



**MENDOCINO COUNTY BEHAVIORAL
HEALTH ADVISORY BOARD**

REGULAR MEETING

MINUTES

**August 19, 2020
1:00 p.m. to 3:00 p.m.**

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

Item	Agenda Item / Description	Action
1. 5 minutes	<p>Call to Order, Roll Call & Quorum Notice, Approve Agenda:</p> <ul style="list-style-type: none"> Meeting called to order by Chair Rich at 1:11 PM. Members present: Behringer, Bradley, Eagles, Ferretta, Finley, Lockart, Martinez, Towle, and Supervisor Brown. Member Bradley and Member Eagles were sworn in to the Behavioral Health Advisory Board by board clerk Lili Chavoya. Agenda approved as written. 	<p>Board Action:</p> <p>Motion made by Member Ferretta, seconded by Member Martinez to approve the agenda as written. Motion passed.</p>
2. 5 minutes	<p>Minutes of the July 15, 2020 BHAB Regular Meeting: <i>Review and possible board action.</i></p> <ul style="list-style-type: none"> Minutes approved as written. 	<p>Board Action:</p> <p>Motion made by Member Finley, seconded by Member Martinez to approve the August 19, 2020 BHAB</p>

	<p>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.</p> <p>II. BHRS Director Miller explained that there has been some pushback from the coast for housing, and a mixed result overall over the recommendations. She is hopeful all items will pass when they go in front of the BOS, but the board needs to show support and advocate for these items.</p> <p>III. 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 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.</p>	
<p>5. 10 minutes</p>	<p>Mendocino County Report: <i>Jenine Miller, BHRS Director</i></p> <p>A. Director Report Questions</p> <p>I. Included in agenda packet. QA metrics are also included as requested by the board.</p> <p>B. Budget Update</p> <p>I. 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.</p> <p>a. Realignment dollars for June have not been received; 300 thousand dollars are projected, but could be more.</p> <p>b. 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.</p> <p>c. 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.</p> <p>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 Spanish.</p> <p>IV. BHRS also started buying goodie bags with educational materials, waiting to finalize what will be put out.</p> <p>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</p>	<p>Board Action:</p>

	<p>support.</p> <ul style="list-style-type: none"> 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. <p>V. Discussion on Assisted Outpatient Treatment (AOT), and how many people actually qualify vs number of referrals.</p> <ul style="list-style-type: none"> a. BHRS Director Miller explained that AOT criteria are very strict, so each person needs to meet every single requirement. There are many people that need the service, but don't qualify if they do not meet the criteria. BHRS has struggled with people that really need AOT and don't qualify because they are missing one or two requirements. 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. b. The AOT referral can be found on the BHRS website, or can also request to have it mailed. Once 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, as 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. 	
<p>6. 15 minutes</p>	<p>Substance Use Disorder Treatment Services Drug Medi-Cal Organized Delivery System: <i>Rendy Smith, SUDT Program Manager</i></p> <ul style="list-style-type: none"> 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 1st 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 	

	<p>1-855-765-9703. Clients can also call SUDT directly at (707) 472-2637, and staff will help them walk through either the Beacon line, or bring them directly into services if they qualify for that level of care.</p> <p>D. In the past, residential treatment was not covered by Drug Medi-Cal, so this is a new exciting opportunity to be able to now have people access the treatment they need, and have it paid for, and not be denied those services due to funding.</p> <p>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.</p> <p>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, clients get referred to one of the other 7 counties.</p> <p>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.</p> <p>H. 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.</p> <p>I. SUDT has also continued to drug test with all the safety precautions in place. It has been important to maintain that accountability and oversight because it is important for clients to show they are continuing their recovery and successful journeys.</p> <p>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, but clarified that when she refers to Behavioral Health, it is not only referring to Mental Health, but it also includes SUDT.</p> <p>K. Chair Rich suggested that graduation rates, number of clients</p>	<p>Rendy will send out brochures with SUDT services information to the BHAB.</p>
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	<p>in each program, and co-occurring clients be some of the new data to be included in the Director’s report.</p> <p>L. Rendy Smith will report to the BHAB on a quarterly basis from now on.</p> <p>M. Discussion on therapy provided to SUDT clients. Counselors do motivational interviewing, cognitive behavioral therapy, and brief intervention therapy. The county does not provide clinical treatment; SUDT is solely an outpatient substance abuse program. Clinicians for Mental Health are the ones that do the clinical assessments for SUDT.</p>	
<p>7. 10 minutes</p>	<p>RQMC Report:</p> <p>A. Data Dashboard Questions</p> <p>I. Data dashboard included in agenda packet.</p> <p>B. Services Update</p> <p>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.</p> <p>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.</p> <p>III. Tim Schraeder has been doing house meetings at all housing facilities with providers either virtually on in person.</p> <p>IV. RQMC has met with schools occasionally on behalf of the Children System of Care; all providers have agreed to have a protocol and outreach that is consistent across all agencies so that the process is consistent.</p> <p>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.</p> <p>VI. Also working diligently on responding to the ASO RFP. Individual providers are working on the 19/20 year end data and also getting narrative basis on everything that has happened. RQMC hopes to have this and a final report done by October latest.</p> <p>VII. RQMC is also currently working with the county on preparing for EQRO in September.</p> <p>VIII. Discussion on crisis numbers and the fact that the numbers aren’t up, but the severity of them was. Camille explained they are going to do a year end in depth data report once they have all the data, will let the board know when it is complete.</p>	<p>Board Action:</p>

<p>8. 15 minutes</p>	<p>Board Reports and Possible Action:</p> <p>A. Chair – <i>Michelle Rich</i></p> <p>I. Contracts Committee</p> <p>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.</p> <p>b. The board agreed for Chair Rich and Member Fuentes to work together to review the RFP’s.</p> <p>II. BHAB Secretary Appointment</p> <p>a. The BHAB secretary position is vacant; the Membership Committee will nominate a member to serve as Secretary.</p> <p>B. Vice Chair – <i>Member Ferretta</i></p> <p>I. Membership/Vacancies/Recruitment</p> <p>b. Although the BHAB board welcomed two new board members today there is still a vacancy in the second district (Dina Ortiz’s previous position), third district, and fourth district.</p> <p>c. 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.</p> <p>C. Treasurer – <i>Member Towle</i></p> <p>I. Member Towle reported 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 been granted \$11,500.00.</p>	<p>Board Action:</p> <p>Follow up at next month’s meeting.</p>
<p>9. 10 minutes</p>	<p>California Behavioral Health Planning Council Patients’ Rights Advocacy Survey: <i>Review and possible board action.</i></p> <p>C. Chair Rich and Member Martinez will work together to complete the survey.</p>	<p>Chair Rich and Member Martinez to follow up.</p>
<p>10. 10 Minutes</p>	<p>Member Comments:</p> <p>A. Discussion on the Brown Act training that board members need to attend every two years.</p> <p>B. Discussion on the possibility of extending BHAB meetings to more than 2 hours, or if 2 hours is enough time. The standard recommendation from CALBHB/C for board meetings is 2 hours. The board agreed to continue holding 2 hour long meetings.</p> <p>C. Member Towle asked about the Annual Report that Jan McGourty completed for last year. The annual report has not been presented to the BOS; the board will proceed with getting it in front of the BOS.</p> <p>D. Discussion on possible future Zoom trainings for board</p>	<p>Board Action:</p> <p>Lili to update the board on training tacking log and information on when next trainings will be available.</p> <p>Lili to update BHAB member contact information and send to all board members.</p>

	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 Next meeting: September 16, 2020	Motion made by Member Martinez, seconded by Member Behringer to adjourn the meeting.

AMERICANS WITH DISABILITIES ACT (ADA) COMPLIANCE

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

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

Michelle Rich

Michelle Rich, BHAB Chair

9/30/20
Date

Lili Chavoya

Lili Chavoya, Acting Administrative Secretary

9/30/20
Date