



**MENDOCINO COUNTY BEHAVIORAL
HEALTH ADVISORY BOARD**

REGULAR MEETING

AGENDA

**October 21, 2020
1:00 p.m. to 3:00 p.m.**

Join Zoom Meeting:

<https://mendocinocounty.zoom.us/j/98557737710>

Call in:

+1(669) 900-9128 or +1(346) 248-7799

Webinar ID: 985 5773 7710

Find your local number:

<https://mendocinocounty.zoom.us/u/acQchywdog>

Chairperson
Michelle Rich

Vice Chair
Meeka Ferretta

Secretary
Vacant

Treasurer
Richard Towle

BOS Supervisor
Carre Brown

1ST DISTRICT:
DENISE GORNY
LOIS LOCKART
RICHARD TOWLE

2ND DISTRICT:
MICHELLE RICH
SERGIO FUENTES
VACANT

3RD DISTRICT:
MEEKA FERRETTA
AMY BUCKINGHAM
VACANT

4TH DISTRICT:
JULIA EAGLES
VACANT
VACANT

5TH DISTRICT:
MARTIN MARTINEZ
FLINDA BEHRINGER
JOANN BRADLEY

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

Item	Agenda Item / Description	Action
1. 5 minutes	Call to Order, Roll Call & Quorum Notice, Approve Agenda:	Board Action:
2. 5 minutes	Minutes of the September 16, 2020 BHAB Regular Meeting: <i>Review and possible board action.</i>	Board Action:
3. 10 minutes (Maximum)	Public Comments: <i>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.</i>	Board Action:
4. 15 minutes	Measure B Discussion and Possible Action: A. Measure B September Meeting Report B. Behavioral Health Training Center Letter	Board Action:

<p>5. 20 minutes</p>	<p>Mendocino County Report: <i>Jenine Miller, BHRS Director</i> A. Director Report Questions B. Budget Update C. Awareness Campaign</p>	<p>Board Action:</p>
<p>6. 10 minutes</p>	<p>Legislative Update: <i>Jenine Miller, BHRS Director</i></p>	<p>Board Action:</p>
<p>2 minutes</p>	<p>Stretch Break</p>	
<p>7. 10 minutes</p>	<p>RQMC Report: A. Data Dashboard Questions B. Services Update</p>	<p>Board Action:</p>
<p>8. 5 minutes</p>	<p>Healthy Mendocino Data Request: <i>Discussion and possible board action.</i></p>	<p>Board Action:</p>
<p>9. 20 minutes</p>	<p>Board Reports: <i>Discussion and possible board action.</i> A. Chair – <i>Michelle Rich</i> 1. BHAB Secretary Appointment 2. November and December BHAB Meetings 3. Annual Report 4. Ford Street Project Letter B. Vice Chair – <i>Member Ferretta</i> C. Treasurer – <i>Member Towle</i> D. Membership Committee:</p>	<p>Board Action:</p>
<p>10. 10 minutes</p>	<p>California Behavioral Health Planning Council 2020 Data Notebook Survey: <i>Discussion and possible board action.</i></p>	
<p>11. 10 Minutes</p>	<p>Member Comments:</p>	<p>Board Action:</p>
<p>12.</p>	<p>Adjournment: Next meeting: November 18, 2020</p>	

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



**MENDOCINO COUNTY BEHAVIORAL
HEALTH ADVISORY BOARD**

REGULAR MEETING

MINUTES

**September 16, 2020
1:00 p.m. to 3:00 p.m.**

Join Zoom Meeting:

<https://mendocinocounty.zoom.us/j/98557737710>

Call in:

+1(669) 900-9128 or +1(346) 248-7799

Webinar ID: 985 5773 7710

Find your local number:

<https://mendocinocounty.zoom.us/j/98557737710>

Chairperson
Michelle Rich

Vice Chair
Meeka Ferretta

Secretary
Vacant

Treasurer
Richard Towle

BOS Supervisor
Carre Brown

<u>1ST DISTRICT:</u> DENISE GORNY LOIS LOCKART RICHARD TOWLE	<u>2ND DISTRICT:</u> MICHELLE RICH SERGIO FUENTES VACANT	<u>3RD DISTRICT:</u> MEEKA FERRETTA AMY BUCKINGHAM VACANT	<u>4TH DISTRICT:</u> LYNN FINLEY JULIA EAGLES VACANT	<u>5TH DISTRICT:</u> MARTIN MARTINEZ FLINDA BEHRINGER JOANN BRADLEY
-----------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------	---------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------

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

Item	Agenda Item / Description	Action
1. 5 minutes	Call to Order, Roll Call & Quorum Notice, Approve Agenda: <ul style="list-style-type: none"> Meeting called to order by Chair Rich at 1:02 PM. Members present: Behringer, Bradley, Eagles, Ferretta, Fuentes, Gorny, Martinez, Towle, and Supervisor Brown. Agenda approved as written. 	Board Action: Motion made by Vice Chair Ferretta, seconded by Member Towle to approve the agenda as written. Motion passed.
2. 5 minutes	Minutes of the August 19, 2020 BHAB Regular Meeting: Review and possible board action. <ul style="list-style-type: none"> Minutes approved as written. 	Board Action: Motion made by Vice Chair Ferretta, seconded by Member Towle to approve the August 19, 2020 BHAB meeting minutes as written. Motion passed.

<p>3. 10 minutes (Maximum)</p>	<p>Public Comments: <i>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.</i></p> <ul style="list-style-type: none"> No public comments. 	<p>Board Action:</p>
<p>4. 30 minutes</p>	<p>Measure B Discussion and Possible Action:</p> <p>A. Measure B August Meeting Report</p> <p>I. BHRS Director Miller shared the Measure B Committee voted to install and pay for the gun lockers for the training center. The item will be going in front of Board of Supervisors (BOS) sometime in October or November.</p> <p>a The gun lockers will not have guns at all times, but are rather intended for law enforcement who do not have a gun locker in their vehicles, and need somewhere to put their gun when participating in a training at the training center.</p> <p>II. The BOS formed a Measure B Ad Hoc Committee to focus on Measure B, a business plan, and whether or not a psychiatric health facility (PHF) is viable in our county. The committee is Supervisors Haschak and Williams.</p> <p>III. Discussion on Measure B funds and what can be purchased with Measure B dollars.</p> <p>B. Behavioral Health Training Center Update – <i>Alyson Bailey</i></p> <p>I. Alyson Bailey joined the BHAB meeting to give an update on the training center.</p> <p>a. Alyson mentioned the gun lockers will not be visible to anyone visiting the training center as they will be in the utility room.</p> <p>b. The training center is over the design phase, and will enter the remodeling phase soon. Construction is anticipated to start in late October, and the building should be ready to use by Spring of next year.</p> <p>c. There is a space to make coffee, store food, but no actual kitchen; the capacity of the building is about 75.</p> <p>I. Alyson asked the BHAB members for their feedback on the training center, including what they think should be included design wise, what equipment is needed to hold trainings, and if any agency would need the training center multiple times a week to hold a program.</p> <p>a. Member Martinez suggested the building should have a cultural scene, so all clients can feel welcome regardless of their background. Other ideas included special audio equipment, translation services, etc.</p> <p>II. Alyson shared the training center business plan will have a clause that states that the majority of people who will be able to book the facility have to be related to behavioral health in order to ensure it is primarily used for behavioral health services.</p> <p>a. The current business plan does include a charge to use the facility (for building maintenance costs, etc.), but the</p>	<p>Board Action:</p> <p>BHAB members to follow up and bring back their suggestions at next month’s meeting.</p> <p>Alyson will email the questions to Chair Rich to include in next month’s agenda.</p>

	<p>county is considering a discount for amount of use in case an agency needs the facility multiple times a week. The Sheriff's department will also pay whenever they need to use the facility. The business plan is still being developed so nothing is final yet. The BHAB would like the opportunity to weigh in on the business plan; Alyson will make sure the BHAB gets the business plan before it goes to Measure B for approval.</p> <ul style="list-style-type: none"> b. Discussion on if a survey has been done regarding other providers, and if they have intentions of using the facility and if so how much they are willing to pay to use it. Chair Rich suggested it'd be beneficial to know this information before developing a business plan. c. The board thinks there should be a mandatory amount of mental health trainings offered. d. Member Towle suggested bookings for a whole year in advance should not be allowed, but rather up to a month ahead. <p>C. Kemper Report Recommendations Update</p> <ul style="list-style-type: none"> I. BHRS Director Miller shared that the Measure B Committee presented 4 items to the BOS: the Mobile Outreach Crisis Response Team, Aftercare Services, Community Education Awareness, and the 1.3 million dollars for supportive mental health housing on the coast. Of those 4 items, only the mobile outreach item passed, all other items were put on hold by the BOS. The BOS wants a business plan developed prior to approving any more Measure B dollars to be spent. BHRS Director Miller will work with the Measure B Ad Hoc Committee recently formed to develop this plan. 	
<p>5. 15 minutes</p>	<p>Mendocino County Report: <i>Jenine Miller, BHRS Director</i></p> <ul style="list-style-type: none"> A. Director Report Questions <ul style="list-style-type: none"> I. Director report included in agenda packet. <ul style="list-style-type: none"> a. BHRS included additional Assisted Outpatient Treatment (AOT) data as requested by the board, referred to the 2019/20 fiscal year data. b. BHRS is working on adding more Substance Use Disorders Treatment (SUDT) information; SUDT is currently in the middle of an electronic health records switch so it is only pulling current data, but will have more data by next month. B. Budget Update <ul style="list-style-type: none"> I. BHRS is continuing to watch the budget, and how it will be impacted overall due to COVID and the fires. Hopeful realignment dollars stay consistent this year. II. BHRS closed the Mental Health Services Act (MHSA) Request for Proposals (RFP) for CSS and PEI. Currently in process of reviewing those, BHRS Director will work with Chair Rich and Member Fuentes to help review the RFP's. <ul style="list-style-type: none"> a. There are also 2 other RFP's out for the 	<p>Board Action:</p>

	<p>Administrative Services Organization (ASO) and the Crisis Residential Treatment facility, and a Request for Qualification for a Psychiatric Health Facility. Conferences for bidders are being hosted this week and next week, they all close in November.</p> <p>III. BHRS continues to run the warm line Monday-Saturday from 7:00 – 6:30 PM.</p> <p>IV. Discussion on the new suicide prevention flyer created in both English and Spanish. This will be used for the billboards planned for Hwy 101 and Hwy 20. The flyer is available on all social media accounts and on the BHRS website; if any members are interested in obtaining copies, Lili can print and mail them.</p> <p>V. In the last count in early September, there were 25 suicides total so far this year.</p> <p>C. Community Support Groups</p> <p>I. BHRS community support groups are available to the entire community for free. Groups include karaoke, talking circle, red road, as well as a few Spanish groups. BHRS will continue to expand in the next couple of months.</p> <p>a. BHRS now also has social media platforms on Twitter, Facebook, and Instagram.</p> <p>III. Discussion on overdose data: BHRS Director Miller wants to collect additional data on overdoses. In 2019 there were 39 overdoses; in 2020 there have been 16 to date.</p> <p>a. Discussion on obtaining tribal suicide and overdose data. Member Martinez shared BHRS would need to get in contact with the tribe department of social services to obtain, but it is up to the tribal council to release this information.</p> <p>b. Youth have access to the Warm Line, prevention lines, and counselors in schools. As part of a new grant, there will be more mental health services available to schools</p> <p>c. Discussion on how to best spread and share flyers to do more outreach in the community including restaurants, hotels, schools, etc. Member Bradley will follow up with Jenine to provide feedback and contact information on how to do more outreach.</p>	
<p>6. 15 minutes</p>	<p>Mental Health Services Act (MHSA) Quarterly Update: <i>Karen Lovato, BHRS Acting Deputy Director</i></p> <p>A. Karen Lovato, BHRS Acting Deputy Director joined the board to give an MHSA quarterly report update based on data collected from fiscal year 2019/20.</p> <p>I. MHSA is the millionaire’s tax passed in 2004; it takes 1 percent from millionaire’s taxes and diverts them for funding mental health services.</p> <p>a. There are 5 different components to MHSA: Community Services and Supports (CSS), Prevention and Early Intervention (PEI), Innovation (INN),</p>	

	<p>Workforce Education and Tracking (WET), and Capital Facilities and Technology needs.</p> <ul style="list-style-type: none"> b. Innovation projects are 5 percent of MHSA funding, designated for projects that are new and funding must be approved by the state. c. Karen explained the county is required to hold a community planning process to get community stakeholder involvement in MHSA programs. MHSA holds forums every other month targeted to reach out to different populations of stakeholders to get feedback. d. CSS is the largest category in MHSA, and is broken into 3 further different types of services: Full Service Partnership (FSP), general system development, and outreach and engagement. FSP is meant for clients with the highest needs and most severe symptoms. CSS also has the capacity to have a certain percentage redirected to continue workforce education and training, capital facilities and technology component, and also to put away as prudent reserve. The prudent reserve this year has been impacted by COVID this year, and many counties have had to use prudent reserve dollars to sustain existing programs. e. PEI has 6 categories: prevention services, early intervention services, outreach, stigma and discrimination reduction, access and linkage to treatment, and suicide prevention. f. PowerPoint slides presented on age, ethnicity, and gender data for CSS and PEI services for fiscal year 2019/20. The current Mendocino County census only designates the population as male or female but programs do question non-binary genders. g. BHR currently has 2 innovation projects underway, the Rounds Valley project, and the Healthy Living Community Innovation Project. h. All MHSA service providers are expected to continue delivering services through COVID, within the context of the public health orders. Services have adapted to individualized, zoom, and telehealth based services. There has been an impact on MHSA revenues due to the delay in collecting taxes, so contracts will be reduced by 15 percent in FY 20/21. i. Once the MHSA RFP contracts are awarded, the MHSA three year plan will be updated. This plan will be presented to the BHAB for input and approval before going in front of the BOS. 	
<p>7. 10 minutes</p>	<p>RQMC Report:</p> <ul style="list-style-type: none"> A. Data Dashboard Questions <ul style="list-style-type: none"> I. Data dashboard included in agenda packet. B. Services Update <ul style="list-style-type: none"> I. Data dashboard shows crisis support numbers were down in March, April, and May as well as services compared to 	<p>Board Action:</p>

	<p>other months in previous years. There was an increase in crisis outreach, which is a sign people were not accessing crisis support unless they absolutely needed to.</p> <p>II. About one third of people seen in crisis are not Medi-Cal beneficiaries but rather Medicare, private insurance or indigents.</p> <p>III. Camille continues to be concerned with the low numbers in the children’s system of care. RQMC had a meeting with MAC providers to discuss outreach and engagement, and also a PCCY meeting with schools to talk about how to help them connect. All three agencies have volunteered to support schools on an emergency basis to have access to clinical staff if they don’t have any upon immediate need. They can call RQMC to set up a clinic, and should help gain connection.</p> <p>IV. RQMC will provide a new re-entry report, service delivery narrative, and outreach and engagement support report (by program) next month.</p> <p>V. Discussion on the challenges telehealth presents for younger kids, compared to how teenagers have adapted to it. RCS wrote a grant for internet access and subscription for general population kids, have not heard back yet.</p> <p>VI. RQMC has been working with providers to respond to the MHSA RFP, and also actively engaged in the ASO contract due November 5th.</p> <p>VII. Medication management has been going well in Fort Bragg with the services of Dr. Goodwin, Dr. Timme, Larry, and a nurse practitioner.</p>	
<p>8. 15 minutes</p>	<p>Board Reports and Possible Action:</p> <p>A. Chair – <i>Michelle Rich</i></p> <ol style="list-style-type: none"> 1. BHAB Secretary Appointment <ul style="list-style-type: none"> • Secretary appointment tabled. • Members will continue to recruit for empty board spots through the BOS; consumer spots are needed. <p>B. Vice Chair – <i>Member Ferretta</i></p> <ul style="list-style-type: none"> • No report. <p>C. Treasurer – <i>Member Towle</i></p> <ul style="list-style-type: none"> • No expenses in 20/21 budget so far, whatever is not used is rolled back into the general fund. 	<p>Board Action:</p>
<p>9. 5 minutes</p>	<p>Brown Act and Ethics Training for Board Members:</p> <ul style="list-style-type: none"> • All members are due for a training except for Chair Rich, Member Behringer, and Supervisor Brown. • Lili sent an email to all board members with information on how to complete a Brown Act and Ethics training through the California Association of Local Behavioral Health Board Association. • Supervisor Brown commented members can also go to the FPPC state website to complete this training. 	<p>Members due for a training will try to complete a training before the next BHAB meeting.</p>

10. 10 Minutes	Member Comments: <ul style="list-style-type: none"> Member Martinez would like reports submitted to the BHAB to be signed off by whoever writes them. 	Board Action:
11.	Adjournment: 3:13 Next meeting: October 21, 2020	

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

DRAFT

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. Approval of Retroactive Agreement with Redwood Toxicology Laboratory, Inc. to Provide Drug Testing Supplies and Laboratory Services for Behavioral Health and Recovery Services, Substance Use Disorder Treatment Services Clients, Effective July 1, 2020 through June 30, 2021
- b. Future BOS Items or Presentations:
 - i. Mental Health
 - a. None
 - ii. Substance Use Disorder Treatment:
 - a. None

2. Staffing Updates:

- a. New Hires:
 - Mental Health: Staff Services Administrator
 - Substance Use Disorders Treatment: None
- b. Promotions:
 - Mental Health: None
 - Substance Use Disorders Treatment: None
- c. Departures:
 - Mental Health: Staff Assistant III
 - Substance Use Disorders Treatment: None

3. Audits/Site Reviews:

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

- ii. EQRO virtual site review – November TBD 2020
- c. Site Reviews:
 - i. No SMH sites were up for review in September 2020
 - ii. RCS successfully added three Short-Term Residential Therapeutic Programs

4. Grievances/Appeals:

- a. MHP Grievances: 4
- b. SUDT Grievances: 0
- c. MHSA Issue Resolutions: 0
- d. Second Opinion: 0
- e. Change of Provider Requests: 3
- f. Provider Appeals: 0
- g. Consumer Appeals: 0

5. Meetings of Interest:

- a. MHSA Forum/QIC Meeting: December 9, 2020 @ 10:00 - 12:00 am on Zoom: <https://mendocinocounty.zoom.us/j/92069894869>

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: 88
 - ii. Total that did not meet AOT Criteria: 77
 - a. Total Referrals FY 20/21: 3
 - b. Client connected with Provider/Services: 2
 - c. Unable to locate/connect with client: 1
 - iii. Currently in Investigation/Screening/Referral: 0
 - iv. Settlement Agreement/Full AOT: 0
 - v. Other (Pending Assessments to file Petition): 0

8. Educational Opportunities/Information:

- a. Adverse Childhood Experiences (ACEs) Training: TBD

9. Mental Health Services Act (MHSA):

- a. MHSA Forum/QIC Meeting: December 9, 2020 @ 10:00 - 12:00 am on Zoom: <https://mendocinocounty.zoom.us/j/92069894869>

10. Lanterman Petris Short Conservatorships (LPS):

- a. Number of individuals on LPS Conservatorships = 60

11. Substance Use Disorder Treatment Services:

- a. Number of Substance Use Disorder Treatment Clients Served in August 2020
 - i. Total number of clients served = 100
 - ii. Total number of services provided = 553
 - iii. Fort Bragg: 23 clients served for a total of 124 services provided
 - iv. Ukiah: 63 clients served for a total of 386 services provided
 - v. Willits: 14 clients served for a total of 43 services provided
- b. Number of Substance Use Disorder Clients Completion Status
 - i. Completed treatment/recovery = 12
 - ii. Left before completion = 10
 - iii. Referred = 1
 - iv. Total = 23
 - v. Average Length of Service = 66.74 hours

12. Contracts:

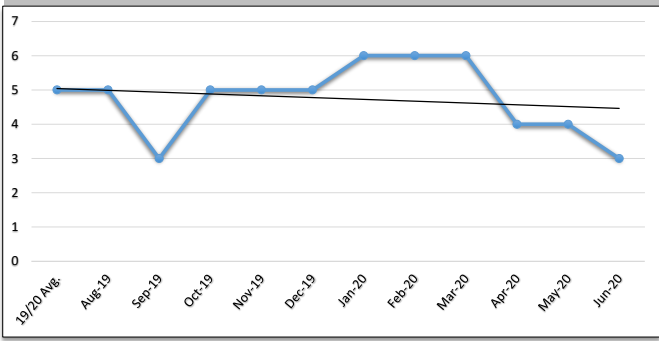
- a. None

13. Capital Facility Projects:

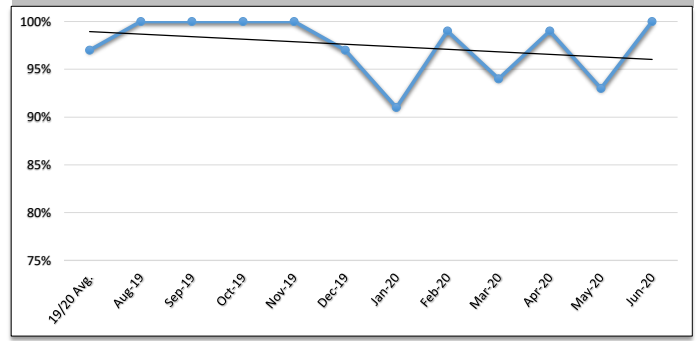
- a. Orchard Project
 - i. CHFFA Board Meeting 12/5/19 - Milestone of securing funding met.
 - ii. CHFFA Board Meeting 1/30/2020 – New milestones were provided by CHFFA for completion of the Orchard Project
- b. Willow Terrace Project
 - i. Vacancies filled through Coordinated Entry process as they come available.
 - ii. Some turnover in tenancy.

2019-2020 Year to Date Timeliness Charts and Graphs

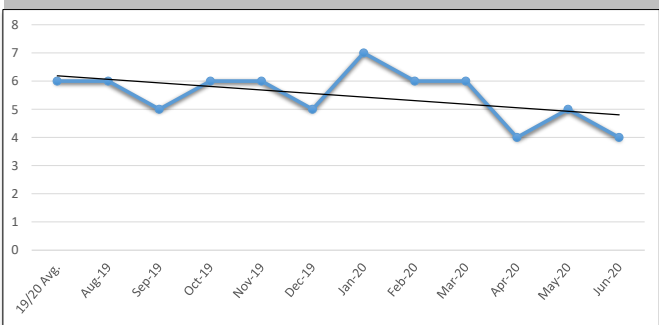
Length of Time from Initial Request to first offered Appt. - Mean BPSA - MHP Standard or Goal - 10 Business Days - 95%				
	All Services	Adult Services	Children's Services	Foster Care
19/20 Avg.	5	4	6	6
Aug-19	5	4	5	7
Sep-19	3	4	6	5
Oct-19	5	5	5	5
Nov-19	5	4	6	8
Dec-19	5	4	5	3
Jan-20	6	6	6	5
Feb-20	6	5	8	3
Mar-20	6	5	6	8
Apr-20	4	3	4	6
May-20	4	4	5	8
Jun-20	3	3	8	9
Jul-20	4	4	4	1
12 Mo. Avg.	5	4	6	6



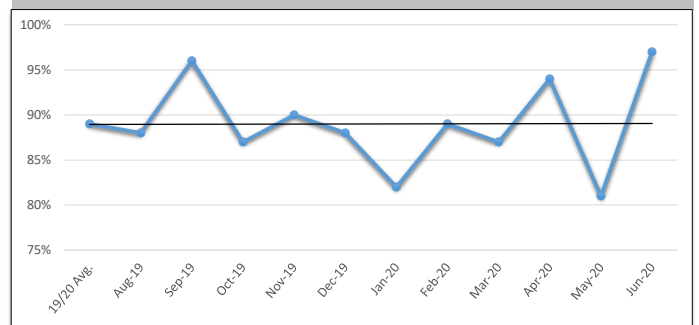
Length of Time from Initial Request to first offered Appt. BPSA - MHP Standard or Goal - 10 Business Days - 95%				
	All Services	Adult Services	Children's Services	Foster Care
19/20 Avg.	97%	95%	98%	100%
Aug-19	100%	100%	100%	100%
Sep-19	100%	100%	100%	100%
Oct-19	100%	100%	100%	100%
Nov-19	100%	100%	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%
Jul-20	99%	97%	100%	100%
12 Mo. Avg.	98%	96%	98%	100%



Length of Time from Initial Request to first kept Appt. - Mean MHP Standard or Goal - 10 Business Days - 90%				
	All Services	Adult Services	Children's Services	Foster Care
19/20 Avg.	6	4	6	8
Aug-19	6	4	7	14
Sep-19	5	4	6	5
Oct-19	6	5	7	6
Nov-19	6	4	7	8
Dec-19	5	5	6	3
Jan-20	7	6	7	5
Feb-20	6	5	8	3
Mar-20	6	6	6	8
Apr-20	4	3	5	11
May-20	5	4	6	10
Jun-20	4	2	5	9
Jul-20	4	4	4	1
12 Mo. Avg.	5	4	6	7

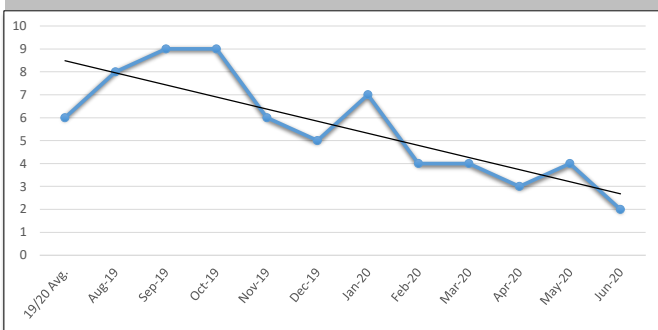


Length of Time from Initial Request to first kept Appt. - MHP Standard or Goal - 10 Business Days - 90%				
	All Services	Adult Services	Children's Services	Foster Care
19/20 Avg.	89%	94%	85%	83%
Aug-19	88%	98%	76%	25%
Sep-19	96%	100%	94%	100%
Oct-19	87%	100%	79%	100%
Nov-19	90%	97%	86%	100%
Dec-19	88%	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%
Jul-20	95%	92%	97%	100%
12 Mo. Avg.	90%	94%	86%	83%

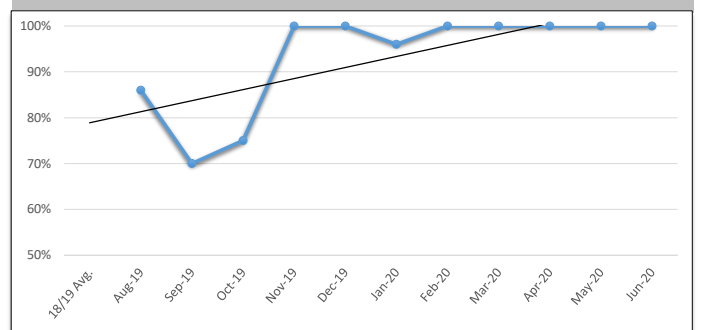


2019-2020 Year to Date Timeliness Charts and Graphs - Page 2

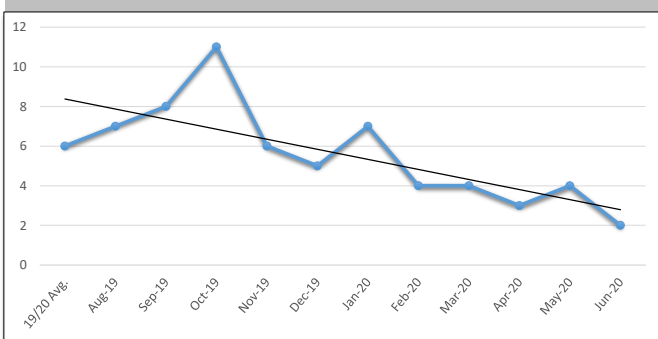
Length of Time from Initial Request to first offered Psychiatry appt. - Mean MHP Standard or Goal - 15 Business Days - 90%				
	All Services	Adult Services	Children's Services	Foster Care
19/20 Avg.	6	5	7	10
Aug-19	8	7	13	#N/A
Sep-19	9	10	9	2
Oct-19	9	8	10	21
Nov-19	6	6	6	#N/A
Dec-19	5	5	5	#N/A
Jan-20	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
Jul-20	5	4	8	#N/A
12 Mo. Avg	6	5	7	10



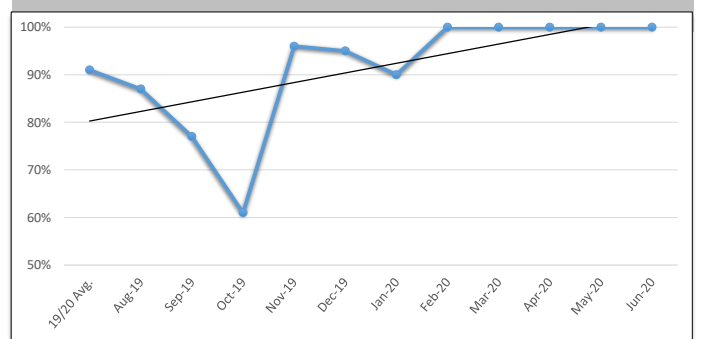
Length of Time from Initial Request to first offered Psychiatry Appt. - MHP Standard or Goal - 15 Business Days - 90%				
	All Services	Adult Services	Children's Services	Foster Care
18/19 Avg.	#N/A	#N/A	#N/A	#N/A
Aug-19	86%	86%	83%	#N/A
Sep-19	70%	68%	75%	100%
Oct-19	75%	75%	75%	0%
Nov-19	100%	100%	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
Jul-20	97%	96%	100%	#N/A
12 Mo. Avg	94%	93%	94%	67%



Length of Time from Initial Request to first kept Psychiatry appt. - Mean MHP Standard or Goal - 15 Business Days - 90%				
	All Services	Adult Services	Children's Services	Foster Care
19/20 Avg.	6	5	7	10
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
Jul-20	5	4	10	#N/A
12 Mo. Avg	6	5	7	10

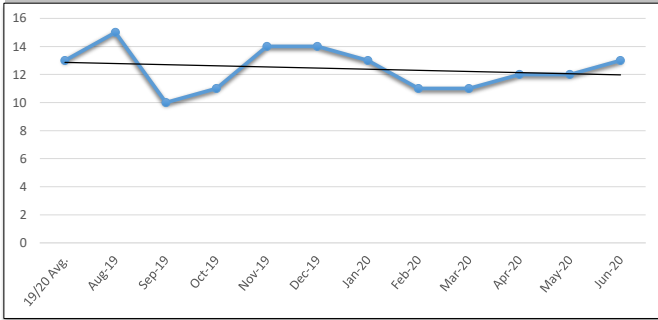


Length of Time from Initial Request to first kept Psychiatry Appt. - MHP Standard or Goal - 15 Business Days - 90%				
	All Services	Adult Services	Children's Services	Foster Care
19/20 Avg.	91%	92%	91%	67%
Aug-19	87%	86%	100%	#N/A
Sep-19	77%	80%	71%	100%
Oct-19	61%	59%	67%	0%
Nov-19	96%	100%	90%	#N/A
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
Jul-20	97%	96%	100%	#N/A
12 Mo. Avg	92%	93%	91%	67%

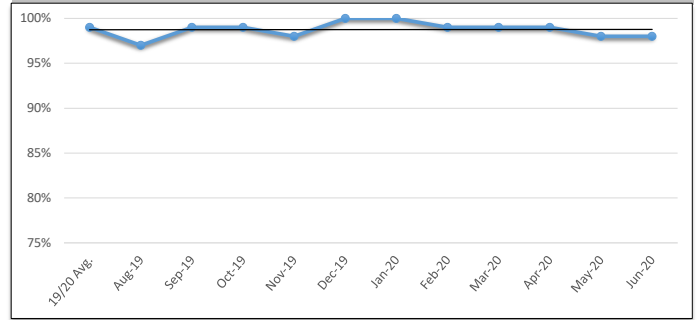


2019-2020 Year to Date Timeliness Charts and Graphs - Page 3

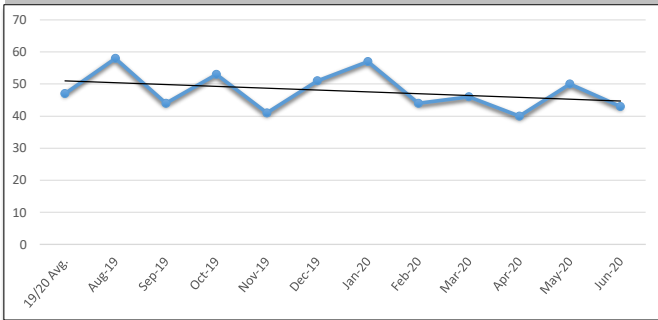
Length of Time from Service Request for urgent Appt. to Actual Encounter Mean - MHP Standard or Goal - 95% (Minutes)				
	All Services	Adult Services	Children's Services	Foster Care
19/20 Avg.	13	13	13	15
Aug-19	15	13	21	21
Sep-19	10	9	12	#N/A
Oct-19	11	12	8	8
Nov-19	14	14	14	11
Dec-19	14	15	12	7
Jan-20	13	13	10	0
Feb-20	11	11	11	19
Mar-20	11	12	9	10
Apr-20	12	12	10	7
May-20	12	13	11	20
Jun-20	13	13	12	30
Jul-20	11	12	7	#N/A
12 Mo. Avg.	12	12	11	13



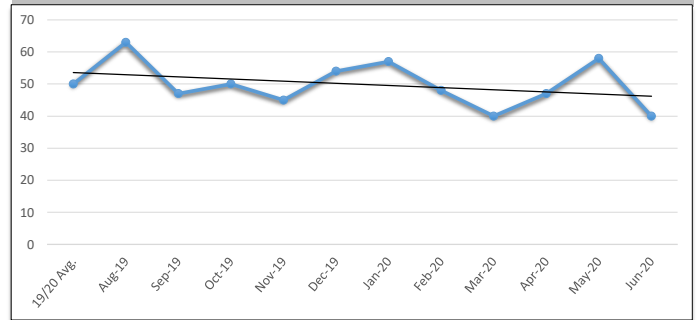
Length of Time from Service Request for urgent Appt. to Actual Encounter - Mean Percent of Goal that meets this Standard - MHP Standard or Goal - 95% (Minutes)				
	All Services	Adult Services	Children's Services	Foster Care
19/20 Avg.	99%	99%	99%	100%
Aug-19	97%	97%	98%	100%
Sep-19	99%	99%	98%	#N/A
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%
Jul-20	99%	99%	100%	#N/A
12 Mo. Avg.	99%	99%	99%	100%



Total Number of Hospital Discharges				
	All Services	Adult Services	Children's Services	Foster Care
19/20 Avg.	47	39	7	1
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
Jul-20	49	38	11	1
12 Mo. Avg.	48	39	8	1
Total	576	469	96	10

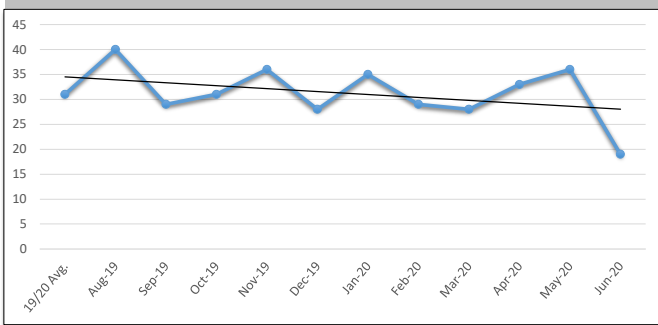


Timeliness of follow-up encounters post psychiatric inpatient discharge Total Number of Hospital Admissions				
	All Services	Adult Services	Children's Services	Foster Care
19/20 Avg.	50	42	7	1
Aug-19	63	51	12	1
Sep-19	47	40	7	2
Oct-19	50	41	9	0
Nov-19	45	38	7	2
Dec-19	54	46	8	0
Jan-20	57	49	8	0
Feb-20	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
Jul-20	61	46	15	1
12 Mo. Avg.	51	43	8	1
Total	610	512	98	10

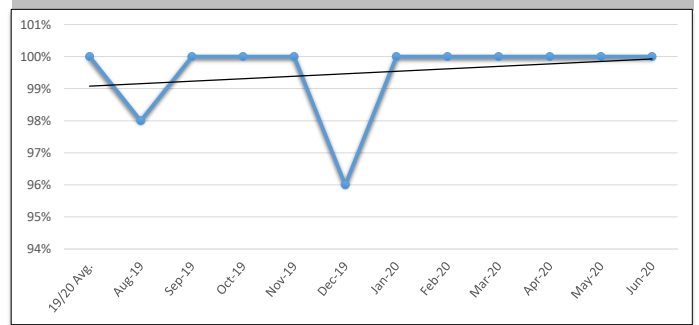


2019-2020 Year to Date Timeliness Charts and Graphs - Page 4

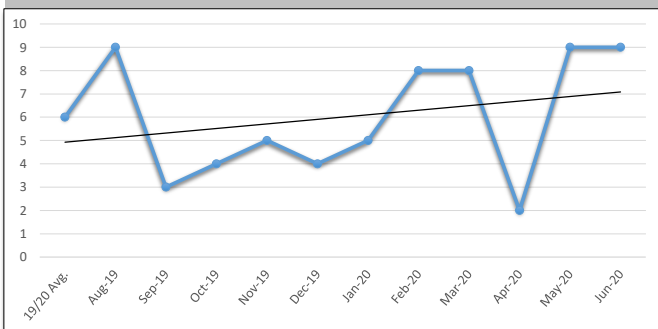
Timeliness of follow-up encounters post psychiatric inpatient discharge Number of follow-up appts within / days				
	All Services	Adult Services	Children's Services	Foster Care
19/20 Avg.	31	27	4	1
Aug-19	40	32	8	1
Sep-19	29	24	5	1
Oct-19	31	26	5	0
Nov-19	36	30	6	1
Dec-19	28	23	5	0
Jan-20	35	32	3	0
Feb-20	29	28	1	1
Mar-20	28	26	2	0
Apr-20	33	27	6	2
May-20	36	34	2	0
Jun-20	19	17	2	0
Jul-20	43	32	11	0
12 Mo. Avg.	32	28	5	1
Total	387	331	56	6



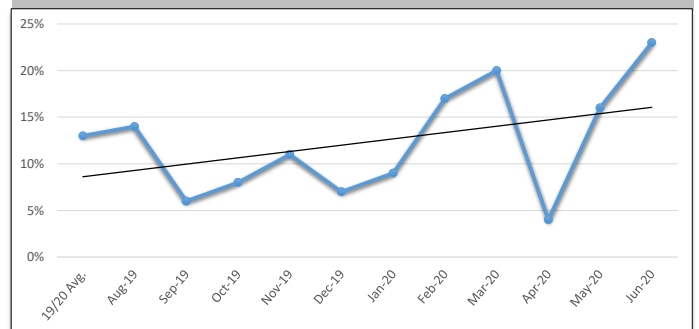
Timeliness of follow-up encounters post psychiatric inpatient discharge Percent of appointments that met this standard within / days - Goal is 95%				
	All Services	Adult Services	Children's Services	Foster Care
19/20 Avg.	100%	100%	97%	100%
Aug-19	98%	100%	88%	100%
Sep-19	100%	100%	100%	100%
Oct-19	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
Jul-20	100%	100%	100%	#N/A
12 Mo. Avg.	100%	100%	97%	100%



Psychiatric Inpatient Readmission rates within 30 days Total number with readmission within 30 days				
	All Services	Adult Services	Children's Services	Foster Care
19/20 Avg.	6	5	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
Jul-20	7	3	4	0
12 Mo. Avg.	6	5	1	0
Total	73	57	16	1

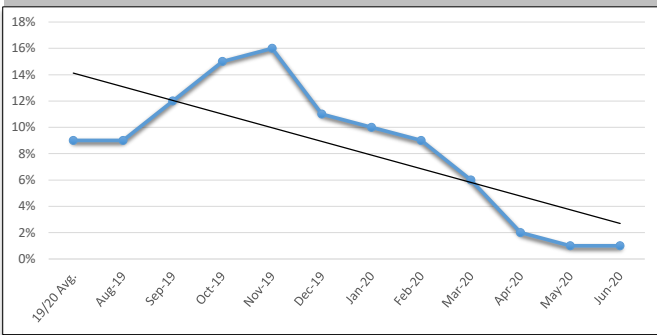


Psychiatric Inpatient Readmission rates within 30 days Readmission Rate - Goal is 10% within 30 days				
	All Services	Adult Services	Children's Services	Foster Care
19/20 Avg.	13%	12%	18%	50%
Aug-19	14%	12%	25%	#N/A
Sep-19	6%	3%	29%	50%
Oct-19	8%	5%	22%	#N/A
Nov-19	11%	11%	14%	#N/A
Dec-19	7%	9%	0%	#N/A
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
Jul-20	11%	7%	27%	n/a
12 Mo. Avg.	12%	12%	19%	50%

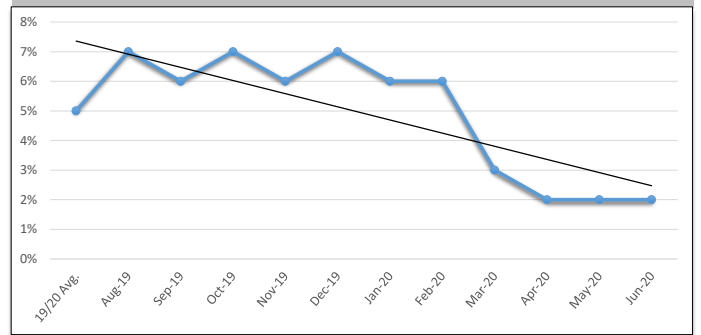


2019-2020 Year to Date Timeliness Charts and Graphs - Page 5

Average Psychiatric No Show Rates			
MHP Standard for Psychiatrists - No Higher than 10%			
	All Services	Adult Services	Children's Services
19/20 Avg.	9%	10%	10%
Aug-19	9%	16%	15%
Sep-19	12%	12%	13%
Oct-19	15%	14%	18%
Nov-19	16%	15%	18%
Dec-19	11%	12%	5%
Jan-20	10%	11%	10%
Feb-20	9%	9%	8%
Mar-20	6%	6%	6%
Apr-20	2%	1%	2%
May-20	1%	1%	0%
Jun-20	1%	1%	2%
Jul-20	1%	1%	0%
12 Mo. Avg.	8%	8%	8%



Average Clinicians other than Psychiatrists No Show Rates			
MHP Standard for Clinicians other than Psychiatrists - No Higher than 10%			
	All Services	Adult Services	Children's Services
19/20 Avg.	5%	6%	4%
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%
Jul-20	3%	3%	3%
12 Mo. Avg.	5%	6%	4%



QI Work Plan - 3.D

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

Provider Appeal (45 days)

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

Client Appeal (45 days)

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

Issue Resolutions (60 Days)

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

SUDT Grievance (60 Days)

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

Client Grievance (60 Days)

Receipt Date	Provider	Reason	Results	Date Completed	Date Letter sent to Client
8/4/2020	RQMC/RC5	Beneficiary states facility appears to have a rodent infestation.	Agencies notified and concern addressed	9/22/2020	9/22/2020
8/13/2020	RQMC	Grievance submitted on behalf of clients who stated that they had been unable to contact RQMC for appointments.	Grievance retracted. Investigator did follow up with agency.	8/27/2020	8/27/2020
8/13/2020	WPC	Beneficiary states that they require assistance with housing.	Investigation ongoing.		
8/25/2020	Manzanita/RC3	Individual filing on behalf of a friend, stating that their friend appears to be unable to care for themselves and that case manager with Manzanita and crisis counselors at RC3 have failed to acknowledge this and take proper care of her friend.	Investigation ongoing, individual is currently receiving services.		
Total	4				

Client Request for Change of Provider (10 Business Days)

Receipt Date	Provider	Reason	Results	Date Completed	Date Letter sent to Client
8/6/2020	Stepping Stones	Beneficiary requests transfer of services to new provider.	Beneficiary discharged from previous provider and services opened at new provider.	8/18/2020	8/18/2020
8/17/2020	Manzanita	Beneficiary requesting new therapist within the same Agency.	Beneficiary changed to new therapist.	8/27/2020	8/27/2020
8/19/2020	Manzanita	Beneficiary requests transfer of services to new provider.	Beneficiary discharged from previous provider and services opened at new provider.	9/15/2020	9/15/2020
Total	3				

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



Mendocino County Behavioral Health and Recovery Services
 Behavioral Health Advisory Board General Ledger
 FY 20/21
 October 14, 2020

ORG	OBJ	ACCOUNT DESCRIPTION	YR/PER/JNL	EFF DATE	AMOUNT	INVOICE #	CHECK #	VENDOR NAME	COMMENT
MHB	862080	FOOD	2020/03/000758	09/19/2019	81.71				ORIGINAL BUDGET 2020
		FOOD Total			\$81.71				
MHB	862150	MEMBERSHIPS							
		MEMBERSHIPS TOTAL			\$0.00				
MHB	862170	OFFICE EXPENSE	2020/01/000317	07/17/2019	53.35				WAL-MART #sup4.3506/06/201
MHB	862170	OFFICE EXPENSE	2020/01/000686	07/17/2019	-53.35				JUNE 19 PCARD
		OFFICE EXPENSE Total			\$0.00				
MHB	862210	RNTS & LEASES BLD GRD							
		RNTS & LEASES BLD GRD Total			\$0.00				
MHB	862250	TRNSPRTATION & TRAVEL	2020/02/000248	08/08/2019	17.40	042283	7/17/19	4,309,179	BEHRINGER FLINDA
MHB	862250	TRNSPRTATION & TRAVEL	2020/02/000248	08/08/2019	71.92	025241	7/3/19	4,309,514	STRACHAN EMILY
MHB	862250	TRNSPRTATION & TRAVEL	2020/02/000248	08/08/2019	21.46	044984	7/17, 7/27/19	4,309,531	TOWLE RICHARD
MHB	862250	TRNSPRTATION & TRAVEL	2020/03/000340	09/12/2019	17.40	042283	8/21/19	4,311,118	BEHRINGER FLINDA
MHB	862250	TRNSPRTATION & TRAVEL	2020/03/000340	09/12/2019	98.60	044984	8/1-8/21/19	4,311,410	TOWLE RICHARD
		TRNSPRTATION & TRAVEL Total			\$226.78				
		TRAVEL & TRSP OUT OF COUNTY Total			\$0.00				
		Grand Total			\$308.49				

Summary of Budget for FY 20/21

OBJ	ACCOUNT DESCRIPTION	Budget Amount	YTD Exp	Remaining Budget
862080	Food	1,800.00	81.71	1,718.29
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	226.78	5,573.22
862253	Out of County Travel	2,770.00	0.00	2,770.00
	Total Budget	\$11,500.00	\$308.49	\$11,191.51

Behavioral Health Recovery Services
Mental Health FY 2020-2021
Budget Summary
Year to Date as of **October 14, 2020**

	Program	FY 20/21 Approved Budget	EXPENDITURES					Total Expenditures	REVENUE				Total Revenue	Total Net Cost
			Salaries & Benefits	Services & Supplies	Other Charges	Fixed Assets	Operating Transfers		2011 Realign	1991 Realign	Medi-Cal FFP	Other		
1	Mental Health (Overhead)	(5,833,895)	26,959	35,392	2,552,101		(14,118)	2,600,335		317,204	(813,047)	9,000	(486,843)	3,087,177
2	Administration	1,448,778	254,378	16,417			(12,816)	257,979				10,162	10,162	247,817
3	CalWorks	98,355	21,569	1,311				22,880					0	22,880
4	Mobile Outreach Program	384,126	31,997	18,411				50,408	(49,547)				(49,547)	99,955
5	Adult Services	764,577	130,798	20,471	25,587		(37,243)	139,614				(141,780)	(141,780)	281,394
6	Path Grant	19,500						0	0				0	0
7	SAMHSA Grant	185,000						0	(79,574)				(79,574)	79,574
8	Mental Health Board	11,500		308				308					0	308
9	Business Services	624,295	114,920	7,976				122,896				28,571	28,571	94,325
11	AB109	135,197	25,651	2,990				28,641					0	28,641
12	Conservatorship	2,456,866	24,080	31,507	255,951			311,538				24,293	24,293	287,245
13	No Place Like Home Grant	0						0				56,913	56,913	(56,913)
14	QA/QI	450,568	81,063	21,455				102,518				84	84	102,434
a	Total YTD Expenditures & Revenue		711,414	156,240	2,833,640	0	(64,177)	3,637,117	(129,121)	317,204	(813,047)	(12,757)	(637,720)	4,274,837
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
c	Variance		2,799,173	1,806,439	15,944,866	0	(9,067)	20,541,411	6,518,341	3,864,842	11,422,545	2,690,156	24,495,883	(3,954,472)

Behavioral Health Recovery Services
Mental Health Services Act (MHSA) FY 2020-2021 Budget Summary
Year to Date as of October 14, 2020

Program	FY 20/21 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	-	58,045	17,861	-		(11,074)	64,832		929	63,904
Prevention & Early Intervention	218,759	18,820	24,541				43,360		6,424	36,937
Innovation	508,637		1,468				1,468			1,468
Workforce Education & Training	-		17,173				17,173			17,173
Capital Facilities & Tech Needs	-		29,958				29,958			29,958
Total YTD Expenditures & Revenue		76,865	91,001	-	-	(11,074)	156,792	-	7,352	149,440
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		440,253	1,413,879	3,058,993	-	507,171	5,420,295	(4,836,832)	(20,211)	577,957

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

WIC Section 5847 (a)(7) - Establishment & maintenance 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 **October 14, 2020**

	Program	FY 20/21 Approved Budget	EXPENDITURES					Total Expenditures	REVENUE				Total Revenue	Total Net Cost
			Salaries & Benefits	Services and Supplies	Other Charges	Fixed Assets	Operating Transfers		SAPT Block Grant and FDMC	2011 Realign	Medi-Cal FFP	Other		
1	SUDT Overhead	(34,700)		0				0	(896,196)		3,610	4,523	(888,063)	888,063
2	County Wide Services	133,177		(198)				(198)					0	(198)
3	Drug Court Services	0	45,968	5,622			(1,840)	49,750					0	49,750
4	Ukiah Adult Treatment Services	(206,211)	145,967	17,042			(8,429)	154,580			(1,100)	3,481	2,381	152,199
5	Women In Need of Drug Free Opportunties	0	29,601	4,781			(3,231)	31,151					0	31,151
6	Family Drug Court	(700)	62,188	1,531			(4,956)	58,764					0	58,764
8	Friday Night Live	0		1,652				1,652					0	1,652
9	Willits Adult Services	(3,725)	33,973	608				34,581					0	34,581
10	Fort Bragg Adult Services	(78,524)	74,182	2,656				76,838				2,007	2,007	74,831
11	Administration	670,826	124,344	58,203			(3,769)	178,778				5,416	5,416	173,361
12	Adolescent Services	(150,172)	56,928	1,875				58,803					0	58,803
13	Prevention Services	0	33,111	20,358			(1,385)	52,083				4,953	4,953	47,130
a	Total YTD Expenditures & Revenue	329,971	606,261	114,130	0	0	(23,609)	696,781	(896,196)	0	(1,100)	20,380	(873,306)	1,570,087
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
c	Variance	0	1,812,934	1,055,337	49,000	0	(956,256)	1,961,015	2,035,057	617,501	51,100	501,083	3,201,131	



Report to the Behavioral Health Advisory Board October 2020

1. Staffing

Most agencies are experiencing difficulty retaining/hiring clinicians, and this has worsened due to Covid. We have been discussing means of rectifying/addressing this problem with strategies including bringing back clinicians as contractors, working on cooperative hiring plans, and reassigning clinical staff to meet current levels of service demand.

2. Audits

The annual review by the External Quality Review Organization has been postponed until November.

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. Several children's agencies have developed contracts with various school districts to meet the needs for support and counseling brought about by the pandemic. Agencies have been checking in with clients regularly to monitor their mental health. 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 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.

FY 19/20 Summary and Highlights

RQMC would like to share with the board some of the accomplishments we made during the 19/20 FY

Outpatient and Medication Management Services

- There has been significant improvement in psychiatric first offered appointments, starting the fiscal year with 75% to 85% of the appointments offered within the 15 days and ending the year with 100% of the appointments being offered within the 15 days.
- No Show rates for both psychiatric services and outpatient services have also significantly improved going from 16% to 1% and 7% to 2% respectively
- Medication Management increased the number of unduplicated clients served and the services provided over the past few fiscal years:

Fiscal Year	16/17	17/18	18/19	19/20
Clients Served	207	714	931	981
Sevices Provided	409	2546	6205	7394

- RQMC has increased the number of locations where intensive out patient services for severely mentally ill adults-Oak Street House, Valley House, Willow Terrace, Haven House. RQMC monitors the quantity and quality of services provided weekly.
- In fiscal year we 19/20 were projected to increase the number of unduplicated clients served and the services that were provided, but due to COVID we saw a slight decrease in the number of new clients.

Fiscal Year	16/17	17/18	18/19	19/20
Unduplicated Clients served	2,324	2,752	3,017	2,982
Services Provided	52,158	64,941	74,978	75,235

Crisis and Hospitalizations

- With the collaboration with Adventist Health, RQMC, Crisis and Other Community Partners we focused on Crisis Respite and in turn hospitalizations are down by 87 from the previous FY dropping hospital days down by 895: Madrone House and Harmony House
- Unduplicated persons hospitalized was down by 25 persons and the penetration rate is down 8.36%

	FY 16-17	FY 17-18	FY 18-19	FY19-20
Unduplicated Persons hospitalized	424	496	463	438
Hospitalizations	550	645	684	597
Total Hospital Days	4300	5633	5997	5102
Hospital days/unduplicated person	10.14	11.3	12.9	11.6
Average Hospital Days/Episode	7.8	8.7	8.7	8.5
Average Hospital Bed Days/Day	11.8	15.4	16.4	14.0
unduplicated crisis clients	1110	1243	1408	1306
percent of unduplicated crisis clients hospitalized	38.2%	39.9%	32.9%	33.5%
new to crisis clients	988	922	928	807
Percent of crisis clients that are new	89.0%	74.2%	65.9%	61.8%



**Contract Bucket Usage:
Medi-Cal, Indigent, MESA MC Match, MESA**

- There is **\$901,826.37** in county share savings based on the 40/60 split.
- Combining the Indigent Bucket and Medi-Cal buckets (including the MESA match) we are over contract by \$267,063.87
- The \$267,063.87 overage is due to the additional Federal Financial Participation drawdown of \$1,168,890.24.

Medi-Cal with MESA Match	Medical bucket	MESA Match bucket	Total ***	County Shared 40% *	FFP 60% *
Paid to SubContractors inc Match			15,602,922.40	6,241,168.96	9,361,753.44
19/20 ASO contract	13,654,772.00	1,617,266.00	15,272,038.00	7,079,174.80	8,192,863.20
18/19 ASO Contract	13,654,772.00	1,498,266.00	15,153,038.00	6,960,174.80	8,192,863.20

Indigent	Indigent Bucket		Total	County Share 100%	
Paid to SubContractor/Proivders			654,851.47	654,851.47	
19/20 ASO contract	718,672.00		718,672.00	718,672.00	
18/19 ASO Contract	718,628.00		718,628.00	718,628.00	

Medi-Cal/Match/Indigent	Medical bucket	MESA Match bucket	Total ***	County Shared 40% *	FFP 60% *
Paid to SubContractor/Proivders inc Match			16,257,773.87	6,896,020.43	9,361,753.44
19/20 ASO Contract	14,373,444.00	1,617,266.00	15,990,710.00	7,797,846.80	8,192,863.20
Difference			-267,063.87	901,826.37	-1,168,890.24

MESA	PEI/CSS w/o Match	Match	Total
Paid to Subcontractors	1,600,411.09	1,617,266.00	3,217,677.09
19/20 ASO Contract	1,629,950.00	1,617,266.00	3,247,216.00
****Difference	29,538.91	0.00	29,538.91

* Percent is based on data from FFP reports and is also how RQMC budgeted

**FFP should be more to accommodate the 1,617,266 and 1,498,266 of msa county share that was added.

*** Includes Meds services billed and still to be billed. Totaling 1,336,376.00

****MESA CSS difference is RVIHC has not invoiced from Jan-June, despite repeated attempts and flex funds bucket.



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

AGE OF PERSONS SERVED

	<i>Children & Youth</i>		<i>Young Adult</i>		<i>Adult & Older Adult System</i>			<i>RQMC</i>
	0-11	12-17	18-21	22-24	25-40	41-64	65+	Total

Persons Admitted to...

Outpatient Services Aug	19	20	10	6	28	27	1	
<i>Total</i>	39		16		56			111
Crisis Services Aug	0	12	9	9	35	34	5	
<i>Total</i>	12		18		74			104

Unduplicated Persons...

Served in Aug	198	234	68	52	273	377	63	
<i>Total</i>	432		120		713			1,265

Unduplicated Persons...

Served Fiscal Year to Date	230	276	84	67	328	449	80	
<i>Total</i>	506		151		857			1,514

Identified As (YTD)...

Male	249	72	420				741
Female	248	74	433				755
Non-Binary and Transgender	9	5	4				18

White	286	90	640				1,016
Hispanic	128	33	52				213
American Indian	41	7	57				105
Asian	5	2	9				16
African American	10	5	18				33
Other/Undisclosed	36	14	81				131

YTD Persons by location...	
Ukiah Area	848
Willits Area	239
North County	42
Anderson Valley	16
North Coast	269
South Coast	57
OOC/OOS	43



Homeless....

RQMC Medi-Cal providers have provided 489 billable services to 120 unduplicated homeless clients in Aug. Fiscal Year to Date the providers have provided 991 billable services to 154 unduplicated homeless clients.

WPC has served 32 homeless in Aug and 41 Fiscal year to date.

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

Children & Youth Young Adult Adult & Older Adult System RQMC

0-11	12-17	18-21	22-24	25-40	41-64	65+	Total
------	-------	-------	-------	-------	-------	-----	-------

Total Number of...

Crisis Line Contacts Aug	1	18	10	10	169	52	107	
Total	19		20		328			367

**There were 85 logged calls where age was not disclosed. Those have been added to the total.*

Crisis Line Contacts YTD	3	47	40	29	320	114	141	
Total	50		69		575			694

by reason for call YTD...	
Increase in Symptoms	130
Phone Support	234
Information Only	168
Suicidal ideation/Threat	70
Self-Injurious Behavior	6
Access to Services	64
Aggression towards Others	2
Resources/Linkages	20

Aug Calls from Law Enforcement to Crisis		
TOTAL: 28		
MCSO: 6	CHP: 0	WPD: 1
FBPD: 2	Jail: 10	UPD: 9

by time of day YTD...	
08:00am-05:00pm	340
05:00pm-08:00am	354

YTD Calls from Law Enforcement to Crisis		
TOTAL: 85		
MCSO: 22	CHP: 0	WPD: 6
FBPD: 11	Jail: 25	UPD: 21

Total Number of...

Emergency Crisis Assessments Aug	1	16	10	9	59	45	11	
Total	17		19		115			151

Emergency Crisis Assessments YTD	3	41	34	26	114	95	24	
Total	44		60		233			337



YTD by location...	
Ukiah Valley Medical Center	145
Crisis Center-Walk Ins	72
Mendocino Coast District Hospital	49
Howard Memorial Hospital	54
Jail	13
Juvenile Hall	4
Schools	0
Community	0
FQHCs	0

YTD by insurance...	
Medi-Cal/Partnership	221
Private	52
Medi/Medi	28
Medicare	16
Indigent	17
Consolidated	0
Private/Medi-Cal	1
VA	2

Children & Youth

Young Adult

Adult & Older Adult System

RQMC

0-11	12-17	18-21	22-24	25-40	41-64	65+	Total
------	-------	-------	-------	-------	-------	-----	-------

Total Number of...

Inpatient Hospitalizations Aug	0	7	6	3	20	11	3	
<i>Total</i>	7		9		34			50

Inpatient Hospitalizations YTD	0	22	13	12	36	24	4	
<i>Total</i>	22		25		64			111

ReHospitalization within 30 days	Youth	Adult	0-2 days in the Hospital	Admits	% of total Admits
Aug	1	3	Aug	3	6.0%
YTD	5	5	YTD	5	4.5%

Days in the ER	0	1	2	3	4	5+	Unk
Aug	0	17	24	9	0	0	0
YTD	0	39	61	12	0	0	0
..by Hospita	0	1	2	3	4	5+	
AHUV	0	10	14	8	0	0	
Howard	0	3	1	1	0	0	
MCDH	0	3	3	0	0	0	

Number of hospitalitation	1	2	3	4	5	6+
YTD Number of unduplicated clients	91	7	2	0	0	0



YTD hospitalizations by location...	
Aurora- Santa Rosa**	14
Restpadd Redding/RedBluff**	30
St. Helena Napa/ Vallejo**	47
Sierra Vista Sacramento**	2
John Muir Walnut Creek	2
St Francis San Francisco	3
St Marys San Francisco**	0
Marin General**	0
Heritage Oaks Sacramento**	3
VA: Sacramento / PaloAlto / Fairfield / San Francisco	2
Other**	8

YTD hospitalizations by criteria...	
Danger to Self	48
Gravely Disabled	40
Danger to Others	0
Combination	23

At Discharge	Discharged to Mendocino		Follow up Crisis Appt		Declined follow up Crisis appt	
	Aug	YTD	Aug	YTD	Aug	YTD
Payor						
Mendo Medi-cal	30	75	22	46	8	29
Indigent	2	3	1	2	1	1
Other Payor	9	12	1	1	8	11
YTD hospitalizations where discharge was out of county or unknown:						14
YTD number who Declined a follow up appt:						55

Total Number of...

Full Service Partners Aug

	Youth	TAY	Adult	BHC	OA	Outreach	
<i>Total</i>	1	14	60	8	13	4	100

Total Number of...

Full Service Partners YTD

	Youth	TAY	Adult	BHC	OA	Outreach	
<i>Total</i>	1	14	60	8	16	4	103

Contract Usage as of 10/13/2020	Budgeted	YTD
Medi-Cal in County Services (60% FFP)	\$6,220,125.00	\$2,235,567.00
Medi-Cal RQMC Out of County Contracts	\$916,750.00	\$19,069.00
MHSA	\$571,335.00	\$223,631.00
Indigent RQMC Out of County Contracts	\$357,519.00	\$44,397.00
Medication Management	\$700,000.00	\$257,945.00

Estimated Expected FFP	Aug	YTD
Expected FFP	\$627,317.00	\$1,507,548.60



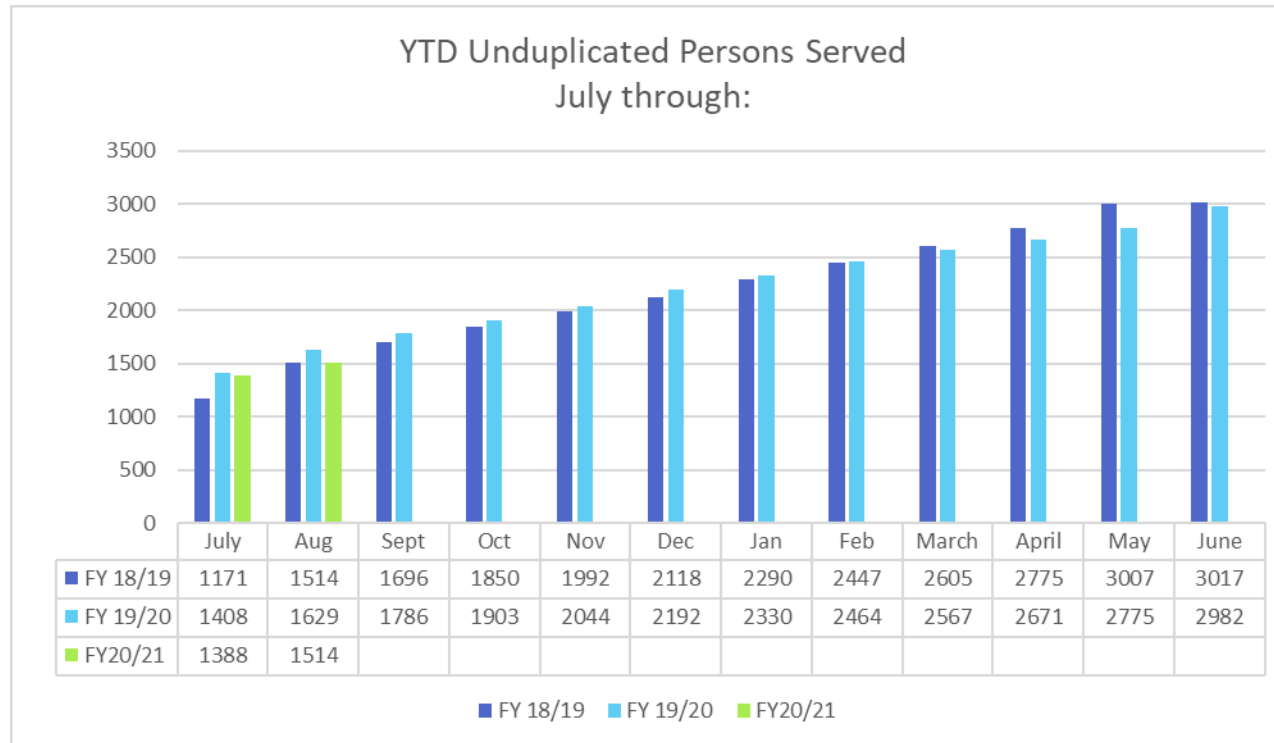
Services Provided						
Whole System of Care	Aug	Aug	Aug	YTD	YTD	YTD
Count of Services Provided	Youth	Y Adult	Adults	Youth	Y Adults	Adults
*Assessment	102	34	149	215	64	303
*Case Management	286	228	1347	620	374	2783
*Collateral	230	1	15	495	9	39
*Crisis	34	50	280	105	149	613
*Family Therapy	97		3	211	0	5
*TFC	0			31		
*Group Therapy	7			14	0	0
*Group Rehab	67	27	22	102	44	40
*ICC	250	5		469	7	
*Individual Rehab	169	46	462	362	166	895
*Individual Therapy	661	110	405	1373	223	878
*IHBS	76	5		156	8	
*Psychiatric Services	62	39	304	106	89	641
*Plan Development	81	21	93	181	37	189
*TBS	49			62		
Total	2,171	566	3,080	4,502	1,170	6,386
No Show Rate	3.4%			3.3%		
Average Cost Per Beneficiary	\$854	\$955	\$788	\$1,601	\$1,781	\$1,397

Count of Services by Area	Aug	Aug	Aug	YTD	YTD	YTD
	Youth	Y Adult	Adults	Youth	Y Adults	Adults
Anderson Valley	6	0		11	0	
South Coast	69	0		156	0	
North Coast	116	106	566	253	212	1,212
North County	36	0		102	1	
Ukiah	1,705	444	2,384	3,422	921	4,867
Willits	239	16	130	558	36	307

Meds Management	Aug	Aug	Aug	YTD	YTD	YTD
	Youth	Y Adult	Adults	Youth	Y Adults	Adults
Ukiah Unduplicated Clients	46	30	229	67	45	342
Fort Bragg Unduplicated Clients	9	8	59	12	14	101
Ukiah Services	87	48	388	164	90	779
Fort Bragg Services	15	16	101	24	45	245

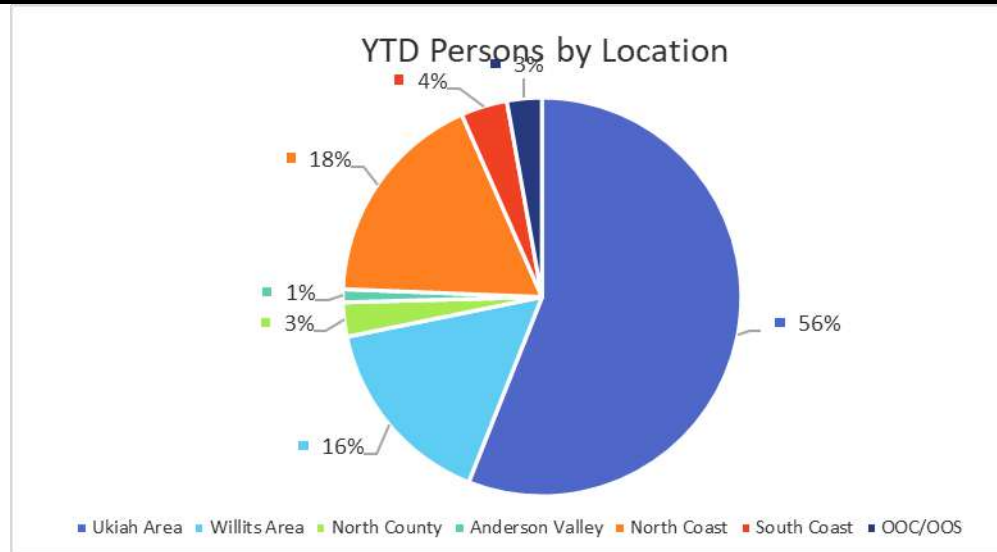


2020/2021 Trends and Year to Year Comparison





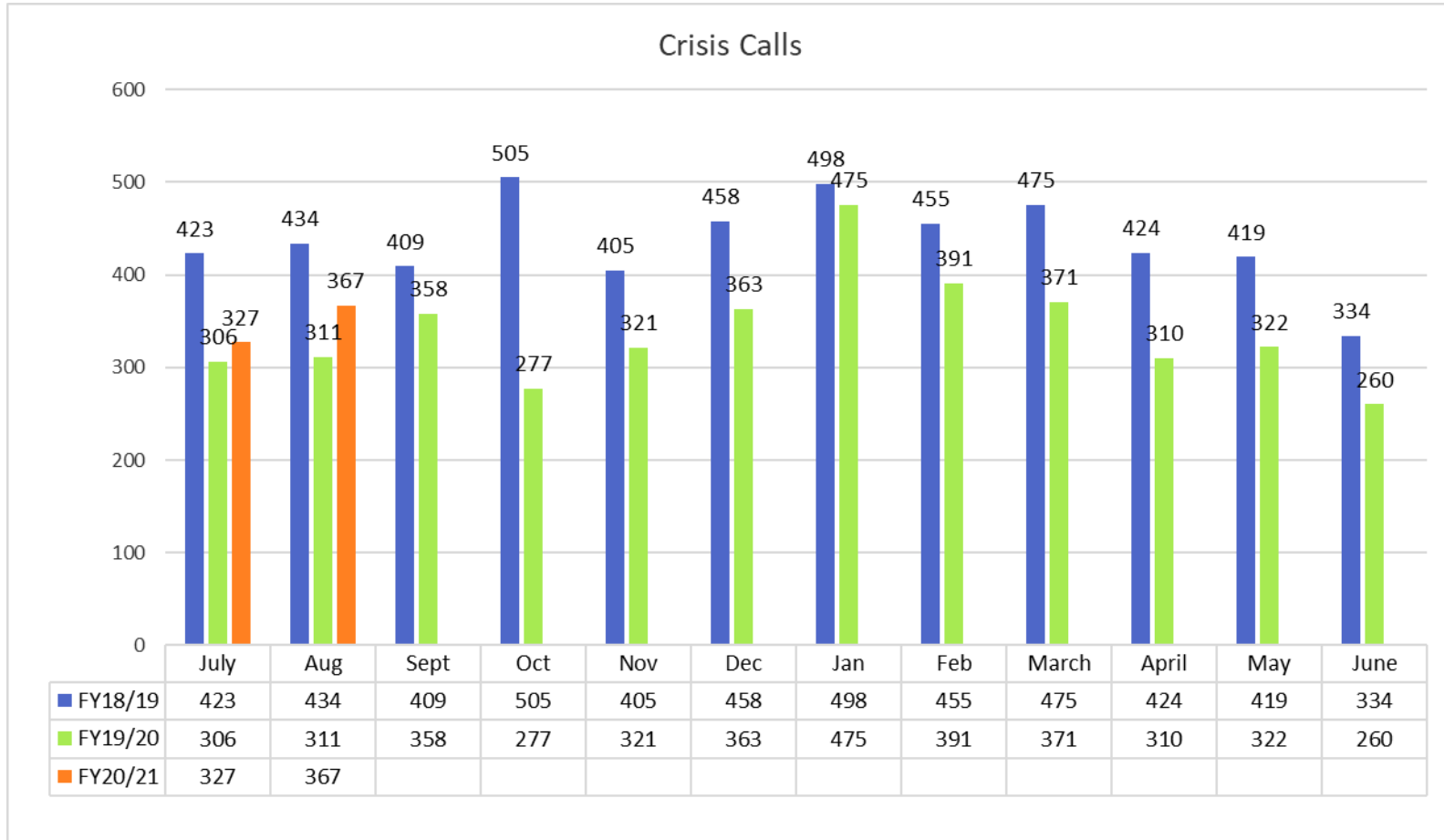
YTD Persons by location...	Count	%
Ukiah Area	848	56%
Willits Area	239	16%
North County	42	3%
Anderson Valley	16	1%
North Coast	269	18%
South Coast	57	4%
OOC/OOS	43	3%

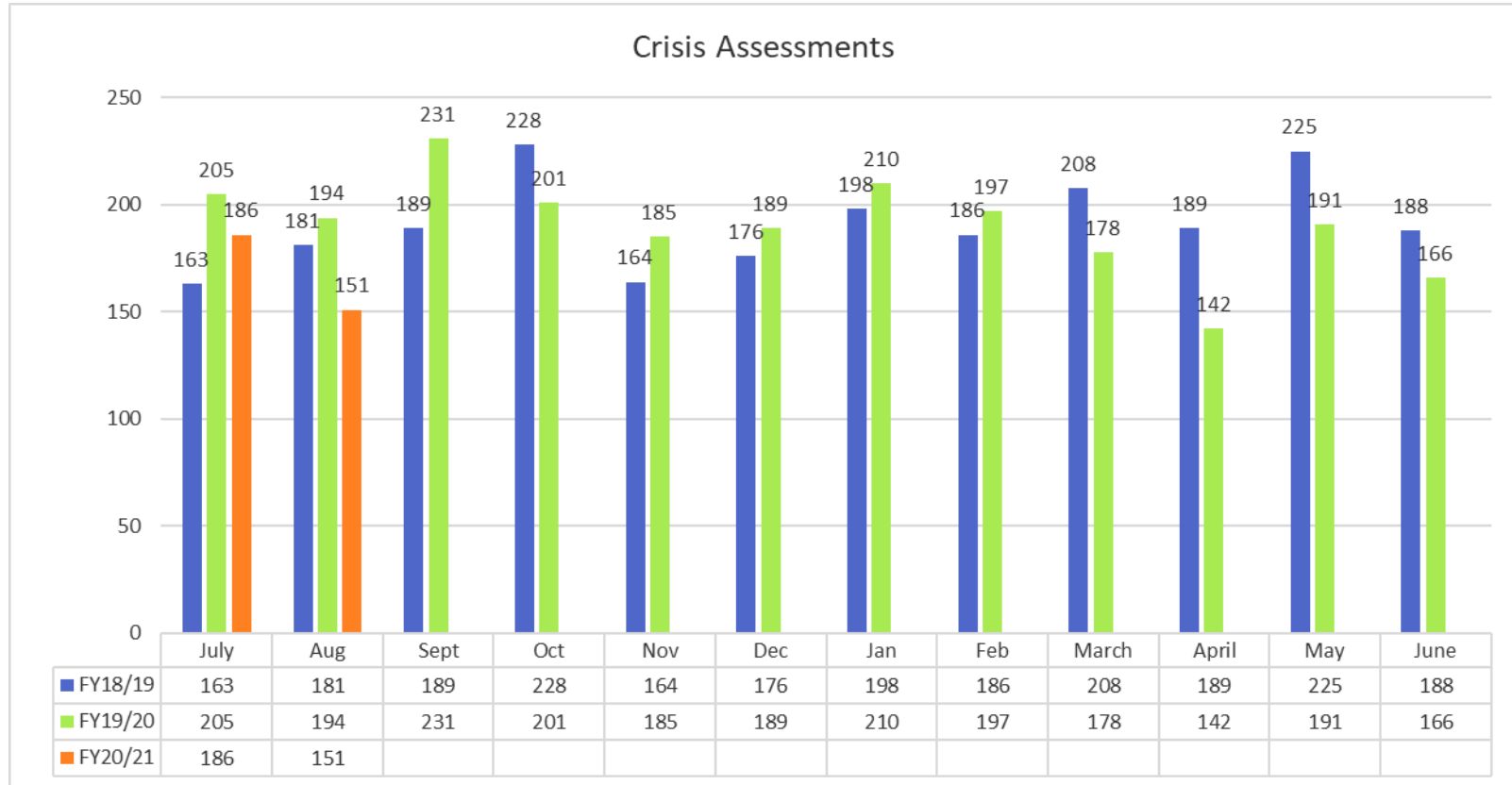


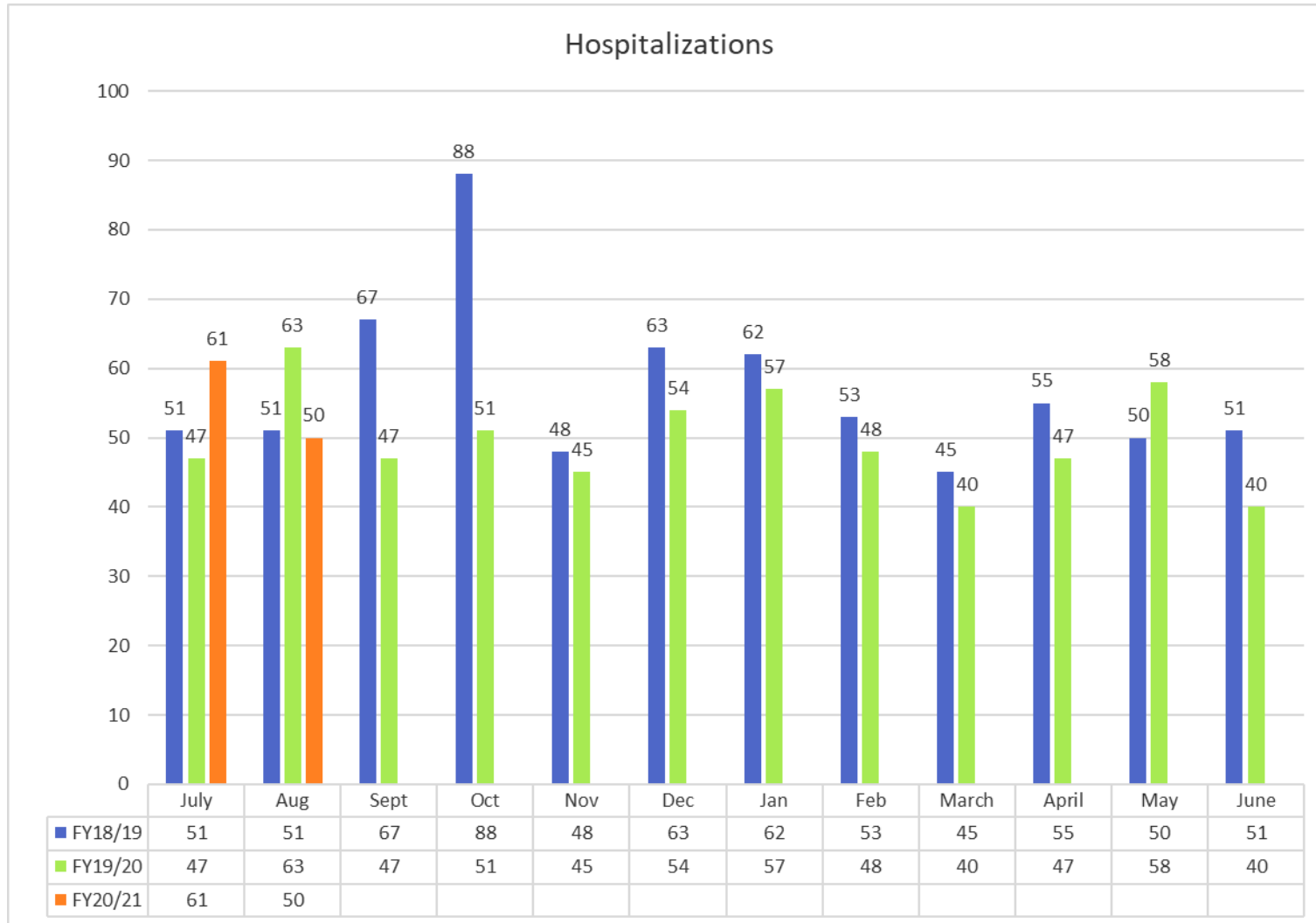


Unduplicated Clients Served



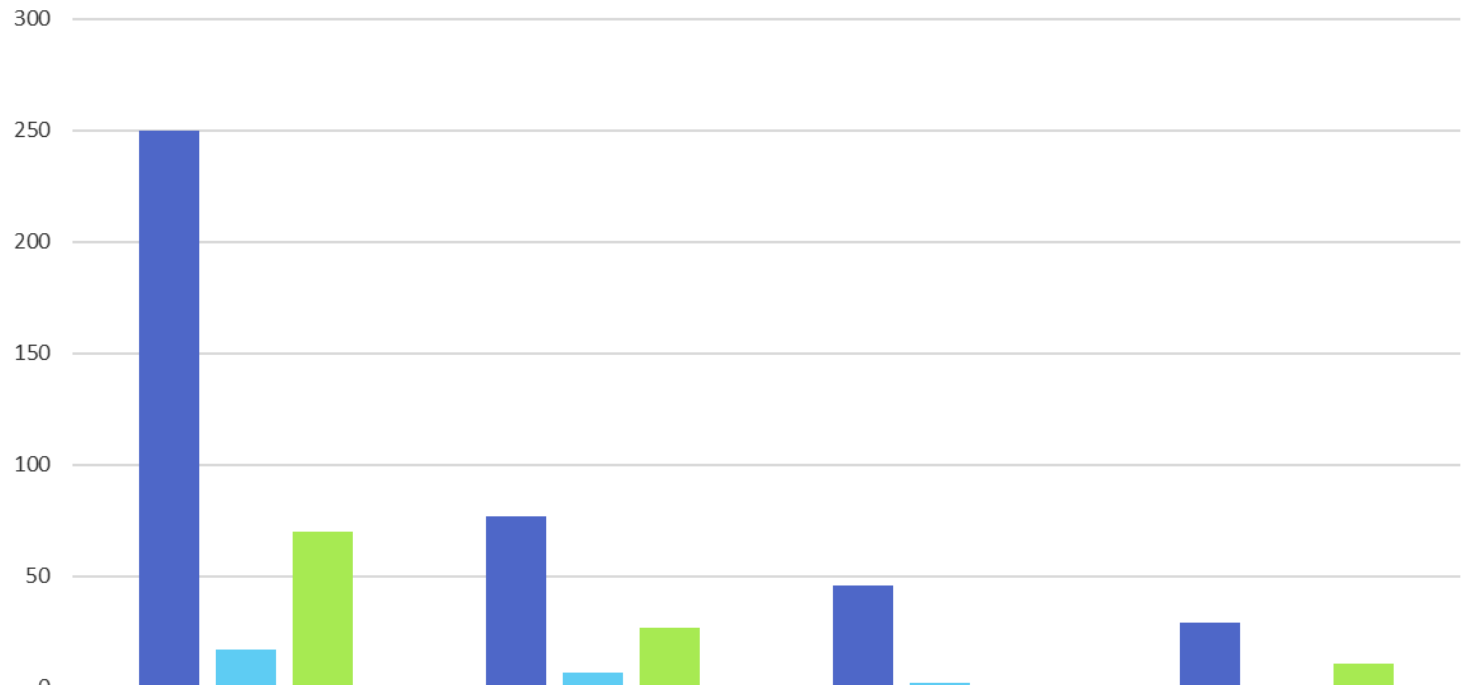








YTD Crisis by Payor



	Crisis Assessments	Hospitalizations	Discharged to Mendo: follow-up appt	Discharged to Mendo: declined follow up
■ Mendo Medi-Cal beneficiary	250	77	46	29
■ Indigent	17	7	2	1
■ All Other Payors	70	27	1	11



Connecting people and information for better health

North Coast Opportunities, Inc.
413 North State Street
Ukiah, CA 95482
Phone (707) 467-3228
healthymendocino@ncoinc.org
www.healthymendocino.org

October 12, 2020

Mendocino County Behavioral Health Advisory Board
1120 South Dora Street
Ukiah, CA 95482

Dear Michelle,

Healthy Mendocino would like to formally request to be added to the Behavioral Health Advisory Board agenda for October 21, 2020 (or the in November for the purpose of asking the Board if Healthy Mendocino may obtain data that is presented at your meetings monthly.

Healthy Mendocino would like to share mental health, substance abuse and suicide data outcomes for the county on our website that pertain to county priority areas and Social Determinants of Health. We do have data indicators for some of these topics, but they are not current. As an example, the suicide rates from the California Department of Public Health was last updated in May 2019 for the period of 2015-2017. We believe it would be beneficial to report out on outcomes from the data you receive and make it available to the public on our website. We would use only the data that is made public at your meetings. For the suicide data we would not list regions, gender or other data that should be kept confidential.

Thank you for considering this request.

Sincerely,

Patrice Mascolo, Project Manager
Healthy Mendocino
pmascolo@ncoinc.org



Connecting people and information for better health

*North Coast Opportunities, Inc.
413 North State Street
Ukiah, CA 95482
Phone (707) 467-3228
healthymendocino@ncoinc.org
www.healthymendocino.org*



September 29, 2020

Michelle Rich, Chairperson
Mendocino County Behavioral Health and Substance Use Disorder Board

Dear Members of the Mendocino County Behavioral Health Board,

Ford Street Project is a local non-profit agency dedicated to assisting the addicted and underserved of Mendocino County attain sobriety and improve self-sufficiency. It began in the 1970's as a resource for men struggling with addiction, and today has grown to include a State Licensed SUD Residential Treatment Facility, the Ukiah Recovery Center, located at 201 Brush Street. As a Partnership Health Plan subcontractor, the Ukiah Recovery Center began serving Drug Medi-Cal eligible clients in July 2020. The 40-bed residential treatment facility also offers detoxification services. During the first two months (July and August) the Ukiah Recovery Center served 15 Drug Medi-Cal clients, 6 of those clients receiving both detoxification support, as well as residential treatment. The Ukiah Recovery Center also provides low cost sober living accommodations for clients who have recently completed a treatment program.

The pandemic has brought additional challenges, as we strive to keep both staff and clients safe. Residential Treatment facilities are asked to follow the guidelines provided for skilled nursing facilities. All prospective clients need to have a Covid test prior to being admitted into substance use disorder treatment at the Ukiah Recovery Center.

Ford Street is an important part of the local safety net, operating the Community Food Bank in Ukiah and providing sober living housing programs for families experiencing homelessness or at risk of homelessness. Located at 139 Ford Street, there are 8 dorms and twelve 2-bedroom apartments dedicated to serving families experiencing homelessness.

Thank you for your dedication to serving on the Behavioral Health Board.

With sincere best regards,

Jacqueline Williams
Executive Director



October 5, 2020

Dear Director of Behavioral Health and
Chair of Behavioral Health Board/Commission:

CHAIRPERSON
Lorraine Flores
EXECUTIVE OFFICER
Jane Adcock

This letter transmits the Data Notebook 2020 for Local Behavioral Health Boards and Commissions use in reporting to the California Behavioral Health Planning Council (CBHPC). Most local boards will need to partner with the Behavioral Health Department to answer the questions in order to fulfill their legal mandate (W.I.C. 5604.2) to report each year to the CBHPC. We are requesting your cooperation to have the completed Data Notebooks submitted to us by **November 30, 2020**.

- **Advocacy**
- **Evaluation**
- **Inclusion**

This year the Data Notebook addresses the use of “telehealth” technology to deliver behavioral health services. The COVID-19 public health emergency has necessitated swift changes in the organization and delivery of health services across the state to ensure the safety of patients and staff. Time-limited policy changes by the Centers for Medicare and Medicaid Service (CMS) have allowed for more flexibility and freedom in implementing remote technology. Data on the prevalence, benefits, and challenges of telehealth services will help inform practice and policy as California continues through this challenging time.

A substantial change in the format of the Data Notebook this year is that the survey itself has been moved to an online format using SurveyMonkey, which will allow for quicker collection and analysis of your responses. The email you have received includes a link to the online survey, as well as a PDF preview of the survey questions. Please use the PDF document for preparation purposes and gather the information you will need to answer the survey questions. When you are ready to complete the survey, use the SurveyMonkey link to submit your responses online.

If you have any questions please contact Justin Boese by telephone at (916) 750-3760 or via his email Justin.Boese@cbhpc.dhcs.ca.gov.

We greatly appreciate your assistance with the Data Notebook. We hope your group will find the topics to be both important and timely. We thank you in advance for your consideration and attention. Thank you!

Sincerely,

Lorraine Flores, Chairperson

c: Chair, Local Mental Health Board/Commission
c: County MHSA Coordinators



California Association of Local Behavioral Health Boards and Commissions

E-Update, October 2020

In this Issue:

[Grants / Funding](#)

[Legislation - A Historic Year!](#)

[Meetings \(Virtual\)](#)

[Reading/Webinars](#)

[Resources for Boards/Commissions](#)

For printed copies of CALBHB/C documents and resources, contact cal@calbhbc.com

[View in PDF Format](#)

October is Disability Employment Awareness Month

[CALBHB/C Employment Issue Brief](#)

EMPLOYMENT – Successful practices for adults with mental illness:

WH helps us feel well. Employment is a major therapeutic tool, improving quality of life and reducing symptoms in those with serious, persistent mental illness. The following areas are important for board/commission members to understand and consider in their active locality and as they join with CALBHB/C for statewide advocacy.

Individual Placement & Support (IPS) is a successful Employment Practice as implemented in Alameda County, 25+ states and many countries.

What is IPS?

IPS is a model of supported employment for people with serious mental illness (for example, schizophrenia, bipolar disorder, bipolar depression). IPS is based on eight principles:

1. Competitive Employment
2. Systematic Job Development
3. Rapid Job Search
4. Integrated Services
5. Benefits Planning
6. Zero Exclusion
7. Time Unlimited Support
8. Worker Preference

IPS Data:

- In CA, only 10% of people in the public mental health system work.
- IPS helps 85% or more of people get jobs.
- People are 2.5 times more likely to get a job with IPS vs. traditional rehab programs.
- People in IPS work longer hours, earn more, and are more likely to become steady workers than people in traditional programs.

See: www.nasip.org/understand-ips.html

MH Cooperative Programs

CA's Mental Health Cooperative programs are partnerships between County Mental Health agencies and the Department of Rehabilitation. These programs assist consumers to find, get, and keep meaningful community employment. Programs serve over 7,000 consumers annually, resulting in over 700 successful closures annually. More than 85% of consumers with a mental health diagnosis receive vocational rehabilitation plus services when participating in the DOR Mental Health Cooperative programs. More at: DOR.CA.GOV

Peer Provider Certification

With the passage of SB 825 (Beall), CA will implement a process for certification for peer support specialists (also known as certified) with the purpose of increasing their mental illness recovery and diversity on both. This bill requires DMHC, by July 1, 2021, to establish requirements for certification of their representatives. See: www.calbhbc.org/documents/ips.html

ISSUE BRIEF

CALBHB/C: A STATEWIDE ORGANIZATION SUPPORTING THE WORK OF CALIFORNIA LOCAL MENTAL & BEHAVIORAL HEALTH BOARDS AND COMMISSIONS.

Resources for Boards & Commissions

[Conduct](#)

[Handbooks](#)

[Member Orientation](#)

[Mental Health Services Act](#)

- [Role of MHB](#)
- [Fiscal](#)
- [Community Program Planning](#)

[News/Issues](#)

[Performance Outcome Data](#)

[Recruitment](#)

[Training Modules](#)

- [Duties](#)
- [Ethics Training](#)
- [Mental Health Services Act](#)

[Training Recordings](#)

[Welfare & Institutions Code](#)

- [Bylaw Requirements](#)
- [Duties](#)
- [Expenses](#)
- [Membership Criteria](#)
- [MHSA Community Planning](#)

Legislation - A Historic Year!

CALBHB/C leadership proudly supported transformational bills that have been signed into law: SB 855, AB 1766 and AB 2377! Thank you to everyone who joined us in advocacy! These, along with additional new Mental/Behavioral Health legislation are summarized below:

Access & Parity

[SB 855](#) bridges gaps in CA's mental health parity law. The new state law requires commercial health plans and insurers outside of Medi-Cal (which is regulated by different standards) to provide full coverage for treatment of all mental health conditions and substance use disorders.

Adult Residential Facilities

[AB 1766](#) will provide data to policy makers to help counties identify housing options for Californians with severe mental illness by tracking closures of board-and-care homes that serve low income residents.

Crisis Care Continuum

[AB 1544](#) will expand the pilot projects by authorizing local EMS agencies to develop alternative destination programs (to include mental health treatment facility, hospital, crisis stabilization unit, authorized sobering center, federally qualified health center.) One of the intents is to improve coordination among providers of medical services, behavioral health services and social services.

[AB 1976](#) makes Laura's Law permanent and requires counties to participate unless they opt out. Laura's Law authorized counties to create community-based, intensive AOT (assisted outpatient treatment) programs for people with severe mental illness, who meet strict legal criteria, and enabled judges to order treatment if those offered services decline.

Substance Use Disorder

[AB 2265](#) by Assemblymember Sharon Quirk-Silva (D-Fullerton) will authorize counties to use Mental Health Services Act (MHSA) funds — historically limited to mental health services — to treat Californians with co-occurring mental health and substance use disorders.

[AB 1304](#) - Would establish [contingent upon a specified federal grant] the California MAT Re-Entry Incentive Program, which would make a person released from prison on parole, with specified exceptions, who has been enrolled in, or successfully completed, an institutional substance abuse program, eligible for a reduction in the period of parole if the person successfully participates in a substance abuse treatment program that employs a multifaceted approach to treatment, including medically assisted treatment (MAT).

Suicide Prevention

[AB 2112](#) [contingent upon appropriations] would establish a state Office of Suicide Prevention

Workforce

[AB 890](#) addresses the current shortage of primary care physicians in CA by expanding the ability of licensed nurse practitioners to treat patients - including those with mental illness - without a physician's supervision.

[SB 803](#) will create a system to certify peer support specialists, define their roles, and help to scale up the Medi-Cal workforce.

Recommended Reading / On-line Media

Children & Youth

[Stressors Take Toll on Students' Mental Health](#), CA Health Care Foundation

[Zero to Five: Building Connections for Lifelong Impact](#), October 15, 12 pm

[Considerations in Serving LGBTQ Adolescents](#), October 23, 11:30 am

Disasters

[Disasters Are Driving a Mental Health Crisis](#), CaliforniaHealth Report

Disparities

[Addressing Trauma, Racism and Bias in Behavioral Health Service Delivery](#)

[Addressing Systemic Racism in Action: Understanding the Mental Health Professionals' Tools for Change](#), Anxiety and Depression Association of America

Employment

[Ask Me Anything about Employment Series: A Q&A Webinar](#), October 19, 10:00 am

Mental Health First Aid

[A Primer for Public Health Professionals and Communities](#), October 22, 12 - 1 pm

Peer Support

[Implementation of SB 803: Peer Certification, Client Family Leadership Committee Meeting](#), MHSOAC, October 16, 2 - 4 pm

Substance Use Disorder

[COVID-19 Impact on Addiction Treatment](#), October 22, 8:00 am

Telehealth

[A Lesson in Quickly Responding to the Need for Telehealth](#), Providers Clinical Support System

[How the Pandemic Forced Mental Health Care to Change for the Better](#), VOX

Workforce

[Therapists Want to Provide Affordable Mental Health Care. Here's What's Stopping Them](#), CaliforniaHealth Report

Grants/Funding

Digital Technology

- [Individuals](#) - Internet and Devices: www.digitalaccessproject.org
- [Skilled Nursing Facilities+](#) for tablets and accessories

Housing/Board & Cares

[Project HomeKey](#) - 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

[CARES Act Provider Relief Fund](#), Deadline: November 6

Meetings (All Virtual)

[CASRA Fall Conference](#): October 15, October 22, October 29: A wealth of speakers addressing recovery-oriented practices, antiracism, incarceration, children and youth and more. (\$50 registration)

[MHSOAC Client Family Leadership Committee Meeting](#), MHSOAC, October 16, 2:00 - 4:00 pm

[CA Youth Empowerment Network \(CAYEN\) and Muslim American Society - Social Services Foundation Town Hall](#), October 19th, 5pm - 8 pm

[MHSOAC Commission Meeting](#), October 22, 9:00 am

CA Behavioral Health Planning Council Committee Meetings

- [Performance Outcomes Committee](#), October 20, 2:00 - 3:30 pm
- [Patients' Rights Committee](#), October 21, 10:30 am to 12:00 pm
- [Workforce and Employment Committee](#), October 21, 1:30 - 3:00 pm
- [Legislation Committee, October 22, 1:30 - 3:00 pm](#)
- [Housing & Homelessness Committee](#), October 22, 8:30 am - 10:00 am
- [Systems & Medicaid Committee](#), October 22, 10:30 am to 12:00 pm

[DHCS Behavioral Health Stakeholder Advisory Committee](#), October 28, 9:30 am

[Mental Health Matters Day, Mental Health America of CA](#), November 10, 10:00 am - 1:00 pm

Evaluate Us!

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: [Evaluate CALBHB/C](#).

Report to Us!

Let us know your top issues and/or resource needs: [Report to CALBHB/C](#)

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

[View E-Update in PDF Format](#)