



**MENDOCINO COUNTY BEHAVIORAL  
HEALTH ADVISORY BOARD**

**REGULAR MEETING  
MINUTES**

**September 19, 2018  
10:00 a.m. to 2:00 p.m.**

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

**Chairperson**  
Jan McGourty

**Vice Chair**  
Emily Strachan

**Secretary**  
Dina Ortiz

**Treasurer**  
Cathy Harpe

**BOS Supervisor**  
Georgeanne Croskey

<b>1<sup>ST</sup> DISTRICT:</b> DENISE GORNY JAN MCGOURTY LOIS LOCKART	<b>2<sup>ND</sup> DISTRICT:</b> CATHY HARPE DINA ORTIZ MICHELLE RICH	<b>3<sup>RD</sup> DISTRICT:</b> MEEKA FERRETTA VACANT AMY BUCKINGHAM	<b>4<sup>TH</sup> DISTRICT:</b> EMILY STRACHAN TAMMY LOWE VACANT	<b>5<sup>TH</sup> DISTRICT:</b> PATRICK PEKIN MARTIN MARTINEZ FLINDA BEHRINGER
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**OUR MISSION:** *"To be committed to consumers, their families, and the delivery of quality care with the goals of recovery, human dignity, and the opportunity for individuals to meet their full potential."*

<b>Item</b>	<b>Agenda Item / Description</b>	<b>Action</b>
<b>1.</b> 5 minutes	<b>Call to Order, Roll Call &amp; Quorum Notice, Approve Agenda</b> A. Meeting called to order by Chair McGourty at 10:07 B. Quorum met C. Members Present: 1. Ukiah: McGourty, Gorny, Ortiz, Lockart, Buckingham, Martinez 2. Fort Bragg: Ferretta, Strachan, Behringer, Pekin 3. Discussion and approval of agenda as written	Board Action:
<b>2.</b> 10 minutes	<b>Minutes of August 15, 2018 BHAB Regular Meeting: Approved with changes</b> <ul style="list-style-type: none"> <li>There was discussion and review of the August 15, 2018 BHAB minutes.</li> <li>Needed correction of Section 4, Item C.a. – changed "...not medicated" to "...not consistently medicated".</li> <li>Minutes approved with corrections.</li> <li>Member Pekin made a request to move the Kemper Report review to an earlier part of the meeting due to time constraints.</li> </ul>	Board Action:
<b>3.</b> 15 minutes (Maximum)	<b>Public Comments:</b> <i>Members of the public wishing to make comments to the BHAB will be recognized at this time.</i> <ul style="list-style-type: none"> <li>May Sherman, the Secretary Treasurer of the California Association of Local Behavioral Health Boards and Commissions (CALBHBC), had the following</li> </ul>	

comments:

- It was discussed that she has been attending the different behavioral health board meetings in the region.
- There will be a meeting on October 19 hosted by the CALBHBC & board training on October 20 provided by the California Institute for Behavioral Health Solutions (CIBHS)
  - A handout with more information was provided.
  - The meeting on October 19 will have a speaker from the Mental Health Services Act Oversight and Accountability Committee (MHSOAC).
    - The previous meeting had a panel discussion on natural disasters.
  - CIBHS will reimburse for the travel and hotel expenses for one member of the Behavioral Health Advisory Board (BHAB) to attend the training on October 20.
    - The trainer will be Susan Wilson.
- The CALBHBC currently has an open spot on the advisory board; it was encouraged that anyone that is interested applies to join.
- More information on the CIBHS trainings is available on the CIBHS website.
- Training modules are available on the CALBHBC website
- Richard Towle, a prospective member of the BHAB, introduced himself to the board.
  - Chair McGourty and Vice-Chair Strachan requested to be sent a copy of the application, as they had not received it.
- Aimee Swearingen from the State Department of Developmental Disabilities (SDDD), North Department discussed what services they provide and gave some information on upcoming events.
  - A brochure was provided with more information on the services they offer.
  - There will be a proclamation regarding the Disability Employment Awareness Month on October 2.
  - The SDDD will have a forum on October 16 for employers to talk about incentives for hiring individuals with mental health disabilities and to reduce stigma.
    - She stated that many agencies would be in attendance for the discussion.

	<ul style="list-style-type: none"> <li>○ It was stated that they were upset with Red Cross, as there were some instances where the Red Cross was turning away developmentally disabled patients.</li> <li>● Wynd Novotny from Manzanita shared that they are celebrating Manzanita's 10-year anniversary. <ul style="list-style-type: none"> <li>○ There will be a public event open to everyone to celebrate. This will provide an opportunity to show what they do and how much they have changed over the years.</li> <li>○ The event will take place on October 6 at 5:30pm in the conference center. There will be an auction, dinner, and dancing.</li> <li>○ They will be sponsoring tickets for those who cannot afford to attend; if someone wants to attend and cannot afford it, they just need to call and ask.</li> <li>○ She expressed that the event is a thank you to the community staff and clients.</li> </ul> </li> </ul>	
<p><b>4.</b> 15 minutes</p>	<p><b>BHAB Reports:</b></p> <p>A. Supervisor Croskey – Nothing to report.</p> <p>B. Flow Chart Committee: <i>(Members Strachan &amp; Pekin)</i></p> <ul style="list-style-type: none"> <li>a. It was discussed that there was a need to come up with an additional box on the flow chart to encompass those with developmental disorders, as it may be a factor. <ul style="list-style-type: none"> <li>i. There had been no comments from the board originally on the available boxes, but this is one Vice-Chair Strachan feels should be added.</li> <li>ii. It is considered a co-occurring disorder.</li> <li>iii. There was discussion on what does and does not constitute a developmental disorder.</li> <li>iv. The intention is to keep it a one-page document, expanding it too much will make that difficult.</li> </ul> </li> <li>b. Member Gorny suggested that the board discuss further once the chart is completed, then they could add any necessary terminology afterward to clarify.</li> </ul> <p>C. Dual Diagnosis Committee <i>(Members Lowe &amp; Ortiz)</i></p> <ul style="list-style-type: none"> <li>a. Nothing to report.</li> </ul> <p>D. Project Follow-up Committee <i>(Members Behringer &amp; Gorny)</i></p> <ul style="list-style-type: none"> <li>a. The committee did not have the opportunity to meet.</li> <li>b. There was discussion regarding a recent</li> </ul>	<p>Board Action:</p>

Mendocino County Children's System of Care (CSOC) meeting, they are currently applying for \$4 million grant to aid the homelessness issues.

E. CIT: (*Members McGourty, Harpe, & Rich*)

- a. Three CIT workshops are planned for January, February, and March using out of county trainers, which was not what was recommended by the BHAB to the Board of Supervisors (BOS).
- b. Behavioral Health Director Miller stated that the Sheriff's Department had worked with an agency and will take part in a 3 day CIT training in April and May. It will be 'train the trainer' style training.
- c. In other counties that have their own CIT teams/units, Joel Faye is still brought in to provide trainings.
- d. This training is a Peace Officer Standards and Training (POST) certified training, it can be partially reimbursed through POST, easing the financial burden for the County.
- e. With the action that was recommended by the BHAB, we might not have been able to get it POST certified.
- f. Joel Faye will not be able to be the trainer due to a timing conflict, but one of his colleagues will be providing the training.
- g. Chair McGourty discussed the timeline and that no one is currently designated to be trained yet.

F. Housing Recommendation Procedures (*Members Gorny, Lockart, & Rich*)

- a. This item is on hold for now.

G. 5150 Follow-Up Committee (*Members Lockart, Ortiz*)

- a. Behavioral Health Director Jenine Miller asked about this being about 5150 follow-up, as it was labeled CIT Recommendation.
- b. There was discussion regarding the original focus of the committee.
- c. It was decided to change the committee to 5150 Follow-Up Committee, instead of CIT Recommendation.

H. Staff Recognition (*Members McGourty, Buckingham, & Martinez*)

- a. Member Martinez stated that the board had agreed to send out an appreciation letter to each provider office.
- b. Member Martinez asked to whom we need to talk to find out how many provider offices there are. He also added that he was unsure of what funding it will come out of to create and deliver

	<p>them.</p> <ul style="list-style-type: none"> <li>i. Behavioral Health Director Jenine Miller stated that she could get a list of provider offices.</li> <li>c. It was stated that the board should be able to use money in the budget for this, as there was some funds that were not fully utilized in the previous year's budget.</li> <li>d. Member Ortiz asked who would be writing that letter and if it will go before the board before going out. <ul style="list-style-type: none"> <li>i. It was discussed that it be sent out via email to allow everyone to add to it and sign it.</li> </ul> </li> <li>e. Willow Terrace, the new permanent supported housing currently under construction, will have 38 single bedroom apartments (one of which will be occupied by a property manager). The primary focus will be for people that are suffering from a Severe Mental Illness (SMI) and are homeless or at risk of becoming homeless.</li> </ul>	
<p><b>5.</b> 15 minutes</p>	<p><b>Mendocino County Report</b> (<i>Dr. Jenine Miller</i>)</p> <ul style="list-style-type: none"> <li>• The Director's Report was reviewed and discussed.</li> <li>• Behavioral Health Director Jenine Miller stated that the report now included all of the grievance and appeals that had come through since the last meeting.</li> <li>• An update regarding Willow Terrace was provided. It is scheduled to open in May 2019. Photographs of the current state of the building were provided.</li> <li>• There was a proclamation regarding Suicide Prevention Week that went before the BOS last week.</li> <li>• There was a discussion about the Suicide Prevention Storyboard Tour. <ul style="list-style-type: none"> <li>○ This was the 5<sup>th</sup> year for the storyboard tour</li> <li>○ The tour gathers suicide related stories from people in the community that have been affected by them in some way.</li> <li>○ All of the stories are collected and put together into storyboards, then are shared with the community during the tours.</li> <li>○ The Storyboard Tour helps to promote education and stigma reduction throughout the different communities.</li> <li>○ This year there were six different communities and three additional events that the tour visited.</li> </ul> </li> <li>• The MHSA Pilot Review has been completed. A report is expected to arrive in 60 to 90 days.</li> <li>• The results from the External Quality Review</li> </ul>	<p>Board Action:</p>

	<p>Organization Audit should be available soon.</p> <ul style="list-style-type: none"> <li>• The Triennial Audit that was scheduled for October 2018 has been postponed until January 2019, to accommodate for the ongoing fire recovery.</li> <li>• Member Gorny asked about 7<sup>th</sup> Avenue Treatment, a board and care facility listed in the report. Behavioral Health Director Jenine Miller said that the location was in Santa Cruz.</li> <li>• Member Lockart asked who was attending the HOPE training. <ul style="list-style-type: none"> <li>○ It was initially open to the tribal community and then it became open to all.</li> </ul> </li> <li>• Chair McGourty asked what the grievance/appeals were. Behavioral Health Director Jenine Miller stated that she could share broadly what they were, but they will not be added to the report for possible patient confidentiality issues. <ul style="list-style-type: none"> <li>○ The grievances and appeals were discussed.</li> </ul> </li> <li>• Chair McGourty stated that more advanced notice on upcoming events would be nice to have (i.e. Suicide Prev., etc.)</li> <li>• Member Martinez asked why there were no county hires in the last month. <ul style="list-style-type: none"> <li>○ Behavioral Health Director Jenine Miller explained the hiring process of the County and that the department has seen activity recently.</li> </ul> </li> <li>• Member Gorny stated that the rate of pay and housing is one of the main issues for why there are so few applicants available.</li> <li>• Wynd Novotny commended the board for the staff recognition on how hard they work; it is great to see them building morale. She stated that there are so few people in this area and the providers also have to compete with county to hire these people. She thanked the board for reaching in and giving recognition.</li> <li>• A community member asked for the relationship between the SB82 Wellness Grant and Measure B. Behavioral Health Director Jenine Miller explained that the SB82 Wellness Grant was for \$500,000 specifically allocated towards purchasing and building costs (the startup costs). <ul style="list-style-type: none"> <li>○ It was stated that the Measure B funds would be discussed during the Kemper Report Review section on the agenda.</li> </ul> </li> </ul>	
<p><b>6.</b> 30 minutes</p>	<p><b>Redwood Coast Regional Center – 11:00 am</b> <i>Dr. Rick Blumberg</i></p> <ul style="list-style-type: none"> <li>• Dr. Blumberg, Director of the Redwood Coast Regional Center (RCRC), discussed that they have the same challenges that the County is facing when they are trying</li> </ul>	<p>Board Action:</p>

to hire people at RCRC.

- Dr. Blumberg brought some brochures to share with everyone. He also provided a paper regarding the history of RCRC and business cards with his contact information.
- He discussed that during the 1950's and 60's parent groups advocated for deinstitutionalization.
  - Kids with developmental disabilities were not able to go to school.
  - The parents movement advocated for closure of many institutions open in the 1890s
  - They had become familiar with the state that operated the institutions and they did not want the state to have control over the new system.
- Through the Lanterman Act, regional centers were developed.
- There are currently 21 regional centers throughout California. They are governed by a volunteer board of directors that sets policy
- It is locally controlled, but they still have to comply with state law. There are similarities with the regional centers and the tribal community; trying to meet the local needs of people needing services in the context of state laws.
- RCRC has staff that are responsible for four large rural counties: Lake, Mendocino, Humboldt, and Del Norte; that would be roughly the size of Connecticut
- Dr. Blumberg has been the Executive Director of RCRC for almost 2 years. He is very committed to reaching out and working collaboratively with many providers in the community and finding ways that they can all work together. Better service coordination between everyone would greatly benefit clients and staff.
- Use person-centric focus when planning care, which would help to individualize support, catered to the client.
- RCRC works with children to help them to develop language skills and help those with limited or without mobility. They strive to help them be as physically and mentally well as they can be.
- Technology has aided RCRC in providing care more and more around all sides of the care that is needed.
- One big challenge that has been notice is the workforce and educational system is lacking in the area; there are not enough qualified teachers available.
- Member Martinez asked if RCRC went into the schools to talk directly to the children on how to interact with other children that have disabilities, to reduce the stigma and encourage them to treat them as equals. Dr. Blumberg feels that would help them mentally and help those that do not understand them to learn and grow.

- Dr. Blumberg stated that RCRC currently has a diversity outreach program, where they are going into schools. They do not go directly into classrooms, but they have been working with the schools to increase education on these things.
- Vice-Chair Strachan asked what the relationship RCRC had with the Friends and Parents Program. Dr. Blumberg responded that RCRC funds many services that they provide. They are a unique organization that operates their business and does fundraising to support much of the work they do, but RCRC helps via their state contract. RCRC works with individuals through the Friends and Parent's individual program plans, which helps them to achieve the things they want to and helping to manage finances or any other things that may be difficult for them to do.
- It was stated that there was going to be an Employment Forum from 8:30am to 11:30am on October 16. Dr. Blumberg said that RCRC would like to be a part of that
- RCRC is working on creating an employment program for people with disabilities. The State has provided funding for providing employment for those that they serve.
- Member Gorny stated that BHAB had previously discussed needing to know what entity pays for which services and how can we identify who pays for what.
  - Dr. Blumberg responded that RCRC is meeting on Monday to talk about how we can collaborate with one another. Case conferencing will be a part of this to help determine who is paying, and there is cross training so that we can be trained together.
  - RCRC wants to figure out how we can share resources and offer better services to those in need.
- A member of the public spoke about teaching programs or college courses available for teachers; she would like more information on what is available.
  - Dr. Blumberg responded that RCRC has not been working directly with students/teachers, but they do work closely with the schoolboard from PreK-12. He stated that they would embrace any opportunity to provide increased education to the teachers and students. We need to assist our own people to learn and provide more of these things moving forward.
- Member Lockart stated that she read an article where it talked about mothers that are using drugs while they are breast feeding; she was happy to hear RCRC's position



	<p>and the focus on prevention.</p> <ul style="list-style-type: none"> <li>○ Dr. Blumberg wrote a grant last year to reach out to underserved communities, he has met with many tribal communities and is currently working with some of them within the county and will meet with them to find out what is and is not working.</li> <li>○ One of the things RCRC is doing is providing training on substance abuse to all communities, including the First Nation and Hispanic communities.</li> </ul>	
<p><b>7.</b> 60 minutes</p>	<p><b>Review of Kemper Report</b></p> <ul style="list-style-type: none"> <li>● There was discussion about the previous Kemper Report review meeting and an updated summary handout from that meeting was provided.</li> <li>● Time was provided for the board to read the Executive Summary and then discuss any recommendations.</li> <li>● There are three categories of recommendations within the report: Program Services, Policy Decision, and Strategic Financing. Last week meeting only reviewed page 41 of the report. <ul style="list-style-type: none"> <li>○ Summary of last week: Talked about what different types of psychiatric facilities are available.</li> <li>○ It was stated that Psychiatric Health Facilities (PHF) units are the most restrictive to staff and most difficult to find staff to operate them.</li> <li>○ Crisis Stabilization Units (CSU) seem to be the most popular option with a majority of people; there is pending legislation to extend the time for assessment from 24 hours to 72 hours.</li> <li>○ The report recommends expanding outreach; an expansion of MOPS was discussed.</li> <li>○ There are Family Resource Center’s (FRC) in 10 different communities in the county and they could be expanded. The main obstacle is the ability to collaborate and to hire qualified staff.</li> <li>○ The need for a common definition on the term “wellness” was discussed. The term “Day Treatment” was also discussed as having varying definitions to different people.</li> </ul> </li> <li>● Policy recommendations: <ul style="list-style-type: none"> <li>○ Member Pekin stated that it was a good report and contained a large amount of detail. <ul style="list-style-type: none"> <li>▪ Footnote 38 discusses the MHSA 3 Year Plan, the BHAB previously talked about the description of county and geographic challenges that are provided in the 3 Year</li> </ul> </li> </ul> </li> </ul>	<p>Board Action:</p>

Plan. Approximately 1/3 of the people live on the coast and the report notes that fact. It is known that the Emergency Room at Coast Hospital tends to fill up with patients and they start to spill out into the lobby.

- Page 16 of the report discusses the population distribution; the estimates reflect the dispersal of the population. About 25 to 30% of the people are receiving mental health services in the county. The two areas showing the greatest increases are Ukiah and North County; nothing really addresses the Coast area in the report and does not discuss the isolation of that area.
- Page 25/26 of the report discusses some examples of smaller CSU units located in other counties; they are cheaper and easier to staff than the PHF units are. Each example is showing significant revenue shortfall, which is concerning because the estimated revenue we are supposed to get is \$2 million. The estimated operating cost is currently between \$3 and \$4 million. It is not clear how those excess funds would be covered.
- Page 23 of the report discusses the decline in conservatorships. There was discussion on the possible causes for the decline shown in the report.
- Page 38 of the report discusses Howard Hospital; the projected remodel cost for the hospital was between \$11.2 million and \$14 million to convert it into a PHF unit. Based on the estimates from the other counties, it is saying it should only be around 7.5mil, Member Pekin would like to know why there is a discrepancy.
- Chair McGourty asked if the lack of services on the coast that was mention was referring to the facilities. Member Pekin responded that the BHAB had discussed temporary facilities on the coast previously, but it needs something better and needs more people trained. When the issue was raised, it was discussed that there is a need for a psychologist;

Member Pekin stated that he would like to see that looked into. If the county can afford it, a CSU on the coast is needed.

1. Chair McGourty stated that she has contacted John Wexler regarding this and he is looking into this.
- Supervisor Croskey stated that the reason for the difference in the cost estimate for the PHF unit between the report and the county is that the county's estimate included the PHF unit and the extended services. Also, the estimate provided from the county was for a public contractor build, but the estimate in the report is for a private build, which also contributed to a discrepancy in the estimates amounts.
  - Chair McGourty expressed concerns that while the Highway 101 corridor would be a reasonable place to have a large facility, the BHAB should look into more than one property to determine a recommendation.
  - Member Pekin stated that in summary, his recommendations would be
    1. Having facility on Coast;
    2. Being able to pay for any facility, while avoiding any budget shortfalls; and
    3. To see the price of the PHF unit fleshed out in more detail and point out that the report is comparing completely different facilities in its estimate.
- Member Strachan stated that almost every PHF unit or CSU tend to run on a budget shortfall, it is not unusual that they run on a deficit. She asked what a reasonable deficit would be.
- Member Gorny stated that was the reason the original PHF unit closed.
  - Camille Schraeder discussed that there are many details that should be considered. Before Measure B was created, we had tried to figure out how to mitigate the cost and they previously did not have a full MediCal billing possibility, but that is an option now. There would need to be more discussions

	<p>to know the answers.</p> <ul style="list-style-type: none"><li>○ Vice Chair Strachan stated that the Kemper Report did not detail what is being built on Orchard Street and wanted to know if RQMC spent time talking with Lee Kemper on their plans.<ul style="list-style-type: none"><li>▪ Camille Schraeder responded that RQMC shared all the information on the costs with Lee Kemper and all requested information was provided to them.</li></ul></li><li>○ Member Ferretta stated that as a whole for the report and Measure B committee, she wants them to be reminded that the system of care we have is in repair and it does not need to be recreated. She also stated that there is a need for more Substance Use Disorder Treatment (SUDT) programs.</li><li>○ Member Beheringer agreed with Member Pekin, they only addressed one facility, when we could possibly do more than one, such as one on the coast and one inland. There is a need for something to be available on the coast.</li><li>○ Vice Chair Strachan stated that as far as the SUDT, all of these people are suffering PTSD from being homeless and using drugs to medicate, it is all tied together; we do not want to see one short circuited for the other.</li><li>○ Member Lockart asked if the board is committed to what the report is about. Chair McGourty responded that at the last Measure B meeting, Lee Kemper presented his report and the Measure B committee agreed to accept the report without prejudice, but were not making any recommendations until there was more time to review it. The Sheriff went before the Board of Supervisors (BOS) to provide his opinion regarding how the Measure B funds should be spent. This was concerning because there were no decisions made about this yet by the Measure B committee. There has not been enough time to review the report in order to make any formal recommendations. The BHAB could make a recommendation for the Measure B committee to take its time making decisions on recommendations. There are many questions that need to be discussed before any decisions are made.</li><li>○ Member Gorny stated that the report is comprehensive and there are decisions to be</li></ul>	
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	<p>made, but only once it has been thoroughly reviewed.</p> <ul style="list-style-type: none"><li>○ A member of the public stated that 1 in 4 people are a consumer or family of a consumer. They feel sad that there are not more families and consumers represented in the report. As a general overlay for the consumer experience, I did not feel like it was there. The people on the Measure B committee are not knowledgeable about what really goes on.</li><li>○ Wynd Novotny stated that she appreciated the many reports that Lee Kemper has provided, but he did not ask to come interview the clients for input. The Manzanita clients like to provide input and their thoughts. They did not visit either of the Manzanita sites to collect information for the report. There is a lot of information that could have been gathered from reaching out to clients.</li><li>○ Camille Schraeder stated that there was information they could have provided on the number of people served, but it was not requested.</li><li>○ Member Buckingham discussed that there were options provided in the report, converting the old Howard Hospital into a PHF unit or adding a 10-bed unit to Ukiah Valley Medical Center (UVMC) or Howard Hospital. She feels that would be financially better to add on to an existing facility. We could take the recommendation for what it is and use one of the ideas he provided. She recommends an addition of a 10-bed unit to either Howard Hospital or UVMC, which would be easier to fund and to operate.<ul style="list-style-type: none"><li>▪ Wynd Novotny added that this would also help with the clients that have Medi-Medi or private insurances.</li><li>▪ Member Ortiz stated that this is a good idea and she would like to see it in all three existing hospitals. One thing Nevada County did was to build temporary housing units on hospital land. There is also a need to provide outpatient services, which is what we are limping with right now. Most of the focus is on hospitalization and crisis.</li></ul></li><li>○ Wynd Novotny discussed that a gap is seen on the frontline of services is someone in pre-crisis,</li></ul>	
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	<p>which can be helped before needing a higher level of care and will prevent some hospitalizations. Mobilization teams that can get there before a situation gets worse, she would like to see that expanded.</p> <ul style="list-style-type: none"><li>○ Member Ortiz handed out copies of an article stating that we are servicing more people in jail than anywhere else. She asked how more services could be provided in the jails or better follow-up treatment, so that it does not repeat.</li><li>○ Member Martinez stated that people in jail are pushed aside and not treated. They end up in prisons for years, when treatment could have prevented that. Prevention programs in the jails can prevent inmates from continually returning to jail.</li><li>○ A member of the public commented that the report was only on the county and RQMC services; it did not address any of the other existing treatment locations.</li><li>○ Camille Schraeder stated that it will affect more than just MediCal beneficiaries, but it is designed to reach the entire community.</li><li>○ Wynd Novotny discussed how teaching people how to interact one on one is important and it is difficult to teach, but it is necessary to move forward, which is hard to convey in a report.</li></ul> <ul style="list-style-type: none"><li>● Break for Lunch at 12:44 pm.</li><li>● Continued Kemper Discussion</li><li>● Member Ortiz stated that the report is good, but needs more examination. There needs to be more services available in the communities.</li><li>● Member Buckingham stated that the board really needs to review the report closely and consider the existing issues in the front end, such as acute patients in crisis, who are just parked in the emergency room for several days. There has been a consistent increase in volume of this happening.<ul style="list-style-type: none"><li>○ We need to tactfully do this, but not be stagnant in the process. We are scrutinizing the report for too long. If medically necessary, they will be treated and having a location attached to a hospital allows for their mental health needs to be taken care of at the same time.</li></ul></li><li>● Camille Schraeder stated that a Crisis Stabilization Unit (CSU) would reduce the ER visits by 1/3 and would divert patients away from the ER and police department immediately. There should be a discussion on the financials for working with hospitals and what that</li></ul>	
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	<p>would look like.</p> <ul style="list-style-type: none"> <li>○ RQMC's CSU is a shovel ready project and if got funded it would be an immediate response to the issue at the hospitals.</li> <li>● Member Ferretta stated that the BHAB should provide recommendations to the Measure B committee, so that the two groups are more cohesive when they are presenting to the BOS.</li> <li>● Chair McGourty stated that during the previous BOS meeting she was asked by Supervisor Hamburg if BHAB would be reporting recommendations to the Board and she said that they would be doing that.</li> <li>● Vice Chair Strachan and Member Ortiz offered to be on a committee to meet about the recommendations. Member Buckingham will also be involved, but in a lesser capacity due to time restraints.</li> <li>● Chair McGourty asked if everyone agreed to use this committee to speed up the process and everyone was in agreement.</li> </ul>	
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<p><b>LUNCH</b> <b>12:30 – 1:00</b></p>		
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<p><b>8.</b> 30 minutes</p>	<p><b>Department of Rehabilitation – 1:00 pm</b> <i>Aimee Swaengen</i></p> <ul style="list-style-type: none"> <li>● Introductions were made by Aimee Swaengen a Team Manager for Department of Rehabilitation (DOR).</li> <li>● DOR has offices in Ukiah and Lakeport.</li> <li>● DOR provides employment services to clients that have a permanent disability that is a barrier for employment.</li> <li>● The application process was discussed.</li> <li>● There are two dedicated specialists in Ukiah and one located in Lakeport.</li> <li>● Since DOR does not offer housing or therapies to the clients, referrals are received that are not stable enough to benefit from their services. For any referral that comes in for employment, they need to be stable enough to start that employment within a month or two. They are able to assist with transportation and things of that nature, if necessary.</li> <li>● There is not currently a Mental Health Co-op for this area, but it can be applied for; there needs to be at least one dedicated person for it and there a cash match.</li> <li>● Currently there are not any available funds for a Co-op, but if one dissolves then money would be available. Co-op is a cooperative contract between agencies to provide support services and mental health services.</li> <li>● People do better when they are working, able to integrate back into community. We have many clients that have</li> </ul>	<p>Board Action:</p>
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Manzanita services and RCS services, being able to work together can make it easier to treat the client better and prevent hospitalization.

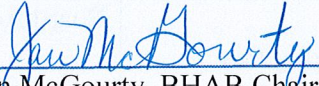
- Many clients come in that use a number of services and we need to be a team to provide everything that they need.
- We work with anyone that has physical or mental condition that is a barrier for obtaining work and get them employed.
- DOR has different offices throughout California, so the clients are not stuck here, cases can be transferred to almost anywhere in the state.
- DOR receives funding from Federal and State funds.
- DOR does not have a list of employers that they work with. These services are tailored to fit the client individually, so there is no cookie cutter mold on what they do or for what employer they are applying.
- There is a tax incentive for employers if they hire people with a disability; the Work Opportunity tax credits are based on the number of hours the person works for them.
- The employer provides on the job training, and then they are provided a stipend for time to train the employee.
- Addiction is a disability, as it is in the Mental Health Diagnostic Manual. If the client is on Social Security, they are eligible for the program.
- A program that DOR has called Windmills is used to provide employers with disability education, etiquette, and awareness.
- She shared an example of Walmart taking a person with a mental health disorder and completely supporting them; they made efforts to understand that person. Right from the beginning, they let the employee know that if any coworker discriminates against them at all, that coworker is no longer allowed to work there.
- She described Social Security and the factor that it plays when placing a client into employment. People are fearful that going to work will make them lose the benefits.
- Member Ortiz discussed contracts that there were between different agencies that help to provide services to the clients that the previous Co-op was working with. There was a lot of collaboration between the agencies and the Co-op.
- Supervisor Croskey asked if DOR had done any job placement with the county. Aimee Swearngen responded that she had not done any placements with the county previously, and was not aware of anyone recently that was placed with the county; one of the clients attended the county job fair recently. The jobs that come

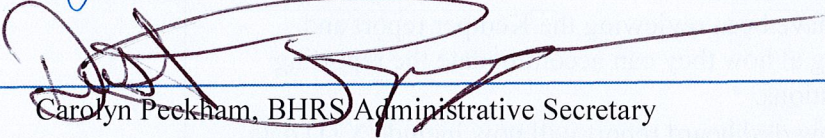


	<p>available within the county tend to be for people that have more skills than most of the people that the DOR currently serves.</p> <ul style="list-style-type: none"> <li>• The DOR also has a sister program that is the same as this one, except they cater solely to the Native American population.</li> </ul>	
<p><b>9.</b> 10 minutes</p>	<p><b>RQMC Report – 1:30 pm</b></p> <ul style="list-style-type: none"> <li>• RQMC is currently in the process of finalizing this year’s contracts.</li> <li>• They have been reviewing the Kemper report and looking at how they can accommodate the reporting suggestions.</li> <li>• The new dashboard report will now include YTD data that was requested.</li> <li>• There has been four times the amount of unduplicated clients that were served over last year’s report.</li> <li>• Chair McGourty stated that the BHAB asked several months ago for a breakdown of the programs and how people are being served. She requested that using the client plan format, list the number of people receiving those services.</li> <li>• Camille Schraeder responded that they cannot provide the individual forms due to privacy, but they should be able to pull a report of the number of people using the services. <ul style="list-style-type: none"> <li>○ They can also run a report on the CANS and ANSA data and this may give a better view of the outcomes that are happening from using the services.</li> </ul> </li> <li>• In terms of outcomes the state is concerned with, there have been great increases.</li> <li>• RQMC would like people to know how many people are being served and that the coast is a focus, because it really needs more services available.</li> <li>• Recidivism rates are not in the dashboard report, but it is 17% on average. The majority of them had two hospitalizations. Camille Schraeder will bring data covering this to the next BHAB meeting. It will show how many hospitalizations have happened.</li> </ul>	<p>Board Action:</p>
<p><b>10.</b> 5 minutes</p>	<p><b>Adjournment</b> Next meeting: October 17, 2018 in Laytonville</p> <ul style="list-style-type: none"> <li>• Meeting adjourned at 2:01 pm</li> </ul>	

**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) 472-2388 at least five days prior to the meeting.

  
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Jan McGourty, BHAB Chair 11-8-18  
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Date

  
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Carolyn Peekham, BHRS Administrative Secretary \_\_\_\_\_  
Date

**BHAB CONTACT INFORMATION: PHONE: (707) 472-2388 FAX: (707) 472-2331**  
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