MENDOCINO COUNTY BEHAVIORAL HEALTH ADVISORY BOARD

REGULAR MEETING

AGENDA

April 15, 2020
1:00 p.m. to 3:00 p.m.

Join Zoom Meeting:
https://mendocinocounty.zoom.us/j/927780587
Meeting ID: 927 780 587

Call in:
+1(669) 900-9128 (San Jose)
+1(346) 248-7799 (Houston)
Meeting ID: 927 780 587

Find your local number:
https://mendocinocounty.zoom.us/u/acQchywdog

Chairperson
Michelle Rich

Vice Chair
Meeka Ferretta

Secretary
Dina Ortiz

Treasurer
Richard Towle

BOS Supervisor
Carre Brown

1ST DISTRICT:	2ND DISTRICT:	3RD DISTRICT:	4TH DISTRICT:	5TH DISTRICT:
DENISE GORNY	DINA ORTIZ	MEEKA FERRETTA	EMILY STRACHAN	MARTIN MARTINEZ
LOIS LOCKART	MICHELLE RICH	AMY BUCKINGHAM	LYNN FINLEY	FLINDA BEHRINGER
RICHARD TOWLE	SERGIO FUENTES	VACANT	VACANT	VACANT

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

Item	Agenda Item / Description	Action
1. **5 minutes**	**Call to Order, Roll Call & Quorum Notice, Approve Agenda:**	Board Action:
2. **5 minutes**	**Minutes of the February 19, 2020 BHAB Regular Meeting:** *Review and possible board action.* **Minutes of the March 6, 2020 BHAB Special Meeting:** *Review and possible board action.*	Board Action:
3. **15 minutes (Maximum)**	**Public Comments:** *Members of the public wishing to make comments to the BHAB will be recognized at this time. Any additional comments will have to be provided through email to bhboard@mendocinocounty.org.*	Board Action:
4. **25 minutes**	**Measure B Discussion and Possible Action:** *Meeka Ferretta* A. Service Gap Analysis	Board Action:

	• Kemper Report • Mild to Moderate • Community Input	
5. **10 minutes**	**Follow Up from Board of Supervisors Meeting:** *Meeka Ferretta* A. RFP for Adult Service Provider B. Data and Trend Analysis from RQMC	Board Action:
6. **15 minutes**	**Mendocino County Report:** *Jenine Miller, BHRS Director* A. Director Report Questions B. COVID-19 Services Update	Board Action:
7. **10 minutes**	**RQMC Report:** A. Data Dashboard Questions B. COVID-19 Services Update	Board Action:
8. **15 Minutes**	**Member Comments:**	Board Action:
9. **20 Minutes**	**Mental Health Services Act (MHSA) Healthy Living Community Innovation Proposal:** *Public Hearing*	Board Action:
10.	**Adjournment:** **Next meeting:** May 20, 2020	

AMERICANS WITH DISABLITIES ACT (ADA) COMPLIANCE

The Mendocino County Behavioral Health Advisory 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 Behavioral Health Administrative Office by calling (707) 472-2355 at least five days prior to the meeting.

BHAB CONTACT INFORMATION: PHONE: (707) 472-2355 FAX: (707) 472-2788
EMAIL THE BOARD: bhboard@mendocinocounty.org **WEBSITE:** www.mendocinocounty.org/bhab

MENDOCINO COUNTY BEHAVIORAL HEALTH ADVISORY BOARD

REGULAR MEETING

MINUTES

February 19, 2020
10:00 a.m. to 2:00 p.m.

Avila Center, Seaside Room
778 S. Franklin St., Fort Bragg

Chairperson
Michelle Rich

Vice Chair
Meeka Ferretta

Secretary
Dina Ortiz

Treasurer
Vacant

BOS Supervisor
Carre Brown

1ST DISTRICT:	2ND DISTRICT:	3RD DISTRICT:	4TH DISTRICT:	5TH DISTRICT:
DENISE GORNY	DINA ORTIZ	MEEKA FERRETTA	EMILY STRACHAN	PATRICK PEKIN
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RICHARD TOWLE	SERGIO FUENTES	VACANT	VACANT	FLINDA BEHRINGER

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

Item	Agenda Item / Description	Action
1. **5 minutes**	**Call to Order, Roll Call & Quorum Notice, Approve Agenda:** • Meeting called to order by Chair Rich at 10:06 AM. • Members Present: Ferretta, Finley, Lockart, Martinez, Pekin, Strachan, and Towle. • Quorom met.	Board Action:
2. **5 minutes**	**Minutes of the January 15, 2020 BHAB Regular Meeting:** *Review and possible board action.* • Minutes approved as written. • Member Martinez expressed he would like to see action items added to the minutes so all follow ups are done.	Board Action: Motion made by Member Strachan, seconded by Member Lockart to approve the January 15, 2020 minutes as written. Motion passed unanimously.
3. **15 minutes (Maximum)**	**Public Comments:** *Members of the public wishing to make comments to the BHAB will be recognized at this time.* A. Josephine Silva commented she would like to see an Ad Hoc Committee for a curriculum for the Behavioral Health Training Center. She would like the curriculum to include information for doctors, health care workers, students, etc. B. Josephine asked the Board if there was any follow up on the SSI legislative proposal. C. Member Strachan commented that it may be something that the	

	Board may want to take to the BOS. D. Debra Lane, Compliance and Safety Officer at Redwood Coast Medical Services in Gualala, commented they are going through a difficult time. Their behavioral health department is struggling with staff, they are trying to recruit a psychiatrist from Santa Rosa for at least 1 day a month. There is currently no behavioral health staff to provide services. Update on the helipad.	
4. **30 minutes**	**Reports:** *Discussion and possible board action.* A. Chair: *(Michelle Rich)* I. Chair Rich commented the Board can start tracking action items as needed. II. Chair Rich would like to start a parking lot list to track action items the Board may want to consider at future meetings. B. Vice Chair: *(Meeka Ferretta)* I. Measure B a. Vice Chair Ferretta was sworn in by Lili Chavoya. b. Vice Chair Ferretta attended the Measure B Committee meeting as part of the audience held on January 22, 2020. c. She also met with the Measure B Ad Hoc Committee for the Behavioral Health Training Center. i. Vice Chair Ferretta reported there is about 3 million dollars in the Measure B Committee account as of right now. ii. The Board of Supervisors (BOS) wants a curriculum for trainings, classes etc. to be offered at the training center. iii. Vice Chair Ferretta suggested the Board make a summary of what trainings are currently facilitated that will be offered at the training center without spending Measure B funds. II. Discussion on repairs needed at the training center. a. The Behavioral Health Training Center Ad Hoc Committee oversees the remodeling of the training center. b. The Ad Hoc Committee is composed of BHRS Director Miller, Vice Chair Ferretta, Tom Allman, and Mark Mertle. This committee is making the decisions on the remodeling process of the training center. Any renovations done to the building should be for the purpose of making it into a training center. c. The Measure B Committee approved $250k for the retro fit of the building. d. There will be a report on Phase 1 of the remodeling plans at the next Measure B meeting. e. There are mental health one time funds that will pay for some of the IT equipment for the training center. III. Member Ferretta commented that it would be a good idea to start bringing Tri folds to Measure B meetings to help the Willits community be informed on how to access mental health services in Mendocino County. Jed Diamond, the new Measure B Chair, wants to make sure the Willits community is informed and wants to make sure they are able to access the information. a. The Measure B Committee is constantly letting people know to direct any questions on mental health to the Behavioral Health Advisory Board.	Board Action: Chair Rich and Vice Chair Ferretta to look into tracking possibilities for action items.

	b. Interviews for a new Measure B Project Manager were held this past Friday, there is an offer going out to one of the candidates. c. There will be one Measure B meeting held in Fort Bragg and Willits later this year, dates have yet to be finalized. IV. Discussion on how Measure B funds need to be spent, and how the Committee is authorized to spend the money. a. Anytime the Measure B Committee comes to an agreement to spend funds, they make a recommendation to the BOS, and the BOS makes the ultimate decision on whether or not to allow the Committee to spend the money. b. There is an Ad Hoc committee to look at a strategic plan for budget purposes in regards to the recommendation from the Kemper Report. The BOS is also wanting a business plan. c. Vice Chair Ferretta stated the board cannot make a business plan without a strategic plan on what needs to be done. d. Nacht & Lewis, the contracted architectural firm are doing a feasibility study to look at the old Howard hospital and Orchard Street to determine costs, and then will issue a recommendation to express their opinion on what should be done. V. BHRS Director Miller commented the County is working to build a Crisis Residential Treatment (CRT) facility on Orchard Street. a. The priority is to have the CRT facility open, licensed, and running by December 2021 since the County needs to meet the deadlines established by the California Health Facilities Financing Authority (CHFFA) in order to not lose the 500k grant money they awarded the County to build this facility. b. It will be a 5 bed facility, but is being built to house 6-8 clients. The County does not want to limit the ability to expand the facility in the future if needed. So they are currently looking to make it a 6-8 bed model but making it to be able to expand up to 10. c. BHRS Director Miller stated that in the monthly auditor report it shows how much is in each category. Public member asked what plans are included in the feasibility study for a Coast facility, who advises the Measure B committee, and how community members from the Coast can advise the Measure B committee. i. Community members need to give their input to their district representative. VI. Discussion on how the BHAB wants to communicate their recommendations to the Measure B Committee. VII. Member Towle commented there should be 5 minutes allotted to Vice Chair Ferretta at the Measure B Committee meetings, to express concerns, give updates, etc. a. BHRS Director Miller explained the Measure B Committee sends a notice to all members prior to the meeting that allows every member to add items to the agenda. They also go around the room at the end of the meetings for anyone that wants to report on something.	Will add to Goals for 2020 discussion.

	C. Secretary: *(Dina Ortiz)* I. Absent from today's meeting. D. Treasurer: *(Vacant)* I. Nominations a. Member Towle was nominated and appointed as Treasurer for the Behavioral Health Advisory Board. II. The board agreed to have a Membership committee discussion. a. Member Strachan shared she received an application for the 3rd District vacant position. Member Strachan interviewed the candidate, and requested for Member Ortiz and Pekin to also interview the candidate. b. Member Pekin reached out to the candidate but has not heard back yet. c. Discussion on adding additional members to the Membership Committee in the future as this will be Member Pekin's last meeting. d. Vice Chair Ferretta spoke to Supervisor Haschak, and he has not yet approved this candidate. e. The next two candidates need to be consumers in order to meet the minimum percentage requirement. III. Discussion on the District Supervisor endorsing candidates who apply to be on the BHAB. The Board needs to contact the District Supervisor with any candidates who are interested in being a part of the Board prior to moving forward with anything else. IV. John Wetzler shared the process he went through a few years back to be appointed to the BHAB. V. Further discussion on process of recruitment and assigning new board members, and BOS endorsement. VI. Member Towle commented he would like for the BHAB members to have at least 3 minutes at each meeting to give a report out as needed. VII. Victor Aparicio, Point Arena High School Campus Security and Native American liaison, shared that the Manchester and Point Arena communities have a lot of mental health issues that arise from drug addiction, alcohol abuse, etc., and they lack the help their community needs. He stated there are no services being offered at the Reservations in that area. He expressed his appreciation for all the work currently being done, but stated his community is in need of a lot more help, and needs to spread the word. VIII. Josephine commented that the Hispanic community is also not represented enough in Mendocino County.	Motion was made by Member Strachan, seconded by Vice Chair Ferretta to appoint Member Towle as the Treasurer for the BHAB. Motion passed unanimously. Added to parking lot list.
5. **15 minutes**	**BHAB Annual Report:** A. Review and Approve I. Members reviewed the 2019 annual report. a. Page numbers and typos on the report need to be corrected, as well as the Fort Bragg flow chart needs to be updated. b. Discussion on the Data Notebook information on the annual report and whether or not to include it. The Board agreed to	Board Action: Dustin Thompson to send Member Strachan the updated Fort Bragg flow chart.

	include it in the annual report. II. Discussion on how the annual report gets presented to the BOS. a. Member Towle asked for Chair Rich to notify the BHAB when they will be presenting the annual report to the BOS. Jan McGourty and Chair Rich will be presenting the report to the BOS. b. As soon as the report is done, it can go on the BOS agenda, it takes approximately 6 weeks for it to be put on the agenda. III. Discussion on the Fort Bragg City Council and Ted William's request for more detailed data for successful outcomes vs. people served. a. Discussion on success data and factors that contribute to how this is measured.	Motion made by Member Towle, seconded by Member Strachan to approve the 2019 BHAB annual report with the noted corrections. Motion passed unanimously.
6. **15 minutes**	**2019/2020 CALBHB/C Invoice:** *(Membership Renewal)* A. Annual membership renewal for the California Association of Local Behavioral Health Boards and Commissions (CALBHB/C) is due; annual membership costs $600. I. Board members agreed to continue the annual membership.	Board Action: Motion made by Member Finley, seconded by Member Strachan to continue the association with CALBHB/C. Motion passed unanimously.
7. **45 minutes**	**Mendocino County Report:** *Jenine Miller, BHRS Director* A. Director Report Questions I. BHRS Director Miller stated changes were made to the Director Report. Board members will continue to receive the report in the agenda packet and are welcome to ask any questions on the information provided. The reports will have a different approach as BHRS and RQMC want to provide more information on current services, what their working on, etc. B. Status Update on Current Projects I. BHRS started intensive outpatient treatment for substance abuse in Ukiah, and plan to open in Fort Bragg in the next 4-6 months. It is the first time in years that Mendocino County has offered intensive outpatient substance abuse treatment. a. This is not part of drug court although clients can be court ordered. Clients can do this outpatient treatment if they do not need residential treatment, but need a higher level of care. b. There is now 2 counselors in Fort Bragg, and BHRS is recruiting for a third position. II. Drug diversion program has now also opened in Fort Bragg. This program used to be only offered in Ukiah and Fort Bragg clients that were court ordered into drug diversion had to drive to Ukiah. III. Mr. Aparicio asked the board how drug diversion works for people in the Coast. He does not think there is any type of SUDT services in the South Coast. There are no other services other than Alcohol Anonymous meetings. a. BHRS Director Miller explained BHRS has been recruiting	Board Action:

	for a substance abuse counselor in the South Coast, but have had no luck. The problem is there are hardly any applicants for substance abuse counselors regardless of location. b. BHRS Director Miller commented BHRS gives MHSA funds to different tribes to focus on mental health and substance use so there should be some type of services being offered. She suggested Mr. Aparicio follow up with her to discuss further as she wants to make sure they have the funds for necessary services. c. Member Pekin mentioned Mendocino County does not have its own long term drug treatment facility and how important it is for there to be one in Mendocino County. The closest ones are in San Francisco and Oakland. IV. BHRS is working on the MHSA 3 year plan, BHRS Director Miller stated it will be a formal RFP process. C. Legislative Updates I. BHRS Director Miller gave an overview of the current legislative bills the California Behavioral Health Director's Association (CBHDA) has been following. • AB 5: impacting County contracts, and impacting the county as a whole as to how they can contract out • AB 2112- Youth suicide prevention, CBHDA supports this bill. • AB 2105 – criminal proceedings competency to stand trial • AB 2018- intensive treatment certification, would be change to requirements in 5150 and 5250 • AB 1976 – Laura's Law participation for every county • SB 855: change on parity – would require more parity in health insurance. D. Prop 56/Whole Person Care I. This is the behavioral health integration incentive grant. II. The Grant is a for a 33 month period beginning 4/1/2020 and ending on December 31 2022. III. The County applied to participate for improved hospital follow up and medication management for beneficiaries for co-occurring diagnosis. IV. Whole person care (WPC) is still going as of right now. WPC is being taken from county structure to a primary care structure, so now it will be part of Partnership Health Plan. As of 12/31/2020 WPC will no longer exist, as there will be a new model to encompass what WPC is. V. Further discussion on the Prop 56 grant and the proposed areas to be funded. VI. All the legislations discussed are pending, they have not been approved. E. Healthier California for All I. The Department of Health Care Services needs to submit a waiver with the federal government to provide certain services to get federal dollars. These are the dollars mental health uses to fund the system. Services provided need to meet specific	BHRS Director Miller to follow up with Mr. Aparicio.

criteria. The waivers for both SUDT and mental health are up in addition to several other waivers.

II. The Mental health waiver encompasses a lot more than just mental health. The waivers are expiring on October 2020. In the past the State just renews these waivers, but this year the waivers will be revamped to try and enhance the Medi-Cal system in California.

III. BHRS Director Miller read off some of the proposed changes and what is being addressed with the new waivers.

IV. Discussion on CalAIM behavioral health stakeholder workgroups that are advocating to see Medi-Cal where it is best.

V. The waiver is not approved yet, once California decides on the waiver proposal, it gets submitted to Center for Medicaid /Medicare Services, and either they accept or it becomes a back and forth conversation. The Department of Health Care Services cannot move forward until the State approves this plan. If needed, the State will extend the current waiver while they negotiate the new waiver.

VI. Enhanced care management: in Lieu of Services discussion.

VII. Discussion on Dual SMP, Medi- Medi services.

VIII. RQMC is Medicare certified and so is RCS so they can take Medi-Medi clients. County requires Medi-Medi for their providers in order to be able to bill Medi-Cal, so the change would make this a requirement.

F. Psychiatric Health Facility (PHF) Education

I. Discussion on community concerns on what recommendations are being made to the Measure B Committee, whether the county needs a PHF, and how to fund these facilities.

II. Stats on Hospital Usage

a. BHRS Director Miller provided crisis stats for Mendocino County for 2018/19 and 2019/20 hospitalizations including: how many people are hospitalized, what hospital the 5150 started at, how many days spent in the hospital on average, and how many beds are needed on average.

- Ukiah Valley Medical Center:

  <u>2018/19:</u>
  Total hospitalized: 408
  Avg./month: 34
  Avg. days patient stayed in hospital: 9.1
  Avg. beds needed per month: 10.3
  <u>2019/20 to date:</u>
  Total hospitalized: 193
  Avg/month: 32
  Avg. days patient stayed in hospital: 7.9
  Avg. beds needed per month: 8.4

- Howard Hospital in Willits:

  <u>2018/19:</u>
  Total hospitalized: 106
  Avg/month: 9
  Avg. days patient stayed in hospital: 6.7
  Avg. beds needed per month: 2

2019/20:
Total hospitalized: 48
Avg/month: 8
Avg. days patient stayed in hospital: 7.7
Avg. beds needed per month: 2

- Coast:

2018/19
Total hospitalized: 116
Avg./month: 9.6
Avg. days patient stayed in hospital: 8.6
Avg. beds needed per month: 2.75
2019/20:
Total hospitalized: 42
Avg./month: 7
Avg. days patient stayed in hospital: 7.9
Avg. beds needed per month: 1.84

- Overall:

2018/19:
Total hospitalized: 630
Avg./month: 52.6
Avg. days patient stayed in hospital: 8.1
Avg. beds needed per month: 15
2019/20:
Total hospitalized: 283
Avg./month: 47
Avg. days patient stayed in hospital: 7.83
Avg. beds needed per month: 12.24

b. These numbers include clients that are not Mendocino County residents.

III. Discussion on what has influenced the decrease in hospitalizations including the Crisis Respite program.

IV. Josephine asked how a regular person can make a recommendation to their State representative. Discussion on public members making recommendations to State representative and referring to BHRS Director Miller to provide the information and guidelines that the State Representative might not have.

G. CRT Vision/Design Team

I. BHRS Director Miller provided a handout with the vision statement the CRT design team came up with for the CRT facility.

a. BHRS Director Miller recently met for 2 full days with the architectural firm and other Mendocino County staff to start developing the CRT project, feasibility costs, etc.

b. At the CHFFA board meeting on January 30th, they accepted a proposal for a new timeline. There are new milestones BHRS needs to meet, otherwise the funds will be lost.

II. CRT vison statement discussion: BHRS Director Miller asked the board for feedback on the vision statement.

a. Discussion on the design of the building to blend into the community, and privacy concerns due to location.

	b. A combination of CHFFA funds and Measure B funds will be used to build this facility. c. The CRT is for patients that are non-acute or that are stepping down from hospitalization. d. It can be Medi-Cal funded as long as no more than 16 beds by a single provider. III. Discussion on St. Helena possibly closing two inpatient units, would impact 21 beds. It is unclear if they will be closing as there have been rumors they might not be closing since it would be a huge loss to all of Northern California. **Adjourned for lunch: 12:35 Reconvened: 1:01**	
	LUNCH BREAK **12:30 to 1:00**	
8. **15 minutes**	**RQMC Report:** A. Data Dashboard Questions I. Dan Anderson from RCS in place of Camille Schraeder today. II. Reviewed data dashboard numbers. a. Clients served numbers are increasing, crisis assessments are steady, and hospitalizations are going down. b. Page 4 of the data dashboard provides financial data and a budget summary. c. Discussion on outcomes of clients that received services i.e. whether or not they got re-hospitalized etc., and what is done to measure outcomes and progress. d. Dan explained one of the measures they use is the Adults Needs and Services Assessment (ANSA) intake which asks the client 50 questions and looks at the entire spectrum in regards to their mental health. This assessment is done at intake and then every six months or at discharge. An outcome score is produced each time, and with this score they are able to measure outcome and needs depending on whether it rises or goes down. i. Dan provided and reviewed a handout of RCS mental health assessment outcomes. ii. About 67 percent of adult clients that had two ANSA assessments are showing progress, meaning their ASAM score has dropped. III. Vice Chair Ferretta expressed her support and appreciation towards RQMC and RCS for all the work they do. IV. BHRS Director Miller mentioned there is always confusion in regards to what population the county serves. It is a small piece of the entire system, since the County only serves those with specialty mental health needs. V. Member Martinez asked what the RQMC vacancy rate is. Dan stated they are fully staffed on medication support services at the moment. VI. Discussion on the California Highway Patrol (CHP) numbers on "Calls from Law Enforcement to Crisis" data on page 4 of the Data Dashboard always being 0 and whether that information is	

	accurate or not. a. Dan shared RCS meets weekly and monthly with jail staff, and the CHP is always there, so they are aware of this information. B. Status Update on Current Projects I. Discussion on the crisis respite program and the effects it has had, and how the County will benefit from a CRT as well. a. The crisis respite program has been running for about a year, have had over 1,000 bed days. This program functions as diversion for patients in the ER room that do not need to be in the hospital, or if they are discharged and don't have a place to go. b. Brief calculation: average of about a day and a half is how much time patients spend in the ER room waiting for placement. c. The respite can house up to six people, and is staffed 24/7. d. RCS is in conversations with the hospitals to expand medical respite. e. RCS does not use hotels for the crisis respite program, but hotel vouchers are used in other programs. II. Discussion on the differences between the respite program and the CRT, and differences of other guest homes.	
9. **60 minutes**	**Duties and Responsibilities:** A. Goals for 2020 I. Due to lack of time, the Board was not able to get to this agenda item. II. Board members agreed to hold a special meeting the first week of March in Willits to review/discuss goals for 2020.	Board Action: Chair Rich and Lili to follow up and coordinate the BHAB Special meeting for the first week of March.
10.	**Adjournment:** 1:57 PM **Next meeting:** March 18, 2020 – Ukiah and Fort Bragg	Motion made by Member Martinez, seconded by Member Strachan to adjourn the meeting. Motion passed unanimously.

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MENDOCINO COUNTY BEHAVIORAL HEALTH ADVISORY BOARD

SPECIAL MEETING

MINUTES

March 6, 2020
1:30 p.m. to 3:30 p.m.

WISC, Atlantic Conference Room,
472 E. Valley Street, Willits

Chairperson
Michelle Rich

Vice Chair
Meeka Ferretta

Secretary
Dina Ortiz

Treasurer
Richard Towle

BOS Supervisor
Carre Brown

1ST DISTRICT:	2ND DISTRICT:	3RD DISTRICT:	4TH DISTRICT:	5TH DISTRICT:
DENISE GORNY	DINA ORTIZ	MEEKA FERRETTA	EMILY STRACHAN	PATRICK PEKIN
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RICHARD TOWLE	SERGIO FUENTES	VACANT	VACANT	FLINDA BEHRINGER

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

Item	Agenda Item / Description	Action
1. **5 minutes**	**Call to Order, Roll Call & Quorum Notice, Approve Agenda:** • Meeting called to order by Chair Rich at 1:36 PM. • Quorum met. • Members present: Behringer, Ferretta, Lockart, Martinez, Strachan, Towle, and Supervisor Brown.	Board Action:
2. **15 minutes (Maximum)**	**Public Comments:** *Members of the public wishing to make comments to the BHAB will be recognized at this time.* A. John Wetzler wants to encourage this Board to look into assertive community treatment and having case workers or LCSW's go out to the community as an expansion/collaboration of the MOPS program. B. Josephine Silva commented she would like this Board to pressure the Measure B Committee to allocate MOPS funds to increase them. She suggested law enforcement could be a part of the MOPS team as well. I. Josephine would like this Board to have a protocol for alternative treatment for various medications. She thinks there should be advocacy for health club memberships, movie tickets, etc. C. Member Behringer went to the Hospitality House a few months ago and spoke to the Director, she was told MOPS program does not serve the city of Fort Bragg but only the outskirts. D. Member Towle commented he would like a general agenda change for future BHAB meetings. He would like an agenda	Board Action:

	item established specifically for every Member to be able to report out. E. Discussion on plans to shorten BHAB meetings by the end of this year.	
3. **90 minutes**	**Duties and Responsibilities:** A. Goals for 2020 I. Each Member shared their 2020 priorities for the BHAB. a. Member Towle wants to have better advocacy. b. Member Strachan would like to be more proactive and understand what is on the BOS agenda for every meeting, and for the Board to advocate for items on the BOS agenda. c. Member Behringer shared she would like more citizen participation on this Board. d. Member Lockart would like more advocacy for law enforcement and legislative issues. e. Supervisor Brown would like to have better reporting to the BOS. i. Discussion on possible workshop with the BOS. II. Josephine commented she would like the Board to advocate for the BOS to take a stand on various kinds of legislations including State, Federal, and County legislations. a. Josephine would like a training on mental health education for the BOS to provide education on the different aspects of mental health. III. John Wetzler would like a Representative on State Mental Health Boards. B. Board and public members participated in an activity to specify and prioritize the goals/actions/activities most important for this year in various areas. I. Submit Annual Report to the BOS and Review/Comment on Data Notebook • Include number of clients served in annual report • County rankings II. Review/Evaluate Community Mental Health Needs, Services, Facilities, and Special Problems: • Schedule and assess site visits • Outreach to public/citizens at meetings • Education involvement so the public understands how the mental health system works • Invite people to give public comments at meetings • Get information from those who work with clients 3x a year. i.e. give a report to the BHAB • Identify gaps and services • Revamp RQMC information i.e. more outcome data • Info graph	Board Action:

III. Review County Agreements Pursuant to WIC 5650
- Review contracts: regular items, changes and updates
- Review deliverables on contracts

IV. Review and Approve Procedures to Ensure Citizen and Professional Involvement in Planning
- Citizen meetings
- Yearly events for feedback from different medical providers
- How to make public comments more effective
- Training on how to do effective public comments

V. Advice the BOS and Mental Health Director:
- Define gaps in communication of care and system
- Tools for better communication
- Make legislative recommendations to the BOS
- Report to the BOS every 3 months
- Access to BHAB meetings
- Joint workshop with the BOS
- Populations specifically served by the County Specialty Mental Health system

VI. Criminal Justice System
- How to support inmate services
- Substance abuse treatment support
- Missing some for this section

C. BHRS Director Miller shared that the Measure B Committee asked this Board for some recommendations. One, they would like to know if there are any Continuum of Care gaps and what potential Measure B funds could be used to serve those gaps. Two, they would like to have a joint meeting with this Board in the future.

D. Supervisor Brown expressed her appreciation towards RQMC and all the amazing things happening right now and the fact that there is no other County doing what we do.
   I. BHRS Director Miller commented on how the County has been praised for the impressive work being done in a rural County.
   II. BHRS Director Miller expressed the misunderstanding there usually is in mental health and the outcomes of it since every individual is different. Mental illness doesn't go away, for some individuals it continues to progress for the rest of their lives so outcome measures vary immensely.

E. Discussion on BHAB reports no longer just including data on numbers but rather more outcomes and services information.
   I. The data the BHAB currently receives is more data than has ever been collected.

F. Discussion on community outreach and members' involvement within their district.

Legislative updates/explanation will be added to the BHRS Director report.

	I. Josephine commented she would like more involvement from the board members to do outreach in the community. G. The BHAB's main goals for 2020 were defined as follows: 1. Review contracts • Contracts over 50,000 only • ASO, provider, MHSA, board and care contracts • Exhibit A and B summary for each contract 2. Change of focus of annual report to tell a story • Info graph, etc. 3. Educational tools for the system • Education on facilities of stigma discrimination 4. Outreach • Goal is to have one meeting this year to engage professionals • Intentional invites for meetings • Members to commit to invite people from their district 5. Legislative Advocacy • Tracking 3-5 bills each year and letting assembly members know if board supports the bill or not • 1 workshop with the BOS. • A joint meeting with Measure B Committee. • A meeting with State Representatives. • Education around parity issues. • Service gaps and working together with the BOS. 6. Measure B Involvement 7. Continue supporting the Stepping Up initiative. H. Discussion on agenda modification for next month. I. Member Towle commented he would like agenda's to include a list of committees and their members. I. BHRS Director Miller announced BHRS and RQMC are scheduled to give a presentation to the BOS on March 24. This presentation is an update on mental health services in the County. J. Discussion on the services the County provides and the major differences between the Mental Health services private insurance companies provide.	The board will follow up on contracts in June. The Executive committee will get together to get a calendar together for how/when all the goals will be accomplished. Add Ad Hoc Committees and Measure B items to next meeting's agenda.
4.	**Adjournment:** 3:24 PM Next meeting: March 18, 2020 – Ukiah and Fort Bragg	Motion made by Member Strachan, seconded by Vice Chair Ferretta to adjourn the meeting.

AMERICANS WITH DISABLITIES ACT (ADA) COMPLIANCE

The Mendocino County Behavioral Health Advisory 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 Behavioral Health Administrative Office by calling (707) 472-2355 at least five days prior to the meeting.

BHAB CONTACT INFORMATION: PHONE: (707) 472-2355 FAX: (707) 472-2788
EMAIL THE BOARD: bhboard@mendocinocounty.org **WEBSITE:** www.mendocinocounty.org/bhab

Behavioral Health Advisory Board Director's Report

April 2020

1. **Board of Supervisors:**
    a. Recently passed items or presentations:
        i. Mental Health:
            1. Approval of Amendment to BOS Agreement No. 19-204 with Davis Guest Home to Provide Residential Care to Mendocino County Lanterman-Petris-Short Clients for the Period of July 1, 2019 Through June 30, 2020
            2. Approval of Retroactive Agreement with Helios Health Care, LLC. to Provide Residential Care to Mendocino County Lanterman-Petris-Short Clients for the Period of December 23, 2019 through June 30, 2020
            3. Approval of Amendment to Agreement No. 19-205, with Psynergy Programs, Inc., to Provide Residential Care to Mendocino County Lanterman-Petris-Short Clients, Effective When Amendment Becomes Fully Executed Through June 30, 2020
        ii. Substance Use Disorders Treatment:
            1. Adoption of Proclamation Recognizing April 2020 as Alcohol Awareness Month in Mendocino County
    b. Future BOS Items or Presentations:
        i. Mental Health
            1. None
        ii. Substance Use Disorder Treatment:
            1. None
2. **Staffing Updates for December:**
    a. New Hires:
    Mental Health: None
    Substance Use Disorders Treatment: Substance Abuse Counselor I x2
    b. Promotions:
    Mental Health: None
    Substance Use Disorders Treatment: Substance Abuse Treatment Supervisor
    c. Departures:

Mental Health: None
Substance Use Disorders Treatment: Substance Abuse Treatment Supervisor, Substance Abuse Counselor I

3. **Audits/Site Reviews:**

    a. Date occurred and report out of findings:
        i. Q3 Monthly Medication Management Review completed
        ii. Yearly Crisis Chart Audit Review completed
    b. Upcoming/Scheduled:
        i. SABG SUDT Site Visit – Scheduled 6/22-6/24/2020
        ii. SUDT internal Chart Audit Review
    c. Site Reviews:
        i. Tapestry Family Services New Location (Ukiah) – Certified in new location: 169 Mason Street Suite 300 Ukiah CA, 95482

4. **Grievances/Appeals:**

    a. MHP Grievances: 3
    b. SUDT Grievances: 1
    c. MHSA Issue Resolutions: 0
    d. Second Opinion: 0
    e. Change of Provider Requests: 3
    f. Provider Appeals: 0
    g. Consumer Appeals: 0

5. **Meetings of Interest:**

    a. MHSA Forum/QIC Meeting: Postponed – TBD – Will be video conference via Zoom.
    b. Round Valley Innovation Stakeholder Meeting – TBD

6. **Grant Opportunities:**

    a. None

7. **Significant Projects/Brief Status:**

    a. Assisted Outpatient Treatment (AOT): AB 1421/Laura's Law
    b. Melinda Driggers, AOT Coordinator, is accepting and triaging referrals:

        i. Referrals to Date: 82
        ii. Did not meet AOT Criteria: 79
        iii. Currently in Investigation/Screening/Referral: 1
        iv. Settlement Agreement/Full AOT: 0
        v. Other (Pending Assessments to file Petition): 2

8. **Educational Opportunities/Information:**

    a. Cultural Diversity Committee Meeting: Postponed – TBD – Will be video conference via Zoom. The meeting will include a mini training on Native American Culture.

9. **Mental Health Services Act (MHSA):**

    a. MHSA Forum/QIC Meeting: Postponed – TBD – Will be video conference via Zoom.

10. **Lanterman Petris Short Conservatorships (LPS):**

    a. Number of individuals on LPS Conservatorships = 58

11. **Substance Use Disorder Treatment Services:**

    a. Number of Substance Use Disorder Treatment Clients Served in February, 2020

        i. Total number of clients served = 76
        ii. Total number of services provided = 368
        iii. Fort Bragg: 12 clients served for a total of 53 services provided
        iv. Ukiah: 57 clients served for a total of 275 services provided
        v. Willits: 7 clients served for a total of 40 services provided

12. **Capital Facility Projects:**

    a. Orchard Project

        i. CHFFA Board Meeting 12/5/19 - Milestone of securing funding met.
        ii. CHFFA Board Meeting 1/30/2020 – New milestones were provided by CHFFA for completion of the Orchard Project

    b. Willow Terrace Project

        i. Vacancies filled through Coordinated Entry process as they come available.
        ii. Some turnover in tenancy.

Mendocino County Behavoiral Health and Recovery Services
Behavioral Health Advisory Board General Ledger
FY 19/20
March 31, 2020

ORG	OBJ	ACCOUNT DESCRIPTION	YR/PER/JNL	EFF DATE	AMOUNT	INVOICE #	CHECK #	VENDOR NAME	COMMENT
MHB	862080	FOOD	2020/03/000758	09/19/2019	81.71		P-Card		COSTCO WHSE#83830.8008/20/
MHB	862080	FOOD	2020/04/000227	10/10/2019	87.97	2018-9-07	4313266	SAFEWAY	2019 JULY
MHB	862080	FOOD	2020/04/000227	10/10/2019	103.75	2019 AUGUST	4313266	SAFEWAY	AUGUST 2019 ACCOUNT NUMBER
MHB	862080	FOOD	2020/04/001087	10/29/2019	69.43		P-Card		COSTCO WHSE#83830.0009/17/
MHB	862080	FOOD	2020/05/000068	11/07/2019	109.79	10122019	4314649	SAFEWAY	ACCOUNT NUMBER 85006
MHB	862080	FOOD	2020/05/000850	11/22/2019	52.32		P-Card		COSTCO WHSE#83830.0010/15/
MHB	862080	FOOD	2020/05/000850	11/22/2019	121.94		P-Card		MARINOS PIZZ83839.9410/15/
MHB	862080	FOOD	2020/06/000856	12/17/2019	54.91		P-Card		COSTCO WHSE#83830.0011/19/
MHB	862080	FOOD	2020/07/000069	01/03/2020	57.77	120719	4317415	SAFEWAY	ACCOUNT NUMBER 85006
MHB	862080	FOOD	2020/07/001166	01/30/2020	120.47	010420	4319151	SAFEWAY	ACCOUNT NUMBER 85006
MHB	862080	FOOD	2020/08/000875	02/27/2020	123.47	008180	4320660	SAFEWAY	ACCOUNT 85006
MHB	862080	FOOD	2020/09/000987	03/26/2020	157.35	008180	4322097	SAFEWAY	ACCOUNT 85006
		FOOD Total			**$1,140.88**				
MHB	862150	MEMBERSHIPS	2020/09/000589	03/19/2020	600.00	004763	4321491	CALBHB/C	2019-20 CALBHB/C MEMBERSHI
		MEMBERSHIPS TOTAL			**$600.00**				
MHB	862170	OFFICE EXPENSE	2020/04/001015	10/31/2019	39.03	1218381	4314268	FISHMAN SUPPLY COMP	15368.17 FY1920
MHB	862170	OFFICE EXPENSE	2020/07/000603	01/15/2020	54.38		P-Card		UKIAH TROPHY83834.4312/19/
MHB	862170	OFFICE EXPENSE	2020/08/000030	02/06/2020	39.03	041396	4,319,359	FISHMAN SUPPLY COMP	
MHB	862170	OFFICE EXPENSE	2020/08/000401	02/13/2020	107.27		P-Card		AMZN Mktp US83838.7401/29/
MHB	862170	OFFICE EXPENSE	2020/08/000401	02/13/2020	14.02		P-Card		AMZN Mktp US83831.1401/30/
		OFFICE EXPENSE Total			**$253.73**				
MHB	862210	RNTS & LEASES BLD GRD							
		RNTS & LEASES BLD GRD Total			**$0.00**				
MHB	862250	TRNSPRTATION & TRAVEL	2020/02/000248	08/08/2019	17.40	7/17/19	4309179	BEHRINGER FLINDA	LOCAL 7/17/19 FY19
MHB	862250	TRNSPRTATION & TRAVEL	2020/02/000248	08/08/2019	71.92	7/3/19	4309514	STRACHAN EMILY	LOCAL 7/3/19 F
MHB	862250	TRNSPRTATION & TRAVEL	2020/02/000248	08/08/2019	21.46	7/17, 7/27/19	4309531	TOWLE RICHARD	LOCAL 7/17, 7/27/19 FY
MHB	862250	TRNSPRTATION & TRAVEL	2020/03/000340	09/12/2019	17.40	8/21/19	4311118	BEHRINGER FLINDA	LOCAL 8/21/19 FY
MHB	862250	TRNSPRTATION & TRAVEL	2020/03/000340	09/12/2019	98.60	8/1-8/21/19	4311410	TOWLE RICHARD	LOCAL 8/1-8/21/19 FY
MHB	862250	TRNSPRTATION & TRAVEL	2020/04/000665	10/18/2019	35.96	8/21/19	4313644	MCGOURTY JAN	LOCAL 8/21/19 FY
MHB	862250	TRNSPRTATION & TRAVEL	2020/04/000665	10/18/2019	22.04	8/21/19	4313777	STRACHAN EMILY	LOCAL 8/21/19 FY1
MHB	862250	TRNSPRTATION & TRAVEL	2020/04/000665	10/18/2019	92.51	9/16-9/25/19	4313787	TOWLE RICHARD	LOCAL 9/16-9/25/19 FY19
MHB	862250	TRNSPRTATION & TRAVEL	2020/05/000391	11/15/2019	86.42	10/01-10/22/19	4315154	TOWLE RICHARD	LOCAL 10/01-10/22/19 FY
MHB	862250	TRNSPRTATION & TRAVEL	2020/06/000491	12/12/2019	81.20	10/16/19	4316467	STRACHAN EMILY	LOCAL 10/16/19 FY
MHB	862250	TRNSPRTATION & TRAVEL	2020/06/000491	12/12/2019	62.64	NOV. 2019	4316481	TOWLE RICHARD	LOCAL NOV. 2019 FY1
MHB	862250	TRNSPRTATION & TRAVEL	2020/06/000026	12/05/2019	92.80	9/18-10/16/19	4315663	BEHRINGER FLINDA	LOCAL 9/18-10/16/19 FY1
MHB	862250	TRNSPRTATION & TRAVEL	2020/07/000626	01/16/2020	17.40	11/20/19	4317965	BEHRINGER FLINDA	LOCAL 11/20/19 FY1
MHB	862250	TRNSPRTATION & TRAVEL	2020/07/000626	01/16/2020	42.92	12/2-12/18/19	4318394	TOWLE RICHARD	LOCAL 12/2-12/18/19 FY1
MHB	862250	TRNSPRTATION & TRAVEL	2020/07/000907	01/24/2020	29.00	10/16/19	4318682	MARTINEZ MARTIN D	LOCAL 10/16/19 FY1
MHB	862250	TRNSPRTATION & TRAVEL	2020/07/001168	01/30/2020	86.08	10/01/19	4319057	MCGOURTY JAN	LOCAL 10/01/19 FY1
MHB	862250	TRNSPRTATION & TRAVEL	2020/07/001168	01/30/2020	32.83	10/07/19	4319057	MCGOURTY JAN	LOCAL 10/07/19 FY1
MHB	862250	TRNSPRTATION & TRAVEL	2020/07/001168	01/30/2020	9.98	10/16/19	4319057	MCGOURTY JAN	LOCAL 10/16/19 FY1
MHB	862250	TRNSPRTATION & TRAVEL	2020/07/001168	01/30/2020	78.30	11/25/19	4319057	MCGOURTY JAN	LOCAL 11/25/19 FY19
MHB	862250	TRNSPRTATION & TRAVEL	2020/07/001168	01/30/2020	86.08	86.08	4319057	MCGOURTY JAN	LOCAL
MHB	862250	TRNSPRTATION & TRAVEL	2020/07/001168	01/30/2020	36.31	12/18/19	4319057	MCGOURTY JAN	LOCAL 12/18/19 FY1
MHB	862250	TRNSPRTATION & TRAVEL	2020/08/000820	02/27/2020	74.24	11/14/19	4320687	STRACHAN EMILY	LOCAL 11/14/19 FY
MHB	862250	TRNSPRTATION & TRAVEL	2020/09/000130	03/05/2020	69.00	2/19/20	4320911	MARTINEZ MARTIN D	LOCAL 2/19/20 F
MHB	862250	TRNSPRTATION & TRAVEL	2020/09/000952	03/26/2020	54.05	03/06/20	4321849	BEHRINGER FLINDA	LOCAL 03/06/20 FY1
MHB	862250	TRNSPRTATION & TRAVEL	2020/09/000952	03/26/2020	89.70	2/5-2/19/20	4322140	TOWLE RICHARD	LOCAL 2/5-2/19/20 FY1
		TRNSPRTATION & TRAVEL Total			**$1,406.24**				
MHB	862253	TRAVEL & TRSP OUT OF COUNTY	2020/04/000665	10/18/2019	1,872.93	8/25-8/28/19	4313644	MCGOURTY JAN	SEATTLE 8/25-8/28/19 FY
MHB	862253	TRAVEL & TRSP OUT OF COUNTY	2020/07/001168	01/30/2020	180.41	12/05/19	4319057	MCGOURTY JAN	SACRAMENTO 12/05/19
		TRAVEL & TRSP OUT OF COUNTY Total			**$2,053.34**				
		Grand Total			**$5,454.19**				

Summary of Budget for FY 19/20

OBJ	ACCOUNT DESCRIPTION	Budget Amount	YTD Exp	Remaining Budget
862080	Food	1,800.00	1,140.88	659.12
862150	Memberships	600.00	600.00	0.00
862170	Office Expense	500.00	253.73	246.27
862210	Rents & Leases Bld	30.00	0.00	30.00
862250	In County Travel	5,800.00	1,406.24	4,393.76
862253	Out of County Travel	2,770.00	2,053.34	716.66
	Total Budget	$11,500.00	$5,454.19	$6,045.81

Behavioral Health Recovery Services
Mental Health FY 2019-2020 Budget Summary
Year to Date as of **March 31, 2020**

			EXPENDITURES						REVENUE					
	Program	FY 19/20 Approved Budget	Salaries & Benefits	Services & Supplies	Other Charges	Fixed Assets	Operating Transfers	Total Expenditures	2011 Realign	1991 Realign	Medi-Cal FFP	Other	Total Revenue	Total Net Cost
1	Mental Health (Overhead)	**(5,833,895)**	26,959	306,992	11,198,693		38,881	**11,571,524**	2,132,237	2,097,220	3,421,359	(18,326)	**7,632,490**	**3,939,034**
2	Administration	**1,448,778**	578,659	168,918			(35,850)	**711,727**				31,254	**31,254**	**680,472**
3	CalWorks	**98,355**	72,793	5,632				**78,425**				115,310	**115,310**	**(36,885)**
4	Mobile Outreach Program	**384,126**	121,789	48,776			(4,581)	**165,984**	(49,547)			29,104	**(20,443)**	**186,427**
5	Adult Services	**764,577**	472,264	47,348	81,388		(120,987)	**480,013**				104,615	**104,615**	**375,398**
6	Path Grant	**19,500**		10,078				**10,078**	14,721				**14,721**	**(4,643)**
7	SAMHSA Grant	**180,000**		91,694				**91,694**	62,751			0	**62,751**	**28,943**
8	Mental Health Board	**11,500**		5,454				**5,454**					**0**	**5,454**
9	Business Services	**624,295**	376,995	18,731				**395,726**				65,981	**65,981**	**329,744**
11	AB109	**135,197**	83,635	10,642				**94,277**	62,684				**62,684**	**31,593**
12	Conservatorship	**2,456,866**	36,947	123,982	1,975,738			**2,136,667**				70,464	**70,464**	**2,066,203**
13	No Place Like Home Grant	**0**						**0**				56,913	**56,913**	**(56,913)**
14	QA/QI	**450,568**	267,480	47,161				**314,641**				480	**480**	**314,161**
a	**Total YTD Expenditures & Revenue**		2,037,522	885,408	13,255,818	0	(122,537)	**16,056,211**	2,222,845	2,097,220	3,421,359	455,796	**8,197,220**	**7,858,991**
b	**FY 2019-2020 Adjusted Budget**	**739,867**	3,428,458	1,614,189	18,643,357	0	40,045	**23,726,049**	6,178,965	4,180,046	10,300,498	3,754,322	**24,413,831**	**(687,782)**
c	**Variance**		1,390,936	728,781	5,387,539	0	162,582	**7,669,838**	3,956,120	2,082,826	6,879,139	3,298,526	**16,216,611**	**(8,546,773)**

Behavorial Health Recovery Services
Mental Health Services Act (MHSA) FY 2019-2020 Budget Summary
Year to Date as of March 31, 2020

Program	FY 19/20 Approved Budget	Salaries & Benefits	Services & Supplies	Other Charges	Fixed Assets	Operating Transfers	Total Expenditures	Revenue Prop 63	Other-Revenue	Total Net Cost
Community Services & Support	508,437	225,893	59,551	634,015	28,400	(29,043)	**918,818**	**1,740,068**	**76,109**	**842,709**
Prevention & Early Intervention	787,607	25,466	305,386	70,202			**401,054**	**435,017**	**11,570**	**389,484**
Innovation	1,232,820		58,362				**58,362**	**114,478**		**58,362**
Workforce Education & Training	160,000		88,983				**88,983**			**88,983**
Capital Facilities & Tech Needs	407,925		226,317				**226,317**			**226,317**
Total YTD Expenditures & Revenue		251,359	738,600	704,217	28,400	(29,043)	**1,693,533**	**2,289,563**	**87,679**	**1,605,855**
FY 2019-2020 Approved Budget	3,096,789	337,730	7,066,811	0	137,000	392,080	**7,933,621**	**4,836,832**	**4,836,832**	**3,096,789**
Variance		86,371	6,328,211	(704,217)	108,600	421,123	**6,240,088**	**2,547,269**	**4,749,153**	**1,490,934**

Prudent Reserve Balance **1,894,618**

WIC Section 5847 (a)(7) - Establishment & mantenance of a prudent reserve to ensure the county continues to be able to serve during years in which revenues for the Mental Health Services Fund are below recent averages adjusted by changes in the state population and the California Consumer Price Index.

Behavioral Health Recovery Services
SUDT FY 2019-2020 Budget Summary
Year to Date as of **March 31, 2020**

			EXPENDITURES						REVENUE					
	Program	FY 19/20 Approved Budget	Salaries & Benefits	Services and Supplies	Other Charges	Fixed Assets	Operating Transfers	Total Expenditures	SAPT Block Grant and FDMC	2011 Realign	Medi-Cal FFP	Other	Total Revenue	Total Net Cost
1	SUDT Overhead	**0**	6,328	(58)			(6,328)	**(58)**	(118,114)			21,646	**(96,468)**	**96,410**
2	County Wide Services	**140,925**		13,977				**13,977**					**0**	**13,977**
3	Drug Court Services	**(1)**	93,621	40,518			(4,043)	**130,096**		80,531			**80,531**	**49,565**
4	Ukiah Adult Treatment Services	**(101)**	343,510	115,137			(96,985)	**361,661**		17,113	5,895	15,943	**38,952**	**322,709**
5	Women In Need of Drug Free Opportunties	**1**	71,001	24,783			(12,856)	**82,929**		55,739			**55,739**	**27,190**
6	Family Drug Court	**0**	160,464	8,100			(83,832)	**84,731**					**0**	**84,731**
8	Friday Night Live	**0**		4,343				**4,343**					**0**	**4,343**
9	Willits Adult Services	**0**	77,887	10,482			(41,345)	**47,025**					**0**	**47,025**
10	Fort Bragg Adult Services	**25,001**	221,903	58,463			(49,036)	**231,330**				4,349	**4,349**	**226,981**
11	Administration	**92,251**	306,150	201,083			(14,629)	**492,603**				17,035	**17,035**	**475,569**
12	Adolescent Services	**1**	106,532	4,358				**110,891**				4,166	**4,166**	**106,725**
13	Prevention Services	**0**	85,824	36,329			(3,397)	**118,756**				11,609	**11,609**	**107,147**
a	**Total YTD Expenditures & Revenue**		1,466,892	517,572	0	0	(306,122)	**1,678,284**	(118,114)	153,384	5,895	74,748	**115,913**	**1,562,371**
b	**FY 2019-2020 Budget**	**258,077**	2,855,889	780,132	70,000	0	(814,850)	**2,891,171**	1,101,794	647,920	50,000	833,380	**2,633,094**	**258,077**
c	**Variance**		1,388,997	262,560	70,000	0	(508,728)	**1,212,829**	1,219,908	494,536	44,105	758,632	**2,517,181**	

QI Work Plan - 3.D

Report - Appeals, Grievances, Change of Provider - February 2020

Provider Appeal (45 days)

Receipt Date	Provider Name	Reason	Results	Date Completed	Date Letter sent to Provider
Total	0				

Client Appeal (45 days)

Receipt Date	Provider Name	Reason	Results	Date Completed	Date Letter sent to Client
Total	0				

Issue Resolutions (60 Days)

Receipt Date	Provider Name	Reason	Results	Date Completed	Date Letter sent to Provider
Total	0				

SUDT Grievance (60 Days)

Receipt Date	Provider Name	Reason	Results	Date Completed	Date Letter sent to Provider
2/6/2020	BHRS SUDT	Client reported concern over Counselor disclosing personal information	Report conducted internally, Staff spoken to and re-trained.	Ongoing	
Total	1				

Client Grievance (60 Days)

Receipt Date	Provider	Reason	Results	Date Completed	Date Letter sent to Client
2/3/2020	Hospitality House	Beneficiary states that the Facility serves too much low nutrition food. Second grievance regarding the quality of the food offered at Hospitality House.	Referred grievance to Hospitality House as the facility is not a Specialty Mental Health facility. They did explain that they attempt to provide balanced meals that include fruits, oatmeal, and dry cereal without sugars as their budget allowed.	4/3/2020	4/3/2020
2/6/2020	RQMC Meds Management	Beneficiary submitted grievance via phone. They stated that Dr. Goodwin had stopped their medications without an explanation.	Grievance related to Doctor requesting Tox screen on new client - after explaining the drug interaction concerns client consented to toxacology screen.	4/6/2020	3/4/2020
2/27/2020	Local School	Grievance filed by principal of local school (non beneficiary) regarding the steps taken by a crisis worker on behalf of a student she had taken to the ER. She stated that she felt the crisis worker did not given adequate counseling and disregarded some of the student's statements about their situation.	Some statements in the attached grievance letter bring up questions as to the student's safety with the grandparents, as the reporting party did not list the student's name unable to look them up in exym. Referred to Child Protective Services.	4/27/2020	N/A
Total	3				

Client Request for Change of Provider (10 Business Days)

Receipt Date	Provider	Reason	Results	Date Completed	Date Letter sent to Client
2/18/2020	RCS (Stepping Stones)	Beneficiary requesting a new case manager.	Received notification from RQMC that the beneficiary had successfully had services switched to Manzanita and other services switched to Ukiah.	1/14/2020	2/20/2020
2/18/2020	Manzanita	Beneficiary requesting change of services to Stepping Stones looking for employment opportunities.	TC to Manzanita to inquire about progress of transfer, informed they could not start it until the beneficiary competed an ROI.	2/26/2020	2/19/2020
2/28/2020	Stepping Stones	Beneficiary stated that current provider not meeting their requirements and would like to see Manzanita Services.	Beneficiary discharged from previous provider and services opened at new provider.	1/21/2020	3/11/2020
Total	3				

0 Provider Appeals
0 Client Appeals
0 Issue Resolutions (Completed)
0 SUDT Grievances (Completed)
3 Grievance (Completed)
3 Request for Change of Provider (Completed)

Specialty Mental Health Services provided during COVID-19

Program	Contact Information	Location	Age Served	Service Being Provided	Accessibility Options

Behavioral Health and Recovery Services – Mental Health Services	• Assisted Outpatient Treatment: 707-472-2322
	• Patient's Rights Advocate: 707-463-4614
	• Mobile Outreach and Prevention Services
	  ○ North County Response: 707-513-8004
	  ○ South Coast Response: 707-671-3034
	  ○ Anderson Valley & Surrounding Areas: 707-234-9696
	• Probation MH Services: 707-234-6902
	• LPS Placement: 707-472-2367
		Throughout Mendocino County	18+	• Assisted Outpatient Treatment
				• Mobile Outreach and Prevention Services
				• Patient Rights Advocate
				• Probation Counseling
				• LPS Conservatorships
					Telephone
					Telehealth
					Limited Face-to-Face

Mendocino County Hospitality Center	(707) 961-0172	Coastal Area	18+	• Case Management • Rehabilitation • Behavioral Health Court • Psychiatric Referrals • Whole Person Care	Telephone Telehealth Limited Face-to-Face

Program	Contact Information	Location	Age Served	Service Being Provided	Accessibility Options
Redwood Community Crisis Services	Crisis Line: (855) 838-0404 Ukiah: (707) 467-9065 Fort Bragg: (707) 961-0308	Throughout Mendocino County	All Ages	• Crisis Intervention Services • Inpatient Psychiatric referrals and aftercare • Psychiatric Referrals	Telephone Limited Face-to-Face
Redwood Quality Management Company	(707) 472-0350	Ukiah / Coastal	All Ages	• Case Management • Medication Management • Whole Person Care	Telephone Telehealth Limited Face-to-Face
Tapestry Family Services	(707) 463-3300	Ukiah, Willits, and North County	0-24	• Case Management • Katie A Services • Rehabilitation • Behavioral Health Court • Parent Child Interaction Therapy • Psychiatric Referrals • Therapeutic Behavioral Services • Therapy	Telephone Telehealth Limited Face-to-Face

Program	Contact Information	Location	Age Served	Service Being Provided	Accessibility Options
Redwood Community Crisis Services	Crisis Line: (855) 838-0404 Ukiah: (707) 467-9065 Fort Bragg: (707) 961-0308	Throughout Mendocino County	All Ages	• Crisis Intervention Services • Inpatient Psychiatric referrals and aftercare • Psychiatric Referrals	Telephone Limited Face-to-Face
Redwood Quality Management Company	(707) 472-0350	Ukiah / Coastal	All Ages	• Case Management • Medication Management • Whole Person Care	Telephone Telehealth Limited Face-to-Face
Tapestry Family Services	(707) 463-3300	Ukiah, Willits, and North County	0-24	• Case Management • Katie A Services • Rehabilitation • Behavioral Health Court • Parent Child Interaction Therapy • Psychiatric Referrals • Therapeutic Behavioral Services • Therapy	Telephone Telehealth Limited Face-to-Face

Substance Use Disorders Treatment Services provided during COVID-19

Program	Contact Information	Location	Age Served	Service Being Provided	Accessibility Options
Behavioral Health and Recovery Services – Substance Use Disorders Treatment	(707) 472-2637	Ukiah	All Ages	• Individuals • Crisis Counseling • Drug Testing	Telephone Telehealth Limited Face-to-Face
Behavioral Health and Recovery Services – Substance Use Disorders Treatment	(707) 961-2665	Fort Bragg	All Ages	• Individuals • Crisis Counseling • Drug Testing	Telephone Telehealth Limited Face-to-Face

INNOVATIVE PROJECT PLAN:
HEALTHY LIVING COMMUNITY

COMPLETE APPLICATION CHECKLIST
Innovation (INN) Project Application Packets submitted for approval by the MHSOAC should include the following prior to being scheduled before the Commission:
☒ Final INN Project Plan with any relevant supplemental documents and examples: program flow-chart or logic model. Budget should be consistent with what has (or will be) presented to Board of Supervisors. *(Refer to CCR Title9, Sections 3910-3935 for Innovation Regulations and Requirements)*
☒ Local Mental Health Board approval Approval Date: 7/17/19
☒ Completed 30 day public comment period Comment Period: 7/18 - 8/21/19
☒ BOS approval date Approval Date 11/5/19 If County has not presented before BOS, please indicate date when presentation to BOS will be scheduled: _____ *Note: For those Counties that require INN approval from MHSOAC prior to their county's BOS approval, the MHSOAC may issue contingency approvals for INN projects pending BOS approval on a case-by-case basis.*
Desired Presentation Date for Commission: May 28, 2020_____ ***Note: Date requested above is not guaranteed until MHSOAC staff verifies all requirements have been met.***

Mental Health Services
Oversight & Accountability Commission

County Name: Mendocino County

Date submitted: October, 2019

Project Title: Healthy Living Community

Total amount requested: $**1,230,000**

Duration of project: Five (5) years

Purpose of Document: The purpose of this template is to assist County staff in preparing materials that will introduce the purpose, need, design, implementation plan, evaluation plan, and sustainability plan of an Innovation Project proposal to key stakeholders. *This document is a technical assistance tool that is recommended, not required.*

Innovation Project Defined: As stated in California Code of Regulations, Title 9, Section 3200.184, an Innovation project is defined as a project that "the County designs and implements for a defined time period and evaluates to develop new best practices in mental health services and supports". As such, an Innovation project should provide new knowledge to inform current and future mental health practices and approaches, and not merely replicate the practices/approaches of another community.

Section 1: Innovations Regulations Requirement Categories

CHOOSE A GENERAL REQUIREMENT:

An Innovative Project must be defined by one of the following general criteria. The proposed project:

- ☐ Introduces a new practice or approach to the overall mental health system, including, but not limited to, prevention and early intervention
- ☒ **Makes a change to an existing practice in the field of mental health, including but not limited to, application to a different population**
- ☐ Applies a promising community driven practice or approach that has been successful in a non-mental health context or setting to the mental health system
- ☒ **Supports participation in a housing program designed to stabilize a person's living situation while also providing supportive services onsite**

CHOOSE A PRIMARY PURPOSE:

An Innovative Project must have a primary purpose that is developed and evaluated in relation to the chosen general requirement. The proposed project:

- ☐ Increases access to mental health services to underserved groups
- ☒ **Increases the quality of mental health services, including measured outcomes**
- ☐ Promotes interagency and community collaboration related to Mental Health Services or supports or outcomes
- ☒ **Increases access to mental health services, including but not limited to, services provided through permanent supportive housing**

Section 2: Project Overview

PRIMARY PROBLEM

What primary problem or challenge are you trying to address? Please provide a brief narrative summary of the challenge or problem that you have identified and why it is important to solve for your community. Describe what led to the development of the idea for your INN project and the reasons that you have prioritized this project over alternative challenges identified in your county.

Mendocino County has limited housing and high levels of homelessness per capita. Lack of appropriate housing creates additional obstacles for those with serious mental illness as the prioritization for shelter and basic needs often outweighs the needs of connecting with mental health services and developing social support networks. Due to complex and co-occurring needs, housing is often prioritized over mental health services and the development of social support networks within the community which can lead to utilization of high level services, such as crisis contact and acute psychiatric hospitalization. The Supported Full Service Partnership Housing Unit was designed to address the housing needs of people who were homeless or at risk of homelessness who were also navigating a serious mental illness.

Some early residents of the Supported FSP Housing Unit had never previously been housed as adults. As such, many skills surrounding housing, home care, self-hygiene, and other life skills that many people take for granted were underdeveloped in the residents of the Supported FSP Housing Unit. A need for life skills training such as cooking, cleaning, and the development of social networks was identified early by Mendocino County Stakeholders.

Another concern identified by stakeholders and providers with regard to the Supported FSP Housing Unit is the tendency of individuals who had experienced inadequate housing to show a strong reluctance towards leaving the place where they sleep. In Mendocino County, one strategy employed

by homeless individuals is to settle into an area and only leave that spot if they are taking all of their belongings with them. This is due to the high possibility that their necessary belongings, such as blankets, clothes, and backpacks will be stolen or vandalized if they are not present to guard their belongings. This habit, while not necessary for security within an apartment, is a difficult habit to break due to the high stakes of losing access to crucial survival gear. As such, many residents are very reluctant to leave their dwellings regardless of how necessary it might be to accomplish what might seem like relatively small tasks such as going to the grocery store.

Because the Supported FSP Housing Unit prioritized individuals who had recently been stepped down from higher levels of care and had previously been homeless or at risk of homelessness, the residents of the Supported FSP Housing Unit have an additional barrier to building and sustaining a community. Wellness center services would normally be used to reduce crisis contact and establish maintenance level services for individuals who were recently stepped down from higher levels of care. Because wellness centers are typically places a client goes to, separate from their home, it doesn't afford an opportunity to build community with neighbors. With the Supported FSP Housing Unit, there are many residents who are reluctant to leave their homes, have a strong feeling of isolation, and need wellness style services all living in a single housing unit.

Stakeholders have frequently requested MHSA look into resources to help support mental health clients with strategies for finding roommates, friends, and other social supports outside of a service provider relationship. Similarly, stakeholders have stated there is also a gap in services to help recipients build social skills such as peer advocacy and peer relationships outside of provider settings.

The need to develop social skills and life skills, combined with the reluctance of residents to leave their homes to receive maintenance level services adds up to a need within our community that is not currently met. Because the Supported FSP Housing Unit residents are unable or incapable of leaving their residential setting to receive services, the only way to deliver services is to take the wellness center style services and provide them in a residential setting.

PROPOSED PROJECT

Describe the INN Project you are proposing. Include sufficient details that ensures the identified problem and potential solutions are clear. In this section, you may wish to identify how you plan to implement the project, the relevant participants/roles within the project, what participants will typically experience, and any other key activities associated with development and implementation.

A) Provide a brief narrative overview description of the proposed project.

The Healthy Living Community hopes to reduce utilization of high level services, such as crisis contact and acute psychiatric hospitalization, by adapting peer based wellness center concepts to a homebased environment. The Healthy Living Community will engage individuals with chronic specialty mental health conditions who were homeless or at risk of homelessness in services. By increasing social networks and support, we hope to

decrease feelings of isolation within our Healthy Living Community and foster a sense of community and belonging. Through an increased sense of community and social networks, we aim to reduce inpatient psychiatric hospitalization, crisis contacts, utilization of residential care, and reduce severity of mental health symptoms. Healthy social participation should increase involvement in services, improve senses of overall health, and facilitate the development of lasting support networks.

The project is designed for adults with serious mental illness, recently stepped down from, or at risk for, higher levels of institutional care, such as LPS conservatorship, hospitalization, incarceration, and/or homelessness who are living in a Full Service Partnership Supported Housing Program.

Initially staff and a peer advocates will develop weekend social activities, such as "coffee and news," and other activities for residents to engage in. The activities will be developed around a number of social and health related topics. The expectation is that ultimately the residents will participate in the development of the schedule of a week's worth of activities (up to six days a week) and special outings.

The groups and activities will initially be led by the staff and consultants. Ultimately, we propose to support interested consumers to develop skills and receive coaching from peer advocates to develop and lead activities themselves. The Healthy Living Community Project fosters the principles of recovery by allowing residents to self-direct activities, empowering the residents with choices, and centering the idea of whole person wellness. By focusing on social skills and peer relationships, the Healthy Living Community Project will help residents refine the tools they need to rebuild their lives.

B) Identify which of the three project general requirements specified above [per CCR, Title 9, Sect. 3910(a)] the project will implement.

The Healthy Living Community will build on existing service modalities, such as wellness center and peer driven models, and adapt them to a home based environment to foster social supports, whole person wellness, and engagement in meaningful life activities. By reducing barriers to participation in wellness center services, residents of the Supported FSP Housing Unit will engage in activities more regularly. More engagement should translate to stronger peer and social network development, reducing feelings isolation and increasing wellness. By bringing wellness center style services to a home based environment, we expect greater engagement with the maintenance level services necessary for recovery. With increased access to services, we anticipate a reduction in symptoms and risk of severe mental illness. By monitoring FSP outcomes the Healthy Living Community Project will be able to assess the quality of care and determine if home based services yields increased participation and overall wellness.

C) Briefly explain how you have determined that your selected approach is appropriate. For example, if you intend to apply an approach from outside

the mental health field, briefly describe how the practice has been historically applied.

Individuals with chronic specialty mental health conditions who are also homeless or at risk of homelessness, have additional barriers to receive services, such as lack of transportation and complex health care needs. The Healthy Living Community brings wellness center style services to a home environment, minimizing some obstacles to engaging in services. While speaking with residents of the Supported FSP Housing Unit, they have spoken about the isolation of not knowing anyone within their immediate community, a habit from homelessness, and not having a vehicle to increase their social activities. Residents who do utilize wellness centers stated that reaching the centers can be difficult, especially when weather is extreme, such as the heat in summer and rain during the winter. When speaking with providers, they have also mentioned that isolation at the Supported FSP Housing Unit is a huge problem because many of the residents do not trust their neighbors, a behavior common in the homeless population. The Healthy Living Community would give many residents a safe environment to interact with their neighbors while engaging in social activities, such as movie night, gardening, trips to the farmer's market, etc., that will decrease their feelings of isolation and increase their sense of community.

D) Estimate the number of individuals expected to be served annually and how you arrived at this number.

The Healthy Living Community will aim to serve 37-50 individuals per year. We plan to base the services at a newly constructed, recently populated supported housing location, using the community room/kitchen as a gathering place. There are 37 living units, some accommodating more than one occupant. It is likely that most residents will decide to participate, either regularly or occasionally. In addition, the groups will be expanded to allow other individuals with Serious Mental Illness (SMI) to participate and develop peer based skills.

E) Describe the population to be served, including relevant demographic information (age, gender identity, race, ethnicity, sexual orientation, and/or language used to communicate).

The Healthy Living Community will serve Mendocino County adult specialty mental health recipients, in particular those with histories of chronic homelessness or being inappropriately housed, those stepping down from higher levels of care such as LPS conservatorships. These are the most isolated and least likely to engage in wellness and prevention activities of the Full Service Partners. The Healthy Living Community at the Supported FSP Housing Unit consists of mixed genders, mixed ages, and mixed race (63% Male, 37% Female; 13% TAY, 79% Adult, 8% Older Adult).

RESEARCH ON INN COMPONENT

A) What are you proposing that distinguishes your project from similar projects that other counties and/or providers have already tested or implemented?

This project is distinguished from other projects in that it advances social rehabilitative wellness models and peer based models. The Healthy Living Community will test strategies that further peer based social development beyond engagement of social activities in service venues and move social supports toward independent development of lasting friendships and relationships. By bringing strategies into the home setting, we expect to increase utilization of social supports, decreasing negative outcomes of serious mental illness, and increasing social supports beyond service venues.

B) Describe the efforts made to investigate existing models or approaches close to what you're proposing. Have you identified gaps in the literature or existing practice that your project would seek to address? Please provide citations and links to where you have gathered this information.

Even in situations with assisted living projects, the majority of social supports created for an individual at risk of homelessness, tend to be providers (O'Connell et al., 2017). Increasing peer supports can increase access to recovery-oriented services, suggesting that the more peer interaction, the higher the utilization of wellness services (Myrick and Vecchio, 2016). While peer support is shown to have benefits with regards to mental health, these relationships can take up to a year or more to form in a meaningful way (McCorkle et al., 2008). With peer support being shown to have benefits and timeframes of up to a year to build social supports, it is clear that fostering whole person wellness requires more than just a few volunteer meetings to "jump start" friendships and peer support.

Access to social supports has been identified as a need among individuals recently housed at the Supported FSP Housing Unit. Residents have stated that they are lonely, isolated, and bored, and many have habits of isolation stemming from homelessness. One major barrier between residents and access to peer support is transportation. Bringing the wellness center style services to a home based environment will eliminate the major barrier of transportation and give residents a low risk opportunity to participate. They can see the services being provided before participating, if need be.

The Healthy Living Community will also foster peer social networks and potentially organic friendships by providing useful activities the residents are both in need of and have indicated they are excited to engage in. By bringing activities and services the residents are excited to participate in, the Healthy Living Community intends to engage more individuals increasing the opportunities for community development to become peer driven within the Supported FSP Housing Unit. By developing a five year project, the Healthy Living Community will have enough time to be a stabilizing feature among the residents of the Supported FSP Housing Unit, providing a reliable social activity

residents can count on, and if successful, sustain. The County hopes to use the successes of the Healthy Living Community in other Supported Housing units not yet built.

O'Connell, M. J., Kasprow, W.J., Rosenheck, R. A., (2017). Impact of Supported Housing on Social Relationships Amon Homeless Veterans. *Psychiatric Services* Vol. 68, No. 2. 203-206

Myrick, K., Vecchio, P.d., (2016). Peer Support Services in the Behavioral Healthcare Workforce: State of the Field. *Psychiatric Rehabilitation J.* Vol. 39, No. 3, 197-203

McCorkle, B. H., Rogers, E. S., Dunn E. C., Lyass, A., Wan, Y. M., (2008). Increasing Social Support for Individuals with Serious Mental Illness: Evaluating the Compeer Model of Intentional Friendship. *Community Ment Health J*. Vol. 44, No. 5, 359-366

LEARNING GOALS/PROJECT AIMS

The broad objective of the Innovative Component of the MHSA is to incentivize learning that contributes to the expansion of effective practices in the mental health system. Describe your learning goals/specific aims and how you hope to contribute to the expansion of effective practices.

A) What is it that you want to learn or better understand over the course of the INN Project, and why have you prioritized these goals?

Mendocino County has identified three specific learning goals for The Healthy Living Community project:

1) Does providing whole person wellness activities in a home based environment increase consumer utilization of services?
2) Does providing in-home whole person wellness activities can decrease negative impacts of SMI?
3) Do home based whole person wellness activities improve social supports beyond "provider" relationships for specialty mental health clients?

The Healthy Living Community has prioritized these goals because consumer feedback has identified ongoing social supports as a gap in the services provided to those receiving mental health treatment and at risk of homelessness. Social supports are an organic outcome of engagement in the community and wellness center style services. Providing prevention and health maintenance services to a population who have experienced homelessness or are at risk of homelessness and have little or no access to transportation traps people in a cycle of utilizing high level/crisis level services because they are unable to access the services of a wellness center due to their lack of transportation. By brining whole person wellness activities to a group who have a history of homelessness could be the difference between long term housing and an endless cycle of high level care followed by terms of homelessness. The Healthy Living Community Project aims to reduce the cycle and teach residents of the Supported FSP Housing Unit how to have and keep a home while providing an opportunity to turn an apartment building into a community.

B) How do your learning goals relate to the key elements/approaches that are new, changed or adapted in your project?

The learning goals for The Healthy Living Community Project are integral to the adaptations of services that make this project innovative. In our community we have a need to decrease homelessness within the community of people utilizing mental health services. Within our population there tends to be a correlation between homelessness and a high utilization of high level services and complex needs. The homeless community typically has difficulty engaging in non-crisis level services due to a lack of transportation among other factors. The Healthy Living Community Project will bring wellness center style activities to a Supported FSP Housing Unit. This greatly reduces the barrier to engagement due to lack of transportation, unfamiliarity with the area/providers, and weather. By focusing on peer driven and chosen activities, more residents should engage in the activities that will in turn reduce utilization of crisis level services.

Learning goal number one is to determine if residents will engage in activities and wellness activities if the barriers associated with location are removed. The Healthy Living Community Project intends to provide services and social activities at the community room within the Supported FSP Housing Unit living facility.

Learning goal number two is to determine if providing whole person wellness activities reduces negative impacts of SMI. The Healthy Living Community intends to offer wellness activities with opportunities for growing social support networks and developing healthy habits in a home based setting. By putting these activities closer to home, we hope to increase engagement and hopefully decrease the negative impacts of SMI such as incarceration, conservatorship, broken relationships/isolation, substance use, and hospitalization.

Learning goal number three is to determine if home based wellness center style services increase social networks beyond service providers. Peer advocates will play a key role in the Healthy Living Community by creating a system largely led by peers. Increasing the number of peer based activities on the premises of the Supported FSP Housing Unit, The Healthy Living Community Project will increase the opportunities to organically form friendships, which can take upwards of a year (McCorckle et al., 2008). The key for creating social supports beyond providers is opportunity to socialize with peers and engagement in activities. Initial activities will be drawn from those recommended by the residents. By starting with activities they suggested, it gives residents a sense of buy in, and provides them with an opportunity to feel their input matters. Increased engagement should naturally lead to more peer driven and peer led activities. One goal of The Healthy Living Community Project is to shift to peer driven as time goes on so the residents of the Supported FSP Housing Unit can feel they have built their community.

EVALUATION OR LEARNING PLAN

For each of your learning goals or specific aims, describe the approach you will take to determine whether the goal or objective was met. Specifically, please identify how each goal will be measured and the proposed data you intend on using.

To determine if our learning goals are being met, we will collect both qualitative and quantitative pre/post service data from the residents as well as quarterly. For learning goal number one, does bringing whole person wellness activities to the home increase consumer utilization of the service we will collect sign in sheets for the activities. This will give us numbers as well as provide secondary information that we can cross reference against serious mental health utilizations to change direction with activities should engagement waiver due to lack of interest. We will also conduct short interviews with consumers that will include questions such as "would you have participated in today's events if they had been at a different facility?" To eliminate potential bias in self-reporting, we will also have consumer family satisfaction surveys.

Metrics for learning goal number two are both more straight forward and more nuanced. The County will have access to the information to determine if whole person wellness reduces utilization of crisis and other high level services because the County is working in partnership with the Supported FSP Housing Unit and will be able to evaluate the utilization of higher level services, such as crisis services or hospitalizations. For FSPs housed in the Supported FSP Housing Unit, DCR data will include hospitalizations, incarceration, days of homelessness, education, employment, and emergency services for those who remain in FSP. Additionally for learning goal number 2 we will look into biometric data such as smoking cessation, reduced blood pressure over time, reduced or more controlled blood sugar, BMI indicators to show positive health outcomes, etc.

For learning goal number three, do increased opportunities to build social networks foster social relationships beyond "provider" relationships, we will measure this with engagement of resident activities, such as sign in sheets for activities and increased peer facilitated activities. Self-reporting will also play a key role in determining if residents feel less isolated. Such questions could be "Do you know the name of your neighbors?" or "Have you planned any social activities with your neighbors that weren't part of The Healthy Living Community Project." We can then analyze responses for evidence of social supports beyond provider based relationships. We will track the number of activities facilitated by peers.

1) Does providing whole person wellness activities in the home improve consumer utilization of services.
    a. As evidenced by an increase in consumer satisfaction and self-report of engagement.
    b. As evidenced by increase in utilization of outpatient services and utilization of activities.
    c. As evidenced by increase in consumer family member satisfaction.
2) Does providing in home whole person wellness activities can decrease negative impacts of SMI.
    a. As evidenced by a decrease in crisis contacts.
    b. As evidenced by a decrease in psychiatric hospitalizations.

c. As evidenced by a decrease in medical hospitalization and incarceration.
d. As evidenced by a reduction in utilization of higher levels of care (LPS).
e. As evidenced by positive changes in health biomarkers such as blood pressure, blood sugar, and smoking cessation.

3) Do home based whole person wellness activities improve social supports beyond "provider" relationships for specialty mental health clients.
   a. As evidenced by a decrease in self-reported loneliness.
   b. As evidenced by positive responses to satisfaction surveys/interviews from clients and family members.
   c. As evidenced by interview responses indicating social relationships have formed.
   d. As evidenced by increased consumer led activities.

Section 3: Additional Information for Regulatory Requirements

CONTRACTING

If you expect to contract out the INN project and/or project evaluation, what project resources will be applied to managing the County's relationship to the contractor(s)? How will the County ensure quality as well as regulatory compliance in these contracted relationships?

The County will utilize contractors for the Healthy Living Community Project. The County will conduct a competitive process to assign the contract to the most capable provider in the area. The contract between the County and the Provider will include reporting requirements for quarterly reporting, monthly invoices, and Annual Revenue and Expenditure Reports.

Reporting requirements contained within this contract(s) will include reporting language similar to Innovation regulation 3510.020 for annual reporting as follows:

(a) As part of the Mental Health Services Act Annual Revenue and Expenditure Report the Provider shall report the following:
1. The total dollar amount expended during the reporting period by the following funding sources:
   (A) Innovation Funds
   (B) Medi-Cal Federal Financial Participation
   (C) 1991 Realignment
   (D) Behavioral Health Subaccount
   (E) Any other funding

Similarly, the County will collect demographic information quarterly from contract provider(s) similar to the language from Innovations regulations Section 3580.010 as follows:
(a) The Quarterly Innovative Project Report shall include:
   (1) Name of the Innovative Project
   (2) Whether and what changes were made to the Innovative Project during the reporting period and the reasons for the changes.

(3) Available evaluation data, including outcomes of the Innovative Project and information about which elements of the Project are contributing to outcomes.
(4) Program information collected during the reporting period, including for applicable Innovative Projects that serve individuals, number of participants served by:

(A) Age by the following categories:

1. 0-15 (children/youth)
2. 16-25 (transition age youth)
3. 26-59 (adult)
4. ages 60+ (older adults)
5. Number of respondents who declined to answer the question

(B) Race by the following categories:

1. American Indian or Alaska Native
2. Asian
3. Black or African American
4. Native Hawaiian or other Pacific Islander
5. White
6. Other
7. More than one race
8. Number of respondents who declined to answer the question

(C) Ethnicity by the following categories:

1. Hispanic or Latino as follows
   a. Caribbean
   b. Central American
   c. Mexican/Mexican-American/Chicano
   d. Puerto Rican
   e. South American
   f. Other
   g. Number of respondents who declined to answer the question
2. Non-Hispanic or Non-Latino as follows
   a. African
   b. Asian Indian/South Asian
   c. Cambodian
   d. Chinese
   e. Eastern European
   f. European
   g. Filipino
   h. Japanese
   i. Korean
   j. Middle Eastern
   k. Vietnamese
   l. Other
   m. Number of respondents who declined to answer the question

3. More than one ethnicity
4. Number of respondents who declined to answer the question

(D) Primary language used by threshold languages for the individual county

(E) Sexual orientation,

1. Gay or Lesbian
2. Heterosexual or Straight
3. Bisexual
4. Questioning or unsure of sexual orientation
5. Queer
6. Another sexual orientation
7. Number of respondents who declined to answer the question

(F) A Disability, defined as a physical or mental impairment or medical condition lasting at least six months that substantially limits a major life activity, which is not the result of a severe mental illness.

1. Yes, report the number that apply in each domain of disability(ies)
   a. Communication domain separately by each of the following
      (i) Difficulty seeing
      (ii) Difficulty hearing, or having speech understood
      (iii) Other (specify)
   b. Mental domain not including a mental illness (including but not limited to a learning disability, developmental disability, dementia)
   c. Physical/mobility domain
   d. Chronic health condition (including but not limited to chronic pain)
   e. Other (specify)
2. No
3. Number of respondents who declined to answer the question

(G) Veteran status,

1. Yes
2. No
3. Number of respondents who declined to answer the question

(H) Gender

1. Assigned sex at birth
   a. Male
   b. Female
   c. Number of respondents who declined to answer the question
2. Current gender identity
   a. Male
   b. Female
   c. Transgender
   d. Genderqueer
   e. Questioning or unsure of gender identity

f. Another gender identity

g. Number of respondents who declined to answer the question

To ensure contractors provide appropriate information, invoices shall not be paid until all reporting is up to date and accurate. These terms shall be noted in the contract(s) with providers.

Administration of the contracted providers will be maintained by the MHSA unit within Mendocino County. The MHSA unit will be responsible for reporting all information to the state as well as sending annual reports and making copies of annual reports available on the County website.

COMMUNITY PROGRAM PLANNING

Please describe the County's Community Program Planning process for the Innovative Project, encompassing inclusion of stakeholders, representatives of unserved or under-served populations, and individuals who reflect the cultural, ethnic and racial diversity of the County's community.

Mendocino County collects stakeholder input on MHSA projects at various stakeholder activities including bimonthly stakeholder Forums, biannual consumer events, monthly Behavioral Health Advisory Board meetings, and other stakeholder feedback events. In addition we sought targeted stakeholder feedback from residents of the Supported FSP Housing Unit as well as local providers of wellness center services.

At a meeting with residents on 07/18/2019, they expressed their desires for the following activities: Cooking lessons, Barbeques (both lessons on how to use and having the opportunity to socialize), Movie Nights, Football watching in the community room, Aerobics classes in the mornings, Group walks where residents can learn more about the city and where things are, AA and NA meetings they could actually get to, Buses to Sunday's in the park (local free concerts), Trips to the farmer's market, Gardening classes/demonstrations, Informal coffee hour with newspapers and local publications.

Key informant Wynd Novotny of Manzanita Services stated:

"The residents … are experiencing a lot of isolation. They don't know their neighbors and they're not sure of them."

"The biggest challenge is participation. How do you sustain interest when they have other symptoms and diagnoses going on? How do you keep them going when they are dealing with the fallout of having to take care of everything else?"

"You need a couple people who are really into it, who can really drive it. If they are looking forward to it, and talking about it, they can drive enthusiasm for it."

Key informant Apartment Manager, Ashley Hathaway:

"There is a high request for AA or NA classes. Being able to have them here would be a big help."

"Healthy Living classes, cooking, how to clean house, how to take care of and how to make routines. Those kinds of classes would be a big help."

"Any investment towards the garden."

Key informant Rebecca Neilson:

"The whole garden area could be used, but it needs someone to lead it and facilitate it."

"Substance abuse class could be useful to the residents."

"Mindfulness classes would be very useful for the residents, as well as any kind of creative classes."

MHSA GENERAL STANDARDS

Using specific examples, briefly describe how your INN Project reflects, and is consistent with, all potentially applicable MHSA General Standards listed below as set forth in Title 9 California Code of Regulations, Section 3320 (Please refer to the MHSOAC Innovation Review Tool for definitions of and references for each of the General Standards.) If one or more general standards could not be applied to your INN Project, please explain why.

A) Community Collaboration

One of the ideas that contributed to the Healthy Living Community builds from a community stakeholders idea and request for additional social connectivity options for supports such as friendship and finding roommates. The innovative project actually builds community among specialty mental health clients with a history of being isolated.

B) Cultural Competency

The Healthy Living Community will be responsive to the cultural needs of the individuals residing in the community. Groups and activities will be culturally appropriate to the composition of the group. Since activities are suggested by the consumers, and later will be led by the consumers, the project naturally includes peer based culture.

C) Client-Driven

The Healthy Living Community will include a peer advocate role, which will facilitate some of the social activities, and will provide guidance and mentorship for residents that are interested to develop peer leadership roles. Healthy Living activities will be selected based on consumer interest.

D) Family-Driven

One of the original ideas for the Healthy Living Community came from a family member suggesting additional social connectivity options are needed for mental health clients. Groups and activities may be coordinated with family members. The Healthy Living Community will include family member input and will measure improvement in relationships with family members.

E) Wellness, Recovery, and Resilience-Focused

The Healthy Living Community builds on wellness center and peer driven models. The activities will seek to build resilience through social connection and skills building. The project addresses whole person wellness. Peer led activities will develop leadership, advocacy, and employable skill sets.

F) Integrated Service Experience for Clients and Families

The Healthy Living Community will integrate whole person skills development as currently exists in wellness centers and peer support integrated into the home environment to increase access to support services. Specialty Mental Health Services, health activities, and social activities will all be available through the collaboration of Healthy Living Community.

CULTURAL COMPETENCE AND STAKEHOLDER INVOLVEMENT IN EVALUATION

Explain how you plan to ensure that the Project evaluation is culturally competent and includes meaningful stakeholder participation.

Mendocino County has a highly diverse population. According to the 2000 Census, our population is 80% white, 22.2% Hispanic or Latino, 4.8% American Native, 1.7% Asian, 0.7% African American, and 0.1% Pacific Islander (the 2000 Census allowed people to choose more than one race, leading to a total of greater than 100%). To address the issue of how to best serve our diverse population, we will gauge the needs of the tenets to consider bilingual contractors. The demographic diversity of our residents will also play a role when considering who we hire for our peer advocates. For instance, if our resident population has a higher Native American population than is seen in our community, we will make efforts to tailor our events to be more culturally appropriate. For Healthy Living Communities, we will need to monitor the makeup of the residents within the Supported FSP Housing unit to make sure we continue to offer culturally sensitive and divers activities.
As for the training of our contractors, we will ensure the providers of the services for The Healthy Living Community Project include individuals trained in cultural sensitivity appropriate for our population. This is a contractual requirement for all service providers in Mendocino County with a requirement to participate in ongoing trainings at least twice a year.

INNOVATION PROJECT SUSTAINABILITY AND CONTINUITY OF CARE

Briefly describe how the County will decide whether it will continue with the INN project in its entirety, or keep particular elements of the INN project without utilizing INN Funds following project completion.

If successful, the project can be sustained through CSS funding (if approved by stakeholders) as the housing unit prioritizes Full Service Partnerships. If successful, the program will build its own staffing through the peer support model, collaborating with non-SMH provider entities for the social/ medical components. If successful, we may have peer advocates willing and able to maintain social activities and/or expand to other housing projects.

Will individuals with serious mental illness receive services from the proposed project? If yes, describe how you plan to protect and provide continuity of care for these individuals upon project completion.

Individuals served through this project will receive wellness and peer based services similar to those offered in the wellness centers. If the innovation project is unsuccessful, participants will be transitioned to similar services in wellness centers. FSP funds may be used to assist clients in getting to those services, and overcoming other identified barriers to access.

COMMUNICATION AND DISSEMINATION PLAN

Describe how you plan to communicate results, newly demonstrated successful practices, and lessons learned from your INN Project.

A) How do you plan to disseminate information to stakeholders within your county and (if applicable) to other counties? How will program participants or other stakeholders be involved in communication efforts?

Outcomes of the project will be reported to stakeholders through a variety of stakeholder communication venues such as MHSA Forums, Consumer Events, and Behavioral Health Advisory Board Meetings. An annual Project review and project evaluation which will go before stakeholders at Behavioral Health Advisory Board Meetings.
We also plan to present our findings at regional meetings to help other counties with similar issues as Mendocino County, such as high homelessness, high hospitalization rates, and high levels of crisis care, in finding ways to engage their clients in wellness center style services to reduce the amount of emergency contacts with those with serious mental illness. We plan to present at statewide meetings as well as to the OAC. Because our work is heavily reliant on the work of peers and peer advocacy, we plan to present to at a CAMHPRO (California Association of Mental Health Peer Run Organizations) meeting.

B) KEYWORDS for search: Please list up to 5 keywords or phrases for this project that someone interested in your project might use to find it in a search.

Home based, peer driven, social, whole person health, wellness.

TIMELINE

A) Specify the expected start date and end date of your INN Project

July 2020 – July 2025

B) Specify the total timeframe (duration) of the INN Project

Five Years (60 months)

C) Include a project timeline that specifies key activities, milestones, and deliverables—by quarter.

- 0-6 months contract Request For Proposal process, selection, and contract development
- 4-8 months Recruit staffing, seek additional Supported FSP Housing Unit Resident input on project, collect preliminary measurements.
- 6-12 months initial group activities one day a week with planning for expansion), 6 month and 12 month measures can be used to inform additional changes and refinements.
- 6 months, information collection through the BHIS Data Collection & Reporting tool (DCR)
- 12 months collect DCR information, Annual review, consumer survey collection
- 12-24 months expand to 6 day a week activities measures every six months and quarterly feedback from stakeholders
- 18 months collect DCR information
- 24 months collect DCR information, Annual review, consumer survey collection
- 24-60 months adapt project based on outcomes and stakeholder input, consider expansion (non WT housing, non WT residents, other cities)
- 30 months collect DCR information, consumer survey collection
- 36 months collect DCR information, Annual review, consumer survey collection
- 42 months collect DCR information, consumer survey collection
- 48 months collect DCR information, Annual review, consumer survey collection
- 48-60 months Evaluation of data and Sustainability planning for successful outcomes, or transition planning for unsuccessful outcomes.
- 54 months collect DCR information, consumer survey collection
- 60 months collect DCR information, Annual review, consumer survey collection

Section 4: INN Project Budget and Source of Expenditures

INN PROJECT BUDGET AND SOURCE OF EXPENDITURES

The next three sections identify how the MHSA funds are being utilized:

A) BUDGET NARRATIVE (Specifics about how money is being spent for the development of this project)
B) BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY (Identification of expenses of the project by funding category and fiscal year)
C) BUDGET CONTEXT (if MHSA funds are being leveraged with other funding sources)

BUDGET NARRATIVE

Provide a brief budget narrative to explain how the total budget is appropriate for the described INN project. The goal of the narrative should be to provide the interested reader with both an overview of the total project and enough detail to understand the proposed project structure. Ideally, the narrative would include an explanation of amounts budgeted to ensure/support stakeholder involvement (For example, "$5000 for annual involvement stipends for stakeholder representatives, for 3 years: Total $15,000") and identify the key personnel and contracted roles and responsibilities that will be involved in the project (For example, "Project coordinator, full-time; Statistical consultant, part-time; 2 Research assistants, part-time…"). Please include a discussion of administration expenses (direct and indirect) and evaluation expenses associated with this project. Please consider amounts associated with developing, refining, piloting and evaluating the proposed project and the dissemination of the Innovative project results.

Budget Narrative

Personnel

Our project calls for the following:
To organize and lead activities: 1 Full time Peer Advocate to conduct wellness center style services: 1 0.3 FTE Clinician, 0.3 FTE Mental Health Rehabilitation Specialist, and 1 0.2 FTE Health Nurse. To oversee the running of the Innovation project, we project that the County costs in administration will be ~10% of the other salaries in County employee time and evaluation to administer the project. Additionally, the benefits packages for employees is estimated at ~30% of the total for salaries. A 5% increase has been applied to the budget for subsequent years to allow for cost of living and inflation adjustments.

Operating Costs

The Healthy Living Community expects the following operating costs:
Admission to events (3 to 4 per year) for 20 people, meals for activities, transportation to activities, gas, rent and utilities on facilities, insurance and maintenance of vehicles, licensing fees.

Non Recurring Costs:

Startup costs for the Healthy Living Community includes the following:
One van for transportation to events, grocery store/farmers markets, appointments, etc., 1 car for transportation needs; computers and office equipment for administration, business needs employment, and education; projectors, screens, and locking equipment for entertainment (movie night/game day activities); Gardening tools and supplies (shovels, pots, soil, hoses, etc.), art supplies, Music instruments and equipment for activities; Health supplies such as cessation equipment, blood pressure cuffs, scales, lung capacity monitors, first aid kits, and smoking cessation products; exercise equipment, large coffee maker, blender/mixer and other kitchen supplies (cups, spoons, pots, pans, small appliances) for cooking classes and activities. Vehicles and supplies to be repurchased in Grant Year 3 (FY 22/23) are also budgeted.

Consultation Costs/Contracts (clinical, training, facilitator, evaluation)

Consultation costs for the grant and contracts, monthly steering committee meetings, indirect cost in County Employee salaries.

Other Expenditures

Other Expenditures for the Healthy Community Living project include the following:
Flex funds, incentives for participation, speaker's fees for classes, peer trainings for meeting facilitation and activity leadership; food for Coffee and News and cooking classes, newspaper subscriptions for Coffee and News.

BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY*							
EXPENDITURES							
PERSONNEL COSTS (salaries, wages, benefits)		**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**TOTAL**
1.	Salaries	**$89,390**	**$93,860**	**$98,552**	**$103,480**	**$108,654**	**$493,936**
2.	Direct Costs	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
3.	Indirect Costs	**$35,756**	**$37,544**	**$39,421**	**$41,392**	**$43,462**	**$197,575**
4.	Total Personnel Costs	**$125,146**	**$131,403**	**$137,973**	**$144,872**	**$152,116**	**$691,511**
OPERATING COSTS		**FY 19/20**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**TOTAL**
5.	Direct Costs	**$16,300**	**$17,115**	**$17,971**	**$18,869**	**$19,831**	**$90,068**
6.	Indirect Costs	**$10,515**	**$11,041**	**$11,593**	**$12,172**	**$12,781**	**$58,102**
7.	Total Operating Costs	**$26,815**	**$28,156**	**$29,564**	**$31,042**	**$32,594**	**$148,170**
NON RECURRING COSTS (equipment, technology)		**FY 19/20**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**TOTAL**
8.	**Vehicles**	**$70,000**	**$0**	**$77,000**	**$0**	**$0**	**$147,000**
9.	**Technology and supplies**	**$17,000**	**$0**	**$18,700**	**$0**	**$0**	**$35,700**
10.	Total Non-recurring costs	**$87,000**	**$0**	**$95,700**	**$0**	**$0**	**$182,700**

CONSULTANT COSTS / CONTRACTS (clinical, training, facilitator, evaluation)		FY 20/21	FY 21/22	FY 22/23	FY 23/24	FY 24/25	TOTAL
11.	Direct Costs	$16,500	$17,325	$18,191	$19,101	$20,056	$93,936
12.	Indirect Costs	$1,650	$1,733	$1,19	$1,910	$2,006	$9,394
13.	Total Consultant Costs	$18,150	$19,058	$20,010	$21,011	$22,061	$103,329
OTHER EXPENDITURES (please explain in budget narrative)		**FY 19/20**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**TOTAL**
14.	**Speakers fees/training**	$4,200	$4,410	$4,631	$4,862	$5,105	$23,208
15.	**Flex funds and incentives**	$15,225	$15,986	$16,786	$17,625	$18,500	$84,122
16.	Total Other Expenditures	$19,425	$20,396	$21,416	$22,487	$23,605	$107,329
BUDGET TOTALS							
Personnel (line 1)		$89,390	$93,860	$98,552	$103,480	$108,654	$493,936
Direct Costs (add lines 2, 5 and 11 from above)		$32,800	$34,440	$36,162	$37,970	$39,869	$181,241
Indirect Costs (add lines 3, 6 and 12 from above)		$47,921	$50,317	$111,302	$55,475	$58,248	$264,794
Non-recurring costs (line 10)		$87,000	$0	$149,380	$0	$0	$182,700
Other Expenditures (line 16)		$19,425	$20,396	$92,830	$22,487	$23,605	$107,329
TOTAL INNOVATION BUDGET		$276,536	$199,013	$304,663	$219,412	$230,376	$1,230,000

*For a complete definition of direct and indirect costs, please use DHCS Information Notice 14-033. This notice aligns with the federal definition for direct/indirect costs.

BUDGET CONTEXT - EXPENDITURES BY FUNDING SOURCE AND FISCAL YEAR (FY)

ADMINISTRATION:

A.	**Estimated total mental health expenditures <u>for ADMINISTRATION</u> for the entire duration of this INN Project by FY & the following funding sources:**	FY 20/21	FY 21/22	FY 22/23	FY 23/24	FY 24/25	TOTAL
1.	Innovative MHSA Funds	$20,451	$21,473	$22,547	$23,674	$24,858	$113,004
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding*						
6.	**Total Proposed Administration**	$20,450	$21,473	$22,547	$23,674	$24,858	$113,004

EVALUATION:

B.	**Estimated total mental health expenditures <u>for EVALUATION</u> for the entire duration of this INN Project by FY & the following funding sources:**	FY 20/21	FY 21/22	FY 22/23	FY 23/24	FY 24/25	TOTAL

1.	Innovative MHSA Funds	**$16,500**	**$17,325**	**$17,971**	**$18,869**	**$19,813**	**$90,068**
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding*						
6.	**Total Proposed Evaluation**	**$16,500**	**$17,325**	**$17,971**	**$18,869**	**$19,813**	**$90,068**

TOTAL:

C.	**Estimated TOTAL mental health expenditures (this sum to total funding requested) for the entire duration of this INN Project by FY & the following funding sources:**	**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**TOTAL**
1.	Innovative MHSA Funds	**$276,536**	**$199,013**	**$304,663**	**$219,412**	**$230,376**	**$1,230,000**
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding*						
6.	**Total Proposed Expenditures**	**$276,536**	**$199,013**	**$304,663**	**$219,412**	**$230,376**	**$1,230,000**

*If “Other funding” is included, please explain.

Redwood Quality Management Company

Data Dashboard- Feb 2020 and 19/20 YTD

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

AGE OF PERSONS SERVED

	Children & Youth		*Young Adult*		*Adult & Older Adult System*			*RQMC*
	0-11	**12-17**	**18-21**	**22-24**	**25-40**	**41-64**	**65+**	**Total**
Persons Admitted to…								
Outpatient Services Feb	26	42	10	10	30	33	6	
Total	68		20		69			**157**
Crisis Services Feb	5	26	9	6	27	42	8	
Total	31		15		77			**123**
Unduplicated Persons…								
Served in Feb	258	252	81	46	260	420	67	
Total	510		127		747			**1,384**
Unduplicated Persons…								
Served Fiscal Year to Date	394	460	173	105	505	690	137	
Total	854		278		1,332			**2,464**
Identified As (YTD)…								
Male	437		147		652			**1,236**
Female	411		126		677			**1,214**
Non-Binary and Transgender	6		5		3			**14**
White	461		159		1018			**1,638**
Hispanic	202		57		84			**343**
American Indian	90		24		68			**182**
Asian	5		3		17			**25**
African American	24		16		27			**67**
Other/Undisclosed	72		19		118			**209**

YTD Persons by location…	
Ukiah Area	1363
Willits Area	354
North County	84
Anderson Valley	22
North Coast	506
South Coast	48
OOC/OOS	87

Homeless….

RQMC Medi-Cal providers have provided 384 billable services to 111 unduplicated homeless clients in February. Fiscal Year to Date the providers have provided 3580 billable services to 272 unduplicated homeless clients.

WPC has served 87 homeless in February and 125 Fiscal year to date.

RQMC Providers also serve the homeless population through Wellness Centers, Building Bridges, Full Service Partner, and other MHSA programs.

Total Number of…

	Children & Youth		*Young Adult*		*Adult & Older Adult System*			*RQMC*
	0-11	**12-17**	**18-21**	**22-24**	**25-40**	**41-64**	**65+**	**Total**
Crisis Line Contacts Feb	7	31	17	13	159	105	58	
Total	38		30		322			**390**
Crisis Line Contacts **YTD**	55	322	137	117	1,047	937	187	
Total	377		254		2,171			**2,802**

There 57 were logged calls where age was not disclosed. Those have been added to the total.

by reason for call YTD…	
Increase in Symptoms	920
Phone Support	710
Information Only	397
Suicidal ideation/Threat	465
Self-Injurious Behavior	36
Access to Services	202
Aggression towards Others	30
Resources/Linkages	45

by time of day YTD…	
08:00am-05:00pm	1900
05:00pm-08:00am	902

Feb Calls from Law Enforcement to Crisis		
TOTAL: 26		
MCSO: 88	CHP: 1	WPD: 2
FBPD: 7	Jail: 0	UPD: 5

YTD Calls from Law Enforcement to Crisis		
TOTAL: 252		
MCSO: 88	CHP: 1	WPD: 11
FBPD: 24	Jail: 78	UPD: 50

Total Number of…

Emergency Crisis Assessments Feb	6	29	15	10	52	73	12	
Total	35		25		137			**197**
Emergency Crisis Assessments **YTD**	46	261	117	103	467	499	119	
Total	307		220		1,085			**1,612**

YTD by location…	
Ukiah Valley Medical Center	687
Crisis Center-Walk Ins	388
Mendocino Coast District Hospital	209
Howard Memorial Hospital	192
Jail	52
Juvenile Hall	41
Schools	4
Community	27
FQHCs	12

YTD by insurance…	
Medi-Cal/Partnership	1061
Private	199
Medi/Medi	171
Medicare	90
Indigent	77
Consolidated	1
Private/Medi-Cal	2
VA	11

Total Number of…

	Children & Youth		*Young Adult*		*Adult & Older Adult System*			*RQMC*
	0-11	**12-17**	**18-21**	**22-24**	**25-40**	**41-64**	**65+**	**Total**
Inpatient Hospitalizations Feb	0	5	3	3	20	16	1	
Total	5		6		37			**48**
Inpatient Hospitalizations **YTD**	5	57	37	36	146	113	18	
Total	62		73		277			**412**

ReHospitalization within 30 days	Youth	Adult	0-2 days in the Hospital	Admits	% of total Admits
Feb	1	7	**Feb**	3	6.3%
YTD	11	31	**YTD**	37	9.0%

Days in the ER	0	1	2	3	4	5+	Unk
Feb	4	22	13	3	1	2	3
YTD	73	198	92	15	3	5	26
..by Hospital	**0**	**1**	**2**	**3**	**4**	**5+**	
AHUV	4	15	7	2	0	0	
Howard	0	4	1	0	1	1	
MCDH	0	3	5	1	0	1	

Number of hospitalition	1	2	3	4	5	6+
YTD Number of unduplicated clients	240	44	17	3	3	1

At Discharge	Discharged to Mendocino		Follow up Crisis Appt		Declined follow up Crisis appt	
Payor	**Feb**	**YTD**	**Feb**	**YTD**	**Feb**	**YTD**
Mendo Medi-cal	27	242	25	214	2	24
Indigent	1	24	1	21	0	3
Other Payor	3	31	3	21	0	13
YTD hospitalizations where discharge was out of county or unknown:						88
YTD number who Declined a follow up appt:						40

YTD hospitalizations by location…	
Aurora- Santa Rosa**	72
Restpadd Redding/RedBluff**	77
St. Helena Napa/ Vallejo**	176
Sierra Vista Sacramento**	4
John Muir Walnut Creek	3
St Francis San Francisco	28
St Marys San Francisco**	5
Marin General**	9
Heritage Oaks Sacramento**	10
VA: Sacramento / PaloAlto / Fairfield / San Francisco	1
Other**	27

YTD hospitalizations by criteria…	
Danger to Self	203
Gravely Disabled	131
Danger to Others	11
Combination	67

Total Number of…

Full Service Partners Feb	Youth	TAY	Adult	BHC	OA	Outreach	
Total	0	14	67	9	13	10	**113**

Total Number of…

Full Service Partners **YTD**	Youth	TAY	Adult	BHC	OA	Outreach	
Total	1	28	102	11	23	33	**198**

Contract Usage	Budgeted	
Medi-Cal in County Services (60% FFP)	$12,885,000.00	$9,255,591.00
Medi-Cal RQMC Out of County Contracts	$1,930,000.00	$964,408.00
MHSA	$1,786,450.00	$1,006,882.00
Indigent RQMC Out of County Contracts	$718,672.00	$301,654.00
Medication Management	$1,100,000.00	$800,255.00

Estimated Expected FFP	Feb	YTD
Expected FFP	$749,736.00	$6,612,152.40

Services Provided						
Whole System of Care	**Feb**	**Feb**	**Feb**	**YTD**	**YTD**	**YTD**
Count of Services Provided	**Youth**	**Y Adult**	**Adults**	**Youth**	**Y Adults**	**Adults**
**Assessment*	127	29	194	954	228	1443
**Case Management*	228	166	1190	2079	1368	8221
**Collateral*	154	2	1	1271	21	24
**Crisis*	52	40	280	482	337	1845
**Family Therapy*	134	3	2	1160	8	17
**TFC*	42			399		
**Group Therapy*				1	2	24
**Group Rehab*	298	13	45	2739	227	315
**ICC*	408	18		3413	62	
**Individual Rehab*	399	102	465	3234	883	3737
**Individual Therapy*	709	112	334	5240	918	2847
**IHBS*	152	1		1370	7	
**Psychiatric Services*	79	43	325	501	253	2443
**Plan Development*	83	16	110	648	120	875
**TBS*	45			243		
Total	**2,910**	**545**	**2,946**	**23,734**	**4,434**	**21,791**
No Show Rate		**6.2%**			**7.9%**	
Average Cost Per Beneficiary	$1,080	$958	$773	$5,174	$3,755	$3,393

Count of Services by Area	**Feb**	**Feb**	**Feb**	**YTD**	**YTD**	**YTD**
	Youth	**Y Adult**	**Adults**	**Youth**	**Y Adults**	**Adults**
Anderson Valley	0	0		5	7	
South Coast	13	1		49	16	
North Coast	231	58	558	1,706	399	4,345
North County	114	1		960	1	
Ukiah	2,228	472	2,277	17,297	3,948	16,807
Willits	324	13	111	3,717	63	639

Meds Management	**Feb**	**Feb**	**Feb**	**YTD**	**YTD**	**YTD**
	Youth	**Y Adult**	**Adults**	**Youth**	**Y Adults**	**Adults**
Ukiah Unduplicated Clients	64	27	218	144	70	492
Fort Bragg Unduplicated Clients	8	10	68	12	13	148
Ukiah Services	94	41	362	682	262	2764
Fort Bragg Services	10	17	114	28	86	757

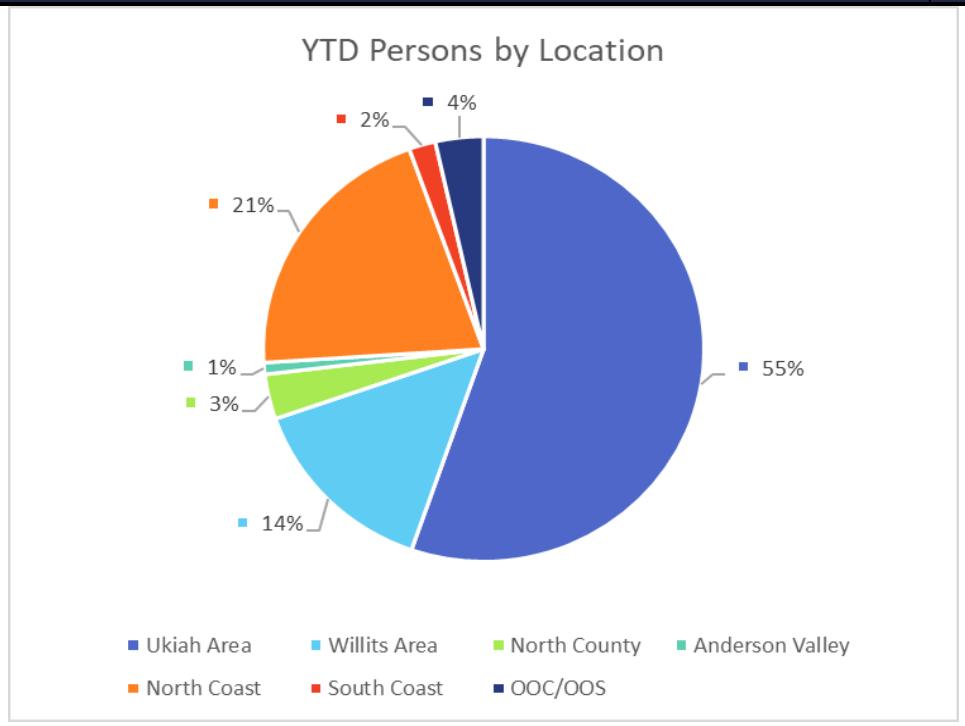
Redwood Quality Management Company

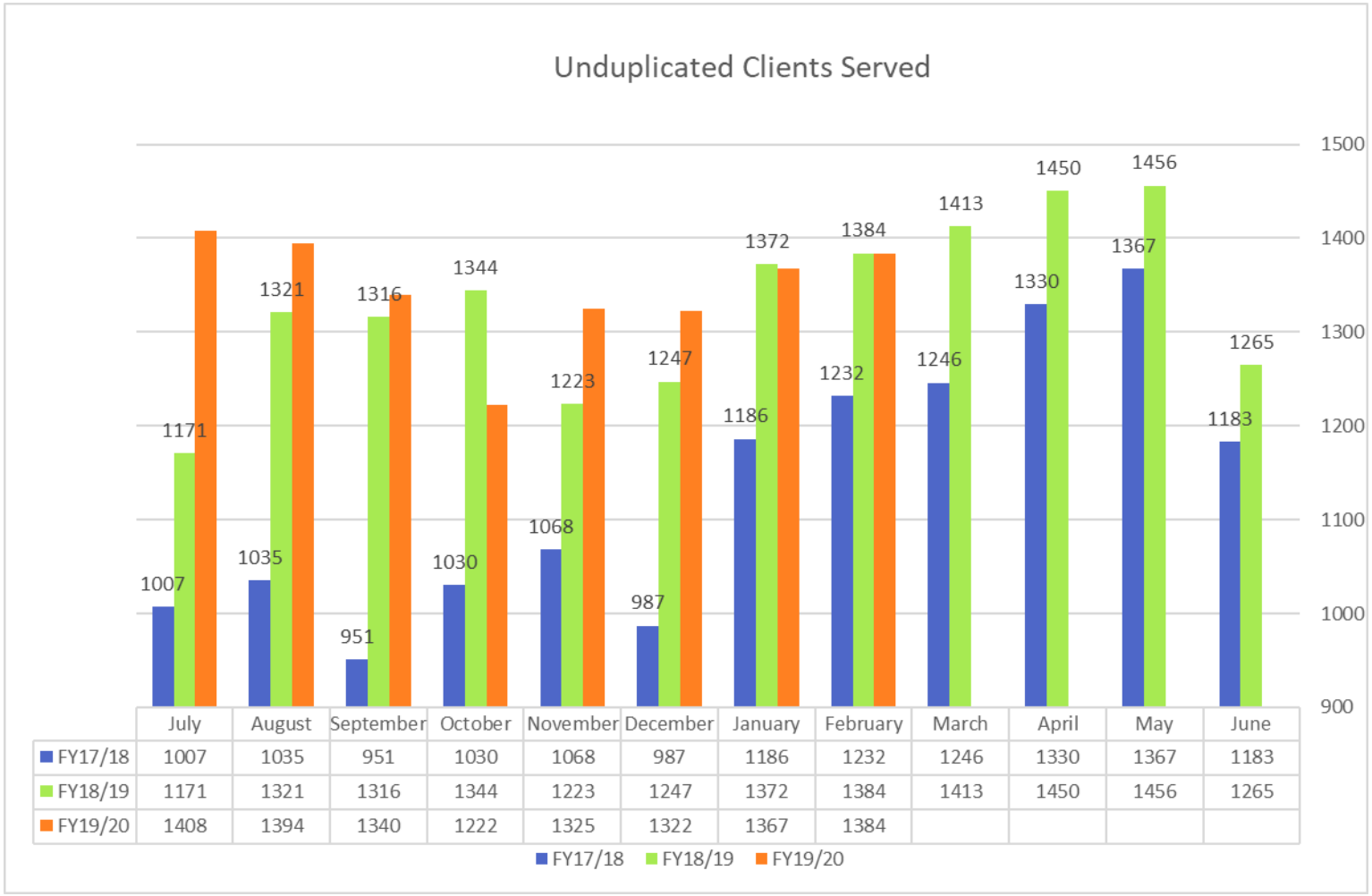
Phone: 707-472-0350 Fax: 707-472-0358

YTD Trends and Year to Year comparison through February 2020

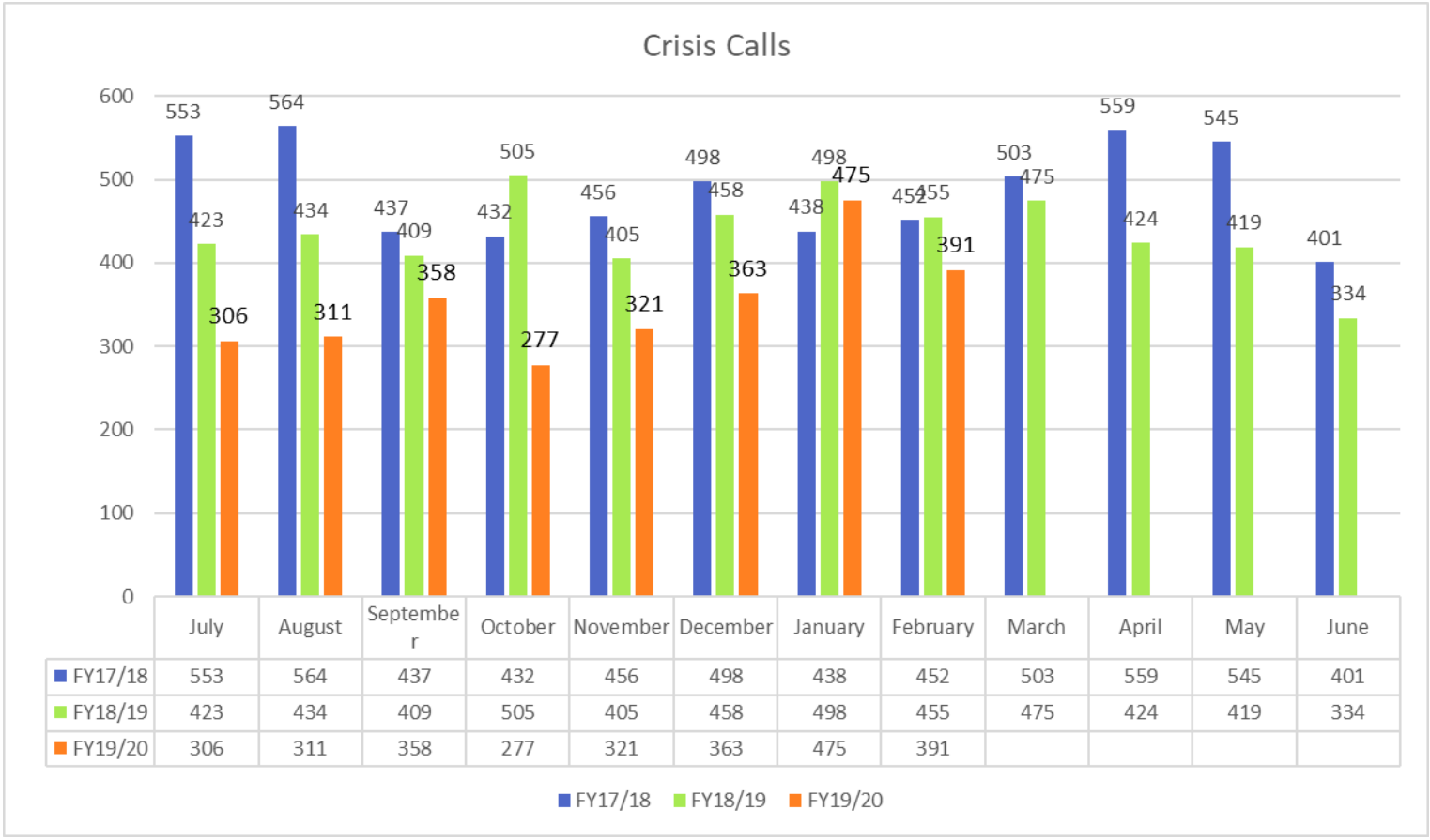
2019/2020 Trends and Year to Year Comparison

YTD Persons by location…	Count	%
Ukiah Area	1363	55%
Willits Area	354	14%
North County	84	3%
Anderson Valley	22	1%
North Coast	506	21%
South Coast	48	2%
OOC/OOS	87	4%

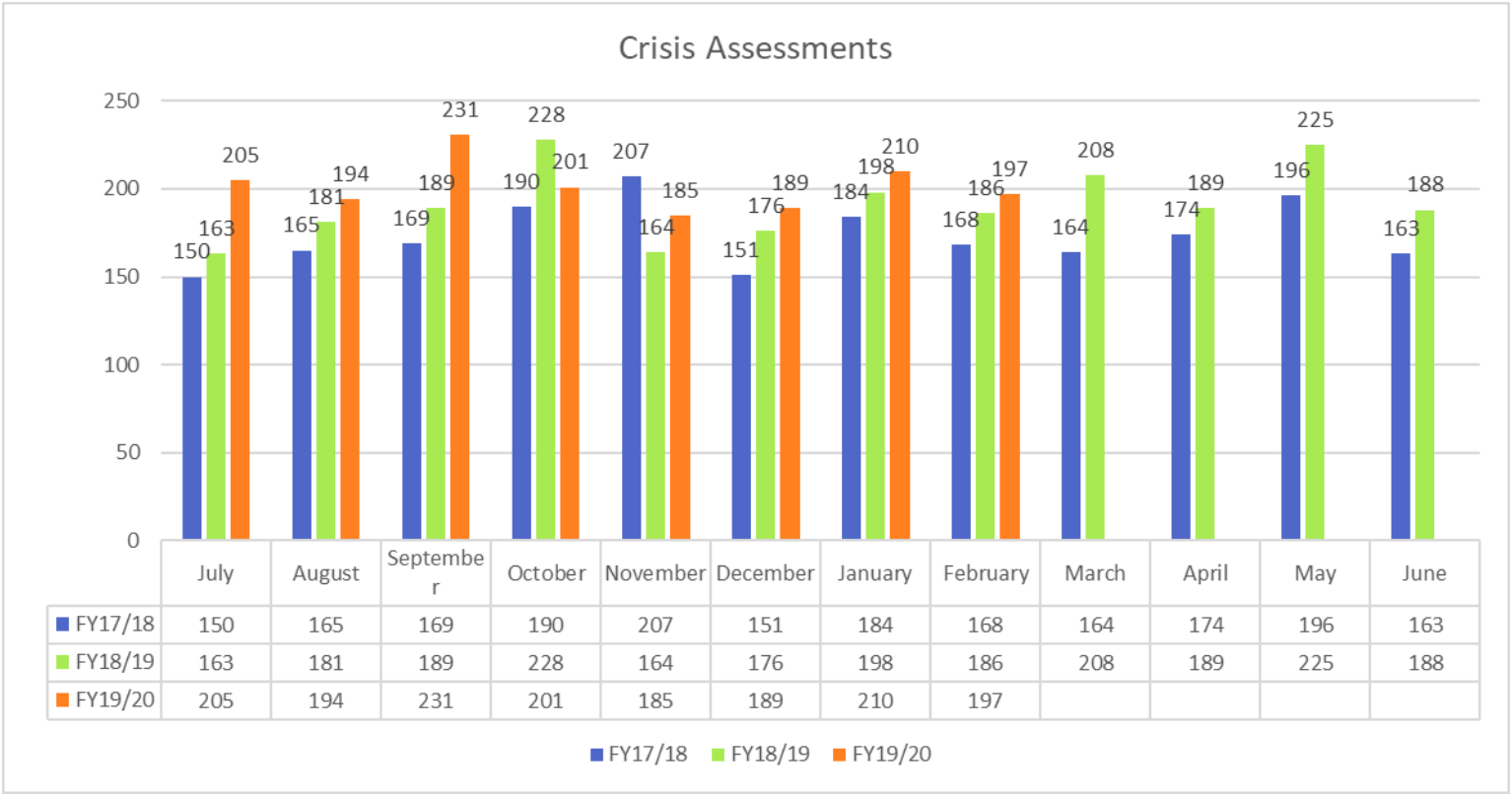




	July	August	September	October	November	December	January	February	March	April	May	June
FY17/18	1007	1035	951	1030	1068	987	1186	1232	1246	1330	1367	1183
FY18/19	1171	1321	1316	1344	1223	1247	1372	1384	1413	1450	1456	1265
FY19/20	1408	1394	1340	1222	1325	1322	1367	1384				



	July	August	September	October	November	December	January	February	March	April	May	June
FY17/18	553	564	437	432	456	498	438	452	503	559	545	401
FY18/19	423	434	409	505	405	458	498	455	475	424	419	334
FY19/20	306	311	358	277	321	363	475	391				

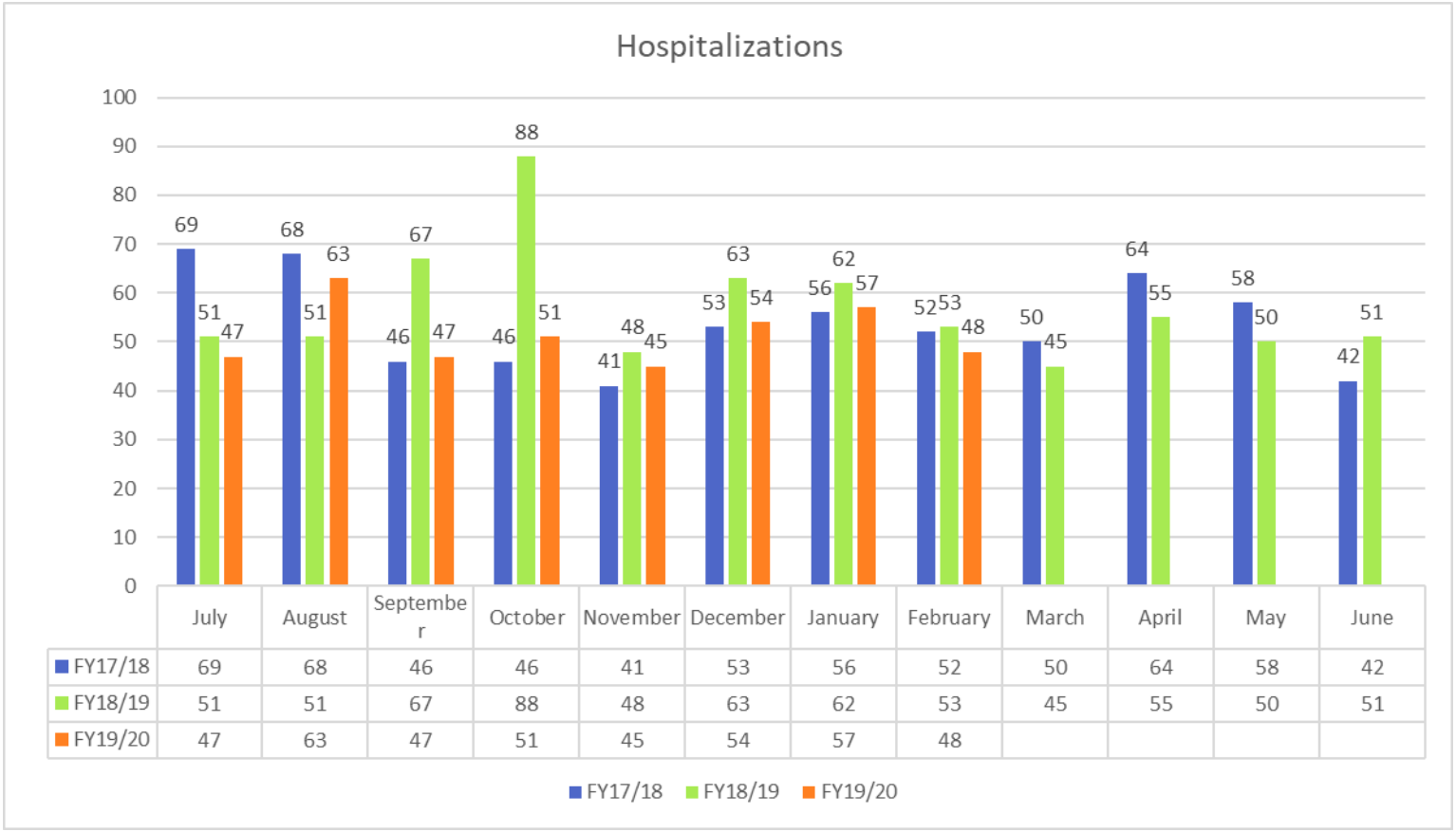


	July	August	September	October	November	December	January	February	March	April	May	June
FY17/18	150	165	169	190	207	151	184	168	164	174	196	163
FY18/19	163	181	189	228	164	176	198	186	208	189	225	188
FY19/20	205	194	231	201	185	189	210	197				

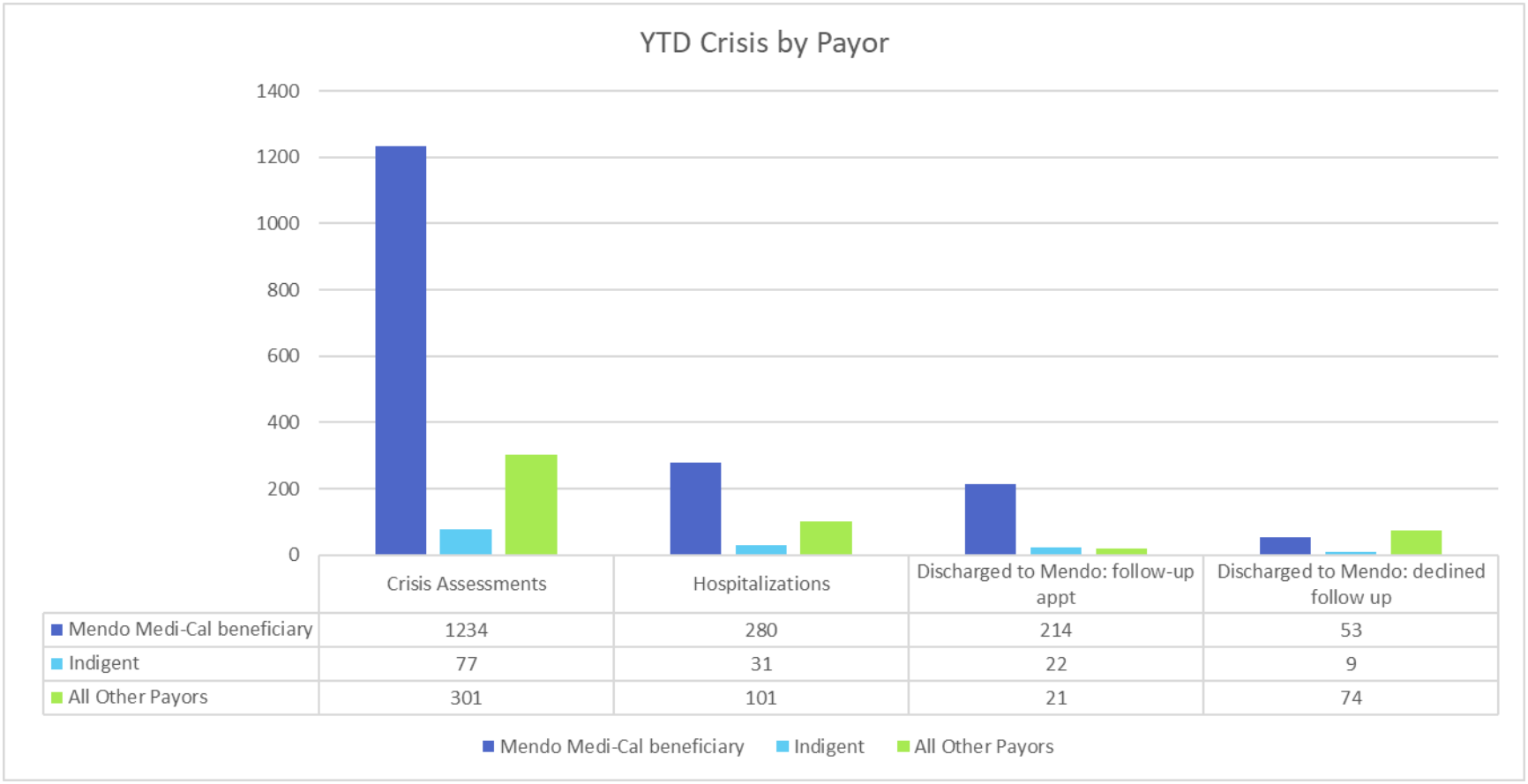
Redwood Quality Management Company

Phone: 707-472-0350 Fax: 707-472-0358

YTD Trends and Year to Year comparison through February 2020



	July	August	September	October	November	December	January	February	March	April	May	June
FY17/18	69	68	46	46	41	53	56	52	50	64	58	42
FY18/19	51	51	67	88	48	63	62	53	45	55	50	51
FY19/20	47	63	47	51	45	54	57	48				



	Crisis Assessments	Hospitalizations	Discharged to Mendo: follow-up appt	Discharged to Mendo: declined follow up
Mendo Medi-Cal beneficiary	1234	280	214	53
Indigent	77	31	22	9
All Other Payors	301	101	21	74

California Association of Local Behavioral Health Boards and Commissions

SPRING 2020 Newsletter www.facebook.com/CALBHBC www.calbhbc.org

CALBHBC NEWSLETTER

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

It is ok to not be ok.
Just don't give up.

Suicide prevention is essential to local behavioral health offerings, especially now when community supports and connections are impacted due to COVID-19.

Integrated suicide prevention practices are recommended within education, healthcare, justice and other systems. Is your local community working to address the following societal risk factors?

- Lack of access to appropriate and affirmative health, mental health and substance use disorder care
- Disconnection from culture and cultural practices
- Isolation: Cultural beliefs or institutions that promote social isolation
- Media: Sensationalistic media coverage, especially for youth
- Stigma: Mental health stigma and discrimination

For help advising locally, check out key components & promising practices outlined in:

CALBHB/C: Suicide Prevention Issue Brief (2 pages) www.calbhbc.com

MHSOAC: Striving for Zero - California's Strategic Plan for Suicide Prevention.* (111 pages)

* Contact CALBHB/C for hard copies.

MEETINGS/TRAININGS

Bay Area Meeting & Training
By Teleconference—Open Statewide
Saturday, April 18
10:00 am - 12 pm - Meeting
12:30 - 3:30 pm - Training
Registration: www.calbhbc.org

Southern: June, 2020
Superior: August 15, 2020
Central in Fresno: October 3, 2020

RESOURCES

- Performance Outcome Data*
- On-line Training, Handbooks
- Templates and more!

*Review your local data with CALBHB/C—Schedule Call

ISSUE BRIEFS

Board & Care (ARF)
Criminal Justice
Disaster Preparation/Recovery
Employment
Older Adults
Suicide Prevention

Additional Topics:
www.calbhbc.org/newsissues

1) Duties of Boards & Commissions (5604.2)

The local mental health board shall :

1. Review and evaluate the community's public mental health needs, services, facilities, and special problems in any facility within the county or jurisdiction where mental health evaluations or services are being provided, including, but not limited to, schools, emergency departments, and psychiatric facilities.
2. Review any county agreements entered into pursuant to Section 5650. The local mental health board may make recommendations to the governing body regarding concerns identified within these agreements.
3. Advise the governing body and the local mental health director as to any aspect of the local mental health program. Local mental health boards may request assistance from the local patients' rights advocates when reviewing and advising on mental health evaluations or services provided in public facilities with limited access.
4. Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process. Involvement shall include individuals with lived experience of mental illness and their families, community members, advocacy organizations, and mental health professionals. It shall also include other professionals that interact with individuals living with mental illnesses on a daily basis, such as education, emergency services, employment, health care, housing, law enforcement, local business owners, social services, seniors, transportation, and veterans.
5. Submit an annual report to the governing body on the needs and performance of the county's mental health system.
6. Review and make recommendations on applicants for the appointment of a local director of MH services. The board shall be included in the selection process prior to the vote of the governing body.
7. Review and comment on the county's performance outcome data and communicate its findings to the California Behavioral Health Planning Council.
8. This part does not limit the ability of the governing body to transfer additional duties or authority to a mental health board.

(b) The board shall assess the impact of the realignment of services from the state to the county, on services delivered to clients & on the local community.

2) MHSA Duties of Boards & Commissions (5848)

(b) The mental health board established pursuant to Section 5604 shall conduct a public hearing on the draft three-year program and expenditure plan and annual updates at the close of the 30-day comment period required by subdivision (a). Each adopted three-year program and expenditure plan and update shall include any substantive written recommendations for revisions. The adopted three-year program and expenditure plan or update shall summarize and analyze the recommended revisions. The mental health board shall review the adopted plan or update and make recommendations to the local mental health agency or local behavioral health agency, as applicable, for revisions. The local mental health agency or local behavioral health agency, as applicable, shall provide an annual report of written explanations to the local governing body and the State Department of Health Care Services for any substantive [see (f) below] recommendations made by the local mental health board that are not included in the final plan or update.

(f) For purposes of this section "Substantive recommendations made by the local mental health board" means any recommendation that is brought before the board and approved by a majority vote of the membership present at a public hearing of the local mental health board that has established its quorum.

Mental Health Services Act (MHSA) Summary

The MHSA of 2004, passed by the voters as "Proposition 63", increased overall State funding for the community mental health system by imposing a 1% income tax on CA residents with more than $1 million per year in income. The stated intention of the proposition was to "transform" local mental health service delivery systems from a "fail first" model to one promoting intervention, treatment and recovery from mental illness. A key strategy in the act was the prioritization of prevention and early intervention services to reduce the long-term adverse impacts of untreated, serious mental illness on individuals, families, state and local budgets. More:

www.calbhbc.com/mhsa-plans--updates

www.calbhbc.org/training