

# Mental Health Treatment Act

## Citizens Oversight Committee

Mendocino County Offsite and Online due to COVID-19  
Phone: (707) 510-6637 and Email: [measureb@mendocinocounty.org](mailto:measureb@mendocinocounty.org)

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### MEETING AGENDA

Teleconferencing to be hosted from 1120 S. Dora St. in Ukiah, California  
Zoom Video Conferencing - <https://mendocinocounty.zoom.us/j/92834815478>  
ID: 928 3481 5478, Call-In: 1(669) 900-9128 or 1 (253) 215-8782  
Wednesday, June 24, 2020 at 1:00 P.M.

1. OPEN SESSION/ROLL CALL

2. PUBLIC EXPRESSION ON NON-AGENDA ITEMS

Members of the public are welcome to address the Committee on items not listed on the agenda but within the jurisdiction of the Committee. The Committee is prohibited by law from taking action on matters, not on the agenda but may ask questions to clarify the speaker's comment. The Committee limits testimony on matters not on the agenda to three minutes per person and not more than 10 minutes for a particular subject at the discretion of the Chair of the Committee.

To best facilitate these items, please write your topic to [measureb@mendocinocounty.org](mailto:measureb@mendocinocounty.org)

All meetings are recorded.

Once your item is announced, please state your first and last name.

3. COMMITTEE MATTERS

3a) Approval of Minutes from the May 27, 2020 Meeting

3b) Discussion and Possible Action Regarding the Project Manager's Report, and Request for Orchard Ave Site Maintenance.

3c) Discussion and Possible Action Regarding Request for Qualification/Information for the Operation of a Psychiatric Health Facility (PHF) or Psychiatric Hospital.

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All other participants will be calling in from Fort Bragg, CA; Willits, CA; and Ukiah, CA  
Due to COVID-19 Social Distancing requirements, the public is invited to participate ONLINE ONLY

For information regarding the Brown Act for offsite/online public meetings, visit:  
<https://www.gov.ca.gov/wp-content/uploads/2020/03/3.12.20-EO-N-25-20-COVID-19.pdf>

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- 3d) Discussion and Possible Action Regarding the Kemper Ad Hoc Committee Concerning Services, and the Measure B Strategic Plan.
  - 3e) Discussion and Possible Action Regarding the Renewal of Sally (Sarah) Riley's Contract for Multi-Project Consultation on Construction RFQs, Laws, and Policies.
  - 3f) Discussion and Possible Action Regarding Expenditure Report on Measure B Tax Funds with Comments on Sales Tax Recovery Estimate.
4. COMMITTEE MEMBER REPORTS
- 4a) Committee Member Reports regarding Items of General Interest
5. COMMUNICATIONS RECEIVED AND FILED  
Communications received and filed are retained by the Clerk throughout the Committee proceedings. To review items described in this section, please contact the Committee Clerk at [measureb@mendocinocounty.org](mailto:measureb@mendocinocounty.org)

### ADJOURNMENT

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[www.mendocinocounty.org/community/mental-healthoversight-committee](http://www.mendocinocounty.org/community/mental-healthoversight-committee)

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**ITEM 3a**

<b>Date of Meeting:</b>	<b>June 24, 2020</b>
<b>Contact:</b>	<b>Chair D. Moschetti</b>
	<b>Time Allocated for Item: 5 minutes</b>

**AGENDA TITLE: Approval of Minutes from the May 27, 2020 Meeting**

**SUMMARY OF REQUEST / BACKGROUND INFORMATION:**

See Attached

# **Mental Health Treatment Act Citizens Oversight Committee**

## **Mendocino County Behavioral Health**

1120 S. Dora St. Ukiah, CA 95482

707.510-6637 or [measureb@mendocinocounty.org](mailto:measureb@mendocinocounty.org)

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## **Minutes: Wednesday, May 22, 2020**

### **AGENDA ITEM NO. 1 – CALL TO ORDER AND ROLL CALL (1:10 P.M.)**

Committee Members Present: Mr. T. Allman; Dr. A. Barash; Mr. M. Mertle; Mr. L. Weer, Dr. J. Miller; Chair D. Moschetti; Ms. M. Ferretta; Vice Chair J. Diamond; Ms. S. Riley; and Mr. R. Liberty. Ms. C. Angelo arrived at 1:30 P.M.

Committee Members Absent: None

### **PUBLIC EXPRESSION ON NON-AGENDA ITEMS**

Ms. Emmy Good

### **3. COMMITTEE MATTERS**

Dr. J. Miller explained the online meeting process regarding comments for non-committee or administrative attendees.

#### **3a) Approval of Minutes of the April 27, 2020, Meeting**

Presenter/s: Chair D. Moschetti

Public Comment: None

Committee Action: Upon motion by Member Diamond, seconded by Member Liberty, IT IS ORDERED that the Minutes for the April 27, 2020 meeting, are hereby approved.

#### **3b) Discussion and Possible Action Regarding Treatment and Service Monies Disbursement**

Presenter/s: Chair D. Moschetti

Public Comment: None

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Mr. T. Allman began with an explanation of the Measure B public appeal while building voter support and identified the public desire to have at least two non-government, citizen mental health affiliates involved. Representatives from both NAMI (National Alliance on Mental Illness) and BHAB (Behavioral Health Advisory Board) are on the committee (as detailed in the measure) in order to assist with mental health matters and (potentially) the identification of service gaps.

Vice Chair J. Diamond agreed with the item, and that the disbursement of funds for services would ensure action, but if given too quickly could result in an unsustainable investment.

Ms. M. Ferretta (the representative from BHAB) is working on advising the committee, by providing the combined analysis of the Mueller Report (a study on homelessness in Mendocino County) and the Kemper Report (an analysis of service gaps specifically to guide the Measure B program).

Mr. R. Liberty referenced item 31 from the February 26, 2020 meeting regarding identifying service gaps that could be funded by Measure B, and that investment in prevention and early intervention was suggested and detailed within the Kemper report as a way to preserve funds and quality of life for clients.

Mr. Allman reminded the committee that they are not present to make mental health decisions as a whole, but act as a fiduciary safeguard.

Discussion regarding service gaps and potential approaches to them was held between Chair D. Moschetti and Dr. J. Miller such as pilot programs, and the fact that citizens of Mendocino County receive up to 10x the services if they have Medi-Cal and are receiving specialty mental health services as opposed to private insurance.

Mr. R. Liberty implored that the committee do something now, questioning what has been done for mental health today. Ms. S. Riley countered with the importance of following policies regarding public spending, and the need for a strategic plan for transparency and fiscal stewardship.

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Vice Chair Diamond stated that his worry regarding the desire to work within the bounds of the voters initial intent and to avoid disturbing the facilities that have already been committed to, are his first priorities.

Ms. M. Ferretta suggested reaching out to existing service providers regarding what they need or would like to contribute could be an effective tactic. Mr. T. Allam agreed, but stated that these submissions should go to NAMI or BHAB, then presented to the committee after being vetted.

Chair D. Moschetti reiterated the intent of this item, stating that she wanted a recommendation that [they] start, as a committee, looking at taking care of early intervention, prevention, and aftercare services that Measure B can fund initially, but are ultimately sustainable independently.

There was a discussion regarding budgeted items and services. Dr. J. Miller pointed out that the budget can be changed during the first, second, and third quarter if the committee wishes to alter the budget throughout the year, which would allow for new line items such as services support.

Mr. T. Allman noted that services have been discussed several times as a committee, and that they have all been rejected or unexamined. Chair D. Mochetti suggested that this is due to lack of consensus and a plan as a committee. The committee has not embraced a direction when it comes to services.

Project Manager (Alyson Bailey) suggested pricing all suggestions in the Kemper report. Vice Chair J. Diamond agreed, and is especially interested in pricing the current facilities.

Public Comment: Ms. Sherrie Ebyam, and Ms. Suzie DeCastro

Committee Action: Upon motion by Chair D. Moschetti, seconded by Mr. T. Allman, and voted on by Dr. A. Barash; Mr. M. Mertle; Mr. L. Weer, Dr. J. Miller; Chair D. Moschetti; Ms. M. Ferretta; Vice Chair J. Diamond; Ms. S. Riley; and Mr. R. Liberty, with one abstention from Ms. C. Angelo.

**IT IS ORDERED that the committee will allow mental health services experts to entertain**

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identifying gaps and bring information back to the committee regarding those services and treatments.

### **3c) Discussion and Possible Action Regarding the "Deaths of Despair" Study and Public Health Impact of Covid-19 in California and Mendocino County**

Presenter/s: Vice Chair J. Diamond

Public Comment: None

Withdrawn

### **3d) Discussion and Possible Action Regarding the Project Manager's Report Including the CRT**

Presenter/s: Project Manager, Alyson Bailey and Dr. J. Miller

Public Comment: None

The CRT (Crisis Residential Treatment Facility) is on schedule and safety features and most internal design has been narrowed down.

The P.M. also reports that some of the fiscal estimates requested by the committee and Board of Supervisors have been identified, and will be completed soon. The P.M. has also been in touch with Adventist Health about a proposal Adventist had proposed to the Board of Supervisors regarding the development of a Psychiatric Ward .

Dr. J. Miller added that the Board of Supervisors held over and requested a new resolution on the positions for Measure B. The item will be on the consent calendar for the June 9th meeting. The delay does impact Behavioral Health staff, as they are providing assistance with tasks that the P.M. does not have the training or access to accomplish herself.

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June 23rd, the Board of Supervisors will consider the committees request for a prudent reserve, and the P.M. software Monday.com.

Dr. J. Miller also reported that Lake County is interested in collaborating with Mendocino County in some form regarding a PHF; that Behavioral Health is expecting a 14% to 20% cut in funding due to the recession, and that originally planned for CSU (Crisis Residential Unit) is not likely to be financially feasible in the current economic environment.

Public Comment: None

Committee Action: None

### **3e) Discussion and Possible Action Regarding the Behavioral Health Regional Training Facility Ad Hoc Committee Updates**

Presenter/s: Mr. T. Allman, Mr. M. Mertle, Ms. M. Ferretta, and Dr. J. Miller

Public Comment: None

Dr. J. Miller is leaving the ad hoc, and Chair D. Moschetti will replace her.

P.M. reports that the Facilities department has been instrumental in planning sitework for the building, and that Doug Anderson of Facilities plans to attend future ad hoc meetings in order to help them move through the County process.

She also reported that the allotted funds to complete repairs on the facility will likely be sufficient.

Public Comment: None

Committee Action: None

### **3f) Discussion and Possible Action Regarding the Kemper Ad Hoc Committee Updates**

Presenter/s: Dr. J. Miller, Ms. M. Ferretta, Ms. C. Angelo, and Chair D. Moschetti



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Public Comment: None

Chair D. Moschetti reported that the ad hoc committee has been spending most of their efforts on identifying a strategic plan for Measure B, as well as a further look at services.

Public Comment: None

Committee Action: None

### **3g) Discussion and Possible Action Regarding Expenditure Report on Measure B Tax Funds**

Presenter/s: Mr. L. Weer

Public Comment: None

Revenue:

Capital (75%)                      \$12,028,554

Operations (25%)                 \$4,009,518

Life to Date                        \$16,038,072

Interest:                             \$252,735

Expenses:                            \$532,021

Balance:                             \$15,758,787

Mr. L. Weer also reported that adding a line item for services in the fiscal report would not be necessary.

Public Comment: None

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Committee Action: None

### **3h) Discussion and direction regarding the development of the Fiscal Year 2020-21 Measure B Budget**

Presenter/s: Ms. S. Riley

Public Comment: None

Presenter is concerned about the committee's lack of involvement with the Measure B budget for the fiscal year, and would like to be more involved.

Mr. T. Allman reminded the committee of what Dr. J. Miller reported regarding the malleability of the budget during quarters one through three is the committee desires changes.

P.M. informed the committee that estimates of economic and current projects will become available to them soon, providing a platform for the committee to make further fiscal decisions.

Public Comment/s: None

Committee Action: None

### **4. COMMITTEE MEMBER REPORTS**

Mr. T. Allman reported that he spent time at the training center, unboxing and assembling furniture, and that he is looking forward to hearing from Facilities on the project. He is hoping that the space will be ready for internal use by August.

Ms. S. Riley questions whether or not social distancing is possible in the training space. It is with a smaller group.

Ms. M. Ferretta announced that she will not be able to continue with the Kemper Ad Hoc due to other obligations.

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Vice Chair J. Diamond reported that he is doing a lot of writing for local news regarding mental health in a post COVID world. You can also access his work at [www.menalive.com](http://www.menalive.com)

Mr. M. Mertle reported that he has been developing an estimate for the electrical work that is within the existing scope of the Training Center project after viewing the site with Mr. T. Allman.

Ms. M. Ferretta, Ms. C. Angelo, Mr. L. Weer, Dr. A. Barrash, Mr. R. Liberty, and Chair D. Moschetti had nothing further to report.

### 5. ADJOURNMENT

**THERE BEING NOTHING FURTHER, THE MENTAL HEALTH TREATMENT ACT CITIZENS OVERSIGHT COMMITTEE ADJOURNED AT 2:38 P.M.**

Attest: Alyson Bailey  
Committee Clerk

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### **ITEM 3b**

<b>Date of Meeting:</b>	<b>June 24, 2020</b>
<b>Contact:</b>	<b>Project Manager - Alyson Bailey</b>
	<b>Time Allocated for Item: 15 minutes</b>

**AGENDA TITLE: Discussion and Possible Action Regarding the Project Manager's Report, and Request for Orchard Ave. Site Maintenance.**

#### **SUMMARY OF REQUEST / BACKGROUND INFORMATION:**

- Behavioral Health Regional Training Center Actions and Budget
- Update on the Measure B Program Estimate
- Development of Program Budget
- CRT Updates and Timeline
  - Request for weeds maintenance for the CRT/Orchard Ave. site

### ITEM 3c

<b>Date of Meeting:</b>	<b>June 24, 2020</b>
<b>Contact:</b>	<b>Dr. J. Miller</b>
	<b>Time Allocated for Item: 15 minutes</b>

**AGENDA TITLE: Discussion and Possible Action Regarding Request for Qualification/Information for the Operation of a Psychiatric Health Facility (PHF) or Psychiatric Hospital.**

#### **SUMMARY OF REQUEST / BACKGROUND INFORMATION:**

As the committee continues to evaluate the needs and viability of operating mental health facilities within Mendocino County, there has been a lot of focus on the fiscal impacts of operating these facilities. The focus has been on Measure B and the County's ability to fund deficits these facilities may experience in operational cost.

This agenda item proposes that the committee take a different approach to operating mental health facilities in Mendocino County. This approach looks at operating a PHF or psychiatric hospital from a private business model versus a County operated mode.

This private model approach proposes that Measure B monies would be used to construct or remodel a facility that meets the PHF or psychiatric hospital requirements and lease the facility to the vendor for \$1 a month; under the agreement that the vendor will take Mendocino County residents and cover all their operational cost through providing services. Measure B nor the County would cover any operational deficits. This model is common for privately operated facilities.

The vendor would be encouraged to take the following insurance and payment types: Medi-Cal, Medicare, Veterans Affairs, private insurance, other placing agencies, and other county's funds. The County would only pay for services provided to Medi-Cal recipients and indigent individuals that meet the medical necessity criteria, which is consistent with regulatory requirements.

This proposal would allow Measure B to fund the construction of facilities, maintain the building over time, and bring needed services to Mendocino County. It would be beneficial to pursue a request for qualification/information in search of a vendor to operate a PHF or Psychiatric Hospital independently, with the vendor operating the facility in a manner that is not contingent on County or Measure B funds to cover any operational deficits.

### **ITEM 3d**

<b>Date of Meeting:</b>	<b>June 24, 2020</b>
<b>Contact:</b>	<b>Kemper Ad Hoc: Ms. C. Angelo, Chair D. Moschetti, and Dr. J. Miller</b>
	<b>Time Allocated for Item: 15 minutes</b>

**AGENDA TITLE: Discussion and Possible Action Regarding the Kemper Ad Hoc Committee Concerning Services, and the Measure B Strategic Plan.**

#### **SUMMARY OF REQUEST / BACKGROUND INFORMATION:**

The Kemper Ad Hoc committee will explain and discuss the roadmap they have developed in accomplishing a Strategic Plan for Measure B, along with the identification of service gaps through reliable sources and associated actions.

### **ITEM 3e**

<b>Date of Meeting:</b>	<b>June 24, 2020</b>
<b>Contact:</b>	<b>Project Manager - Alyson Bailey</b>
	<b>Time Allocated for Item: 10 minutes</b>

**AGENDA TITLE: Discussion and Possible Action Regarding the Renewal of Sally (Sarah) Riley’s Contract for Multi-Project Consultation on Construction RFQs, Laws, and Policies.**

#### **SUMMARY OF REQUEST / BACKGROUND INFORMATION:**

Sally (Sarah) Riley has been a member of the Measure B Program facilities and construction team since the first RFP was written.

She is an expert in Government Construction law, policies, and certification, including the bidding and RFI processes.

She is our Risk Management touchstone.

Her expertise is required more now than ever as we move into the construction phase of the CRT, develop further RFPs, and consider future capital projects.

Explanations and testimonials written by project team members regarding the importance of keeping Sally Riley on board will be shared.

**ITEM 3f**

<b>Date of Meeting:</b>	<b>June 24, 2020</b>
<b>Contact:</b>	<b>Mr. L. Weer</b>
	<b>Time Allocated for Item: 10 minutes</b>

**AGENDA TITLE: Discussion and Possible Action Regarding Expenditure Report on Measure B Tax Funds with Comments on Sales Tax Recovery Estimate.**

**SUMMARY OF REQUEST / BACKGROUND INFORMATION:**

YTD Financial Summary attached

General commentary of the economic state and estimated recovery for Sales Tax in Mendocino County.



**Mendocino County - Measure B Funds**

**Mental Health Treatment Act**

Revenue and Expenses - Life to Date				Fund 1224, Budget Unit 4052	
Date	Invoice, CRP Journal No.	Description	Amount	Min 25% Operations	Max 75% Facilities
<b>Revenues:</b>					
6/26/2018	CRP 186100	Measure B Sales Tax Proceeds - April 2018	(517,255)	(129,314)	(387,942)
7/25/2018	CRP 187369	Measure B Sales Tax Proceeds - May 2018	(591,270)	(147,818)	(443,453)
8/27/2018	CRP 188827	Measure B Sales Tax Proceeds - June 2018	(498,046)	(124,511)	(373,534)
9/25/2018	CRP 190117	Measure B Sales Tax Proceeds - July 2018	(638,771)	(159,693)	(479,078)
10/25/2018	CRP 191396	Measure B Sales Tax Proceeds - August 2018	(872,413)	(218,103)	(654,310)
11/29/2018	CRP 192854	Measure B Sales Tax Proceeds - September 2018	(941,205)	(235,301)	(705,904)
12/26/2018	CRP 194251	Measure B Sales Tax Proceeds - October 2018	(652,942)	(163,236)	(489,707)
1/25/2019	CRP 195438	Measure B Sales Tax Proceeds - November 2018	(654,379)	(163,595)	(490,785)
2/26/2019	CRP 196949	Measure B Sales Tax Proceeds - December 2018	(814,006)	(203,502)	(610,505)
3/26/2019	CRP 198350	Measure B Sales Tax Proceeds - January 2019	(644,639)	(161,160)	(483,480)
4/25/2019	CRP 199691	Measure B Sales Tax Proceeds - February 2019	(659,211)	(164,803)	(494,409)
5/28/2019	CRP 201159	Measure B Sales Tax Proceeds - March 2019	(560,190)	(140,047)	(420,142)
6/25/2019	CRP 202389	Measure B Sales Tax Proceeds - April 2019	(686,467)	(171,617)	(514,850)
7/25/2019	CRP 203597	Measure B Sales Tax Proceeds - May 2019	(821,567)	(205,392)	(616,175)
8/27/2019	CRP 204788	Measure B Sales Tax Proceeds - June 2019	(609,581)	(152,395)	(457,185)
9/25/2019	CRP 205798	Measure B Sales Tax Proceeds - July 2019	(739,098)	(184,775)	(554,324)
10/25/2019	CRP 207136	Measure B Sales Tax Proceeds - August 2019	(910,284)	(227,571)	(682,713)
11/26/2019	CRP 208392	Measure B Sales Tax Proceeds - September 2019	(652,027)	(163,007)	(489,020)
12/26/2019	CRP 209528	Measure B Sales Tax Proceeds - October 2019	(682,105)	(170,526)	(511,579)
1/27/2020	CRP 210703	Measure B Sales Tax Proceeds - November 2019	(776,491)	(194,123)	(582,368)
2/26/2020	CRP 212294	Measure B Sales Tax Proceeds - December 2019	(909,310)	(227,328)	(681,983)
3/26/2020	CRP 213469	Measure B Sales Tax Proceeds - January 2020	(586,257)	(146,564)	(439,693)
4/27/2020	CRP 214391	Measure B Sales Tax Proceeds - February 2020	(620,557)	(155,139)	(465,418)
5/27/2020	CRP 215310	Measure B Sales Tax Proceeds - March 2020	(476,511)	(119,128)	(357,383)
<b>Life to Date Revenue:</b>			<b>(16,514,584)</b>	<b>(4,128,646)</b>	<b>(12,385,938)</b>
<b>Expenses:</b>					
5/4/2018	INV 2018-1	Lee D. Kemper - Behavioral Health Needs Assessment	13,011	13,011	0
6/18/2018	INV 2018-2	Lee D. Kemper - Behavioral Health Needs Assessment	10,282	10,282	0
6/30/2018	GEN JE 2703	Assessor Clerk Recorder - Election Costs	161,578	161,578	0
7/17/2018	INV 2018-3	Lee D. Kemper - Behavioral Health Needs Assessment	14,177	14,177	0
6/6/2019	INV 050119	Sarah A. Riley - April 2019 Consultant Services	1,440	1,440	0
6/7/2019	GEN JE 256	Lee D. Kemper - Reimburse Executive Office	27,042	27,042	0
6/12/2019	GEN JE 465	Office Expenses - Reimburse Executive Office	257	257	0
6/20/2019	INV 040819	Sarah A. Riley - Consulting Services Measure B	400	400	0
6/30/2019	INV 060119	Sarah A. Riley - Consulting Services Measure B	1,560	1,560	0
6/30/2019	INV 070119	Sarah A. Riley - Consulting Services Measure B	690	690	0
8/22/2019	INV 080119	Sarah A. Riley - Consulting Services Measure B	1,740	1,740	0
9/19/2019	INV 090119	Sarah A. Riley - Consulting Services Measure B	540	540	0
9/23/2019	GEN JE 811	First American Title - Purchase Training Facility (70%)	274,457	0	274,457
10/18/2019	INV 100119	Sarah A. Riley - Consulting Services Measure B	2,700	2,700	0
10/25/2019	GEN JE 987	CEO Labor and Benefits - X. UNG hours worked	2,986	2,986	0
10/25/2019	GEN JE 987	Nash Gonzalez - Consulting time Measure B	7,063	7,063	0
11/15/2019	INV 110119	Sarah A. Riley - Consulting Services Measure B	1,800	1,800	0
12/19/2019	INV 120119	Sarah A. Riley - Consulting Services Measure B	1,320	1,320	0
1/16/2020	INV 010220	Sarah A. Riley - Consulting Services Measure B	480	480	0
1/30/2020	INV 984576	Verizon Wireless - cell phone	50	50	0
2/13/2020	INV 020320	Sarah A. Riley - Consulting Services Measure B	1,320	1,320	0
2/27/2020	INV 984783	Verizon Wireless - cell phone	25	25	0
3/11/2020	GEN JE 445	CEO Labor and Benefits - X. UNG hours worked	2,221	2,221	0
3/11/2020	GEN JE 038	Nash Gonzalez - Consulting time Measure B	1,875	1,875	0
3/26/2020	INV 1242290	Fishman Supply co. - office supplies	8	8	0
4/2/2020	INV 910009510	AT&T Teleconference	126	126	0
4/2/2020	INV 030220	Sarah A. Riley - Consulting Services Measure B	864	864	0
4/30/2020	INV 98522011427	Verizon Wireless - cell phone	46	46	0
4/30/2020	INV 040120	Sarah A. Riley - Consulting Services Measure B	840	840	0
5/28/2020	INV 9854069945	Verizon Wireless - cell phone	77	77	0
6/30/2020	Reimbursement	Regional Training Center Remodel costs to date	31,795		31,795
6/30/2020	Reimbursement	Crisis Residential Treatment Facility Design costs	105,325		105,325
<b>Life to Date Expense:</b>			<b>668,095</b>	<b>256,518</b>	<b>411,577</b>
<b>Life to Date Interest Earnings:</b>			<b>(252,735)</b>	<b>(63,184)</b>	<b>(189,551)</b>
<b>Current Measure B Fund Balance:</b>			<b>(16,099,224)</b>	<b>(3,935,312)</b>	<b>(12,163,912)</b>

## Correspondence to Measure B April - June 2020

April 2020

Hi Alyson,

I recently moved to Willits from the Bay Area where I have lived my whole life. I am 68 years old and a recovering addict and alcoholic for 34 years. I also suffer from mental health problems which include anxiety, depression, PTSD, and OCD which stem from childhood trauma.

I am astonished at the lack of support I feel in this area compared to the wonderful support I had in the Bay Area. Although there is recovery up here, there is a limited variety of meetings. The second day I moved up here I had an emotional breakdown and ended up having to be driven by ambulance to Santa Clara County for care. Prior to that, I was put on a suicide watch that was similar to being an abandoned dog in a cage at Adventist health emergency room in Ukiah. It was one of the most traumatic experiences of my life.

I'd like to be part of the solution for more robust mental health support for people like me.

If I can help you in any way please reach out.

April 2020

### Community Support Teams In Mental Health

Patients reside in our community. Some live in housing. Some live on the streets. However, they all live within our community. Often, when they decompensate, they require hospitalization. This costs money, money that most patients do not have. Yet, recidivism is the fact rather than the exception. Relapses occur often. For some, this is too often. The watchful eye of mental health technology has not been able to change the process. However, there have been some successful interventions by some clinics, not all in California, that have decreased the relapse time for some patients to the point that they could almost live "normal" lives. I know some say that 1/3 of all schizophrenia cases will mend themselves. Yes, and another 1/3 will be in and out of the hospital most of their lives, while a third 1/3 will be in the hospital most of their lives. With this knowledge, we should then change what we do. Some suggestions follow:

1. Probably with grant money, we should create teams of mental health workers. Perhaps we should start with just three teams. Each team would consist of a BA level counselor and a licensed psychiatric technician or a Licensed Vocational Nurse with a mental health background. A Licensed social worker should be the team leader. Each team would have sixty clients, thirty for each team member. The BA level worker would use the Licensed Vocational Nurse or Psych-Tech to assist with medication issues and shot clinics. Their primary

responsibility would be to visit clients in their homes or places where they reside. Weekly visits would be made during the intake period and continue until the client was stable.

2. The Licensed Certified Social Worker supervisor would only have a caseload of 15 clients. The primary duty of the supervisor would be to assist the teams with professional decisions regarding care and policy. Periodic meetings should take place where each team presents a case for discussion. Not only would this assist with helping the client, but it would also be a teaching tool for the team members. From a financial point of view, this would give the Community Support Teams the strength of seven (7) licensed social workers in essence, while only having one. Obviously, the supervisor would also be doing chart review. Unless, of course, there was a Quality Assurance Nurse as part of the team.

3. A psychiatrist would be involved in all care. Each client would be seen according to a schedule. It would be the duty of the Support Team Psych-Tech or Licensed Vocational Nurse to schedule the appointments with the psychiatrist. The Licensed Vocational Nurse (LVN) or Psych-Tech would sit in on the meeting with the psychiatrist unless the client objected. At that time, if the need for any long-term acting medicine, such as Haldol or Prolixin injection was necessary, the doctor would give the order and the LVN or Psych-Tech would administer the medication. A treatment plan review could be done as well.

4. Home visits and assistance with daily living is what is necessary to keep a client stable. If one monitors each client on a weekly basis, fewer chances for decompensation occur. The team members would be required to see clients as often as deemed necessary by the team's client review process. Assistance with daily activities can almost take any form of help; shopping for groceries, clothes, looking for a place to live et cetera.

5. Advocacy for the client is also necessary in care. If we do nothing else, we should be an advocate. Our community needs to know about mental illness. Our community needs to know what it can do to help. Without this knowledge, we stand helpless and watch our brother fail. A team effort will be useless without the help the community can give. We need places for the homeless, the suffering, and the impaired.

How can we have come this far without conquering mental illness is not the question? The question is. "How can we not commit ourselves to make a change?"

Community Support Teams, Mendocino County

1. A primary clinic housed in Ukiah consisting of three teams of a BA level worker with an LVN and one team leader with an advanced degree. Each team member would have at least 15 clients (maximum 20) and the team leader 5 clients. Weekly meetings for all team members to

present their most recent admission to all the teams so that each would have some knowledge of the patient's condition.

2. A satellite clinic in Fort Bragg with two teams consisting of a BA level worker and one LVN. The team leader in Ukiah would make periodic visits to assist with patient reviews and provide consultation as necessary. Each team member would have at least 15 clients.

3. One psychiatrist would be assigned as the Clinical Support Team doctor to advise and prescribe medication for Ukiah and possibly one for Fort Bragg. Each LVN team member would administer the medication to the clients of his/her team.

4. It is possible that team members may be required to travel to areas beyond the Ukiah and Fort Bragg clinics. This is a situation that would have to be worked out as established caseloads are developed.

#### Overview

A client would be referred to the CST Leader from a concerned citizen, clinic, emergency room or hospital et cetera. The team leader would then assign the client to one of the two-person teams (LVN, BA level counselor). The person assigned would then attempt to contact the client to perform a possible intake. If the client is in crisis, the team member would work with the appropriate people involved and the client would eventually be evaluated for CST follow-up. The counselor would establish a chart that would be kept by the CST in a locked room or if in a building of mental health, a special section that would always be available to CST team members.

Once a client is established, there would be weekly visits by the assigned team member and the client would become part of that team member's caseload. Ongoing visits would depend on the client's stability and/or medical condition. At any time that the client becomes unstable and in need of CST help a counselor would make a visit to determine if the client needed to be hospitalized. There would be a team member on call on weekends, holidays, and after-hours on workdays. This would ensure that any client belonging to the CST would have care by someone who knows their case history, even if briefly, and that response would be that day.

With five teams having the capacity for 30 clients each, 150 clients could have care in the community. Extending the team caseload to 20 would increase the coverage to 200 clients. In a population of 15,000 with an incident of 1.2% for schizophrenia, we could assume approximately 180 clients needing CST care. Obviously this only speaks to the most serious of diagnosis; there are many other mental illnesses to contend with. However, having a CST

available is the first step in a containment effort to establish a form of outreach that would keep situations from becoming deadly for the mentally ill.

With all the talk about what we can do, it is about time that the people in the community ask the question, "Why haven't we tried this approach?" I know that I have certainly brought it up many times. I get smiles, nods, and nonverbal signs of agreement, but nothing more. I shall not give up hope. Some day it will happen.

William J. Russell, R.N.

May 2020

Hello, Ms. Bailey,

My name is Sergio Arreguin. I read an article online on the Willits News about your role with measure B. I am excited to see how the county will benefit once it's implemented.

I wanted to see about the training that the article commented about in Redwood Valley. I am very interested as I have an associates in psychology and am a first responder as a volunteer with Redwood Valley Calpella Fire Dept. I'd like to know what kind of training, would it be available to everyone, and when it would be if possible.

I appreciate any response, if possible.

Thank you,

Sergio Arreguin