

Grand Jury Report

RESPONSE FORM

Grand Jury Report Title : A Report on the Mendocino County Mental Health
Branch
Report Dated : March 7, 2012

Response Form Submitted By:

Stacey Cryer
Director HHS
1120 S. Dora St.
Ukiah, Calif. 95482

Response MUST be submitted, per Penal Code §933.05, no later than:
July 3, 2012

I have reviewed the report and submit my responses to the FINDINGS portion of the report as follows:

- I (we) agree with the Findings numbered:
2, 4, 6, 10, 11, 12, 13, 17, 22, 23, 25,
- I (we) disagree wholly or partially with the Findings numbered below, and have **attached, as required**, a statement specifying any portion of the Finding that are disputed with an explanation of the reasons therefore.
1, 3, 5, 7, 8, 9, 14, 15, 16, 18, 19, 20, 21, 24, 26,

I have reviewed the report and submit my responses to the RECOMMENDATIONS portion of the report as follows:

- The following Recommendation(s) have been implemented and **attached, as required**, is a summary describing the implemented actions:
1, 2, 6, 7, 11,
- The following Recommendation(s) have not yet been implemented, but will be implemented in the future, **attached, as required** is a time frame for implementation:
4, 5, 8, 9

GRAND JURY REPORT
RESPONSE FORM
PAGE TWO

- The following Recommendation(s) require further analysis, and **attached as required**, is an explanation and the scope and parameters of the planned analysis, and a time frame for the matter to be prepared, discussed and approved by the officer and/or director of the agency or department being investigated or reviewed: (This time frame shall not exceed six (6) months from the date of publication of the Grand Jury Report)
-

- The following Recommendations will NOT be implemented because they are not warranted and/or are not deemed reasonable, **attached, as required** is an explanation therefore:

3, 10

I have completed the above responses, and have attached, as required the following number of pages to this response form:

Number of Pages attached: 42

I understand that responses to Grand Jury Reports are public records. They will be posted on the Grand Jury website: www.co.mendocino.ca.us/grandjury. The clerk of the responding agency is required to maintain a copy of the response.

I understand that I must submit this signed response form and any attachments as follows:

First Step: E-mail (word documents or scanned pdf file format) to:

- The Grand Jury Foreperson at: grandjury@co.mendocino.ca.us
- The Presiding Judge: grandjury@mendocino.courts.ca.gov

Second Step: Mail all originals to:

Mendocino County Grand Jury
P.O. Box 939
Ukiah, CA 95482

Printed Name: Tom PINIZZOTTO

Title: ASST. HNSA DIRECTOR, HEALTH SERVICES

Signed: Tom Pinizzotto Date: 7-3-2012

**Required Response from Mendocino County
Health & Human Services Agency (HHS) to the
Grand Jury Report
“A Report on the Mendocino County Mental Health Branch”
Dated March 7, 2012
Received May 4, 2012**

GRAND JURY FINDINGS

**Grand Jury Finding:
Mental Health (MH) Administration/Management**

- #1. Administrators often communicate using top-down directives without adequate explanation or input from employees, stakeholders or Board members.
- #2. Anyone needing information has reported slow, minimal or no response. However, MH was responsive to requests by the Grand Jury.
- #3. Staff members report that MH administrators:
 - Are unlicensed or often not trained in mental health issues
 - Operate with administrative indecision
 - Provide uneven direction and supervision of employees
- #4. Medical records personnel and case managers have reports of unresolved conflicts regarding their interactions.
- #5. The Grand Jury received complaints that two MH staff members reversed police and hospital staff recommendations to hospitalize clients under HS Code Section 5150 (regarding individuals who are a danger to themselves and others).

HHS Response to Findings 1 - 5:

#1. Disagree Partially

It is common business practice for administrators to communicate directions and decisions to his/her supervisees and for the supervisees/managers to communicate to their employees. The MH Director meets with the Mental Health Board on a monthly basis to provide updates and receive input. The MH Director, Deputy Director and MHS staff attend the MHS stakeholder meetings and MHS forums to provide updates and receive input from the stakeholders and public. The MH Director and MH leadership team meet on a weekly basis to review program goals and progress, address agency changes, and any issues and concerns. The MH Manager and supervisors meet with their staff on a weekly basis to check –in and address any issues

or concerns. The HHS Agency Director has All Staff Meetings to talk with the staff about the changes, address issues and concerns, and answer staff questions. The MH Director takes time to check-in with staff, on a regular one to one basis. The MH Director has an open door policy and encourages staff to come to him with questions or concerns.

To insure on going consistent communications with all staff, the agency has implemented the following actions:

- a. Bi monthly Health and Human Service Agency Leadership Team Meetings. See attached 2012 schedule.
- b. All Staff Check In Meetings, individual meetings in all three locations (Ukiah, Willits and Fort Bragg). See attached All Staff Check In Meeting Calendar.
- c. Regular combined Public Health, Mental Health and Alcohol and Drug staff meetings.
- d. Bi-Weekly "Newsletters" on a variety of topics including but not limited to BOS updates, new programs and services, program updates from the Agency Director and Assistant Agency Directors.

#2. Agree

#3. Disagree Partially

There are five Administrators on the County Mental Health Senior Management Team. Excluding the CFO, two of the Administrators are licensed, (one has a dual license). The third administrator has attained the required supervision hours to qualify for the licensing exam and is expected to be licensed on or before October 2012. The Interim MH Director received licensure from the State of Illinois in 1980. He has past experience as a mental health director for Colusa and Yolo counties and has consulted on mental health issues with many counties including, not limited to, El Dorado, Kings, Lake, Solano, Merced and Sutter-Yuba. In 2007 he was nominated and became an Emeritus Mental Health Director for the California Mental Health Directors Association. All have post graduate degrees, three have 20 plus years of postgraduate mental health experience and one has over ten years of postgraduate mental health experience. All the members of the Senior Management team attend trainings, forums and participate in conference calls on current mental health issues confronting all Mental Health systems throughout the state. Many of the trainings are sponsored by the California Mental Health Directors Association and California Institute of Mental Health.

#4. Agree

#5. Disagree Partially

Mental health does at times rescind 5150 holds that have been placed by law enforcement, only after a thorough crisis assessment and in consultation with a supervisor. The crisis worker always consults with law enforcement and hospital staff, before making a final determination. When the crisis worker finds the client does not meet the legal criteria to be held on a 5150 or there is a less restrictive option to treat the individual, the 5150 will be rescinded with a follow-up for care and safety. One of the goals of the California Lanterman-Petris-Short Act was to end the inappropriate and involuntary commitments of mentally disordered persons. The least restrictive option should always be explored, if it is in the best interest of the client.

**Grand Jury Finding:
MH Programs/Finance**

- #6. MH balanced the operating budget this year.
- #7. The opinions expressed about management direction (by those interviewed) are that if a program is not self-supporting, then it should be eliminated. MH uses General Funds only for matching other grand funds to support MH.
- #8. The state conducts annual Medi-Cal audits with a four-year period delay and mistakes accrue penalties during that period. Penalties from Medi-Cal audits have been a huge financial drain to MH.
- #9. MH has lacked internal audits and training to discover Medi-Cal billing errors. However, they have now hired a worker to minimize audit exceptions and maximize reimbursements. MH expects caseworkers to spend 70% of their time working on billable Medi-Cal issues. However, the achievable goal appears to be around 40% because most of their time is used for other non-billable tasks.

HHSA Response to #6 - 9:

- #6. Agree
- #7. Disagree Wholly

Mandated programs and services are not always self-supporting and are never eliminated due to fiscal short falls or for any other reason.

Several non mandated programs were restructured or eliminated due to budgetary shortfalls. (example, the Red House restructured March 2011; reopened May 2012).

As is the case with the majority, if not all small, rural, California counties, County General Funds are not utilized for matching other grant funds or any other County Mental Health programs.

The amount of available matching funds, from funding sources other than County General Fund, has increased as a result of the past year restructure of integrating MHPSA funds with other mental health funding streams.

#8. Disagree Partially

The State does not conduct annual Medi-Cal Audits. Instead, the State conducts annual Cost Report Settlement Audits. The Cost Report Settlement Audits reconcile submitted Cost Reports utilizing multiple factors including, not limited to:

- The adjudication of claims submitted during the prior fiscal year.
- Cost Allocation Methodology adjustments.
- Federal Units of Service Adjudication Discrepancies.

Many factors can cause a reduction in payments that exclude mistakes on the part of staff (these are only a few factors that can cause adjustments in the cost per unit ratios that result in recoupment of funds due to reconciliation and are not penalties of the Medi-Cal Program).

Currently, due to State staffing shortages, the Medi-Cal Cost Report Audits are delayed by almost 6 years. This is an additional 2 years of delay since 2006/2007.

There has been a steady decline in negative cost settlements from past fiscal years to present.

#9. Disagree Partially

During the past four years (fiscal year 2007/2008 forward) county mental health has implemented an internal structure of audits and continual training to reduce all Medi-Cal billing errors to a level consistently below a 5% error rate. These processes include:

- Concurrent and retroactive client chart reviews.
- Treatment authorization and medical necessity reviews.
- Dual audit checks of all services entered into avatar.
- Continual Quality Improvement Trainings for county mental health clinicians and outside mental health organizational providers.

These processes are ongoing and are provided to county clinical providers as well as organizational providers.

County mental health expects caseworkers to achieve a Medi-Cal billable percentage of 70% or more of case-workers time. The county mental health department disagrees with the assessment of only 40% attainability. This standard is achievable and has been reached by some existing staff.

Grand Jury Finding:
Technology

- #10.** The current Avatar patient computer system meets Health Insurance Portability and Accountability Act (HIPAA) regulations, and client notes are computerized. However, other important client information, such as medications prescribed or details of the last patient appointment, is not computerized and Avatar does not interface well with other external service providers' systems.
- #11.** Retrieval and editing of client notes is extremely slow and requires a lot of personnel time.
- #12.** Obtaining specific fiscal and program information is a problem, and financial reports are hard to read and understand by employees, clients and the public.

HHSA Response to Finding #10 - 12:

Agree to # 10 & 11.

The preliminary assessment for upgrades was initiated on March 7, 2012 (refer to the attached Netsmart letter re: Scheduler Advancement Plan) and updated on June 18, 2012. This will allow for additional modules and enhancements as follows:

- a. E-Prescribing
- b. Speed the process of progress note entry, retrieval and editing through the scheduler component.
- c. Interface with external service providers' system.
- d. Enhance the billing process.

Staff education and training sessions will be provided.

Completion is expected on or before October 2012.

Agree to # 12.

The following are actions to meet this recommendation and the time frame for implementation:

Time Frame for Implementation

- a. Crystal Report training to be provided to specific fiscal and/or IS staff before October 2012.
- b. County Mental Health fiscal and program staffs in collaboration with the Information Services (IS) liaison will prepare a detailed list of data reports, clinical screens and intake/demographic data screens that are integrated and will be utilized to collect relevant data for the Crystal Report. To be completed on or before September 2012.
- c. Mental Health Leadership to develop a menu of priority reports on or before August 2012.

Grand Jury Finding: Client Services

- #13.** MH has reduced client services to a minimal operating level. Services have been limited to those that are mandated, and the focus of the program has been for Medi-Cal and SMI clients. MH has increasingly re-directed clients to other contracted and non-contracted service providers.
- #14.** There is a common check-in window and waiting room for children waiting for immunizations, adults arriving for drug testing, and MH clients waiting for appointments.
- #15.** MH re-negotiated a cost-saving contract with prior vendor for transportation of clients. Now services are "on-call" from Napa, resulting in a long waiting period (a minimum of 4 hours for clients on the Mendocino coast).
- #16.** MH hospitalizations were greatly reduced from the previous year (by 96 patients, 272 to 176), and admissions must now be approved by a supervisor, who may or may not be licensed.
- #17.** MH administration has stated that they want to "bring people home" from MH hospitalizations. However, there is a severe lack of local appropriate housing available to achieve this.
- #18.** MH servicers for Juvenile Hall and the Mendocino County Jail were greatly reduced, and the psychiatrist in charge left County service. The County is currently contracting with a medical group for services. Prison/jail personnel expect arrival of realignment prisoners will increase the number of MH clients.

- #19.** MH has cut services on the Mendocino coast to a minimum operating level.
- #20.** Public health clinics are reporting a large increase in their MH client load.
- #21.** Two years ago, MH had 125 employees; now there are fewer than 45 active employees. Some large caseloads are not realistic. There are almost no remaining licensed clinicians.
- #22.** Remaining caseworkers and some supervisory staff are still dedicated to providing what services they can.
- #23.** MH administration and staff have suffered from an enormous turnover of employees, which has resulted in the loss of some highly effective key personnel.
- #24.** The GJ has reports that some MH crisis workers have limited experience and others have not received the proper credentials or licensing to assess and diagnose clients.
- #25.** It is difficult to recruit and hire high-quality MH employees to Mendocino County. The HHSA Human Resource Department takes months to hire personnel; this is a result of Civil Service regulations, collective bargaining agreements, and cumbersome hiring systems (e.g. maintaining lists of qualified applicants).

HHSA Response to Findings 13 – 25:

#13. Agree

#14. Disagree partially.

Prior to the relocation, to the Dora Street facility, floor plans were revised and approved to renovate the reception area. The renovation required more time to complete than anticipated.

When county mental health relocated to the Dora Street facility there was one common check-in window. The space has been renovated adding two additional check in windows. Now there are separate check in windows for mental health, immunizations, and AODP services. Initially upon the move there was only one waiting area. Now there are two separate and distinct waiting areas. Additional waiting room space is now available in the PES area of the facility for clients in crisis. There is also available waiting room space for family and children in the youth area.

#15. Disagree partially.

Yes, mental health negotiated a cost saving contract with a prior vendor for transportation and there are occasionally long waiting periods for transports. Long waits are not uncommon for small rural California counties who do not have in county acute care facilities. When available and medically required, local ambulance services provide transport.

A RFP for transportation services was issued in June 2012 and a new contract is expected to be in place effective October 2012.

Several psychiatric hospitals/facilities have agreed to provide transport back to the county, upon discharge from the acute care facilities, at no charge to the county or client. One of the in county residential programs has agreed to provide, at no charge, transports for all residential transfers, mental health appointments and conservatorship hearings.

#16. Disagree partially.

Hospitalizations were reduced over the previous year, as more options were available to provide clients with least restrictive options within their community. These options included respite beds within the community. More effort has been directed to providing the least restrictive options to clients, so that they can remain in their community and receive appropriate care. The upholding and rescinding of a 5150 hold requiring a supervisors approval has been in place for over 5 years. The purpose of having a supervisor's approval was enacted to provide the crisis worker a person to consult with and to provide oversight and training. Some supervisors may not be licensed, but all have been working within the mental health crisis field for over 10 years.

#17. Agree.

#18. Disagree partially.

Mental Health services for Juvenile Hall were not reduced. The psychiatrist in charge left county employment then contracted directly with Juvenile Hall maintaining the same service level.

#19. Disagree partially.

Mental Health services on the coast have changed, partially from the restructure (Hope Team/Red House closed) and partially from 4 resignations.

During the past 6 months, the following coastal program and service enhancements have been implemented:

- A. Red House reopened May 2012 (hours of operation Tuesday through Friday 10:00 a.m. to 3:00 p.m.; Saturday expansion is planned), 1.0 FTE hired to provide care management and crisis services.
 - B. 2.0 FTEs hired to replaced 2 resignations.
 - C. Recruitment in process to hire 1.0 FTE staff assistance.
 - D. Recruitment in process to hire 1.0 FTE care manager to provide care management services in collaboration with the Coast Clinic. Funding through MHSA.
 - E. Hospitality House enhancements:
 - a. Awarded the PATH Grant for FY 11-12 and FY 12-13
 - b. Respite bed services added
 - c. Discussions to begin in early July regarding an additional SAMHSA Grant-Mental Health Services Block Grant (to serve persons with Severe Mental Illness particularly the homeless and dually diagnosed).
6. Additional 30 contract hours of professional staff services (medication support) will be phased in starting July 1, 2012
7. MHSA programs and funding enhancements:
- a. Action Network-Prevention and Early Intervention, Parent Partner Services
 - b. Mendocino County Youth Project-Prevention Collaboration Services
 - c. Mendocino County Youth Project- Education, Destigmatization, and Peer Support-Children and Youth
 - d. Mendocino County Youth Project-Early Intervention or Special Education Services
 - e. Redwood Children Services-Early Intervention or Special Education Services
 - f. Redwood Coast Seniors-Senior Peer Counseling

The following actions have been taken or are in process, to enhance professional staff services:

- a. Medication support services will be increased from 16 hours per week to 36 hours per week in July 2012

- b. Registered Nursing hours for the injection clinic has increased from 6 hours per week to 10 hours per week.
 - c. Request For Qualifications will be issued in July 2012 for a qualified and credentialed Adult Psychiatric and Adult Mental Health, Psychiatric Nurse Practitioner to provide medication support services (16 to 24 hours per week dedicated to the coast).
7. The following coastal MHSAs programs have been enhanced:
- a. Action Network - Prevention and Early Intervention, Parent Partner Services
 - b. Mendocino County Youth Project - Prevention Collaboration Services
 - c. Mendocino County Youth Project - Education, Destigmatization, and Peer Support-Children and Youth
 - d. Mendocino County Youth Project - Early Intervention and Special Education Services
 - e. Redwood Children Services - Early Intervention and Special Education Services
 - f. Redwood Coast Seniors - Senior Peer Counseling Program
 - g. Monthly meetings have been scheduled with County Mental Health and the Mendocino Chapter of NAMI to enhance collaboration in the deployment of resources.
8. The following trainings have been offered to county staff and providers on the coast:
- a. MH Prevention Training Early Psychosis Intervention Program 4/30/2012
 - b. Dismantling Racism 6/13/2012

During fiscal year 2012/13 ongoing training is planned for county mental health staff and community organizational providers.

#20. Disagree partially.

Yes, there are large increases in the mental health case loads at the health clinics. These increases include clients (low mental health need) who are not the target populations for mandated county mental health services, clients who are re-entering the county from prison reform (AB 109) and a smaller percentage of clients with high mental health need, Seriously Mentally Ill (SMI), who are best served by county mental health. The health clinics are an important part of the overall delivery system. However, their service model and reimbursement structures do not allow for, nor meet the specialty needs of the SMI population.

The health clinics are an important part of the over all delivery system. However, their service model and reimbursement structures do not allow for, nor meet the specialty needs of the SMI population. Health Clinics and County Mental Health have initiated discussions concerning the differences in the scope of services for care managers. Health Clinics and County Mental Health have developed a hybrid model of care management that will meet the needs of both entities (serving clients who have low mental health demand and the SMI population which usually requires more assertive and comprehensive care management). The FY 2012/13 MHSA Plan has been revised to include 2.0 FTE (1.0 FTE for Hillside Clinic and 1.0 FTE for the Coast Clinic) for care managers to better serve the SMI population who receive primary care at the Health Clinics.

#21. Disagree partially.

The statement that there are almost no remaining licensed clinicians is not accurate.

Currently county-wide, there are 21 licensed staff (including 5 licensed contract staff).

There are 5 licensed staff currently working full time on the coast, not including an additional 4 licensed contract professional staff working part time on the coast. An additional contracted licensed professional staff member will be starting on the coast in August 2012 and will be available to provide medication support services for 16-24 hours a week.

#22. Agree.

#23. Agree.

#24. Disagree.

All of the MH crisis workers have to meet the minimum qualification, which includes a degree, years of experience, and having worked with people with mental disorders previously. All crisis workers go through training, before being able to work a shift on their own. There is a 5150 training each year, which all crisis workers must attend. MH crisis workers conduct a crisis assessment to determine whether a client meets 5150 criteria as defined by the penal code. MH crisis workers do not conduct clinical assessments or diagnose individuals, as that is conducted by a clinician during an intake assessment.

#25. Agree.

**Grand Jury Finding:
Facility Relocation**

#26. MH moved to a Dora Street facility shared with the Public Health immunization clinic and AODP. The move cost around \$100,000 total, of which they spent \$20,000 to resize medical record retrieval equipment to fit the new space. As a cost-cutting measure, there is now only one check-in window in a small, inadequate waiting room. Mental health clients, clients coming for drug testing, and children arriving for immunization are required to share a common space. Client confidentiality is difficult to maintain.

HHSA Response to Finding #26:

#26. Disagree partially.

Prior to the relocation, to the Dora Street facility, floor plans were revised and approved to renovate the reception area. The renovation required more time to complete than anticipated.

When County Mental Health relocated to the Dora Street facility there was one common check-in window. The space has been renovated adding two additional check-in windows. Now there are separate check-in windows for Mental Health, immunizations, and AODP services. Initially upon the move there was only one waiting area. Now there are two separate and distinct waiting areas. Additional waiting room space is now available in the PES area of the facility for clients in crisis. There is also available waiting room space for family and children in the youth area.

There never was any intent nor plan for any cost-cutting measures regarding limiting check-in windows or inadequate waiting room space.

GRAND JURY RECOMMENDATIONS

Grand Jury Recommendation:

#1. MH Administrators be trained in MH issues, develop consistent goals, and provide transparent communication to clients, staff and the public. (Findings 1, 2, 3, 5)

HHSA Response:

#1. The recommendation has been implemented.

MH Administrators as well as line staff have received a variety of trainings during the past six months and on going trainings are planned and budgeted. Trainings are focused on many topics including and not limited to MH issues, best practices, organizational change, clinical and fiscal topics (see the attached sampling of trainings: We Need Another Point Of View! Dismantling Racism, Gender Diversity, Law and Ethics Update: HIPAA/HITECH/Confidentiality for County Healthcare Staff, Supervisors Core Competencies Workshops, SAMHSA SSI/SSDI Outreach, Access and Recovery Technical Assistance Project Training).

Staff have attended trainings sponsored by the California Mental Health Directors Association (CMHDA) and California Institute of Mental Health (CiMH). In January of this year County of Mental Health joined a 14 month Learning Collaborative with 12 other small rural counties. The Learning Collaborative focus is on improved communications, collaboration between clients, primary care, public health, mental health and alcohol and drug services (see the attached: Learning Collaborative, Small County Care Integration).

The development of consistent goals, actions to achieve goals, and monitoring of outcomes occurs weekly at the Mental Health Action team meeting. One major goal for FY 2012/2013 is the development of a 3-5 year comprehensive, integrative, sustainable and seamless MHSA Plan. A series of stakeholder forms (see attached) have been scheduled. Stakeholders include, not limited to, clients and their families, Mental Health Board members, community providers, law enforcement and county staff. Once the plan is developed, there will be a public comment period followed by the Mental Health Board Public Hearing with an advisement to the Board of Supervisors for consideration.

The MHSA planning process is one vehicle to enhance transparency of communications to all stakeholders including clients and their families. In addition, the Mental Health Director has schedule monthly meetings with NAMI to discuss issues and concerns.

Grand Jury Recommendation:

- #2. MH establish and monitor clear interactive roles and responsibilities between medical records and staff. (Finding 4)

HHSA Response:

- #2. The recommendation has been implemented.

Summary of Implemented actions:

- a. The medical records staff moved under the same clinical manager as care managers, effective April 16, 2012. Joining the two teams under one manager, allows for better understanding of roles and responsibilities of each other and eliminates the silo effect.
- b. The medical records supervisor now attends a portion of the care manager team meetings.
- c. The clinical manager attends bi-monthly medical records team meeting to address silo issues and concerns.
- d. Customer service training is planned.

Both the medical records supervisor and the care manager supervisor report no current issues or concerns with their staff's interactions. Communications have improved.

Grand Jury Recommendation:

#3. MH use some General Funds to help support client services. (Finding 6-9)

HSA Response:

#3. This recommendation will not be implemented and is not deemed reasonable. As is the case with the majority, if not all small rural, northern California counties, County General Funds are very seldom if ever used for the cost of mental health services or programs including the match for grants. In addition, it is not reasonable to expect, especially now during the current depressed economic times, that county general funds are available to help support client services.

The amount of available matching funds has increased as a result of the past year restructure by integrating MHSA funding with other mental health funding streams.

Grand Jury Recommendation:

#4. Do a preliminary assessment for a new computer system or upgrades to the current system. The goal is significant savings in personnel time and costs. (Finding 10 & 11)

HHSA Response:

#4. The recommendation has not been implemented but will be in the future.

The preliminary assessment for upgrades was initiated on March 7, 2012 (refer to the attached Netsmart letter re: Scheduler Advancement Plan) and updated on June 18, 2012. This will allow for additional modules and enhancements as follows:

- a. E-Prescribing
- b. Speed the process of progress note entry, retrieval and editing through the scheduler component.
- c. Interface with external service providers' system.
- d. Enhance the billing process.

Staff education and training sessions will be provided.

Completion is expected on or before October 2012.

Grand Jury Recommendation:

#5. MH administration print financial reports that contain specifically requested information. This information needs to be clear, concise and easily readable by the community. (Finding 12)

HHSA Response:

#5. The recommendation has not been implemented, but will be in the future.

The following are actions to meet this recommendation and the time frame for implementation:

Time Frame for Implementation

- a. Crystal Report training to be provided to specific fiscal and/or IS staff before October 2012.
- b. County Mental Health fiscal and program staffs in collaboration with the Information Services (IS) liaison will prepare a detailed list of data reports, clinical screens and intake/demographic data screens that are integrated and will be utilized to collect relevant data for the Crystal Report. Reports format will be simplified and information clear, concise and easily readable. To be completed on or before September 2012.

- c. Mental Health Leadership to develop a menu of priority reports on or before August 2012.

Grand Jury Recommendation:

- #6. MH hire additional qualified personnel to serve current and future MH clients in Mendocino County. (Finding 13, 15 & 18)

HHSA Response:

- #6. This recommendation has been implemented.

County Mental Health is in the process of recruiting additional qualified personnel to serve current and future mental health clients in Mendocino County. This includes, not limited to, the following clinical positions:

- a. Mental Health Clinician(s) – 3 FTEs
- b. Rehab Specialist(s) – 6 FTEs (including 1.0 FTE for the Coast Clinic and 1.0 FTE for Hillside Clinic)
- c. Chief Psychiatrist – 1 FTE
- d. Mental Health Clinical Manager – 1.0 FTE
- e. MH Program Administrator – 1.0 FTE
- f. Senior Program Specialist – 1.0 FTE
- g. Staff Assistant III – 1.0 FTE
- h. Substance Abuse Treatment Supervisor – 1.0 FTE
- i. Senior Substance Abuse Counselor – 1.0 FTE
- j. AOD Program Administrator – 1.0 FTE

In July 2012 a Request For Qualifications (RFQ) will be issued for a licensed Psychiatric Nurse Practitioner credentialed as an Adult Psychiatric and Adult Mental Health, Psychiatric Nurse Practitioner. This person will provide 16 – 24 hours per week of psychiatric nurse services on the coast.

This past year County Mental Health has utilized the MHSA Loan Assumption Program and awarded over \$20,000 to county and organizational providers staffs. This has helped to recruit and retain qualified staff. Applications for FY 2012/13 Loan Assumptions are in process (due date is August 2012).

Grand Jury Recommendation:

- #7. MH administration create separate check-in and waiting areas for the diverse client population. (Findings 14 and 26)

HHSA Response:

- #7.** This area of the facility has been renovated adding two additional check in windows. Now there are separate check in windows for mental health, immunizations, and AOD services.

There are two separate and distinct waiting areas. Additional waiting room space is now available in the PES area of the facility for clients presenting in crisis. There is also available waiting room space for family and children in the youth area of the facility.

Grand Jury Recommendation:

- #8.** The County established suitable local housing for clients returning from MH out of county placements. (Finding 16 & 17)

HHSA Response:

- #8.** The recommendation has not yet been implemented but will be in the future.

Establishing suitable local housing for clients returning from out of county placement has been an ongoing issue for Mendocino County as well as the majority of small rural counties. County Mental Health has MHSA funds available to develop the housing continuum. County Mental Health and stakeholders will initiate the planning process for a comprehensive, integrated, sustainable and seamless 3 year MHSA plan in July 2012. Housing is a key element of the plan and will be address during the planning process.

Grand Jury Recommendation:

- #9.** MH restore to last year's levels the psychiatric services for jailed youth and adults. (Finding 18)

HHSA Response:

- #9.** This recommendation has been implemented.

Mental Health services for Juvenile Hall were not reduced. The psychiatrist in charge left county employment then contracted directly with Juvenile Hall maintaining the same service level.

Jail nursing services have been enhanced through a contract with California Forensics Medical Group to provide nursing services.

County Mental Health in collaboration with the Sheriff, Probation and District Attorney is in the process of hiring and or contracting for 1.5 FTE (1.0 FTE Care Manager and 0.5 FTE Alcohol and Drug Counselor). Funding is from AB109.

County Mental Health in collaboration with the Sheriff, Public Defender, AOD services, etc, is developing a multi disciplinary forensic team to coordinate and collaborate on care management services for inmates.

Grand Jury Recommendation:

#10. Mendocino County health clinics that are already serving large numbers of MH clients respond to the HHSA RFP to privatize County H services when issued. (Findings 19 & 20)

HHSA Response to Recommendation #10:

#10. The recommendation will not be implemented because it is not reasonable.

The HHSA RFP is being prepared and will be issued after final reviews by County Counsel and Risk Management. Timeline for release is on or before August 2012.

County Mental Health is in discussions with one of the Federally Qualified Rural Health Clinics (FQRHC) to obtain a satellite license at the Dora Street Behavioral Health and Recovery Services facility thus allowing for increased capacity to serve mental health clients, opportunity to integrated primary and behavioral health care services and opportunity to increase reimbursement to ensure sustainability.

We have no control over who responds or does not respond to our RFP.

Grand Jury Recommendation:

#11. Human Resources use language that is more specific in employment advertisements for qualified MH personnel, particularly licensed clinicians, listing the experience and education requirements for job openings. These explanations need to be in addition to the mandated Civil Service requirements. (Findings 21-25)

HHSA Response:

#11. The following recommendation has been implemented.

All advertisements use minimum qualifications that have been taken directly from county class specifications, and are required to be approved by the Civil Service Commission. The Civil Service Commission oversees all classification specifications, including setting minimum qualifications with Human Resources recommendations per Civil Service Rules.

ATTACHMENTS:

Findings Section

- 1. HHSA Leadership Team 2012 Meeting Schedule (finding #1)**
- 2. HHSA Director's Bi-Weekly letter to HHSA staff (finding #1)**
- 3. Netsmart Scheduler Advancement Plan (finding #10-11)**

Recommendations Section

- 1. HHSA Training Opportunities for staff (finding #1)**
- 2. Learning Collaborative, small county integration (finding #1)**
- 3. Mental Health Services Act 2012/13 Schedule (finding #1)**



**Mendocino County
Health & Human Services Agency Leadership Team
HHSALT CORE TEAM MEETING
AGENDA**

Tuesday, June 26, 2012

8:30 am – 9:30 am

Stacey's Office at Administration-Yokayo

Distribution:

Stacey Cryer	Karin Wandrei	Tom Pinizzotto
Jo Arlin	Doug Gherkin	Dora Briley
Sharon Hunt		

Supported by: Leatha Andersen, Admin Sec.

Key Code: IS = Information Sharing, PS = Problem Solving, P = Planning, D = Decision

- | | | | |
|--|--------|---------|----------------------|
| 1) Welcome and Agenda Review | | 2 Mins | Stacey |
| 2) Director Announcements
- Director Shadowing | IS | 5 Mins | All |
| 3) Assistant Director (Branch) Updates | IS | 10 mins | Karin/Tom/
Sharon |
| 4) Staff Resources Updates | IS | 5 Mins | Jo |
| 5) Contracts Unit/Administrative Updates
- Physical Placement of Admin Staff/Contract Staff
- All Staff Check In Meetings thru Dec. (handout) | IS | 5 Mins | Dora |
| 6) Budget Updates | IS | 5 Mins | Doug |
| 7) Reflection on Reflecting Team | IS | 5 Mins | Karin/All |
| 8) County Guidelines for Grant Submission | D | 5 Mins. | Stacey |
| 9) Agency Procedure Process Discussion
- Review of Process Steps (handout) | D | 6 Mins. | Dora/All |
| 10) Grant Demo of Healthy Foods for FS Clients | IS | 2 Mins. | Dora |
| 11) Disaster Preparedness Training Course 100 & 700 | IS/D | 5 Mins | Sharon |
| 12) Admin Staff Placement | IS | 5 Mins | Dora/Stacey/A
II |
| 13) Removal of House Plants - All Staff Memo Discussion | IS/P/D | 5 Mins | Stacey/All |
| 14) Director Shadowing | IS/P/D | 5 Mins | Stacey/All |
| 15) HHSALT Core Team Meeting Frequency
- 2012 Calendar Schedule (handout) | IS/P/D | 2 Mins | All |



Mendocino County
Health and Human Services Agency
HHSALT

2012 SCHEDULE

Frequency: Tuesday mornings when the BOS does not meet

Time: 8:30 AM to 9:30 AM

Attendance: Stacey Cryer, Karin Wandrei, Tom Pinizzotto, Doug Gherkin, Sharon Hunt, Dora Briley, Jo Arlin and Leatha Andersen

Location: Stacey's Office at Yokayo, 747 S. State St., Ukiah

Date
June 5 and 26
July 3, 17 and 31
August 7 and 21
September 4 and 18
October 2, 9 and 30
November 20 and 27
December 4

Tom Pinizzotto - All Staff Check In Meeting - Tomorrow - Leadership is looking forward to meeting with you.

From: HHSANotification

Date: 6/20/2012 5:11 PM

Subject: All Staff Check In Meeting - Tomorrow - Leadership is looking forward to meeting with you.

ALL STAFF CHECK IN MEETING (TOMORROW) – JUNE 21

The HHSA Leadership Team is looking forward to meeting with you on Thursday, June 21. Stacey Cryer, Karin Wandrei and Tom Pinizzotto and various Deputy Directors will be present to meet with staff. This is your chance to bring up concerns, what's working, or what's not; we encourage open dialogue. Please see the times and locations listed below:

Thursday, June 21, 2012	8:00—9:00	Big Sur Conf. Rm.	Ukiah
Thursday, June 21, 2012	1:00—2:00	WISC, Atlantic Rm.	Willits
Thursday, June 21, 2012	3:00—4:00	Avila Center Conference Room	Fort Bragg

Tom Pinizzotto - Stacey's Bi-Weekly Letter - June 21, 2012

From: HHSANotification
Date: 6/21/2012 2:05 PM
Subject: Stacey's Bi-Weekly Letter - June 21, 2012

The following message is sent to you on behalf of Stacey Cryer, Director, HHSA.

Stacey's Bi-Weekly Letter - June 21, 2012

Hello Everyone,

I hope everyone is doing fine. It is a very busy time right now with lots going on as always. My sincere hope is that you are able to forget about work and enjoy the beautiful summer evenings and weekends we are having. Many of you I have spoken with lately have had graduations for your children, grandkids, and close friends. I, myself, watched my son graduate from High School in Montana and my step-daughter graduate from Willits High school. It was very rewarding and a little sad at the same time. It is tough to watch them struggle with decisions of what to do next. I wish the best for my kids and all of our young adults stepping out into the next phase of their lives.

I wanted to let you know that starting with the next letter we are going to begin a new section called Headlines. I have asked Tom, Karin and Sharon to each give me one story that they consider to be a headline story from Behavioral Health and Recovery Services, Public Health and Social Services. I will include what they give me each time in my letters. The idea is to hopefully help you stay informed about what is going on in other parts of the Agency. I hope you find this section helpful.

MESSAGE FROM TOM PINIZZOTTO

I am happy to be here as the Assistant Director for Mendocino County Health and Human Services Agency, Health Services. My career in service delivery to communities, families, groups, and individuals spans over three decades. I have a blend of professional experiences in both the private and public sectors. I performed in a variety of positions from case manager, medical social worker, CPS worker, and vocational coordinator to hospital administrator, health system CEO and emeritus mental health director. I have practiced in rural and urban communities, large corporations and small "mom & pop" start ups. Throughout this journey, I have consistently embraced two principles:

- Clients First
- Change is the law of life. And those who look only to the past or present are certain to miss the future. JFK

I received a BS degree in Psychology from Loyola University, Chicago, and an MSW from Loyola University, School of Social Work. Field placements were at Illinois State Psychiatric

Institute and Chicago Alcoholic Treatment Center. I have had leadership opportunities with corporations: Charter Medical, Evanston Hospital & Sterling Healthcare and counties: Cook County in the State of Illinois, Colusa, and Yolo in the State of California, to name a few.

I am the proud parent of eight children.

MENTAL HEALTH RFP (Request for Proposal)

On June 18, Tom and I gave an update on the status of the RFP for MH Services to the BOS. We briefly reviewed the conversations and updates that have taken place since March 15, 2011 when the Board of Supervisors discussed this RFP as part of their strategic planning workshop. We also reminded them that we knew this would be a lengthy process, we had estimated 12 to 15 months and we are at the 15 month mark right now. We had hoped to release the RFP by May 15th, but were unable to meet that target. Our hope is to release it as soon as possible. Again, I know this has been very anxiety ridden for staff and I am sincerely sorry for that.

BOARD UPDATE

Monday, May 21

The Board of Supervisors heard a Proclamation recognizing May 20-26 as Emergency Medical Services (EMS) Week and acknowledged the value of those services to our community. Cindy Roper did a great job on making a collage of pictures representing EMS services, which is displayed in the front foyer at the Dora Street office. Additionally Cal Fire dispatch was recognized for their valuable service providing emergency dispatch services to our county.

Additionally the board heard third quarter update information and preliminary budget info, which can be found at <http://www.co.mendocino.ca.us/administration/BoardWorkshops.htm>

Tuesday, May 22

All HHS consent items passed.

Monday, June 11

Jack Horn of Partnership Health Plan of California and I presented an update on the managed care program serving Mendocino County's Medi-Cal clients. Mendocino County is very fortunate to have the Partnership Health Plan as its provider.

Tuesday, June 12, 2012

All HHS consent items passed.

Monday, June 18

Tom Pinizzotto and I presented an update on the RFP for Mental Health Services for the County. The update included historical information, current status and expected timeline of the RFP.

Tuesday, June 19

All HHS consent items were passed.

To find other Board items of interest please refer to the Board of Supervisor's website at

<http://www.co.mendocino.ca.us/bos/> .

To find the latest County Executive Officer Report please refer to the Executive Office website at <http://www.co.mendocino.ca.us/administration/>

COUNTY SERVICE AWARDS FOR 15 YEARS OF SERVICE AND ABOVE

On June 18, the Board of Supervisors awarded service pins to employees with 15 or more years of service with Mendocino County. It was great to see staff recognized for their years of dedication to Mendocino County. I want to take this opportunity to thank everyone who works in the Agency. I appreciate all the hard work that you do every day. I want to send personal congratulations to those employees listed below; you have provided so many years of great service, thank you.

15 Years	20 Years	25 Years
De Cooke - MH	John Morley – PH	Rosemary Rodriguez - PH
Lucila Martinez - PH	Valerie Lawe - PH	
Jennie Angell - SS	Anne Nava - SS	
Catherine Linville - SS		
Tammy Lynch - SS		
Marsa (Gail) Viera - SS		

To see photos of the ceremony and those being honored go to the InterestNET Home Page at: <http://interestnet.mendocino.gov/interestnet/content.pl>

SIU UNIT RECEIVES PROCLAMATION ON BASSLER CASE

On Tuesday June 5, Stacey Cryer presented the Special Investigation Unit a proclamation from the City of Fort Bragg thanking the unit for its' help during the Aaron Bassler case in August 2011. Additionally, Stacey presented Investigators McCloskey, Walker, and Arms a Meritorious Award from Sheriff Tom Allman for their assistance in this case.

Mr. Bassler was wanted in connection with the murder of Fort Bragg City Council member Jere Melo and coastal resident Matt Coleman in August of last year. To see the unit photo with their proclamation visit it the home page of the InterestNET at <http://interestnet.mendocino.gov/interestnet/content.pl>

ADULT PROBATION HAS A NEW ADDRESS

Jim O. Brown, Chief Probation officer announced as of June 21, 2012 the Mendocino County Probation Department Adult Division is located at 589 Low Gap Rd., in Ukiah. Their new phone number is (707) 234-6910.

AAA (Area Agency on Aging) ADMINISTERED IN LAKE COUNTY STARTING IN JULY

Effective July 2, 2012, the AAA program will be administered from Lake County and in keeping with the current JPA will continue to cover Lake and Mendocino Counties. Please mark your records to reflect new contact information in Lake County for AAA at: AAA Main Line 707-262-4517, and for Ombudsman is 707-262-4525.

Reminder: Always be sure to check the InterestNET for the latest announcements and information.

Enjoy the weekend,
Stacey

Tom Pinizzotto - Combined Dora Street All-Staff

From: Sharon Hunt
To: Tom Pinizzotto
Date: 6/20/2012 4:59 PM
Subject: Combined Dora Street All-Staff

Tom,

I would like to start the Dora Street All-Staff meeting on July 2nd. Typically, we schedule the first working Monday of the month in Conf Room #1 from 8:15 - 9:30/10:00. All depending on the agenda topics.

Typically our meetings have consisted of:

- Director gives an update or notice of ongoing or new issues including budget, trainings, service pins for 10 years or less, recognition awards for staff (i.e. Moment of Truth), specific topics that are high on priority list, reminders of fiscal or program/community meetings, etc.
- We ask staff if they have questions at this point.
- Deputy Directors introduce new staff or may want to share about new or positive issues, also communicates if there are proposed issues that we need to be aware of.
- Always ask if they want to continue the meeting and if frequency works.

We understand that not all staff can attend due to clinics/appts, etc, but encourage their attendance.

Does this set up work for you?

I would propose that we start out this first meeting with PH opening (due to the high anxiety of MH RFP). I would do the PH Portion of Director report and also explain that we are experimenting with the best venue and the temporary plan for PH & MH leadership (I would be covering PH until you have sorted through some of the complexities of MH & AOD). Then you would do the MH/AOD overview and continue with the rest of the process I describe above. This is a wonderful opportunity for staff to share their accomplishments and challenges.

Let me know your thoughts, or we can meet to discuss more. Thanks

From: Leatha Andersen
To: HHSALT Core Group
CC: Cindy Roper; Sherry Chappell; Tari Rogers
Date: 6/21/2012 4:47 PM
Subject: Reminder of HHSALT Meeting on Tuesday, June 26
Attachments: Agency Steps for PP.doc; HHSALT Meeting Schedule 2012.doc; All Staff Check In Mtg - July - December 2012.pub; HHSALT Agenda 6-26-12.doc

Hello, We will be having our first **HHSALT CORE TEAM Meeting** on Tuesday, June 26 at 8:30 - 9:30 am.

Tuesday, June 26
HHSALT Core Team Mtg
Stacey's Yokayo Office
8:30 am to 9:30 am

I will have meeting packets at the meeting. Jo, I am not sure if we are calling you for your attendance or not. But here are documents you may need for some of the discussions.

Please mark your calendars!
See you then!
Leatha

ps - That afternoon we will also be having our combined SMT/Expanded HHSALT meeting too at 1:15 - 4:00 in the Conf. Rm. 1 at Dora St.

Have a great weekend!

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California State University
Fresno
Fresno, CA 93740
www.netsmart.com

Completion date: March 30, 2012

Cost: No Charge

- 8.) The design specifications will be placed into the Engineering queue for development and testing.

Completion date: To be defined by the complexity of the requirements

Cost: No Charge

- 9.) The Developed document will be placed into the Mendocino Avatar application for ongoing use.

Completion date: To be defined by the complexity of the requirements

Cost: No Charge

Netsmart-CA is very confident that these steps will provide the desired outcomes expressed by the county and begin see "some traction" as described in our discussions. The provided dates are placeholders until we can solidify the engagement by task agreement and matching of calendars.

We look forward to our ongoing discussions and continuing to build on our relationship.

Best regards,

John Raden
John Fitzgerald
Rob Richardson



To: Tom Pinizzotto and the Mendocino team
From: Netsmart – CA
John Raden, John Fitzgerald, Rob Richardson
Date: March 7, 2012
RE: Scheduler Advancement Plan

To ensure the continued success of Mendocino County, Netsmart –CA provides the following proposal. The focus of this endeavor was established from our phone discussions of March 6, 2012:

- a.) Optimize the use of the Avatar scheduler
 - Provide the organization the ability to create staff appointments
 - Post the "Staff Activity Log" to initiate the billing process
 - Determine the providers billable vs. non-billable hours
- b.) Provide the County the education to maintain and operate the Avatar scheduler on a daily basis.

Proposed Task Plan

- 1.) Under the direction of the County, Netsmart will remotely log into Mendocino's Avatar application to assess and document the current configuration to enable the scheduler. Netsmart will work with the Mendocino Program Managers to identify the clinics, the staff, and their associated schedules.
Completion date: March 12, 2012
Cost: No Charge
- 2.) Upon completion of review, Netsmart will develop the documentation for configuration of the scheduler that will afford its daily use. This documentation will be provided to the County for future referencing.
Completion date: March 15, 2012
Cost: No Charge
- 3.) Netsmart will remotely apply the required configurations to Mendocino's Avatar application enabling its ongoing use.
Completion date: March 16, 2012
Cost: No Charge
- 4.) Netsmart will execute the necessary testing of the scheduler to ensure meeting the defined tasks previously stated:
 - a. Provide the organization the ability to create staff appointments
 - b. Post the "Staff Activity Log" to initiate the billing process**Completion date: March 20, 2012**
Cost: No Charge
- 5.) The County "Super Users" will be provided (2) two hour Webinar training sessions.
Completion date: March 26, 2012
Cost: No Charge
- 6.) County to create the roll out calendar for the staff education to encourage daily use.
Completion date: To be determined by the County
- 7.) Through the use of Teleconferencing, a Joint Application Design (JAD) session will be utilized to develop the functional and technical specifications for the analysis of staff productivity.

All inland Health & Human Services Agency employees
are invited to attend this training:



**WE NEED ANOTHER
POINT OF VIEW!**

DISMANTLING RACISM

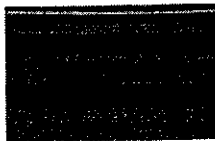
An arts-infused, creative workshop

WEDNESDAY, MAY 30TH

12 – 2 PM

(Brown Bag Lunch ~ Dessert Provided)

Big Sur Conference Room, DSS Bldg., 747 S. State St., Ukiah



UKIAH AWARE
www.ukiahaware.com

All inland Health & Human Services Agency employees
are invited to attend this training:



**WE NEED ANOTHER
POINT OF VIEW!**

DISMANTLING RACISM

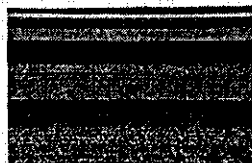
An arts-infused, creative workshop

THURSDAY, MAY 31st

12 – 2 PM

(Brown Bag Lunch ~ Dessert Provided)

Public Health Conference Room 1, 1120 S. Dora St., Ukiah



UKIAH AWARE
www.ukiahaware.com

Tom Pinizzotto - Re: Reminder - Cultural Diversity Training this Week

From: Karin Wandrei
To: Catrina Taylor; HHS
Date: 5/29/2012 7:51 AM
Subject: Re: Reminder - Cultural Diversity Training this Week

I attended part of the first one last week on gender diversity and it was excellent.

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>>> Catrina Taylor 5/29/2012 7:39 AM >>>

This email is for Inland/Willits HHS staff:

This is a friendly reminder in regards to " We Need Another Point of View! Dismantling Racism" training, scheduled for:

Wednesday, May 30, 12:00 - 2:00 pm - Big Sur - Yokayo

Thursday, May 31, 12:00 - 2:00 pm - Public Health, Conf. Rm 1

Supervisor approval is required prior to attending. Flexing may be an option for both training's, as they are during lunch time (please discuss with supervisor). Dessert will be provided (bring your own lunch).

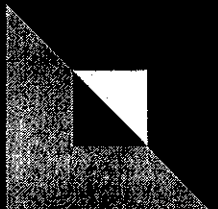
Pre-Registration is not required (be sure to sign in at the door), and there are no CEU's available.

Please see attached flyers for details.

Thank you.

Catrina Taylor
Staff Development Administrator
Mendocino County HHS
Staff Resources Division
Phone: (707)463-7794
FAX: (707)467-5834
taylorc@co.mendocino.ca.us

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LAW AND ETHICS UPDATE:
HIPAA/HITECH/CONFIDENTIALITY FOR COUNTY
HEALTHCARE STAFF

June 12, 2012
9:00 AM - 12:00 AM
Conference Room 1—Public Health
1120 S Dora St., Ukiah CA

Presenter: Linda Garrett, JD
Risk Management Services, Cotati, CA

Course Objectives: This course will review current legal issues and ethical concerns for County healthcare staff that will provide information for general health, mental health, drug and alcohol, home health, and outpatient clinic staff. Staff will learn about and be able to describe:

- New State laws affecting their practices
- The HITECH Act and federal breach notification and reporting requirements
- How to improve patient care through collaboration, with a review of confidentiality concerns

Provider approved for a total of 3 CEU hours
Board of Behavioral Science CE Provider Number PCE 3421
California State Board of Registered Nurses CE
Provider Number CEP 13531

Register by contacting Catrina Taylor at taylorc@co.mendocino.ca.us or 463-7794. Please provide your name, Branch, and contact number, if requesting CEU's, please provide license type and license number.

Bullying Prevention through Community Awareness: A Forum

5:00-5:15 Light Refreshments

5:15-6:00 Keynote Speakers

6:00-6:40 Panel: Including School
Administrators, Law Enforcement, and
Youth

6:40-7:00 Question and Answer

7:00-7:30 Optional Networking,
Next-step Planning

Spanish Translation provided

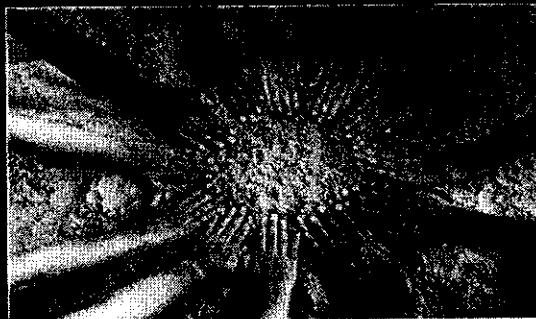
**For more information please call
or email:**

Kristin Frith-Williams
(707) 367-6257

Lia Holbrook
(707) 462-9196
lia@projectsanctuary.org

May 10, 2012
5:00-7:00 pm

Location: Ukiah Civic Center, Council Chambers



Please join our free educational forum focused on building a safer school and community climate by:

- Identifying bullying behaviors and warning signs
- Clarifying existing school bullying policies
- Identifying tools and resources for parents
- Sharing community perspectives and experiences of bullying
- Next-step planning

Who Should Come? : Parents, Educators, School Personnel, Therapists, Social Workers, Human Service Workers, Youth, Concerned community members, and Anyone with a youth in their lives that they care about.

Presented in collaboration:

Mendocino County Gang Resistance Is Paramount (GRIP) Program

Mendocino County Sheriff's Office

Mendocino County Office of Education

Project Sanctuary

Mendocino County Youth Project

Mendocino County HHSA/ Public Health Services

Redwood Children's Services/Arbor on Main

Tom Pinizzotto - Supervisor Core Competencies' Workshops

From: Catrina Taylor
To: HHSAs Supervisors and Managers - 5-22-12
Date: 5/22/2012 9:22 AM
Subject: Supervisor Core Competencies' Workshops
CC: Elena Palacio

Good Morning,

This email is a friendly reminder in regards to the Supervisors' Core Competencies Workshop that is scheduled to begin June 28th, from 1-5 at MCOE in the East Room.

Most of you should already have a Supervisor Core Competency binder. If you have one, please be sure to bring it with you to the workshop. If you do not have a binder, please contact Elena Palacio in Staff Resources to request one.

If you have any questions, please do not hesitate to contact me.

Thank you.

Catrina Taylor
Staff Development Administrator
Mendocino County HHSAs
Staff Resources Division
Phone: (707)463-7794
FAX: (707)467-5834
taylorc@co.mendocino.ca.us

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Mendocino County Health and Human Services Agency

"Healthy People, Healthy Communities"

Stacey Cryer ♦ Director
Pat Meek ♦ Assistant Director



Mental Health **Stacey Cryer ♦ Branch Director**

Providing Mental Health Services

Ukiah Offices: Mental Health • 860 N. Bush St. • Ukiah • CA • 95482 • (707) 463-4303 • FAX (707) 463-6395
Fort Bragg Offices: Mental Health • Avila Center • 790-B S. Franklin St. • Fort Bragg • CA • (707) 964-4747 • FAX (707) 961-2698
Willits Integrated Services Center: Mental Health • 211-B S. Lenore Ave • Willits • CA • 95490 • (707) 456-3850 • FAX (707) 456-3808

Emailed:

June 16th, 2011

Pamela Fischer, Ph.D
Social Services Analyst
Homeless Programs Branch
Center for Mental Health Services
Pamela.fischer@samhsa.gov

Re: Notification/Letter of Interest to submit an Application to Participate in SOAR.

Dear Dr. Fischer,

The Mendocino County Mental Health Branch in collaboration with the County Public Health, Social Services Agency and our Community Partners are interested and intend to submit an application to participate in SSI/SSDI Outreach, Access and Recovery (SOAR) Technical Assistance Project.

Thank you for your consideration,

Tom Pinizzotto, MSW
Interim Mental Health Director, Mendocino County

*Mendocino County Behavioral Health and Recovery Services (BHRS)
joins California Institute for Mental Health (CIMH)*

**LEARNING COLLABORATIVE:
SMALL COUNTY CARE INTEGRATION (SCCI)**

Team Members:

Agency Lead: Tom Pinizzotto
Team Lead: Cheryl Tamblyn
Adult Clinical Leads: Jenine Miller, Karen Lovato
Consumer Program Lead: Susan "Wynd" Novotny
Data Specialist Lead: CJ Vokoun
Consumer/Peer Lead: Lisa Gosselin
AOD Lead: Dawn Banks
Other Team Members: Zoy Kazan, Trayce Beards, Jane Berry,

Page |

1/31/12 Kick-Off Team Meeting (10 am. - 4 pm.)

Mendocino County Team Aim:

During this SCCI process we aim to revitalize and strengthen our current systems in order to improve client outcomes. Specifically we aim to:

- Improve communication, collaboration between consumers, Primary Care, Public Health, Mental Health, AOD, and other support providers.
- Establish a comprehensive Clinical Information System
- Identify and establish best-practice ways of engaging consumers in their whole health care.
- Define roles between providers in order to best serve consumer's healthcare.
- To establish a collaborative system that is in the best-interest of consumers with co-occurring illnesses.

Mendocino County Population Selection:

- We have identified and chosen an Adult/Older Adult-Peer Supported-Mental Health Recovery and Wellness Center (Manzanita-Ukiah).
- This Center will provide a population of approximately 140 consumers with a variety of health concerns.

Mendocino County Population Values:

- Of approximately 106 current consumers, Manzanita staff report that approximately 30 are diagnosed with Diabetes; 5-Insulin dependent and 25-prescribed medication for their condition. We are unable to report the number of these 106 consumers who have Primary Care Providers at this time.
- This data was reported by a patient navigator's guesstimation.

We look forward to working together on this project. We have a long way to go, but believe this commitment marks a turning point towards a brighter future for all Mendocino County Mental Health consumers! -Mendocino County Care Integration Team Leader



KICK OFF Virtual Learning Session

GO TO MEETING

<https://www4.gotomeeting.com/join/876465415>

Dial +1 (312) 878-3081

Access Code: 876-465-415

Audio PIN: Shown after joining the meeting

Meeting ID: 876-465-415

Small County Care Integration

AGENDA

January 31, 2012

10:00 AM – 4:00 PM

Time	Topic	Facilitator
10-10:15	Welcome Go-To-Meeting Overview, Introductions, and Agenda Review Outcome: open session, review agenda, meeting rules, introduce chairs, faculty, staff and participants	Jennifer Clancy, MSW CIMH Project Director
10:15-10:30	Hamilton Model Outcome: participants understand rationale for the Model for Improvement	Jennifer Clancy, MSW Director Health Improvement Jennifer Clancy, MSW Director Health Improvement Jennifer Clancy, MSW Director Health Improvement
10:30-10:40	Model for Improvement: Introduce the 3 Questions Outcome: Introduce participants to the Model for Improvement and the 3 questions addressed by the collaborative	Jerry Langley, Associates in Process Improvement Improvement Advisor
10:40-10:50	Organizational Vision/ Mission Statement for the QIC Outcome: All Collaborative members	Jennifer Clancy, MSW Director Health Improvement
10:50-11:15	Team Planning Assignment: Draft Your Team Charter Outcome: Teams write an initial draft of their Charter	Teams

Time	Topic	Facilitator
11:15-12:15	Review of Team Charters <u>Outcome:</u> Review 3 to 4 Team Charters; answer questions and share ideas about team charters	Ken Crandall, Jae Han, Jennifer Clancy, & Jerry Langley
1:00-1:15	Introduction to the Opportunity to Use the Learning Collaborative as up to 2 EQRO required Performance Improvement Projects (PIPs) <u>Outcome:</u> Teams will understand APS requirements to use the learning collaborative project as a PIP. Requirements for Participation and PIP credit: <ul style="list-style-type: none"> • Narrative and Data monthly reporting • Phone call participation: expectation is all phone calls • Learning Session attendance: 100% 	Jennifer Clancy
1:25-1:45	Team Planning Assignment: Organize Teams <u>Outcome:</u> Teams plan meeting schedules, identify roles, etc.	Teams
2:00-2:30	Identify and Discuss Target Population <u>Outcome:</u> Teams identify their target population and report out (via WebEx chat and live discussion)	Teams

Time	Topic	Facilitator
3:00-3:30	Overview of Clinical Information Systems <u>Outcome:</u> Teams introduced to the role of clinical information systems in the learning collaborative and expectations	Jerry Langley
3:30-4:00	Review of Work/Handoff/Assignment and Steps <ul style="list-style-type: none"> o Adaptation to Recovery Assessment o Review of the New Boards o Pre-Work Call for meeting Dates Review o Board Call for meeting Dates Review o Board Section for Dates Review o Technical Call for Dates Review o Review of Board for Dates Review o Review of Board for Dates Review (Q) Board for Dates Review	Jerry Langley



2012/2013 Schedule Forums for Mental Health Services

As part of its Stakeholder Participation Process, Mendocino County is convening a series of stakeholder meetings for clients, consumers, their families, county staff, organizational providers, and the community. The County is committed to ensuring stakeholder input is part of its annual program and budget discussion.

Children & Families and Transitional Youth Forums have been combined and will be held on the same days as Adult and Older Please note the Forums are at different locations throughout the year.	
August 16, 2012 Children & Families and TAY 12:00-1:00 Adult and Older 1:00-2:00 Conference Room 778 778 South Franklin Street Fort Bragg, CA 95437	October 3, 2012 Children & Families and TAY 12:00-1:00 Adult and Older 1:00-2:00 Atlantic Conference Room 221 South Lenore Street Willits CA 95490
December 11, 2012 Children & Families and TAY 12:00-1:00 Adult and Older 1:00-2:00 Dora Street Conference Room 1 1120 South Dora Street Ukiah CA 95482	February 20, 2013 Children & Families and TAY 12:00-1:00 Adult and Older 1:00-2:00 Point Arena Library 225 Main Street Point Arena CA 95468
April 10, 2013 Children & Families and TAY 12:00-1:00 Adult and Older 1:00-2:00 Yuki Trails Conference Room 2300 Henderson Road Covelo CA 95428	June 4, 2013 All System of Care Community Meeting 12:00-2:00 Dora Street Conference Room 1 1120 South Dora Street Ukiah CA 95482

Call-In Information : 1-888-296-6828
Participant PIN: 756853 followed by the # sign.

Please contact Carolyn Peckham, Staff Assistant III, Behavioral Health and Recovery Services, with your questions at (707) 472-2359 or peckhamc@co.mendocino.ca.us.