approved, it would be six rooms with ADA compliant bathrooms and a common room. It would be a separate and locked facility. This would allow patients to stay local and keep the funds here. Ukiah Valley Adventist would provide the staffing, nurses, physicians, etc. This unit would provide the full complement of medical services within the same building.

Member Miller shared that it depends if a patient is voluntary or not for the length of stay allowed. 5150, 5250 holds have a 3-day stay or 7-day stay. If we had a 5270 designation in this county (BOS has to approve) then the stay could be up to 14-days. If a patient is voluntary, they could stay as long as they meet medical necessity.



Chair Allman asked what the estimated time frame for this project would be.

Ryan Quatlebaum shared that OSHPOD would be the main factor. They have to approve plans before anything can move forward and there isn't an architect yet. It could take 12-18 months potentially. Jason Wells shared that mid 2020 it could be up and running.

Member Liberty stated that Member Weer shared earlier that if the County spends money on a building it becomes a county owned building. If we spend money on this project, the hospital owns the building. How does this work?

Member Weer shared that if the committee decides to buy a building, then it is County property. We can lease.

Member Angelo stated that in a case like this where the renovation would be the hospital's, we would purchase the beds or have a contract with them to provide the service. That would be the most appropriate way if we do either of the hospital projects.

Jason Wells agreed, a very long term lease would be given so you could see a good return on your investment for years and years to come. It would not be like trying it for two years, register a loss and decide to turn it into a joint replacement center.

Member Angelo shared that we would need to do a cost benefit analysis of the various models. She appreciated all the work by the AdHoc committee and Howard Hospital and Ukiah Valley Adventist Hospital. It is a model that could work, other counties do this. The hospital would own the building, we would contract for the services.

Member Riley stated that she understands contracting for services but we are talking about a \$4 million project and she asked if there were any way for the Measure B funding to participate in the actual development of the facility and would that trigger prevailing wage? Does the \$4 million include the prevailing wage?

Chair Allman expressed that he would ask County Counsel for an opinion.

- e. **Redwood Community Services Presentation on Facts and Figures for the Ukiah Orchard Avenue Project. What can be Offered, Grant and Budget Details. Collaboration Possibilities with Adventist Health; with Discussion and Possible Action.** *Member Barash, Camille Schrader, Dr. Trotter, Jason Wells*

This topic was heard 3<sup>rd</sup> to accommodate Member Angelo's attendance via phone.

Camille reminded those in attendance that the Orchard Avenue property was purchased with SB82 Grant funds for at the very least a CSU/CRT. That was directed by the BOS and the BHAB five years ago. A County legal opinion directed the land to be purchased by Redwood Community Services (RCS) with an agreement of a life time lease for CRT/CSU services. This is just one example of how non-profit entities and government can work together on ownership of property and services. There are many more SB82 projects across the State that are doing the same that include prevailing wage and land purchases. If it is the will of this committee and the BOS to do this, you can secure the use of the building as a life time lease.

RCS met with Adventist and the AdHoc committee as requested by the committee. The project that RCS is proposing is a stand-alone project and not dependent on other projects. Some initial plans were done, there is a new architect now and the plan is to simplify the project as much as possible if it is approved to move forward. The model is for a CRT/CSU project. The hope was to do both in one building. Also they looked at a waiver for only having the CSU open when it was in use. Research has proven that 1/3 of crisis patients can be diverted from needing hospitalization if adequate up front services are administered early. For the purposes of supporting staff and program needs one building will house the CRT/CSU together. Looking at crisis access on Gobbi St., they may move it to Orchard Avenue to share staff, psychiatry, overhead and coordination. The CSU program is what needs to be carefully monitored to manage costs.

Camille shared a hand out of a Summary of a CRT, CSU, Crisis Response Annual Operating Budget and went through the document. The Orchard Avenue project in no way would replace the need for a PHF. Orchard Avenue could reduce the number of patients needing a PHF and could reduce the time spent in a PHF. We need to be wise with the dollars.

Chair Allman asked about a time frame for the Orchard Project. Camille shared 18 months.

Member Liberty asked if we spend public money, do we have to use prevailing wage? Camille shared that RCS has a construction team and as long as they use their employees, prevailing wage does not apply. Anything subbed out to others who are not RCS employees falls under prevailing wage requirements.

Member Liberty clarified that RCS is not married to owning the building. Camille stated, yes, RCS is willing to sign the property over to the County or to build it and then sign it over to the County.

Member Liberty asked if the project is able to be simplified. Dan Anderson, RCS, said if the BOS decides to go with the Orchard Avenue project, the plan is to bring a simplified plan back to the committee and BOS for approval.

Member Mertle asked what the annual contribution would be for the CRT/CSU project from Measure B funds? Camille shared that theoretically the new match would be \$542,805 for CRT and \$561,000 for the CSU. There should be savings on the crisis response side and what we pay for patient hospitalization. \$1.1 million annually to support crisis response, CSU and CRT. Lee Kemper's budget directed \$500,000 set aside for a CSU. Most of the funding comes from billed Medi-Cal services.

Member McGourty stated that the Kemper Report shows 25% of total projected income from Measure B to a CSU/CRT beyond the 5 year mark. If we anticipate having a CRT/CSU in county, would that free up money from sending people out of county. Camille stated yes.

Member Mertle confirmed the Measure B cost is \$500,000 for a CSU? Camille affirmed.

Member Diamond confirmed that the CRT/CSU project linked to Adventist Hospital would be in Ukiah. Is there any decision to recommend the old Howard Hospital as a PHF? Would there be any down side to having the two in different cities? Camille stated that there is no down side. Coordination of patients crossing from one need to the next is important.

***Public comment on this item was invited.***

Mike Adair, in the Kemper Report CRT is \$4.5 million facility cost. Camille stated that is a correct building cost, today's presentation was on the cost of running the 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*
- The BOS at their October 2 meeting requested that future updates to the BOS from the committee include a written report and a vote from the committee.
  - The BOS would also like to know if the old Howard Hospital site were to be considered for a PHF unit, what else would be located at the building.

Chair Allman asked committee members if anyone would like to give the report to the BOS other than him? No response. Chair Allman will continue to deliver the monthly reports to the BOS.

***Public comment on this item was invited.***

Carole Hester, requested that frequent press releases go out on progress the committee is making, such as the MOPS program expansion.

Member Moschetti asked for clarification regarding the first bullet point under this agenda item and the desire for a voted upon written report to the BOS.

Discussion occurred. The committee will not be issuing a written report to the BOS.

Member Riley would like to have the style of minutes moved from summary to action only on the next meeting's agenda.

- 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**

Worked on the MOPS presentation and AdHoc sub-committee work.

**Member McGourty**

BHAB studying Kemper Report in detail.  
NAMI Family to Family class concluded.

**Member Angelo**

Not present.

**Member Barash**

Worked on the AdHoc sub-committee.

**Member Liberty**

Nothing to report.

**Member Weer**

Nothing to report.

**Member Mertle**

Had a Measure B stakeholder's coastal meeting. Met with District 4 Supervisor Dan Gjerde, Bob Edwards CEO Mendocino Coast District Hospital, two nurses, Mendocino Coast Clinics representative, and the District 4 BHAB representative. They met for an hour. Discussion occurred on crisis stabilization needs for mental health patients on the coast. Hospitals and clinics have the same problems as the inland hospitals. Often five of eight ED beds are filled with 5150 assessment patients. They want an option to that. There is a systematic issue with getting 5150 patients transferred to RQMC or the hospital. They are meeting again next month with RQMC for solutions. They note a time lapse between crisis point and the patient entering the system, approximately 60-90 days to enter the system. That is not taking anything away from RQMC, they are doing a great job. When a person is in crisis and it takes 60-90 days to enter the system, sometimes by the time they are completely in the system they are out of the crisis and it is easy for them to be dropped out of the system. If there is a way to improve that, this is what they are hoping for.

**Member Diamond**

Nothing to report.

**Member Riley**

Has been working with the Mendocino County Continuum of Care, it is homeless related, there is a mental health overlap. There is some significant funding coming to Mendocino County, \$5 million, it is one time funding for permanent housing with wrap around services for homeless and mentally ill.

Shovel ready projects exist in Ukiah and Fort Bragg. This funding will have a significant impact on mental health services as well.

**Chair Allman**

Working on classes scheduled for February 12, 13, 14 2019. First Responders are welcome and drops ins. More information to come at the December 19 meeting.

**Member Moschetti**

As a citizen advisory committee, we need to address the needs of mental health, be fiscally responsible and evidence based. She went to NAMI, since she represents NAMI, family members and peers. What NAMI's effective mental health crisis services look like is what I will talk about today. Mobile Crisis Units (a little different than MOPS), CRT, CSU, extended observation units and in patient intensive treatment whether it be a PHF or a general hospital. Those are your building funds, after care treatment is taken care by service dollars. Preventative, NAMI loves CIT, they are sponsors of CIT. This what NAMI stands for and what I am looking for.

***Public comment on this item was invited.***

Dan Anderson, RQMC, spoke to set the record straight regarding Member Mertle's share. RQMC representatives did not attend the meeting Member Mertle attended. The 60-90 days comment regarding services is incorrect. When someone is in crisis their services start the same day. The time lag is not with services.

Member Mertle responded that they are not trying to shed bad light on RQMC, they are great. Services is not the problem, the written reports can take 60-90 days. Dan Anderson stated those are the Medi-Cal requirements, but services start the same day. RQMC will meet with the group at their next meeting.

**7. Adjournment.**

Meeting adjourned at 3:06 p.m.

Next meeting is December 19, 2018, one week early due to the holiday.