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Ser s		HEALIH	ADVISORY DUA	AKD				
1850		REGUI	AR MEETIN	G	Vice Chair Meeka Ferretta			
QUNT		Α	GENDA		Secretary Vacant			
					Treasurer			
		Santana	han 16 2020		Richard Towle			
		-	ber 16, 2020					
		1:00 p.m	. to 3:00 p.m.		BOS Supervisor Carre Brown			
		Join Zo	om Meeting:					
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<u>1st</u> Dist Denise G		<u>2nd</u> District: Michelle Rich	<u>3rd DISTRICT:</u> Meeka Ferretta	<u>4^{τh} DISTRICT:</u> Lynn Finley	MARTIN MARTINEZ			
Lois Loc		SERGIO FUENTES	AMY BUCKINGHAM	JULIA EAGLES	FLINDA BEHRINGER			
RICHARD		VACANT	VACANT	VACANT	JOANN BRADLEY			
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Item	I		tem / Descriptio		Action			
1. 5 minutes	Call to Or Agenda:	rder, Roll Call & (Quorum Notice, Ap	prove	Board Action:			
	8							
2.	Minutes o	of the August 19, 2	020 BHAB Regular	· Meeting:	Board Action:			
5 minutes								
3.	Board Action:							
10 minutes (Maximum)		v 1	g to make comments e. Any additional cor					
(Waxiniuni)								
	have to be provided through email to							
	onboara@	mendocinocounty.	org.					
4.	Measure	B Discussion and l	Possible Action:		Board Action:			
30 minutes		re B August Meetin	0 1					
			ng Center Update – A	Alyson Bailey				
	C. Kempe	er Report Recomme	endations Update					

5. 15 minutes	 Mendocino County Report: Jenine Miller, BHRS Director A. Director Report Questions B. Budget Update C. Community Support Groups 	Board Action:
6.	Mental Health Services Act (MHSA) Quarterly Update:	
15 minutes	Karen Lovato, BHRS Acting Deputy Director	
7. 10 minutes	RQMC Report:A. Data Dashboard QuestionsB. Services Update	Board Action:
8. 15 minutes	 Board Reports and Possible Action: A. Chair – Michelle Rich BHAB Secretary Appointment B. Vice Chair – Member Ferretta Treasurer – Member Towle 	Board Action:
9. 5 minutes	Brown Act and Ethics Training for Board Members:	
10. 10 Minutes	Member Comments:	Board Action:
11.	Adjournment:	
	Next meeting: October 21, 2020	

AMERICANS WITH DISABLITIES ACT (ADA) COMPLIANCE

The Mendocino County Behavioral Health Advisory Board complies with ADA requirements and upon request will attempt to reasonably accommodate individuals with disabilities by making meeting material available in appropriate alternative formats (pursuant to Government Code Section 54953.2). Anyone requiring reasonable accommodations to participate in the meeting should contact the Mendocino County Behavioral Health Administrative Office by calling (707) 472-2355 at least five days prior to the meeting.

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

SS SDOC		AVIORAL ARD	Chairperson Michelle Rich			
		REGUI	LAR MEETIN	NG	Vice Chair Meeka Ferretta	
COUNT		A	GENDA		Secretary Vacant	
		e	st 19, 2020		Treasurer Richard Towle	
		-	. to 3:00 p.m.		BOS Supervisor Carre Brown	
	<u>https:/</u>		om Meeting: <mark>nty.zoom.us/j/98</mark>	<u>3557737710</u>		
	+3		<u>all in:</u> or +1(346) 248	8-7799		
		Webinar II): 985 5773 7710			
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<u>1st Dist</u> Denise G Lois Loc Richard	GORNY KART	<u>2№ District:</u> Michelle Rich Sergio Fuentes Vacant	<u>3rd DISTRICT:</u> Meeka Ferretta Amy Buckingham Vacant	4™ DISTRICT: Lynn Finley Julia eagles vacant	<u>5™ DISTRICT:</u> Martin Martinez Flinda Behringer Ioann Bradley	
OUR MISSION	N: "To be co		ers, their families, a		f quality care with the	
0 1	very, human		portunity for individ			
Item			tem / Descriptio		Action	
1. 5 minutes	Agenda:	der, Roll Call & (Quorum Notice, Ap	oprove	Board Action:	
e minutes	U	eting called to orde	er by Chair Rich at 1	1:11 PM.	Motion made by	
		U	nringer, Bradley, Ea		Member Ferretta,	
		-	nez, Towle, and Su	pervisor	seconded by Member	
		own.		• ,	Martinez to approve the agenda as written.	
	 Member Bradley and Member Eagles were sworn in to the Behavioral Health Advisory Board by board clerk 					
	Lili Chavoya.					
2.		•) BHAB Regular M	leeting:	Board Action:	
5 minutes	Review an	d possible board ac	ction.		Motion made by Member Finley,	
	• Mi	nutes approved as	written.		seconded by Member	
					Martinez to approve the August 19, 2020 BHAB	

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		meeting minutes as written. Motion passed.
3. 10 minutes (Maximum)	Public Comments: Members of the public wishing to make comments to the BHAB will be recognized at this time. Any additional comments will have to be provided through email to bhboard@mendocinocounty.org. • No public comments.	Board Action:
4. 20 minutes	 Measure B Discussion and Possible Action: A. Measure B July Meeting Report I. Member Ferretta reported that the Measure B Committee recommended to the Board of Supervisors (BOS) to keep working with the CHFFA grant to put 3.7 million dollars towards a Crisis Residential Treatment (CRT) facility in Mendocino County. The BOS approved this recommendation at yesterday's BOS meeting, so the county will be moving forward with building the CRT on Orchard Avenue in Ukiah. II. Discussion on the Behavioral Health Training Center. a. BHRS Director Miller shared that a concern coming from the community, is that this training center. b. BHRS does not have any equipment in the training center as of right now. c. Motion made by Member Behringer, seconded by Vice Chair Ferretta to recommend to Measure B to have Behavioral Health's input for the training center's equipment to make sure Behavioral Health needs are also met. d. Motion dismissed as the board agreed it is too early to make a motion, and will wait to receive more information and detailed understanding of the plan for the training center. B. Kemper Report Recommendations Update/Next Steps I. The following recommendations made to the Measure B Committee were approved: the 1.3 million dollars for housing in the coast, community outreach, Aftercare for individuals that do not have Medi-Cal, and the mobile crisis team. These recommendations will be going in front of the BOS; the reserved date is 10/20 but it might be pushed to 9/1. II. BHRS Director Miller reminded the board that these services serve the entire community not just specific areas. She clarified that in the recommendation report, when referring to housing in the coast, it was 	Board Action: Alyson Bailey to join next month's meeting to give an update on the training center.

the community to determine the best coast location.	lly ill a vith	not specific to Fort Bragg, but rather the county would work with all coastal communities to determine where the best place to house mentally ill clients. The dollars are not being guaranteed to a specific community, the next step is working with the community to determine the best coast location.	
 5. Mendocino County Report: Jenine Miller, BHRS Director A. Director Report Questions I. Included in agenda packet. QA metrics are also included as requested by the board. B. Budget Update The Mental Health Services Act (MHSA) is closing out the 19/20 fiscal year with over 600 thousand dollars less in funds than BHRS had projected. BHRS remains hopeful to be able to close out the year without a deficit. a. Closing out the FY 19/20 budget this month, and will have better picture of shortfalls due to COVID over the next couple of months. b. Projected to get State backfilled realignment dollars. The state setup a grid on how those dollars should be disbursed to programs, but MHSA is still expected to take a 20 percent hit in the next few years. III. BHRS is currently working on billboards, looking to place one on Highway 101 and on Highway 20. The design of the billboard has been started, it will be about suicide prevention, and will be in both English and Spamish. IV. BHRS also started buying goodie bags with educational materials, waiting to finalize what will be put out. a. September is Recovery Month for Substance Use and Suicide Prevention week. BHRS is working on a campaign to target both topics in addition to COVID support. b. BHRS will be creating social media platforms to provide more outreach to the community. c. BHRS Director Miller presented at the HHSA Advisory board's last meeting, and received more feedback for more suicide prevention education through local schools, social media, etc. v. Discussion on Assisted Outpatient Treatment (AOT), and how many people actually qualify vs number of referrals. a. BHRS Director Miller explained that AOT criteria are very stic, so each person needs to meet every single requirement. BHRS Director Miller encouraged for people to make a referral, even if it is multiple ones, if there is someone in the community that ne	eluded g out rs less eficit. nd will over blars. uld be cted to to he bout tional Vse and a OVID to ore n T), of eria ery if it is unity	 A. Director Report Questions Included in agenda packet. QA metrics are also included as requested by the board. B. Budget Update The Mental Health Services Act (MHSA) is closing out the 19/20 fiscal year with over 600 thousand dollars less in funds than BHRS had projected. BHRS remains hopeful to be able to close out the year without a deficit. Closing out the FY 19/20 budget this month, and will have better picture of shortfalls due to COVID over the next couple of months. Projected to get State backfilled realignment dollars. The state setup a grid on how those dollars should be disbursed to programs, but MHSA is still expected to take a 20 percent hit in the next few years. III. BHRS is currently working on billboards, looking to place one on Highway 101 and on Highway 20. The design of the bilboard has been started, it will be about suicide prevention, and will be in both English and Spanish. IV. BHRS also started buying goodie bags with educational materials, waiting to finalize what will be put out. September is Recovery Month for Substance Use and Suicide Prevention week. BHRS is working on a campaign to target both topics in addition to COVID support. BHRS Director Miller presented at the HHSA Advisory board's last meeting, and received more feedback for more suicide prevention education through local schools, social media platforms to provide more suicide prevention education through local schools, social media, etc. V. Discussion on Assisted Outpatient Treatment (AOT), and how many people actually qualify vs number of referrals. BHRS Director Miller explained that AOT criteria are very strict, so each person needs to meet every single requirement. BHRS Director Miller encouraged for people to make a referral, even if it is multiple ones, if there is someone in the community that needs it. The AOT referral can be found on the BHRS 	

I		
	submitted, the referral is sent to Melinda Driggers,	
	BHRS AOT Coordinator. Melinda then reaches out	
	to the client, starts process to do an assessment, may	
	get an ROI to talk to family members, starts building	
	that relationship with the client, etc. With some	
	individuals, a soon as Melinda starts reaching out,	
	they voluntarily decide to get back into services, so	
	once they get reconnected they no longer meet	
	criteria. These clients may have met requirements,	
	but once they voluntarily decide to get services	
	again, they no longer meet criteria.	
	c. If possible, BHRS will define how many referrals	
	were rejected or which ones reconnected to services	
	and add that data to the monthly AOT report.	
6.	Substance Use Disorder Treatment Services Drug Medi-Cal	
15 minutes	Organized Delivery System: Rendy Smith, SUDT Program	
	Manager	
	A. Rendy Smith, Substance Use Disorders Treatment Manager	
	joined the board to give a presentation on the SUDT Drug	
	Medi-Cal ODS program, what services are available, and	
	how to access these services. This is a new program in	
	collaboration with Partnership that went into effect on July 1 st	
	this year.	
	B. SUDT has joined with Partnership Health Plan and joined	
	forces with 7 other rural counties, to provide all different	
	levels of care, and that are also paid or by Medi-Cal.	
	C. There is a 24 hour phone number clients can call to access	
	any SUDT treatment service through Beacon, the number is	
	1-855-765-9703. Clients can also call SUDT directly at	Rendy will send out
	(707) 472-2637.	brochures with SUDT
	D. In the past, residential treatment was not covered by Drug	services information to
	Medi-Cal, so this is a new exciting opportunity to be able to	the BHAB.
	now have people access the treatment they need, and have it	
	paid for, and not be denied those services due to funding.	
	E. A question was asked on whether or not there are sufficient	
	number of providers under this plan to meet the need. Rendy	
	explained that the 7 counties joined forces for this exact	
	reason, since rural counties have limited resources. Any type	
	of program or resource that Mendocino County does not	
	have, can be used from another county that does have it.	
	Clients get connected through Partnership to the right level of	
	care, and transportation arrangements are also made for	
	clients that need services from another county.	
	F. Types of services SUDT provides: intensive and outpatient	
	services. Perinatal (WINDO) program which provides child	
	care along with transportation, counseling, and groups.	
	Adolescent prevention and intervention services, which has	
	counselors at the high school working with referrals from	
	school staff, parents, probation etc. There is also a local	
	residential program that does detox, and when they are full,	
	restaution program that about actor, and when they are full,	1

		clients get referred to one of the other 7 counties.	
	G.	SUDT also works with clients that have a co-occurring	
		diagnosis. They facilitate behavioral health court where	
		counselors work side by side with the client. Individual	
		counseling, evidence based curriculum, and a group called	
		"Beautiful Minds" are all targeted to meet the needs of the	
		co-occurring population. SUDT also works closely with	
		Mental Health to make sure everyone participating in a	
		client's care is providing appropriate services across the	
		board.	
	Η.	Discussion on how SUDT has adapted to the COVID	
		pandemic. Rendy explained that the majority of services	
		transitioned to telehealth or over the phone, but counselors do	
		meet in person with clients that are in crisis with safety	
		protocols put in place.	
	I.	SUDT has also continued to drug test with all the safety	
		precautions in place.	
	J.	The board would like Rendy to present to this board more	
		frequently, and would like more SUDT information on the	
		Director's report. BHRS Director Miller is happy to include	
		more data.	
	Κ.	Chair Rich suggested that graduation rates, number of clients	
		in each program, and co-occurring clients be some of the new	
		data to be included in the Director's report.	
	L.	Rendy Smith will report to the BHAB on a quarterly basis	
		from now on.	
	D		
7.		QMC Report:	Board Action:
10 minutes	А.	Data Dashboard Questions	
	D	I. Data dashboard included in agenda packet.	
	Б.	Services Update I. Camille shared that she would be happy to have	
		I. Camille shared that she would be happy to have individual providers come to the board and talk about	
		their programs. If the board has any	
		recommendations on how they want more data	
		presented to be able to understand the services being	
		provided, RQMC is more than willing to do so.	
		II. Due to COVID there has been a significant increase	
		in anxiety/depression not only for medical	
		beneficiaries but also with Medicare and private	
		insurance beneficiaries in the community. People are	
		stressed and concerned, and RQMC is trying to do	
		best they can to help the community in need of help.	
		III. Tim Schraeder has been doing house meetings at all	
		housing facilities with providers either virtually on in	
		housing facilities with providers either virtually on in person.	
		housing facilities with providers either virtually on in person.IV. RQMC has met with schools occasionally on behalf	
		housing facilities with providers either virtually on in person.IV. RQMC has met with schools occasionally on behalf of the Children System of Care; all providers have	

 V. Emergency support for schools from agencies. Actively working on a united protocol, very concerned with kids that have been disconnected and attempting to get them reconnected. VI. Also working diligently on responding to the ASO RFP. Individual providers are working on the 19/20 year end data and also getting marrative basis on everything that has happened. RQMC hopes to have this and a final report done by October latest. VII. RQM C is also currently working with the county on preparing for EQRO in September. Board Reports and Possible Action: A. Chair - Michelle Rich A. Contracts Committee a. The ASO RFP needs to be reviewed by members of this board. When the RFP documents come in, there will be a panel who will evaluate and score the RFP's. One member of this board can serve on the panel; there will be a total of 5 RFP's that will be going out. All RFP's will be coming back in different time frames, so not all will be scored at the same time. b. The board agreed for Chair Rich and Member Fuentes to work together to review the RFP's. B. BHAB Secretary position is vacant; the Membership Committee will nominate a member to serve as Secretary. J. Vice Chair - Member Ferretta Membership/Vacancies/Recruitment A. The blaB bad welcomed two new board members today there is still a vacancy in the second district (Dna Oriz's previous position), third district, and fourth district. The board needs additional representation from consumers. Chair Rich encouraged board members to reach out to their District Supervisor for possible recruitment of board members, the Membership Committee will also be recruiting. Trasaver - Member Towle Member Towler exported that for FY 19/20, out of the of \$11,500 budget granted. the board expended \$5,493.22, with a remaining balance of \$6,006.78. For FY 20/21 the board has being granted \$11,500.			1
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10 Minutes A. Discussion on the Brown Act training that board members			Board Action:
	10 Minutes	A. Discussion on the Brown Act training that board members	

	need to attend every two years.	Lili to update the board
	B. Discussion on the possibility of extending BHAB meetings	on training tacking log
	to more than 2 hours, or if 2 hours is enough time. The	and information on
	standard recommendation from CALBHB/C for board	when next trainings will
	meetings is 2 hours. The board agreed to continue holding 2	be available.
	hour long meetings.	
	C. Member Towle asked about the Annual Report that Jan	Lili to update BHAB
	McGourty completed for last year. The annual report has	member contact
	not been presented to the BOS; the board will proceed with	information and send to
	getting it in front of the BOS.	all board members.
	D. Discussion on possible future Zoom trainings for board	
	members, BHRS staff to follow up on this request.	Lili to provide green
		binders to new members
		Jo Bradley and Julia
		Eagles.
11.	Adjournment: 3:03	Motion made by
		Member Martinez,
	Next meeting: September 16, 2020	seconded by Member
		Behringer to adjourn the
		meeting.

AMERICANS WITH DISABLITIES ACT (ADA) COMPLIANCE

The Mendocino County Behavioral Health Advisory Board complies with ADA requirements and upon request will attempt to reasonably accommodate individuals with disabilities by making meeting material available in appropriate alternative formats (pursuant to Government Code Section 54953.2). Anyone requiring reasonable accommodations to participate in the meeting should contact the Mendocino County Behavioral Health Administrative Office by calling (707) 472-2355 at least five days prior to the meeting.

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

Behavioral Health Advisory Board Director's Report September 2020

1. Board of Supervisors:

- a. Recently passed items or presentations:
 - i. Mental Health:
 - a. None
 - ii. Substance Use Disorders Treatment:
 - a. None
- b. Future BOS Items or Presentations:
 - i. Mental Health
 - a. Discussion and Possible Action Including Acceptance of Informational Presentation Regarding the Current Provision of Mental Health Services in Mendocino County
 - ii. Substance Use Disorder Treatment:
 - a. None

2. Staffing Updates:

- New Hires:
 Mental Health: None
 Substance Use Disorders Treatment: None
- b. Promotions: Mental Health: Program Specialist II (2) Substance Use Disorders Treatment: None
- c. Departures: Mental Health: None
 Substance Use Disorders Treatment: None

3. Audits/Site Reviews:

- a. Date occurred and report out of findings:
 - i. No Report Out for August, as we are between audits/reviews.
- b. Upcoming/Scheduled:
 - i. BHRS Outpatient Chart Audit currently in progress

- ii. EQRO virtual site review November 2020
- c. Site Reviews:
 - i. No SMH sites were up for review in August 2020
 - ii. RCS is adding a Short-Term Residential Therapeutic Program services to a location (in process required BHRS review).

4. Grievances/Appeals:

- a. MHP Grievances: 1
- b. SUDT Grievances: 0
- c. MHSA Issue Resolutions: 0
- d. Second Opinion: 0
- e. Change of Provider Requests: 2
- f. Provider Appeals: 0
- g. Consumer Appeals: 0

5. Meetings of Interest:

a. MHSA Forum/QIC Meeting: October 14, 2020 @ 3:00 - 5:00 pm on Zoom: https://mendocinocounty.zoom.us/j/94217963247

6. Grant Opportunities:

a. None

7. Significant Projects/Brief Status:

- a. Assisted Outpatient Treatment (AOT): AB 1421/Laura's Law
- b. Melinda Driggers, AOT Coordinator, is accepting and triaging referrals:
 - i. Referrals to Date: 87
 - ii. Total that did not meet AOT Criteria: 76
 - a. Total Referrals FY 20/21: 2
 - b. Client connected with Provider/Services: 1
 - c. Unable to locate/connect with client: 1
 - iii. Currently in Investigation/Screening/Referral: 0
 - iv. Settlement Agreement/Full AOT: 1
 - v. Other (Pending Assessments to file Petition): 1

8. Educational Opportunities/Information:

- a. Adverse Childhood Experiences (ACEs)Training: TBD
- 9. Mental Health Services Act (MHSA):

a. MHSA Forum/QIC Meeting: October 14, 2020 @ 3:00 - 5:00 pm on Zoom: https://mendocinocounty.zoom.us/j/94217963247

10. Lanterman Petris Short Conservatorships (LPS):

a. Number of individuals on LPS Conservatorships = 57

11. Substance Use Disorder Treatment Services:

- a. Number of Substance Use Disorder Treatment Clients Served in July 2020
 - i. Total number of clients served = 102
 - ii. Total number of services provided = 263
 - iii. Fort Bragg: 14 clients served for a total of 54 services provided
 - iv. Ukiah: 74 clients served for a total of 190 services provided
 - v. Willits: 14 clients served for a total of 19 services provided

12. Contracts:

a. None

13. Capital Facility Projects:

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

b. Willow Terrace Project

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



September is Recovery Month and the second week is Suicide Prevention Week! With all the added stress in our lives right now, join us for educational, supportive, and fun activities!

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1	2	3	4	5
6	7	8	9	WORLD SUICIDE PREVENTION DAY 10	11	12
	Labor Day!		4:00 – 5:00 PM COVID Karaoke!	7:30 – 8:30 am Self-Care Group 10:00 -11:00 am Suicide Prevention Presentation 1:00 - 2:30 PM QPR Suicide Prevention Training	1:00 – 2:00 PM Red Road Support Group	10:00 -11:00 Suicide Prevention Presentation
13	14	15	16	17	18	19
	 12:00 – 1:00 pm Process group 2:00 – 3:00 PM Grupo de apoyo para el manejo de emociones 	2:00 – 3:00 PM Emotion Management Support Group	4:00 – 5:00 PM COVID Karaoke! 6:00 – 7:00 pm Grupo de apoyo general	2:00 – 3:00 pm Grupo de apoyo para personas en aislamiento/cuarentena	1:00 – 2:00 PM Native "Talking Circle" Support Group	
20	21	22	23	24	25	26
	12:00 – 1:00 pm Process group	3:00 – 4:00 pm Support group for those in isolation/quarantine	4:00 – 5:00 pm Parent Support Group	7:30 – 8:30 am Self-Care Group	1:00 – 2:00 PM Red Road Support Group	
27	28	29	30			
	 12:00 – 1:00 pm Process group 2:00 – 3:00 PM Grupo de apoyo para el manejo de emociones 	2:00 – 3:00 PM Emotion Management Support Group 3:00 – 4:00 pm Support group for those in isolation/quarantine	4:00 – 5:00 PM COVID Karaoke! 6:00 – 7:00 pm Grupo de apoyo general			



Suicide Prevention Week with Robin Meloche: Suicide Prevention Awareness Presentation:

September 10, 10:00 – 11:00 AM and September 12, 10:00 – 11:00 AM

To join: <u>https://mendocinocounty.zoom.us/j/91513487823</u> or call <u>+1(669) 900-9128</u>; Meeting ID: 915 1348 7823

QPR Suicide Prevention Training: September 10, 1:00 – 2:30 PM

To join: <u>https://mendocinocounty.zoom.us/j/96750619776</u> or call <u>+1(669) 900-9128</u>; Meeting ID: 967 5061 9776

Process Group (current events, open discussion topics, etc.) with Carol Gerke:

Every Monday (with exception of Labor Day holiday) from 12:00 – 1:00 PM To join: <u>https://mendocinocounty.zoom.us/j/96765246202</u> or call <u>+1(669) 900-9128</u>, Meeting ID: 967 6524 6202

Emotion Management Support Group with Kelly Johnson

Tuesdays: September 15 and September 29 from 2:00 – 3:00 PM To join: https://mendocinocounty.zoom.us/j/94303790492 or call +1(669) 900-9128, Meeting ID: 943 0379 0492

Support Group for those that are COVID Positive/in isolation with Cliff Landis:

Tuesdays: September 22 and September 29 from 3:00 – 4:00 PM

To join: <u>https://mendocinocounty.zoom.us/j/92480343163</u> or call <u>+1(669) 900-9128</u>, Meeting ID: 924 8034 3163

Parent Support Group with Christina Fuentes, Kayla Miles, James Canfield:

Wednesday, September 23 from 4:00 – 5:00 PM To join: <u>https://mendocinocounty.zoom.us/j/97996175476</u> or call <u>+1(669) 900-9128</u>, Meeting ID: 979 9617 5476

COVID Karaoke with A.J. Fulton:

Wednesdays from 4:00 – 5:00 PM

To join: <u>https://mendocinocounty.zoom.us/j/95268669582</u> or call <u>+1(669) 900-9128</u>, Meeting ID: 952 6866 9582

Self-Care Group with Ilona Marcello:

Second and Fourth Thursdays from 7:30 – 8:30 AM

To join: <u>https://mendocinocounty.zoom.us/j/99350016246</u> or call <u>+1(669) 900-9128</u>, Meeting ID: 993 5001 6246

Native "Talking Circle" Support Group with Paul Murguia:

Friday, September 18 from 1:00 – 2:00 PM

To join: <u>https://mendocinocounty.zoom.us/j/93885063216</u> or call+<u>1(669) 900-9128</u>, Meeting ID: 938 8506 3216

Red Road Support Group with Paul Murguia:

Second and fourth Fridays from 1:00 – 2:00 PM

To join: <u>https://mendocinocounty.zoom.us/j/95811261421</u> or call +<u>1(669) 900-9128</u>, Meeting ID: 958 1126 1421

September is Recovery Month and the second week isSuicide Prevention Week!



Grupo de Apoyo para el Manejo de Emociones con Maria Machado Segundo y cuarto Lunes del mes de 2:00 – 3:00 PM Enlace: https://mendocinocounty.zoom.us/j/99214607557 o llame al: +1(669) 900-9128 ID de reunión: 992 1460 7557

Grupo de Apoyo General con Carlos Jacinto: *Miercoles: Septiembre 16 y Septiembre 30 de 6:00 – 7:00 PM* Enlace: <u>https://mendocinocounty.zoom.us/j/99751996512</u> o llame al: +1(669) 900-9128 ID de reunion: 997 5199 6512

Grupo de Apoyo para Personas en Aislamiento/Cuarentena con Leticia Fausto: Jueves, Septiembre 17 de 2:00 – 3:00 PM Enlace: <u>https://mendocinocounty.zoom.us/j/95876625158</u> o llame al <u>+1(669) 900-9128</u> ID de reunión: 958 7662 5158

> Septiembre es el mes de la recuperación y la segunda semana es ¡Semana de Prevención del Suicidio!



Mendocino County Behavoiral Health and Recovery Services Behavioral Health Advisory Board General Ledger FY 20/21 September 9, 2020

ORG	OBJ	ACCOUNT DESCRIPTION	YR/PER/JNL	EFF DATE	AMOUNT	INVOICE #	CHECK #	VENDOR NAME	COMMENT
MHB	862080	FOOD							
		FOOD Total			\$0.00				
		MEMBERSHIPS TOTAL			\$0.00				
MHB	862170	OFFICE EXPENSE							
		OFFICE EXPENSE Total			\$0.00				
		RNTS & LEASES BLD GRD Total			\$0.00				
		TRNSPRTATION & TRAVEL Total			\$0.00				
		TRAVEL & TRSP OUT OF COUNTY Total			\$0.00				
		Grand Total			\$0.00				

	Summary of Budget for FY 20/21								
					Remaining				
OBJ	ACCOUNT DESCRIPTION		Budget Amount	YTD Exp	Budget				
862080	Food		1,800.00	0.00	1,800.00				
862150	Memberships		600.00	0.00	600.00				
862170	Office Expense		500.00	0.00	500.00				
862210	Rents & Leases Bld		30.00	0.00	30.00				
862250	In County Travel		5,800.00	0.00	5,800.00				
862253	Out of County Travel		2,770.00	0.00	2,770.00				
		Total Budget	\$11,500.00	\$0.00	\$11,500.00				
		Total Budget	\$11,500.00	ŞU.UU	Ş				

Behavioral Health Recovery Services Mental Health FY 2020-2021

Budget Summary

Year to Date as of **September 09, 2020**

				EXPENDITURES				REVENUE						
	Program	FY 19/20 Approved Budget	Salaries & Benefits	Services & Supplies	Other Charges	Fixed Assets	Operating Transfers	Total Expenditures	2011 Realign	1991 Realign	Medi-Cal FFP	Other	Total Revenue	Total Net Cost
1	Mental Health (Overhead)	(5,833,895)	30,102	2,965	916,398			949,465			(906,517)		(906,517)	1,855,981
2	Administration	1,448,778	107,300	72,190				179,490					0	179,490
3	CalWorks	98,355	17,131	31				17,162					0	17,162
4	Mobile Outreach Program	384,126	27,120	144				27,264	(40,713)				(40,713)	67,977
5	Adult Services	764,577	99,670	357				100,027					0	100,027
6	Path Grant	19,500						0	(8,009)				(8,009)	8,009
7	SAMHSA Grant	185,000						0	(60,715)				(60,715)	60,715
8	Mental Health Board	11,500						0					0	0
9	Business Services	624,295	54,534	66				54,600					0	54,600
11	AB109	135,197	17,868	0				17,868					0	17,868
12	Conservatorship	2,456,866	896	18,445	231,010			250,351					0	250,351
13	No Place Like Home Grant	0						0					0	0
14	QA/QI	450,568	44,728	370				45,097					0	45,097
a	Total YTD Expenditures & Revenue		399,349	94,567	1,147,408	0	0	1,641,323	(109,437)	0	(906,517)	0	(1,015,954)	2,657,277
b	FY 2020-2021 Adjusted Budget	744,867	3,510,587	1,962,679	18,778,506	0	(73,244)	24,178,528	6,389,220	4,182,046	10,609,498	2,677,399	23,858,163	320,365
с	Variance		3,111,238	1,868,112	17,631,098	0	(73,244)	22,537,205	6,498,657	4,182,046	11,516,015	2,677,399	24,874,117	(2,336,912)

Behavorial Health Recovery Services Mental Health Services Act (MHSA) FY 2020-2021 Budget Summary Year to Date as of September 09, 2020

Program	FY 19/20 Approved Budget	Salaries & Benefits	Services & Supplies	Other Charges	Fixed Assets	Operating Transfers	Total Expenditures	Revenue Prop 63	Other- Revenue	Total Net Cost
Community Services & Support	-	45,438		(276,358)			(230,920)			(230,920)
Prevention & Early Intervention	218,759		2,861				2,861			2,861
Innovation	508,637						-			-
Workforce Education & Training	-		(8,000)				(8,000)			(8,000)
Capital Facilities & Tech Needs	-		30,025				30,025			30,025
Total YTD Expenditures & Revenue		45,438	24,886	(276,358)	-	-	(206,034)	-	-	(206,034)
FY 2019-2020 Approved Budget	727,396	517,117	1,504,880	3,058,993	0	496,097	5,577,087	(4,836,832)	(12,859)	727,396
Variance		471,679	1,479,994	3,335,351	-	496,097	5,783,121	(4,836,832)	(12,859)	933,430

Prudent Reserve Balance

1,894,618

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

Behavioral Health Recovery Services SUDT FY 2020-2021 Budget Summary Year to Date as of **August 12, 2020**

				EXP	ENDITURES					REVENU	JE			
		FY 20/21							SAPT Block					
		Approved	Salaries &	Services and	Other	Fixed	Operating	Total	Grant and					
	Program	Budget	Benefits	Supplies	Charges	Assets	Transfers	Expenditures	FDMC	2011 Realign	Medi-Cal FFP	Other	Total Revenue	Total Net Cost
1	SUDT Overhead	(34,700)						0	(318,431)		814	782	(316,835)	316,835
2	County Wide Services	133,177		625				625					0	625
Z	County wide services	155,177		025				025					0	625
3	Drug Court Services	0		81				81					0	81
4	Ukiah Adult Treatment Services	(206,211)	68,641	1,825				70,466			0	2,442	2,442	68,023
	Women In Need of Drug Free													
5	Opportunties	0	12,385	196				12,581					0	12,581
6	Family Drug Court	(700)	26,727	215				26,943					0	26,943
- 0		(700)	20,727	215				20,543					Ŭ	20,343
8	Friday Night Live	0						0					0	0
9	Willits Adult Services	(3,725)	12,863					12,863					0	12,863
10	Fort Bragg Adult Services	(78,524)	37,691	415				38,105				150	150	37,955
11	Administration	670,826	61,967	57,592				119,558				2,071	2,071	117,488
			- /	- /								/-	, -	,
12	Adolescent Services	(150,172)	1,602	34				1,636					0	1,636
12			45.000	22				45.040						45.040
13	Prevention Services	0	15,809	33				15,842					0	15,842
a	Total YTD Expenditures & Revenue	329,971	237,685	61,017	0	0	0	298,702	(318,431)	0	0	5,445	(312,171)	610,873
b	FY 2020-2021 Budget	329,971	2,419,195	1,169,467	49,000	0	(979,866)	2,657,796	1,138,861	617,501	50,000	521,463	2,327,825	329,971
	Verience	<u>_</u>	2 101 510	1 109 450	49,000	0	(070.900)	2 250 004	1 457 202	617 501	F0.000	E16 019	2 620 000	
C	Variance	0	2,181,510	1,108,450	49,000	0	(979,866)	2,359,094	1,457,292	617,501	50,000	516,018	2,639,996	

QI Work Plan - 3.D

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

Provider Appeal (45 days)								
Receipt Date	Provider Name	Reason	Results	Date	Date Letter			
				Completed	sent to Provider			
Total	0							

1	Client Appeal (45 days)								
	Receipt Date	Provider Name	Reason	Results	Date	Date Letter			
					Completed	sent to Client			
	Total	0							

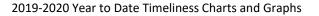
Issue Resolutions (60 Days)									
Receipt Date	Provider Name	Reason	Results	Date	Date Letter				
				Completed	sent to Provider				
Total	0								

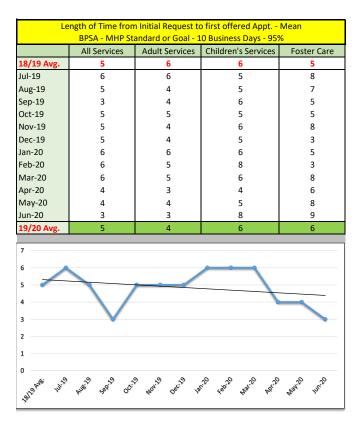
SUDT Grievan	SUDT Grievance (60 Days)										
Receipt Date	Provider Name	Reason	Results	Date	Date Letter						
				Completed	sent to Provider						
Total	0										

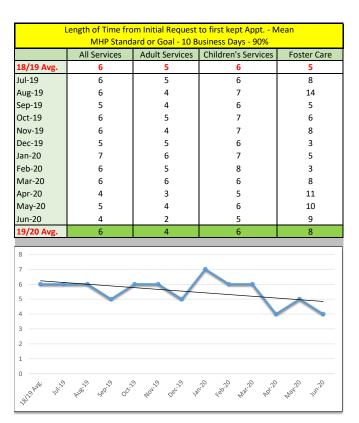
Client Grievan	ient Grievance (60 Days)										
Receipt Date	Provider	Reason	Results	Date	Date Letter						
				Completed	sent to Client						
7/20/2020		Beneficiary states staff member's demenour towards clients is cold and suggested the staff member should be removed from their position.	Complaint forwarded to appropriate supervisor and beneficiary started to receive services from a different staff member.	7/28/2020	7/28/2020						
Total	1										

Client Request	Client Request for Change of Provider (10 Business Days)									
Receipt Date	Provider	Reason	Results	Date	Date Letter					
				Completed	sent to Client					
7/13/2020	Manzanita	Wants to change to different provider.	Beneficiary discharged from previous provider and services opened at	7/27/2020	7/27/2020					
			new provider.							
7/27/2020	RCS	Wants to change to different provider.	Beneficiary discharged from previous provider and services opened at	8/6/2020	8/6/2020					
			new provider.							
Total	2									

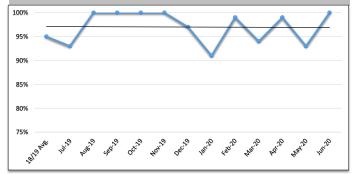
D Provider Appeals	
0 Client Appeals	
0 Issue Resolutions (Completed)	
0 SUDT Grievances (Completed)	
1 Grievance (Completed)	
2 Requests for Change of Provider (Completed)	



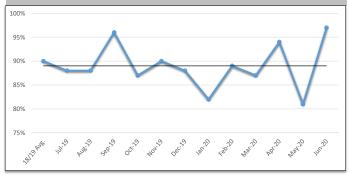




	All Services	Adult Services	Children's Services	Foster Care
18/19 Avg.	95%	90%	97%	95%
Jul-19	93%	89%	98%	100%
Aug-19	100%	100%	100%	100%
Sep-19	100%	100%	100%	100%
Oct-19	100%	100%	100%	100%
Nov-19	100%	100%	100%	100%
Dec-19	97%	100%	95%	100%
Jan-20	91%	76%	100%	100%
Feb-20	99%	98%	83%	100%
Mar-20	94%	89%	97%	100%
Apr-20	99%	100%	98%	100%
May-20	93%	93%	99%	100%
Jun-20	100%	100%	100%	100%
19/20 Avg.	97%	95%	98%	100%

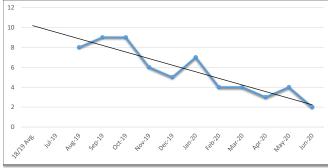


			uest to first kept Appt Business Days - 90%	
	All Services	Adult Services	Children's Services	Foster Care
18/19 Avg.	90%	89%	91%	86%
Jul-19	88%	91%	85%	100%
Aug-19	88%	98%	76%	25%
Sep-19	96%	100%	94%	100%
Oct-19	87%	100%	79%	100%
Nov-19	90%	97%	86%	100%
Dec-19	88%	94%	85%	100%
Jan-20	82%	78%	84%	100%
Feb-20	89%	97%	83%	100%
Mar-20	87%	87%	88%	100%
Apr-20	94%	100%	90%	0%
May-20	81%	90%	73%	67%
Jun-20	97%	100%	94%	100%
19/20 Avg.	89%	94%	85%	83%

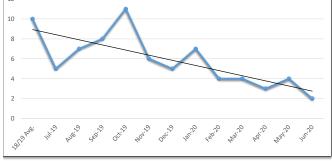


2019-2020 Year to Date Timeline	ess Charts and Graphs - Page 2
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Length of Time from Initial Request to first offered Psychiatry appt Mean							
	MHP Standard or Goal - 15 Business Days - 90%						
	All Services	Adult Services	Children's Services	Foster Care			
18/19 Avg.	#N/A	#N/A	#N/A	#N/A			
Jul-19	#N/A	#N/A	#N/A	#N/A			
Aug-19	8	7	13	#N/A			
Sep-19	9	10	9	2			
Oct-19	9	8	10	21			
Nov-19	6	6	6	#N/A			
Dec-19	5	5	5	#N/A			
Jan-20	7	7	10	#N/A			
Feb-20	4	3	6	7			
Mar-20	4	3	6	#N/A			
Apr-20	3	2	3	#N/A			
May-20	4	4	5	#N/A			
Jun-20	2	2	2	#N/A			
19/20 Avg.	6	5	7	10			



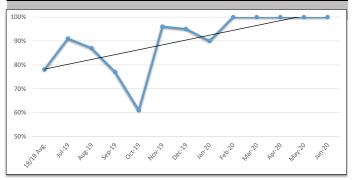
Length of Time from Initial Request to first kept Psychiatry appt Mean MHP Standard or Goal - 15 Business Days - 90%						
		,				
18/19 Avg.	10	8	11	#N/A		
Jul-19	5	5	6	#N/A		
Aug-19	7	7	6	#N/A		
Sep-19	8	7	10	2		
Oct-19	11	11	13	21		
Nov-19	6	4	8	#N/A		
Dec-19	5	5	7	#N/A		
Jan-20	7	6	12	#N/A		
Feb-20	4	3	6	7		
Mar-20	4	3	6	#N/A		
Apr-20	3	2	3	#N/A		
May-20	4	5	4	#N/A		
Jun-20	2	2	2	#N/A		
19/20 Avg.	6	5	7	10		
12						

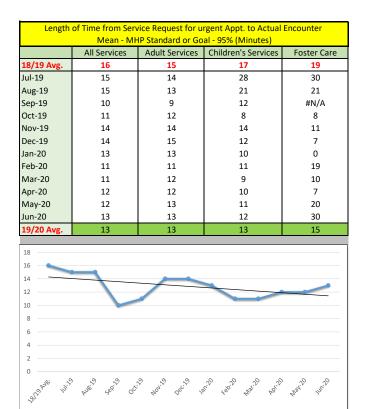


MHP Standard or Goal - 15 Business Days - 90%					
	All Services	Adult Services	Children's Services	Foster Care	
18/19 Avg.	#N/A	#N/A	#N/A	#N/A	
Jul-19	#N/A	#N/A	#N/A	#N/A	
Aug-19	86%	86%	83%	#N/A	
Sep-19	70%	68%	75%	100%	
Oct-19	75%	75%	75%	0%	
Nov-19	100%	100%	100%	#N/A	
Dec-19	100%	100%	100%	#N/A	
Jan-20	96%	95%	100%	#N/A	
Feb-20	100%	100%	100%	100%	
Mar-20	100%	100%	100%	#N/A	
Apr-20	100%	100%	100%	#N/A	
May-20	100%	100%	100%	#N/A	
Jun-20	100%	100%	100%	#N/A	
19/20 Avg.	93%	93%	94%	67%	



Lengt	Length of Time from Initial Request to first kept Psychiatry Appt					
	MHP Standard or Goal - 15 Business Days - 90%					
	All Services	Adult Services	Children's Services	Foster Care		
18/19 Avg.	78%	82%	74%	n/a		
Jul-19	91%	90%	100%	#N/A		
Aug-19	87%	86%	100%	#N/A		
Sep-19	77%	80%	71%	100%		
Oct-19	61%	59%	67%	0%		
Nov-19	96%	100%	90%	#N/A		
Dec-19	95%	100%	83%	#N/A		
Jan-20	90%	91%	83%	#N/A		
Feb-20	100%	100%	100%	100%		
Mar-20	100%	100%	100%	#N/A		
Apr-20	100%	100%	100%	#N/A		
May-20	100%	100%	100%	#N/A		
Jun-20	100%	100%	100%	#N/A		
19/20 Avg.	91%	92%	91%	67%		





Total Number of Hospital Discharges						
	All Services	Adult Services	Children's Services	Foster Care		
18/19 Avg.	54	37	17	2		
Jul-19	35	32	3	0		
Aug-19	58	48	10	1		
Sep-19	44	33	11	2		
Oct-19	53	45	8	0		
Nov-19	41	21	9	2		
Dec-19	51	43	8	0		
Jan-20	57	50	7	0		
Feb-20	44	41	3	1		
Mar-20	46	39	7	0		
Apr-20	40	34	6	2		
May-20	50	40	10	1		
Jun-20	43	37	6	0		
Average	47	39	7	1		
Total	562	463	88	9		
70						
70						
60						
50	\wedge	\checkmark				
40	/ *	Y				
30						
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10	10					
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Length of Time from Service Request for urgent Appt. to Actual Encounter - Mean Percent of Goal that meets this Standard - MHP Standard or Goal - 95% (Minutes)						
	All Services	Adult Services	Children's Services	Foster Care		
18/19 Avg.	97%	97%	97%	100%		
Jul-19	99%	99%	95%	100%		
Aug-19	97%	97%	98%	100%		
Sep-19	99%	99%	98%	#N/A		
Oct-19	99%	99%	100%	100%		
Nov-19	98%	98%	100%	100%		
Dec-19	100%	100%	100%	100%		
Jan-20	100%	99%	100%	100%		
Feb-20	99%	99%	100%	100%		
Mar-20	99%	99%	100%	100%		
Apr-20	99%	99%	95%	100%		
May-20	98%	98%	100%	100%		
Jun-20	98%	97%	100%	100%		
19/20 Avg.	99%	99%	99%	100%		

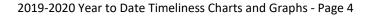


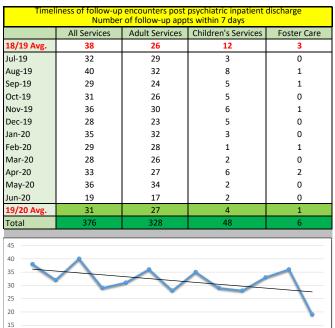
Tim	oliness of follows	un annountara nas	t navahistris innationt d	iceborgo	
Timeliness of follow-up encounters post psychiatric inpatient discharge Total Number of Hospital Admissions					
	All Services	Adult Services	Children's Services	Foster Care	
18/19 Avg.	57	39	18	2	
Jul-19	47	41	6	0	
Aug-19	63	51	12	1	
Sep-19	47	40	7	2	
Oct-19	50	41	9	0	
Nov-19	45	38	7	2	
Dec-19	54	46	8	0	
Jan-20	57	49	8	0	
Feb-20	48	43	5	1	
Mar-20	40	35	5	0	
Apr-20	47	39	8	3	
May-20	58	48	10	0	
Jun-20	40	36	4	0	
19/20 Avg.	50	42	7	1	
Total	596	507	89	9	
70					
60					
50					
40			\sim		
30					
20					

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2019-2020 Year to Date Timeliness Charts and Graphs - Page 3







Psychiatric Inpatient Readmission rates within 30 days Total number with readmission within 30 days				
	All Services	Adult Services	Children's Services	Foster Care
18/19 Avg.	6	4	2	0
Jul-19	5	4	1	0
Aug-19	9	6	3	0
Sep-19	3	1	2	1
Oct-19	4	2	2	0
Nov-19	5	4	1	0
Dec-19	4	4	0	0
Jan-20	5	4	1	0
Feb-20	8	7	1	0
Mar-20	8	8	0	0
Apr-20	2	1	1	0
May-20	9	9	0	0
Jun-20	9	8	1	0
19/20 Avg.	6	5	1	0
Total	71	58	13	1
10				

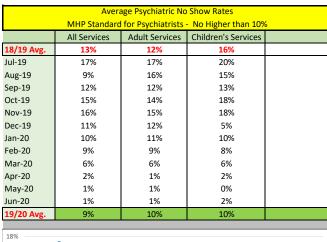


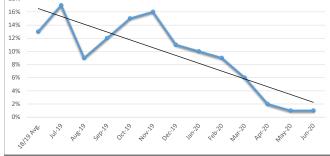
	All Services	Adult Services	Children's Services	Foster Care
18/19 Avg.	99%	99%	98%	100%
Jul-19	100%	100%	100%	#N/A
Aug-19	98%	100%	88%	100%
Sep-19	100%	100%	100%	100%
Oct-19	100%	100%	100%	#N/A
Nov-19	100%	100%	100%	100%
Dec-19	96%	100%	80%	#N/A
Jan-20	100%	100%	100%	#N/A
Feb-20	100%	100%	100%	100%
Mar-20	100%	100%	100%	#N/A
Apr-20	100%	100%	100%	100%
May-20	100%	100%	100%	#N/A
Jun-20	100%	100%	100%	#N/A
19/20 Avg.	100%	100%	97%	100%



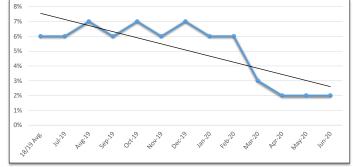
Psychiatric Inpatient Readmission rates within 30 days Readmission Rate - Goal is 10% within 30 days				
	All Services	Adult Services	Children's Services	Foster Care
18/19 Avg.	10%	10%	9%	33%
Jul-19	16%	10%	17%	#N/A
Aug-19	14%	12%	25%	#N/A
Sep-19	6%	3%	29%	50%
Oct-19	8%	5%	22%	#N/A
Nov-19	11%	11%	14%	#N/A
Dec-19	7%	9%	0%	#N/A
Jan-20	9%	8%	13%	#N/A
Feb-20	17%	16%	20%	#N/A
Mar-20	20%	23%	n/a	#N/A
Apr-20	4%	3%	13%	#N/A
May-20	16%	19%	#N/A	#N/A
Jun-20	23%	22%	25%	#N/A
19/20 Avg.	13%	12%	18%	50%







	All Services	Adult Services	Children's Services	
18/19 Avg.	6%	9%	6%	
Jul-19	6%	7%	6%	
Aug-19	7%	9%	6%	
Sep-19	6%	5%	7%	
Oct-19	7%	9%	6%	
Nov-19	6%	8%	4%	
Dec-19	7%	8%	6%	
Jan-20	6%	9%	3%	
Feb-20	6%	7%	5%	
Mar-20	3%	5%	3%	
Apr-20	2%	2%	2%	
May-20	2%	3%	2%	
Jun-20	2%	3%	2%	
19/20 Avg.	5%	6%	4%	



Redwood Quality Management Company

"Serving the Mental Health Needs of Mendocino County's Children and Youth"

Report to the Behavioral Health Advisory Board August 2020

1. Staffing

There is always some churn in staffing in the agencies we oversee. Several agencies are seeking to hire additional staff, especially clinicians and especially Spanish speaking/bicultural providers.

2. Audits

The annual review by the External Quality Review Organization is taking place on September 14, 15, and 17.

3. Meetings of Interest

All meetings and conferences have been taking place over zoom. We are meeting twice a week with agency providers. We continue to participate in the weekly Multidimensional Team meeting (including Child welfare, agency providers, probation, education, and public health) regarding placement/service needs for foster youth.

4. Grant opportunities

No new opportunities have come to our attention. Agencies are the main entities that respond to grant opportunities.

5. Significant Projects/brief status

Agencies have been working to support vulnerable homeless people during Covid-19 and reaching out to students who have not been in school and might feel isolated or stressed at home. This has continued over the summer and has intensified recently as agencies engage in providing services to school districts. Agencies have been checking in with clients regularly to monitor their mental health. This situation has been exacerbated by the fires, as several clients and provider staff have been forced to evacuate their homes. In addition, the smoke has been very stressful on clients and staff, and increases the need to stay home and isolate indoors Provider agencies are wrapping up responses to the MHSA Requests for Proposals, and RQMC is working on our response for the Administrative Service Organization RFP.

6. Educational Opportunities

Nothing to report at this time. RQMC notifies agencies of relevant trainings, which are essentially being provided virtually.

7. LPS Conservatorships

We continue through RCS, in collaboration with BHRS, to provide housing options for conserved clients. RCS recently opened several more beds for conserved clients in Willits. We are working with the Public Guardian's office to reduce the costs associated with conserved clients housing. Regular meetings enable monitoring and review of clients in high need and those ready to step down to lower levels of care.

- 8. We continue to monitor contracts and client services provided through each of our contract agencies. We will be conducting year end contract meetings with each agency as possible
- 9. Medication Support Services

Medication management services are continuing despite the pandemic and fires with mostly telehealth or phone sessions. Injection clinics continue in person with health precautions. Our medication management has been functioning collaboratively and efficiently. Thanks to all of the team, Leandra, Dr. Goodwin, Dr. Garratt, Larry, Dr. Timme, Cheri, Sandra, and our nurse John, as well of their meds management support team. The team continues to be very flexible in ensuring clients are able to be seen as needed.



E-Update, September 2020

National Suicide Prevention week begins September 6th. For information on how to advise locally to reduce suicide, please see:

> <u>CALBHB/C Suicide Prevention Issue Brief</u> (2 pages) <u>MHSOAC Striving for Zero</u> (111 pages)

For printed copies, contact cal@calbhbc.com

CALBHB/C TELECONFERENCES*

Central Region Meeting October 1, 2020*

Central Region Training October 2, 12:30 - 3:30 Registration

*Registration will open soon. CALBHB/C teleconference meetings and trainings are open statewide. In this Issue: <u>Grants / Funding</u> <u>Meetings</u> (On-Line) <u>Reading/Films/Webinars</u> <u>Resources for Boards/Commissions</u>

Recommended Reading / On-line Media

Criminal Justice

Mental Illness and the Criminal Justice System, <u>One Mind Docu-film Showcase</u>

Disasters

<u>Disasters Are Driving a Mental Health Crisis</u>, California Health Report

Ethnic, Cultural, Racial Disparities

Substance Use

Opioid deaths are surging in the pandemic. Here's how treatment is adapting, PBS

Telehealth

<u>Clinicians Call for Making COVID-19</u> <u>Emergency Telehealth Benefits Permanent</u>, CA Health Care Foundation <u>Understanding the Role of Resilience in</u> <u>Gender and Sexual Minority Communities,</u> Mental Health America, September 17

Eliminating Inequities in Behavioral Health Care, CIBHS Webinar Series

Medication

<u>Nasal Spray Is a New Antidepressant</u> <u>Option for People at High Risk of Suicide,</u> National Public Radio

Trauma-Informed Practices

<u>Creating a Trauma-Informed System of Care:</u> <u>Addressing Individuals, Professionals, and</u> <u>Organizations, Relias E-Book</u>

Grants/Funding

Digital Technology

- Individuals Internet and Devices: www.digitalaccessproject.org
- <u>Skilled Nursing Facilities</u>+ for tablets and accessories

Housing/Board & Cares

<u>Project HomeKey</u> - Funding to rapidly sustain and expand housing (may be used for the acquisition of board and care facilities).

Children & Youth

Investment in Mental Health Wellness Grant Program for Children and Youth to improve access to MH services through: mobile crisis support teams (MCSTs), crisis stabilization, Children's Crisis Residential Program beds, and family respite care. Due 1/29/21

<u>Youth Community Access</u> - To support youth substance use prevention and early intervention. Application Deadline is 9/15/20.

Resources for Boards & Commissions

Binders and Print-Outs will be mailed upon request.

<u>Conduct</u> (**New!**) <u>Handbooks</u> (**Updated!**) <u>Member Orientation</u> <u>Mental Health Services Act</u>

• Role of MHB

- Fiscal
- <u>Community Program Planning</u>(New!)

<u>News/Issues</u> <u>Performance Outcome Data</u> Recruitment

Training Modules

- Duties
- Ethics Training
- Mental Health Services Act

Training Recordings

Welfare & Institutions Code

- Bylaw Requirements
- Duties
 - Expenses
 - Membership Criteria
 - MHSA Community Planning

Meetings/Webinars (All Virtual)

Meetings

<u>COVID-19</u>, <u>Mental Health and the Need for</u> <u>Equity</u>, including 20th Surgeon General of the U.S., Vice Admiral Jerome M. Adams, M.D., M.P.H., September 3 - 4.

<u>CA BH Planning Council Performance</u> <u>Outcomes Committee Meeting</u>, September 11, 1:30 - 2:30 pm <u>Agenda to be posted</u>

<u>Mental Health Services Oversight &</u> <u>Accountability Commission (MHSOAC)</u>, September 24 NAMI CA 2020 Conference October 12-13. More information and registration.

DHCS Behavioral Health Stakeholder Advisory Committee, October 23, 9:30 am - 12:30 pm

<u>Foster Model of Care Workgroup</u>, DHCS, Various Dates

Local Mental/Behavioral Health Board & Commission Meetings - Upcoming Meetings

CALBHB/C is here to provide resources, support, training, communication and coordinate advocacy for statewide issues. We invite you to evaluate us by taking a few minutes to complete: <u>Evaluate CALBHB/C</u>.

Contact CALBHB/C: <u>info@calbhbc.com</u> <u>www.calbhbc.org</u> Follow CALBHB/C: <u>www.twitter.com/CALBHBC</u> <u>www.facebook.com/CALBHBC</u>