



**MENDOCINO COUNTY BEHAVIORAL
HEALTH ADVISORY BOARD**

REGULAR MEETING

AGENDA

**January 27, 2021
10:00 AM - 12:00 PM**

**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
Vacant

Secretary
Jo Bradley

Treasurer
Richard Towle

BOS Supervisor
Mo Mulheren

1ST DISTRICT: DENISE GORNY LOIS LOCKART RICHARD TOWLE	2ND DISTRICT: MICHELLE RICH SERGIO FUENTES VACANT	3RD DISTRICT: MILLS MATHESON VACANT VACANT	4TH DISTRICT: JULIA EAGLES VACANT VACANT	5TH DISTRICT: MARTIN MARTINEZ FLINDA BEHRINGER JO 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 December 14, 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. 20 minutes	Board Reports: <i>Discussion and possible board action.</i> A. Membership Committee: 1. Board Officers: Chair, Vice Chair, and Treasurer 2. Committee Representatives: Stepping Up, MHSA Forum 3. BHAB Applicant: Rick Blumberg B. Chair – <i>Michelle Rich</i> 1. 2020 Annual Report Draft	Board Action:

	<p>2. California Behavioral Health Planning Council 2020 Data Notebook Survey Follow Up</p> <p>C. Vice Chair –</p> <p>D. Treasurer –</p>	
<p>5. 15 minutes</p>	<p>Measure B: <i>Discussion and possible board action.</i></p> <p>A. Measure B December Meeting Report</p> <p>B. January Meeting Agenda Review</p> <p>C. Board of Supervisor Meeting Measure B Items</p>	Board Action:
<p>6. 15 minutes</p>	<p>Guest Speaker: <i>Donna Moschetti, National Alliance on Mental Illness (NAMI) Mendocino</i></p>	Board Action
<p>7. 10 minutes</p>	<p>Mendocino County Report: <i>Jenine Miller, BHRS Director</i></p> <p>A. Director Report Questions</p> <p>B. Stats Update</p> <p>C. Healthy Mendocino Data Request Follow Up</p>	Board Action:
<p>2 minutes</p>	<p>Stretch Break</p>	
<p>8. 10 minutes</p>	<p>Mental Health Student Services Act (MHSSA): <i>Discussion and possible board action.</i></p>	Board Action:
<p>9. 10 minutes</p>	<p>RQMC Report: <i>Camille Schraeder, Redwood Quality Management Company</i></p> <p>A. Data Dashboard Questions</p> <p>B. Services Update</p>	Board Action:
<p>10. 15 minutes</p>	<p>Services at the Jail: <i>Jenine Miller, BHRS Director</i></p> <p><i>Discussion and possible board action.</i></p>	Board Action:
<p>11. 5 Minutes</p>	<p>Member Comments:</p>	Board Action:
<p>12.</p>	<p>Adjournment:</p> <p>Next meeting: February 24, 2021 via Zoom</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

**December 14, 2020
3:00 PM - 5:00 PM**

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
Jo Bradley

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
JO 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
<p>1. 5 minutes</p>	<p>Call to Order, Roll Call & Quorum Notice, Approve Agenda:</p> <ul style="list-style-type: none"> Chair Rich called the meeting to order at 3:03 PM. Member's present: Behringer, Bradley, Gorny, Ferretta, Lockart, Martinez, Towle, and Supervisor Brown. Agenda approved as written. 	<p>Board Action: Motion made by Member Bradley, seconded by Member Gorny to approve the agenda. Motion passed.</p>
<p>2. 5 minutes</p>	<p>Minutes of the November 16, 2020 BHAB Regular Meeting: Review and possible board action.</p> <ul style="list-style-type: none"> Minutes approved as written. 	<p>Board Action: Motion made by Member Gorny, seconded by Member Lockart to approve the November 16, 2020 BHAB minutes as written.</p>

<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"> • Today is Supervisor Brown’s last BHAB meeting, she will be retiring at the end of this month. • Jo Silva commented she has not been to a BHAB meeting in a while; she thinks there should be better communication i.e. being able to access BHAB Zoom meetings at a provider location. <ul style="list-style-type: none"> ○ Jo thinks it might be a good idea for this board to report BOS advice/actions to clients so they know what this board is doing on their behalf. ○ Jo would like refrigerator magnets with crisis line phone numbers, so help line numbers are easily available. ○ Jo would like this board to tell the BOS (Board of Supervisors) they support the Psychiatric Health Facility (PHF), she is in support of a PHF at the old Howard hospital location. ○ Jo would like school-based services to include a curriculum for teachers for Mental Health practices. • Member Lockart commented she has encountered several people with Behavioral Health issues that are being isolated at the jail, and are suffering from lack of communication. Member Lockart asked the board to step up and see what can be done about it. 	<p>Motion passed. Board Action:</p>
<p>4. 20 minutes</p>	<p>Measure B Discussion: <i>Possible board action.</i></p> <p>A. Measure B November Meeting Report</p> <ol style="list-style-type: none"> a) Vice Chair Ferretta: The Measure B committee voted to pay for the CIT training provided by the Sheriff’s office. <ol style="list-style-type: none"> i) Vice Chair Ferretta commented she is resigning from the BHAB board and the Measure B board. Her last Measure B meeting will be December 16th. <p>B) December Meeting Agenda Review</p> <ol style="list-style-type: none"> a) The board reviewed the December 16, 2020 Measure B agenda to provide any feedback needed. <ol style="list-style-type: none"> i) Chair Rich clarified that the BHAB’s mission and priority is to support client services. ii) BHRM Director Miller commented that the status of the Psychiatric Health Facility (PHF) Request for Qualifications (RFQ) and Crisis Residential Treatment facility Request for Proposal (RFP) will be up for discussion at the next Measure B meeting. BHRM Director Miller has no doubt the facility will fill its beds, but does not want the county to have to pay money for beds that are not being used in the long run. The county needs to take sufficient time to find the best provider and make the best negotiation. <p>C) Board of Supervisor Meeting Measure B Items</p> <ol style="list-style-type: none"> a) Discussion and review of the Measure B items scheduled to go 	<p>Board Action:</p>

	<p>in front of the BOS meeting tomorrow.</p> <ul style="list-style-type: none"> i) Item 5i: update to the BOS from Alyson on Measure B, including an attachment with recommendations from the Measure B Ad Hoc Committee. ii) Item 6c: recommendations to approve the Community Education Awareness and Support, and the Crisis Assessment and Psych Hospitalization Aftercare Services programs. These 2 programs were in the original recommendations that were previously held off. <p>D) Letter to Measure B Follow Up</p> <ul style="list-style-type: none"> a) Discussion on the letter Chair Rich was to write to the Measure B Committee. b) The board agreed that a letter to the Measure B board is no longer needed at this time as the issues have been resolved. <p>E) Public Comments:</p> <ul style="list-style-type: none"> a) Jo supports the decision of this board wanting to provide client services for Measure B projects moving forward. Jo shared that she does not understand the relationship between the BHAB and the Measure B board in relation to putting forth their advice to the BOS. i) Chair Rich explained that the Measure B Committee is the oversight committee that makes official recommendations to the BOS on how Measure B dollars should be spent. The BHAB has a representative that sits on that board, and the BHAB can write letters or make recommendations as needed. 	
<p>5. 10 minutes</p>	<p>Mendocino County Report: <i>Jenine Miller, BHRS Director</i></p> <p>A. Director Report Questions</p> <ul style="list-style-type: none"> a. Included in agenda packet. <p>B. Budget Update</p> <ul style="list-style-type: none"> a. Seeing a variety of different things, continuing to track realignment dollars to see where BHRS will stand in the next few months. b. BHRS is waiting for the next drop in realignment dollars and will work with contracts and budget to stay in budget this year. c. There has been a reduction in Partnership referrals, and this is further impacting the county's budget. d. A 5 percent reduction in Specialty Mental Health services and 15 percent reduction in MHSA services programs was implemented for this year's budget. BHRS is extending all of their MHSA and ASO contracts through June 30th, 2021. For the months of January – June 2021, MHSA contracts will only be reduced by 10 percent instead of 15 percent. <p>C. Healthy Mendocino Data Request Follow Up</p> <ul style="list-style-type: none"> a. BHRS is continuing to work with County Counsel to make sure it does not create a confidentiality concern. <p>D. Mental Health Student Services Act (MHSSA) Steering Committee:</p> <ul style="list-style-type: none"> a. The MHSSA grant is focused on student services in school campuses, but COVID has impacted the plans for this grant. b. The grant has a requirement to have a Steering Committee, and 	<p>Board Action:</p>

	<p>one of the recommendations was to have the BHAB have a Standing Committee to serve as the Steering Committee (with other partners being a part of it). The BHAB Steering Committee would need to be in effect for 4 years (grant term).</p> <p>c. The BHAB agreed to hold off on this item, and have someone from the MHSSA Committee come to the board to clarify what the requirements are.</p> <p>E. BHRS Director Miller commented about mental health services at the jail. She mentioned there has been concerns brought up regarding individuals that end up in solitary confinement at the jail. There was a recommendation for the HSSA Advisory Board to work with the BHAB to bring this topic to the forefront.</p> <p>a. BHRS Director Miller has been working with the Sheriff's office and NaphCare to understand their services, determine what is missing, what the needs are, and what changes need to happen to provide better Mental Health services at the jail. The BOS asked BHRS Director Miller to find out if there is a need for more Mental Health services at the jail, and if the jail needs more dollars to provide services</p> <p>b. Sheriff Kendall has been really accommodating in allowing the county to look into current services and determining what other services the jail can benefit from.</p> <p>F. Public comment:</p> <p>a. Member Ferretta commented on the Suicide Awareness billboard on Highway 20 southbound by Calpella. She mentioned it is difficult to read. BHRS is working with NAMI to do a joint suicide awareness campaign, and another billboard will be going up in the next month at a better location and will hopefully catch more attention.</p>	<p>Chair Rich asked to include an agenda item on Mental Health services at the jail so the board can get a full report at the next BHAB meeting.</p>
<p>6. 15 minutes</p>	<p>Mental Health Services Act (MHSA) Quarterly Update: <i>Karen Lovato, BHRS Acting Senior Program Manager</i></p> <p>A. Karen Lovato joined the board to provide an update on MHSA Mental Health services 2020-21 Quarter 1.</p> <p>a. Most of the data provided is for Community Services and Support (CSS) and Prevention and Early Intervention (PEI) since these are the 2 main components regularly serving clients.</p> <p>b. Overall data for 1st quarter:</p> <p>i. Some programs have reduced numbers in the first quarter partly due to COVID, and because a lot of school based programs have not been operational.</p> <p>ii. Predominantly serving adults age category of 26-59; the next largest category in PEI is the 16+ category. The 0-15 category has always been the lowest category served.</p> <p>iii. Data presented included: age breakdown, ethnic designations, gender, and the various providers and how many clients they served in first quarter for both PEI and CSS. Manzanita, MCAVHN, and Hospitality center make up the majority of CSS services.</p> <p>c. Reminder: there will be a virtual consumer holiday card DIY project. This event is to do a holiday card, those interested were provided with materials to make the card (if registered on time).</p>	<p>Board Action:</p>

	<p>This is intended for Behavioral Health consumers and their families.</p> <p>d. There is a Zoom survey link to give any feedback on how MHSA services are going. Details included in BHRS Director’s report.</p> <p>e. The next Cultural Diversity Committee meeting is on December 17th from 3:30-5:30 PM via Zoom (details in Director’s report).</p>	
2 minutes	Stretch Break	
7. 10 minutes	<p>RQMC Report:</p> <p>A. Data Dashboard Questions</p> <p>a. Data dashboard not included in agenda packet as BHRS did not receive in time to include in agenda.</p> <p>B. Services Update</p> <p>a. Camille shared that these are very difficult times with the combination of COVID exposure and COVID active cases, and the effects as a result of isolation, etc.</p> <p>b. RQMC is working with Crisis, the homeless shelter, and providers are very busy with direct service and managing to keep everything stable.</p> <p>c. Camille continues to worry about the low children system of care numbers; they don’t know what is going on. Working with school partners to try and figure out how to reach out and engage, as have been doing in the past few months.</p> <p>d. Discussion on the current challenges of hiring therapists. People are declining to work due to COVID, but RQMC is hopeful to have positive results be the end of the year.</p> <p>e. Member Martinez asked if RQMC offers any workshops via Zoom on suicide prevention that public can participate in. Camille stated yes, RCS , Youth Project and the county are doing various groups and support services online. Camille will ask RCS to bring back information on what is currently being offered.</p>	Board Action:
8. 10 minutes	<p>Guest Speaker: <i>Jacqueline Williams, Executive Director - Ford Street Project</i></p> <p>a. The Ford Street Project operates the local food bank, which currently feeds 608 households on a weekly basis. Currently in the middle of their annual drive.</p> <p>b. They offer housing for families who are homeless or at risk of homelessness as part of the Unity Village program. They have added 8 additional dorm rooms, and also reformatted an old building. On any given day, there are 20 families living at the Ford Street Project.</p> <p>i. They work hard to help folks attain permanent housing, and have still managed to be successful amid the pandemic. They work very closely with families, and they are amazed at how frequently they are able to find permanent housing for their clients.</p> <p>c. The Ford Street Project is a sober living environment, and their Outpatient Treatment service provision is also on site.</p> <p>d. No bilingual services are currently available.</p>	Board Action:

	<p>e. Clover Martin shared the Ford Street Project’s Drug Medi-Cal Provision of services.</p> <ul style="list-style-type: none"> i. They began accepting Partnership clients in July. Anyone that has Partnership Medi-Cal can access services for Outpatient Treatment, Withdrawal Management, or for Residential treatment. ii. They serve anyone over the age of 18, and the facility is co-ed. iii. Before accepting Partnership Medi-Cal. Clover and her team were turning a lot of people away. <p>f. Accommodations due to pandemic were made to create more space between beds along with other adjustments.</p> <ul style="list-style-type: none"> i. Clients also need to be tested for COVID before receiving treatment, so this sometimes delays the process. <p>g. Member Martinez asked how much local help the Ford Street Project receives.</p> <ul style="list-style-type: none"> i. Clover shared there are meetings, and sporadically independent contractors who come in and help. But no other local organizations are currently helping. ii. Jacque mentioned that Partnership offered on-site services (Bright Heart Health company), but it is currently only 70 percent implemented. <p>h. Jacque clarified that the food bank is run on donations with the exception of the \$700/month the County provides to help sustain the services. Most programs at the Ford Street Project are sustained from rent money or services they provide.</p> <p>i. Discussion on whether BHAB can help in any way. Jacque said that they will be working to determine what their needs are.</p>	<p>Jacque and her team will determine any areas the BHAB can help advocate for on their behalf.</p>
<p>9. 10 minutes</p>	<p>Committee Representatives: <i>Discussion and possible board action.</i></p> <p>A. Measure B</p> <ul style="list-style-type: none"> a. This seat will get noticed, since Vice Chair Ferretta is resigning. The new representative person would need to apply, and then be appointed by the board. b. Chair Rich mentioned that in order to have a Measure B representative at the next Measure B meeting, someone has to be appointed today. c. The board agreed to have Chair Rich be the new Measure B BHAB representative for 2021. <p>B. Stepping Up</p> <ul style="list-style-type: none"> a. Stepping Up meetings are held the 4th Mondays of the month from 12:00-1:00 PM. Various county elected officials and partners come together to create diversion programs so individuals with Mental Health or Substance Use disorder stay out of jail. The purpose is to create diversion programs to have an alternative rather than booking these individuals into custody. The committee works to create these programs, and work with local law enforcement to get the diversion program rolled out. BHRS Director Miller has been working with executives at NaphCare, and they were able to bring data and software they use to track valuable data for Stepping Up b. Member Bradley may also be interested in attending these 	<p>Board Action:</p> <p>Motion made by Member Behringer, seconded by Member Bradley to hold off on Stepping Up and the MHSA Committee appointments until next month’s meeting, and have Chair Rich be the Measure B representative for 2021. Motion passed with one abstention.</p>

	<p>meetings.</p> <p>C. MHSA Forum</p> <p>a. Member Towle has attended this meeting in previous years, but no longer does.</p> <p>D. Discussion on delaying the process of selecting committee representatives, until new board members are appointed to the board.</p> <p>a. Discussion on the future new BHAB member Mills Matheson, and his interest on being the representative for the Measure B committee.</p>	
<p>10. 15 minutes</p>	<p>Board Reports: Discussion and possible board action.</p> <p>A. Chair – <i>Michelle Rich</i></p> <p>a. 2020 Annual Report Draft</p> <p>i. A copy of the draft 2020 BHAB annual report was sent to all members prior to today’s meeting.</p> <p>ii. Discussion to bring back annual report draft for next month.</p> <p>iii. Supervisor Brown suggested to bring this item back to the next BHAB meeting. She recommended that Chair Rich should contact the new BOS Supervisor who will be appointed to the BHAB on or after January 5th 2021. Also recommends that this board go through the new Supervisor to get the Annual Report on the BOS calendar.</p> <p>iv. The board will review the annual report, and email Chair Rich directly if they have any feedback.</p> <p>b. California Behavioral Health Planning Council 2020 Data Notebook Survey Follow Up</p> <p>i. Data Notebook will be brought back to January meeting.</p> <p>c. 2021 BHAB Calendar</p> <p>i. The proposed new BHAB meeting schedule is for the 4th Wednesday of the month from 10:00 AM – 12:00 PM. BHRS plants to meet via Zoom for the first half of the year, and meet via video conference (Ukiah and Fort Bragg) for the second half.</p> <p>ii. This schedule will allow the board to have the Measure B meeting agenda available to review at every meeting.</p> <p>iii. Calendar approved as presented.</p> <p>B. Vice Chair – <i>Member Ferretta</i></p> <p>a. No report.</p> <p>C. Treasurer – <i>Member Towle</i></p> <p>a. No report.</p> <p>D. Membership Committee:</p> <p>a. BHAB Applicants: Rick Blumberg and Mills Matheson</p> <p>i. Member Behringer has interviewed both applicants, will be calling them. Chair Rich and Member Behringer see no issues on appointing these two candidates.</p> <p>ii. Mills Matheson is filling a consumer family seat.</p> <p>iii. The board is currently not meeting the 25 percent consumer requirement.</p> <p>iv. Discussion on Mr. Blumberg applying for District 1, but there is currently no vacancy in District 1. The board will follow</p>	<p>Board Action:</p> <p>Annual report draft discussion at January BHAB meeting.</p> <p>Follow up at January BHAB meeting.</p> <p>Motion made by Member Behringer, seconded by Richard Towle to approve the 2021 BHAB calendar as presented. Motion passed.</p> <p>Motion made by Vice Chair Ferretta, seconded</p>

	<p>up on Rick Blumberg’s application at next month’s meeting.</p> <p>v. The Membership committee will come back with recommendations for 2021 BHAB officers.</p> <p>E. Appreciation Committee:</p> <p>a. Acknowledgements:</p> <p>i. Former BHAB members Dina Ortiz, Emily Strachan, Lynn Finley, Meeka Ferretta, and Supervisor Supervisor Carre Brown will be acknowledged with a plaque for their years of service and dedication to the board. Chair Rich will write an appreciation letter for all previous board members.</p> <p>ii. Supervisor Brown commented on her learning experience throughout the time she served on the board, and thanked the board for all of their hard work.</p>	<p>by Member Behringer to endorse Mill Matheson’s application and hold off on Rick Blumberg’s application. Motion passed with one abstention.</p>
<p>11. 10 Minutes</p>	<p>Member Comments:</p> <ul style="list-style-type: none"> No member comments. 	<p>Board Action:</p>
<p>12.</p>	<p>Adjournment: 5:23 PM</p> <p>Next meeting: January 27, 2020 via Zoom</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

Behavioral Health Advisory Board Director's Report

January 2021

1. Board of Supervisors:

a. Recently passed items or presentations:

i. Mental Health:

1. Approval of Amendment to Agreement No. MH-20-016, with Casa Serenity, LLC. to Provide Residential Care to Mendocino County Lanterman-Petris-Short Clients, Effective When Amendment Becomes Fully Executed through June 30, 2021

ii. Substances Use Disorders Treatment:

1. None

b. Future BOS items or presentations:

i. Mental Health:

1. Approval of Retroactive Agreement with Round Valley Indian Health Center for the Mental Health Services Act Round Valley Crisis Response Services Innovation Project, Effective July 1, 2020 Through June 30, 2022
2. Discussion and Possible Action Including Approval of Retroactive Second Amendment to BOS Agreement No. 19-193 with Redwood Quality Management Company, Inc., to Increase the Amount and Extend the End Date to June 30, 2021, to Arrange and Pay for Medically Necessary Specialty Mental Health Services and Mental Health Services Act Programs to All Ages of Medi-Cal Beneficiaries and the Indigent Population, Effective July 1, 2019 Through June 30, 2021

ii. Substance Use Disorders Treatment:

1. Approval of Retroactive Agreement with Mendocino Coast Hospitality Center to Provide Intensive Care Management and Development of Integrated Individual Service Plans to Support the Finding Home Grant, Effective September 30, 2020 through September 29, 2021

2. Staffing Updates:

- a. New Hires:
 - i. Mental Health: Mental Health Rehab Specialist
 - ii. Substance Use Disorders Treatment: None
- b. Promotions:
 - i. Mental Health: Sr. Department Analyst, Administrative Secretary
 - ii. Substance Use Disorders Treatment: None
- c. Departures:
 - i. Mental Health: Staff Assistant II
 - ii. Substance Use Disorders Treatment: None

3. Audits/Site Reviews:

- a. Date occurred and report out of findings:
 - i. None occurred in Dec.
- b. Upcoming/Scheduled:
 - i. Willits Integrated Service Center – DMC-ODS Compliance Review in Jan (moved from Dec.)
 - ii. Ukiah (main office) – DMC-ODS Compliance Review in Jan (moved from Dec.)
- c. Site Reviews:
 - i. Fort Bragg – SUDT Medi-Cal site review
 - ii. Manzanita – Willits MH Medi-Cal site review

4. Grievances/Appeals:

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

5. Meetings of Interest:

- a. MHSA Forum/QIC Meeting: February 3, 2021 @ 5:00 - 7:00 pm on Zoom:
<https://mendocinocounty.zoom.us/j/92069894869>
- b. Cultural Diversity Committee Meeting: Honoring Veterans Date: Thursday, February 11, 2021 Time: 3:30 PM - 5:30 PM Via Zoom:
<https://mendocinocounty.zoom.us/j/83240965934?pwd=UnAyRTNEZEd5dUUwQWh2cW1sbkxLZz09>

6. Grant Opportunities:

- a. Effective Child Welfare and Justice Systems for Families Impacted by Opioid and Stimulant Use – Learning Collaborative

7. Significant Projects/Brief Status:

- a. Assisted Outpatient Treatment (AOT): AB 1421/Laura's Law
Melinda Driggers, AOT Coordinator, is accepting and triaging referrals:
 - i. Referrals to Date: 92
 - ii. Total that did not meet AOT criteria: 80
 - 1. Total Referrals FY 20/21: 7
 - 2. Client Connected with Provider/Services: 3
 - 3. Unable to locate/connect with client: 1
 - iii. Currently in Investigation/Screening/Referral: 2
 - iv. Settlement Agreement/Full AOT: 1
 - v. Other (Pending Assessments to file Petition): 0

8. Educational Opportunities:

- a. None

9. Mental Health Services Act (MHSA):

- a. MHSA Forum/QIC Meeting: February 3, 2021 @ 5:00 - 7:00 pm on Zoom:
<https://mendocinocounty.zoom.us/j/92069894869>
- b. Cultural Diversity Committee Meeting: Honoring Veterans Date: Thursday, February 11, 2021 Time: 3:30 PM - 5:30 PM Via Zoom:
<https://mendocinocounty.zoom.us/j/83240965934?pwd=UnAyRTNEZEd5dUUwQWh2cW1sbkxLZz09>

10. Lanterman Petris Short Conservatorships (LPS):

- a. Number of individuals on LPS Conservatorships: 58

11. Substance Use Disorders Treatment Services:

- a. Number of Substance Use Disorders Treatment Clients Served in November 2020
 - i. Total number of clients served: 91
 - ii. Total number of services provided: 380
 - iii. Fort Bragg: 27 clients served for a total of 114 services provided
 - iv. Ukiah: 52 clients served for a total of 220 services provided
 - v. Willits: 12 clients served for a total of 46 services provided
- b. Number of Substance Use Disorder Clients Completion Status
 - i. Completed Treatment/Recovery: 7
 - ii. Left Before Completion: 15
 - iii. Referred: 1

- iv. Total: 23
- v. Average Length of Service: 125.95 Hours

12. Contracts:

- a. None

13. Capital Facilities Projects:

- a. Orchard Project:
 - i. CHFFA Board Meeting 12/5/2019 - Milestone of securing funding met.
 - ii. CHFFA Board Meeting 1/30/2020 – New milestones were provided by CHFFA for completion of the Orchard Project.
 - iii. CHFFA Board Meeting 10/29/2020 – Kudos given for forward momentum on the project.

- b. Willow Terrace Project:
 - i. Vacancies filled through Coordinated Entry process as they come available.
 - ii. Some turnover in tenancy.

QI Work Plan - 3.D

Report - Appeals, Grievances, Change of Provider - November 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
11/3/2020	Meds Management	Beneficiary stated that Meds Management staff had been dismissive when the client explained a problem in their personal life.	Grievance cancelled. Beneficiary contacted QA unit to retract grievance after Meds Management staff had next contacted with them.	11/19/2020	11/19/2020
Total	1				

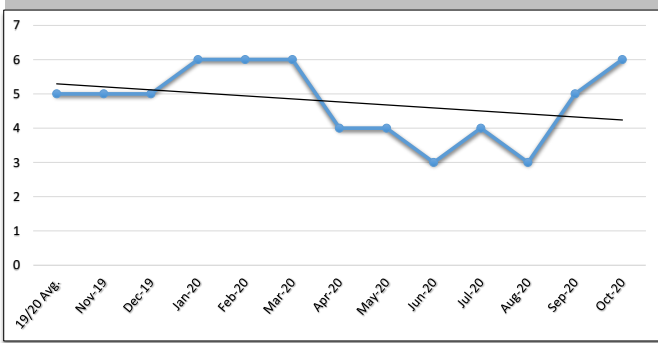
Client Request for Change of Provider (10 Business Days)

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

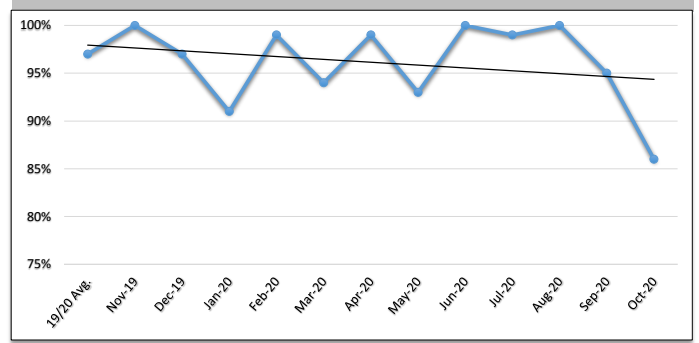
0 Provider Appeals
0 Client Appeals
0 Issue Resolutions (Completed)
0 SUDT Grievances (Completed)
1 Grievance (Completed)
0 Requests for Change of Provider (Completed)

2019-2020 Year to Date Timeliness Charts and Graphs

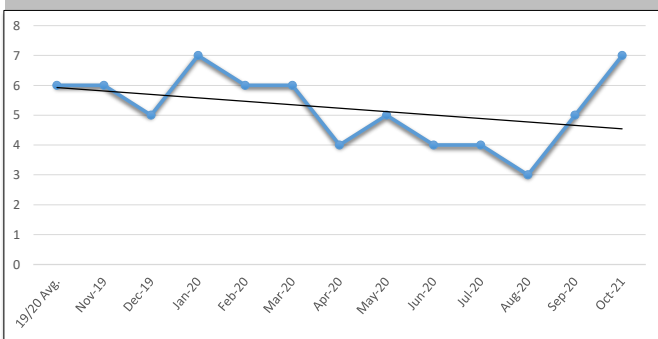
Length of Time from Initial Request to first offered Appt. - Mean BPSA - MHP Standard or Goal - 10 Business Days - 95%				
	All Services	Adult Services	Children's Services	Foster Care
19/20 Avg.	5	4	6	6
Nov-19	5	4	6	8
Dec-19	5	4	5	3
Jan-20	6	6	6	5
Feb-20	6	5	8	3
Mar-20	6	5	6	8
Apr-20	4	3	4	6
May-20	4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



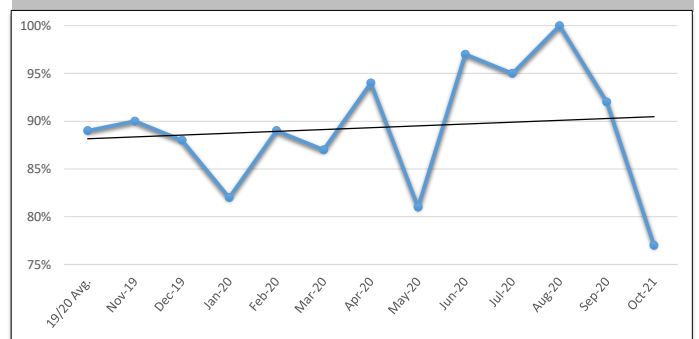
Length of Time from Initial Request to first offered Appt. BPSA - MHP Standard or Goal - 10 Business Days - 95%				
	All Services	Adult Services	Children's Services	Foster Care
19/20 Avg.	97%	95%	98%	100%
Nov-19	100%	100%	100%	100%
Dec-19	97%	100%	95%	100%
Jan-20	91%	76%	100%	100%
Feb-20	99%	98%	83%	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%
Aug-20	100%	100%	100%	100%
Sep-20	95%	96%	95%	100%
Oct-20	86%	82%	90%	100%
12 Mo. Avg.	96%	94%	96%	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
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
Aug-20	3	3	3	3
Sep-20	5	5	6	5
Oct-21	7	7	7	6
12 Mo. Avg.	5	5	6	6

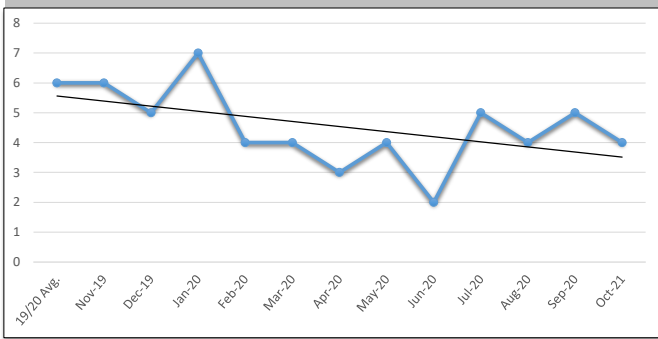


Length of Time from Initial Request to first kept Appt. - MHP Standard or Goal - 10 Business Days - 90%				
	All Services	Adult Services	Children's Services	Foster Care
19/20 Avg.	89%	94%	85%	83%
Nov-19	90%	97%	86%	100%
Dec-19	88%	94%	85%	100%
Jan-20	82%	78%	84%	100%
Feb-20	89%	97%	83%	100%
Mar-20	87%	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%
Aug-20	100%	100%	100%	100%
Sep-20	92%	92%	92%	100%
Oct-21	77%	73%	79%	100%
12 Mo. Avg.	89%	92%	88%	89%

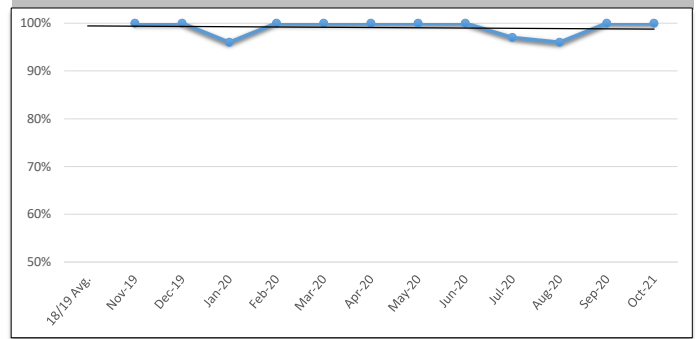


2019-2020 Year to Date Timeliness Charts and Graphs - Page 2

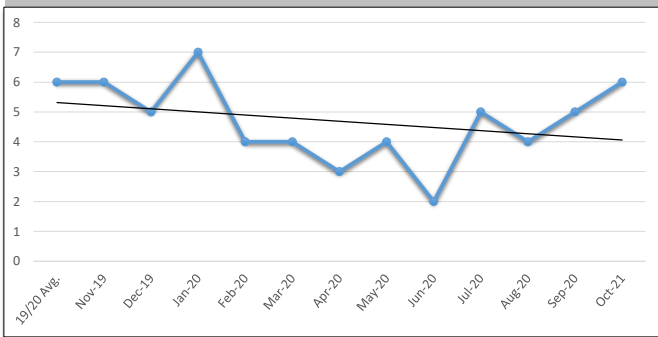
Length of Time from Initial Request to first offered Psychiatry appt. - Mean MHP Standard or Goal - 15 Business Days - 90%				
	All Services	Adult Services	Children's Services	Foster Care
19/20 Avg.	6	5	7	10
Nov-19	6	6	6	#N/A
Dec-19	5	5	5	#N/A
Jan-20	7	7	10	#N/A
Feb-20	4	3	6	7
Mar-20	4	3	6	#N/A
Apr-20	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
Aug-20	4	4	7	#N/A
Sep-20	5	5	4	#N/A
Oct-21	4	4	6	1
12 Mo. Avg.	4	4	6	4



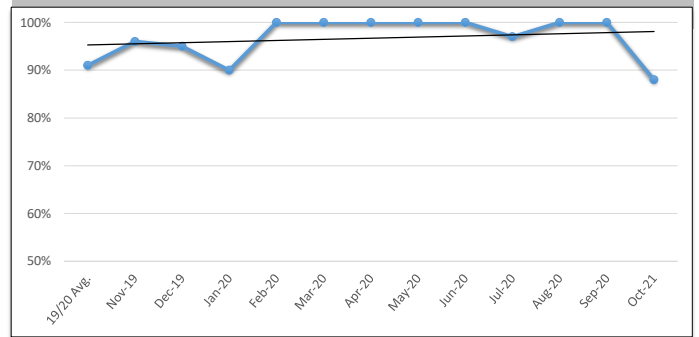
Length of Time from Initial Request to first offered Psychiatry Appt. - MHP Standard or Goal - 15 Business Days - 90%				
	All Services	Adult Services	Children's Services	Foster Care
18/19 Avg.	#N/A	#N/A	#N/A	#N/A
Nov-19	100%	100%	100%	#N/A
Dec-19	100%	100%	100%	#N/A
Jan-20	96%	95%	100%	#N/A
Feb-20	100%	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
Aug-20	96%	95%	100%	#N/A
Sep-20	100%	100%	100%	#N/A
Oct-21	100%	100%	100%	100%
12 Mo. Avg.	99%	99%	100%	100%



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
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
Aug-20	4	3	7	#N/A
Sep-20	5	5	5	#N/A
Oct-21	6	5	7	1
12 Mo. Avg.	5	4	6	4

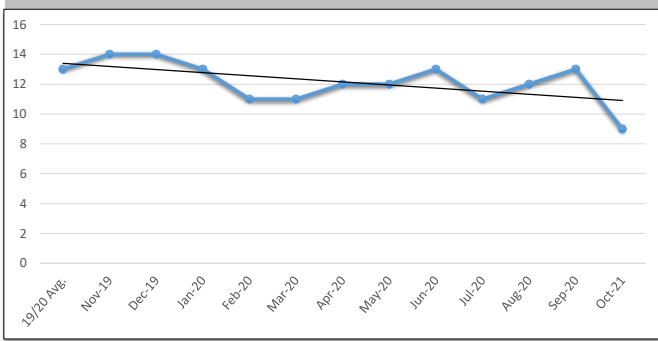


Length of Time from Initial Request to first kept Psychiatry Appt. - MHP Standard or Goal - 15 Business Days - 90%				
	All Services	Adult Services	Children's Services	Foster Care
19/20 Avg.	91%	92%	91%	67%
Nov-19	96%	100%	90%	#N/A
Dec-19	95%	100%	83%	#N/A
Jan-20	90%	91%	83%	#N/A
Feb-20	100%	100%	100%	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
Aug-20	100%	100%	100%	#N/A
Sep-20	100%	100%	100%	#N/A
Oct-21	88%	91%	80%	100%
12 Mo. Avg.	97%	98%	95%	100%

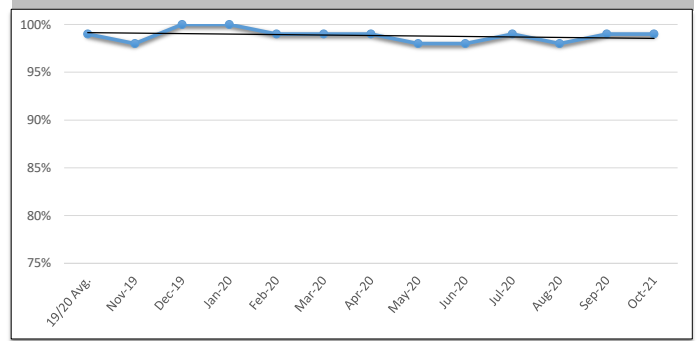


2019-2020 Year to Date Timeliness Charts and Graphs - Page 3

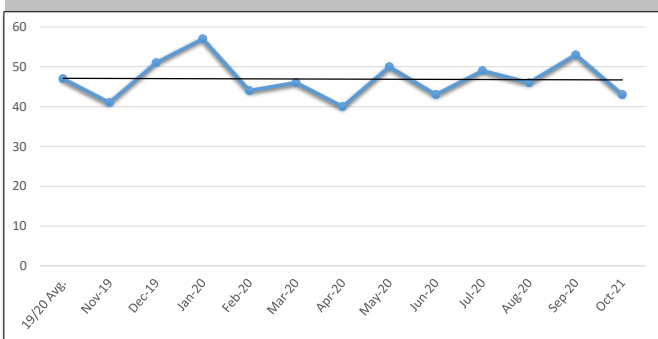
Length of Time from Service Request for urgent Appt. to Actual Encounter Mean - MHP Standard or Goal - 95% (Minutes)				
	All Services	Adult Services	Children's Services	Foster Care
19/20 Avg.	13	13	13	15
Nov-19	14	14	14	11
Dec-19	14	15	12	7
Jan-20	13	13	10	0
Feb-20	11	11	11	19
Mar-20	11	12	9	10
Apr-20	12	12	10	7
May-20	12	13	11	20
Jun-20	13	13	12	30
Jul-20	11	12	7	#N/A
Aug-20	12	12	7	#N/A
Sep-20	13	13	11	16
Oct-21	9	9	9	10
12 Mo. Avg.	12	12	10	13



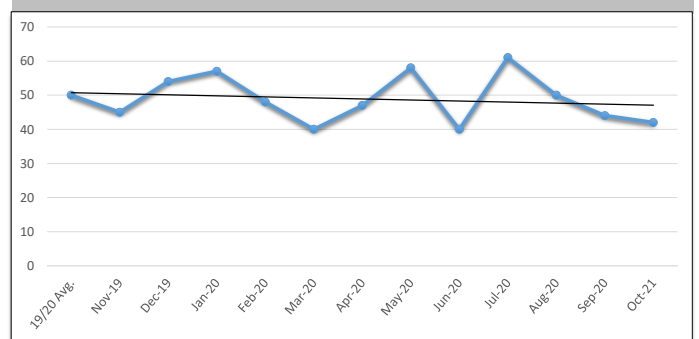
Length of Time from Service Request for urgent Appt. to Actual Encounter - Mean Percent of Goal that meets this Standard - MHP Standard or Goal - 95% (Minutes)				
	All Services	Adult Services	Children's Services	Foster Care
19/20 Avg.	99%	99%	99%	100%
Nov-19	98%	98%	100%	100%
Dec-19	100%	100%	100%	100%
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
Aug-20	98%	98%	100%	#N/A
Sep-20	99%	99%	100%	100%
Oct-21	99%	99%	95%	100%
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
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
Aug-20	46	38	8	1
Sep-20	53	44	9	0
Oct-21	43	37	6	2
12 Mo. Avg.	47	39	8	1
Total	563	462	90	10

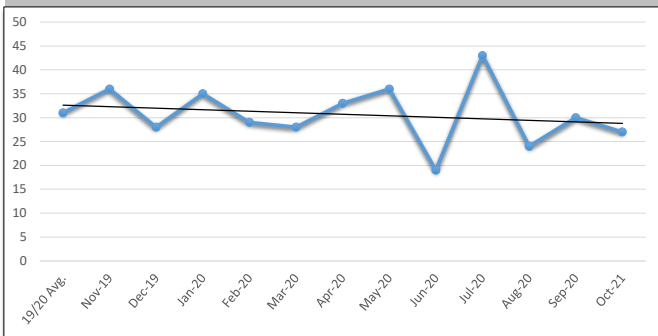


Total Number of Hospital Admissions				
	All Services	Adult Services	Children's Services	Foster Care
19/20 Avg.	50	42	7	1
Nov-19	45	38	7	2
Dec-19	54	46	8	0
Jan-20	57	49	8	0
Feb-20	48	43	5	1
Mar-20	40	35	5	0
Apr-20	47	39	8	3
May-20	58	48	10	0
Jun-20	40	36	4	0
Jul-20	61	46	15	1
Aug-20	50	43	7	1
Sep-20	44	38	6	0
Oct-21	42	35	7	2
12 Mo. Avg.	49	41	8	1
Total	586	496	90	10

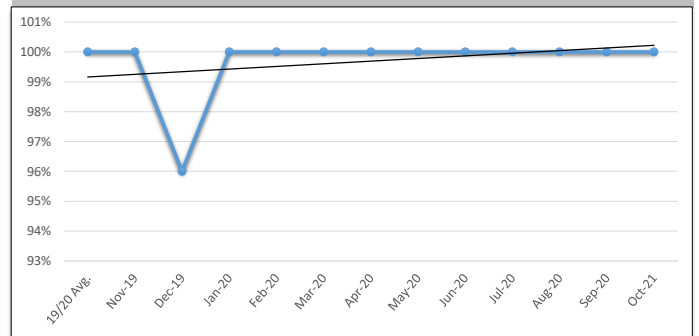


2019-2020 Year to Date Timeliness Charts and Graphs - Page 4

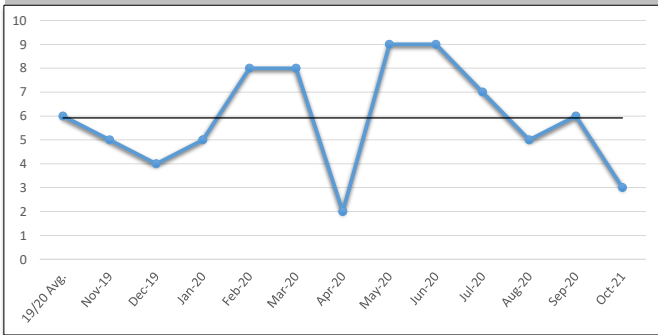
Timeliness of follow-up encounters post psychiatric inpatient discharge Number of follow-up appts within 7 days				
	All Services	Adult Services	Children's Services	Foster Care
19/20 Avg.	31	27	4	1
Nov-19	36	30	6	1
Dec-19	28	23	5	0
Jan-20	35	32	3	0
Feb-20	29	28	1	1
Mar-20	28	26	2	0
Apr-20	33	27	6	2
May-20	36	34	2	0
Jun-20	19	17	2	0
Jul-20	43	32	11	0
Aug-20	24	23	1	0
Sep-20	30	27	3	0
Oct-21	27	23	4	1
12 Mo. Avg.	31	27	4	0
Total	368	322	46	5



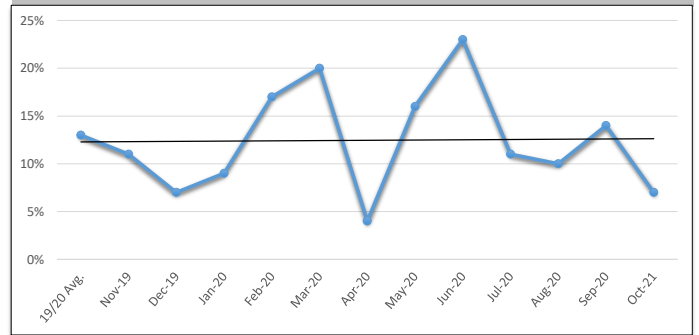
Timeliness of follow-up encounters post psychiatric inpatient discharge Percent of appointments that met this standard within 7 days - Goal is 95%				
	All Services	Adult Services	Children's Services	Foster Care
19/20 Avg.	100%	100%	97%	100%
Nov-19	100%	100%	100%	100%
Dec-19	96%	100%	80%	#N/A
Jan-20	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
Aug-20	100%	100%	100%	#N/A
Sep-20	100%	100%	100%	#N/A
Oct-21	100%	100%	100%	100%
12 Mo. Avg.	100%	100%	98%	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
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
Aug-20	5	4	1	0
Sep-20	6	5	1	0
Oct-21	3	3	0	0
12 Mo. Avg.	6	5	1	0
Total	71	60	11	0

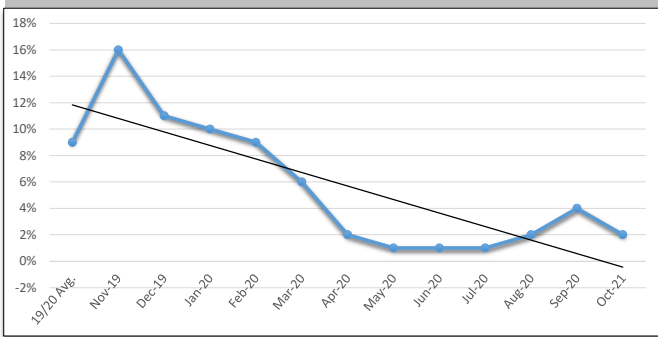


Psychiatric Inpatient Readmission rates within 30 days Readmission Rate - Goal is 10% within 30 days				
	All Services	Adult Services	Children's Services	Foster Care
19/20 Avg.	13%	12%	18%	50%
Nov-19	11%	11%	14%	#N/A
Dec-19	7%	9%	0%	#N/A
Jan-20	9%	8%	13%	#N/A
Feb-20	17%	16%	20%	#N/A
Mar-20	20%	23%	n/a	#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
Aug-20	10%	9%	14%	#N/A
Sep-20	14%	13%	17%	#N/A
Oct-21	7%	9%	#N/A	#N/A
12 Mo. Avg.	12%	12%	16%	#N/A

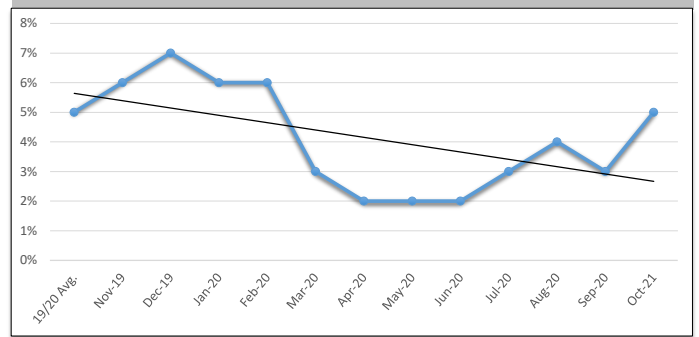


2019-2020 Year to Date Timeliness Charts and Graphs - Page 5

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%
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%
Aug-20	2%	2%	1%
Sep-20	4%	3%	5%
Oct-21	2%	2%	1%
12 Mo. Avg.	5%	5%	5%



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%
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%
Aug-20	4%	5%	3%
Sep-20	3%	4%	3%
Oct-21	5%	4%	6%
12 Mo. Avg.	4%	5%	4%



Completed by: William Riley, BHRS Quality Assurance Administrator



Report to the Behavioral Health Advisory Board

January 2021

1. Staffing

Staffing continues to be a problem for most Specialty Mental Health agencies, especially at the licensed/waivered clinician level. Every agency is currently experiencing openings for provider staff, and we are not receiving much interest from qualified applicants. We have worked together as a system on several strategies, though nothing has been remarkably successful. We have reached out to county to see if an MHSA program of loan forgiveness might help us recruit providers.

2. Audits

Our response to the report on the External Quality Review Organizations audit has been submitted.

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 Multidisciplinary 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 has been approved for a contract renewal as the county's Administrative Services Organization. We are honored to have been selected to continue to serve Mendocino County beneficiaries in coordination with Behavioral Health and Recovery Services.

6. Educational Opportunities

Nothing to report at this time. RQMC notifies agencies of relevant trainings, which are essentially being provided virtually. We have been developing training programs for agency analyst staff, clinical staff, and for providers working with shared client plans.

7. LPS Conservatorships

We continue through RCS, in collaboration with BHRS, to provide housing options, both in Ukiah and Willits for conserved clients. 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. Agency provider contracts have been extended through 6/30/21.

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. The team continues to be very flexible in ensuring clients are able to be seen as needed.

Tim Schraeder MFT



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 Nov		12	16	6	6	23	21	5	
	<i>Total</i>	28		12		49			89
Crisis Services Nov		2	13	8	4	28	28	10	
	<i>Total</i>	15		12		66			93
Unduplicated Persons...									
Served in Nov		177	232	69	41	274	399	78	
	<i>Total</i>	409		110		751			1,270
Unduplicated Persons...									
Served Fiscal Year to Date		266	344	125	87	433	567	116	
	<i>Total</i>	610		212		1,116			1,938
Identified As (YTD)...									
Male		294		98		554			946
Female		305		108		556			969
Non-Binary and Transgender		11		6		6			23
Identified As (YTD)...									
White		328		120		821			1,269
Hispanic		155		46		72			273
American Indian		47		14		67			128
Asian		6		2		12			20
African American		9		6		21			36
Other/Undisclosed		65		24		123			212

YTD Persons by location...	
Ukiah Area	1089
Willits Area	308
North County	59
Anderson Valley	21
North Coast	352
South Coast	38
OOC/OOS	71



Homeless....

RQMC Medi-Cal providers have provided 435 billable services to 107 unduplicated homeless clients in Nov. Fiscal Year to Date the providers have provided 2346 billable services to 214 unduplicated homeless clients.

WPC has served 38 homeless in Nov and 54 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 Nov	2	25	13	7	198	52	101	
<i>Total</i>	27		20		351			398

**There were 15 logged calls where age was not disclosed. Those have been added to the total.*

Crisis Line Contacts YTD	12	121	81	60	870	350	287	
<i>Total</i>	133		141		1,507			1,781

by reason for call YTD...	
Increase in Symptoms	391
Phone Support	801
Information Only	171
Suicidal ideation/Threat	254
Self-Injurious Behavior	12
Access to Services	107
Aggression towards Others	18
Resources/Linkages	27

Call from LEO to Crisis...		
AGENCY	Nov	YTD
MCSO:	17	62
CHP:	2	7
WPD:	2	11
FBPD	4	20
Jail/JH:	14	61
UPD:	6	47
Total:	45	208

by time of day YTD...	
08:00am-05:00pm	973
05:00pm-08:00am	808

Total Number of...

Emergency Crisis Assessments Nov	2	25	12	7	53	42	17	
<i>Total</i>	27		19		112			158

Emergency Crisis Assessments YTD	11	114	71	52	268	240	83	
<i>Total</i>	125		123		591			839



YTD by location...	
Ukiah Valley Medical Center	385
Crisis Center-Walk Ins	150
Mendocino Coast District Hospital	118
Howard Memorial Hospital	120
Jail	42
Juvenile Hall	10
Schools	0
Community	13
FQHCs	1

YTD by insurance...	
Medi-Cal/Partnership	557
Private	98
Medi/Medi	89
Medicare	41
Indigent	47
Consolidated	0
Private/Medi-Cal	3
VA	4

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 Nov	0	9	6	2	15	5	2	
<i>Total</i>	9		8		22		39	

Inpatient Hospitalizations YTD	1	43	26	24	82	47	13	
<i>Total</i>	44		50		142		236	

ReHospitalization within 30 days	Youth	Adult	0-2 days in the Hospital	Admits	% of total Admits
Nov	0	7	Nov	2	5.1%
YTD	6	21	YTD	15	6.4%

Days in the ER	0	1	2	3	4	5+	Unk
Nov	5	24	8	3	0	0	1
YTD	14	104	98	20	2	0	1
..by Hospita	0	1	2	3	4	5+	
AHUV	2	15	5	1	0	0	
Howard	3	5	1	0	0	0	
MCDH	0	3	1	0	0	0	

Number of hospitalizations:	1	2	3	4	5	6+
YTD Number of unduplicated clients:	163	17	10	1	1	0



YTD hospitalizations by location...	
Aurora- Santa Rosa**	26
Restpadd Redding/RedBluff**	63
St. Helena Napa/ Vallejo**	95
Sierra Vista Sacramento**	2
John Muir Walnut Creek	4
St Francis San Francisco	23
St Marys San Francisco**	1
Marin General**	3
Heritage Oaks Sacramento**	5
VA: Sacramento / PaloAlto / Fairfield / San Francisco	3
Other**	11

YTD hospitalizations by criteria...	
Danger to Self	113
Gravely Disabled	85
Danger to Others	0
Combination	38

At Discharge	Discharged to Mendocino		Follow up Crisis Appt		Declined follow up Crisis appt	
	Nov	YTD	Nov	YTD	Nov	YTD
Payor						
Mendo Medi-cal	25	158	23	121	2	37
Indigent	2	7	2	5	0	2
Other Payor	3	17	3	6	0	11
YTD hospitalizations where discharge was out of county or unknown:						41
YTD number who Declined a follow up appt:						50

Total Number of...

Full Service Partners Nov	Youth	TAY	Adult	BHC	OA	Outreach	
<i>Total</i>	0	25	58	8	13	9	113

Total Number of...

Full Service Partners YTD	Youth	TAY	Adult	BHC	OA	Outreach	
<i>Total</i>	1	25	60	8	16	13	123

Contract Usage as of 12/31/2020	Budgeted	YTD
Medi-Cal in County Services (60% FFP)	\$6,220,125.00	\$4,796,639.00
Medi-Cal RQMC Out of County Contracts	\$916,750.00	\$289,159.00
MHSA	\$571,335.00	\$509,425.00
Indigent RQMC Out of County Contracts	\$357,519.00	\$122,760.00
Medication Management	\$700,000.00	\$615,991.00

Estimated Expected FFP	Nov	YTD
Expected FFP	\$620,962.00	\$3,247,578.00



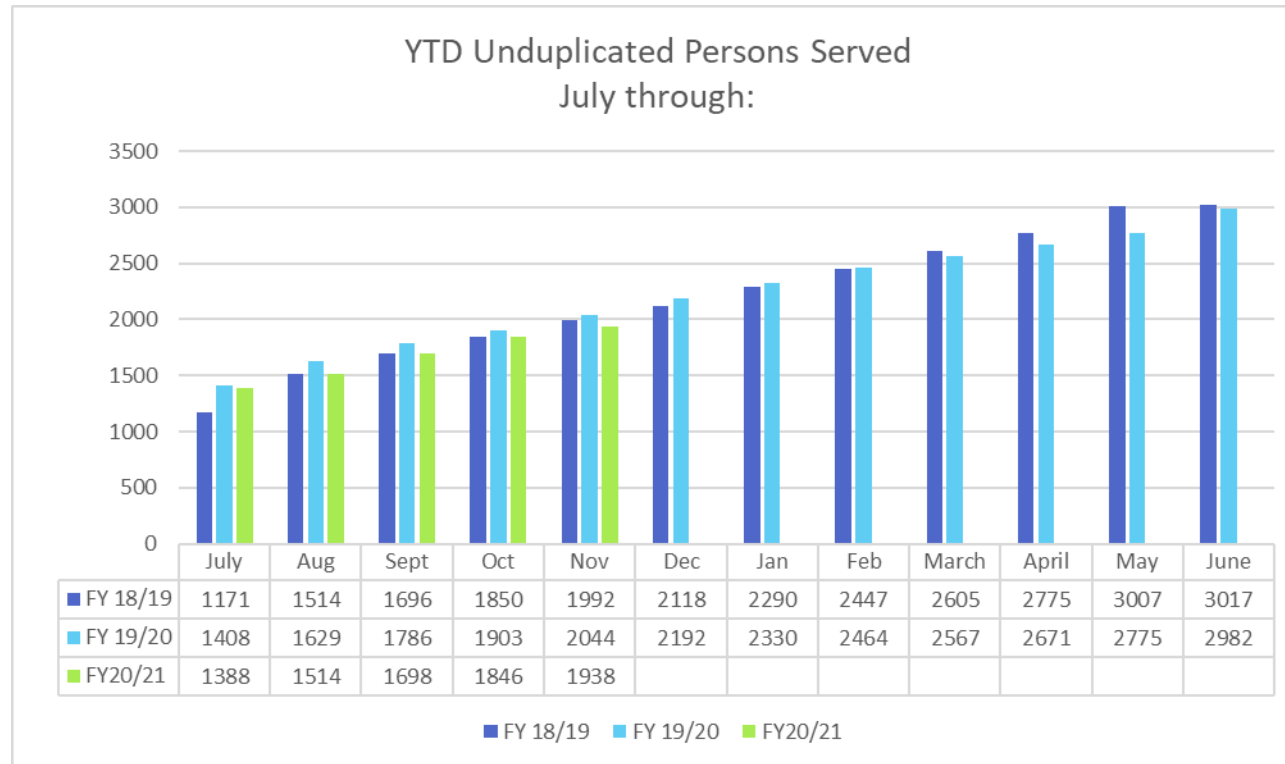
Services Provided						
Whole System of Care	Nov	Nov	Nov	YTD	YTD	YTD
Count of Services Provided	Youth	Y Adult	Adults	Youth	Y Adults	Adults
*Assessment	89	27	122	539	154	724
*Case Management	377	148	1256	1682	894	6792
*Collateral	166	2	12	1108	18	63
*Crisis	47	34	195	276	288	1288
*Family Therapy	76	0	1	479	1	13
*TFC	0	0	0	31	0	0
*Group Therapy	0	0	0	27	0	0
*Group Rehab	49	48	84	311	174	244
*ICC	235	6	0	1158	22	0
*Individual Rehab	249	130	493	1139	461	2439
*Individual Therapy	609	86	416	3374	540	2184
*IHBS	99	5	0	451	20	0
*Psychiatric Services	42	31	332	273	201	1646
*Plan Development	94	22	81	481	91	458
*TBS	89	0	0	340	0	0
Total	2,221	539	2,992	11,669	2,864	15,851
No Show Rate	4.6%			3.8%		
Average Cost Per Beneficiary	\$946	\$988	\$718	\$3,389	\$2,910	\$2,601

Count of Services by Area	Nov	Nov	Nov	YTD	YTD	YTD
	Youth	Y Adult	Adults	Youth	Y Adults	Adults
Anderson Valley	46	0	11	182	2	47
South Coast	36	7	29	203	41	123
North Coast	195	22	529	944	305	2,803
North County	90	1	27	322	6	98
Ukiah	1,404	477	2,037	7,829	2,346	11,377
Willits	450	32	359	2,189	164	1,403

Meds Management	Nov	Nov	Nov	YTD	YTD	YTD
	Youth	Y Adult	Adults	Youth	Y Adults	Adults
Inland Unduplicated Clients	13	11	70	85	55	423
Coastal Unduplicated Clients	2	2	36	18	19	142
Inland Services	68	32	390	413	195	1984
Coastal Services	11	13	139	67	96	627

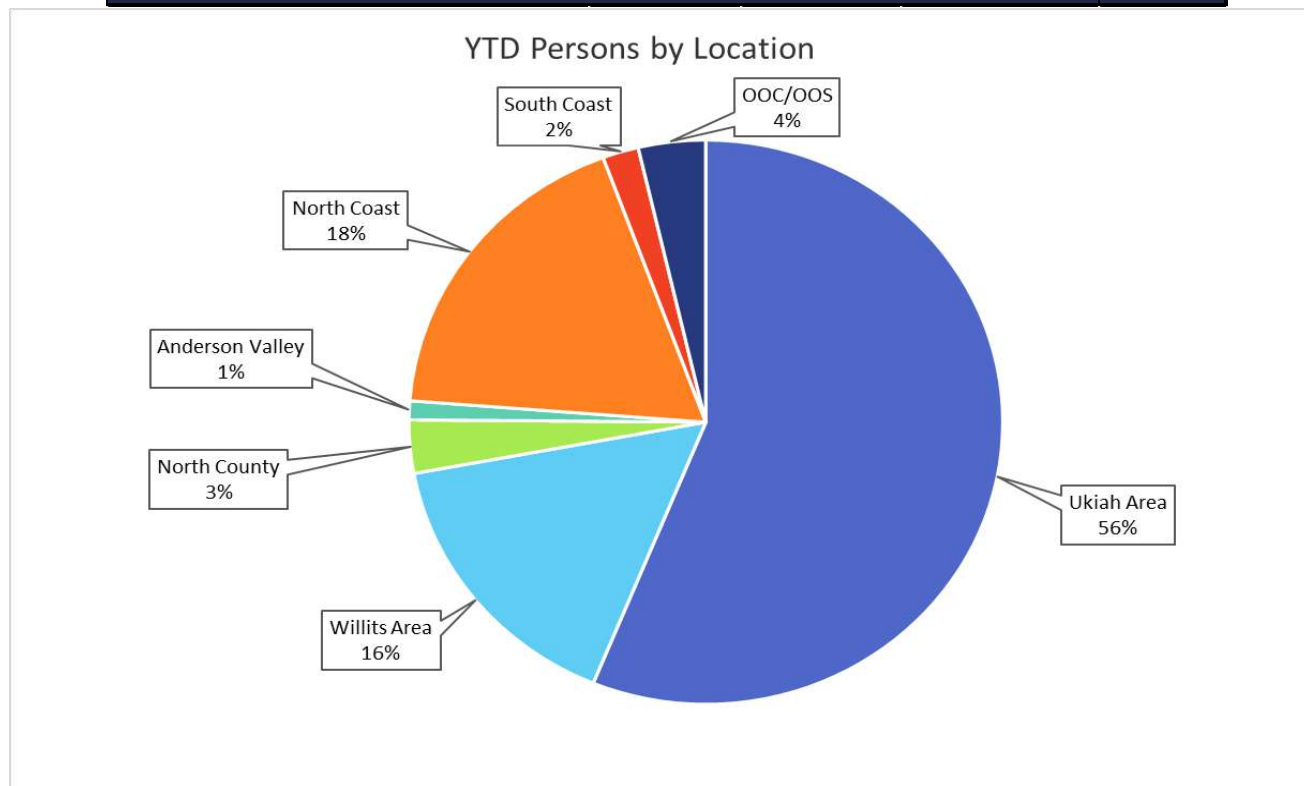


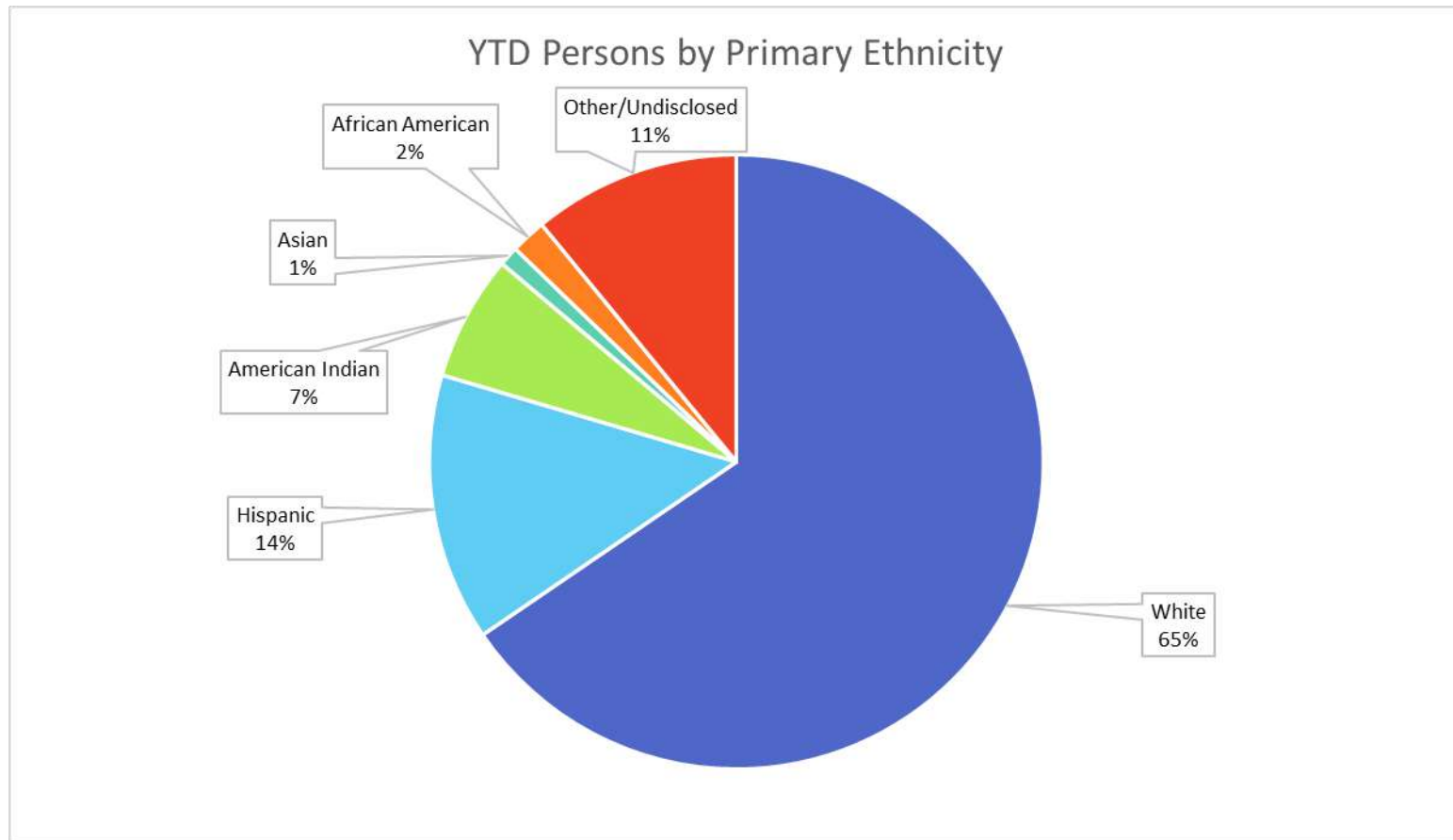
2020/2021 Trends and Year to Year Comparison



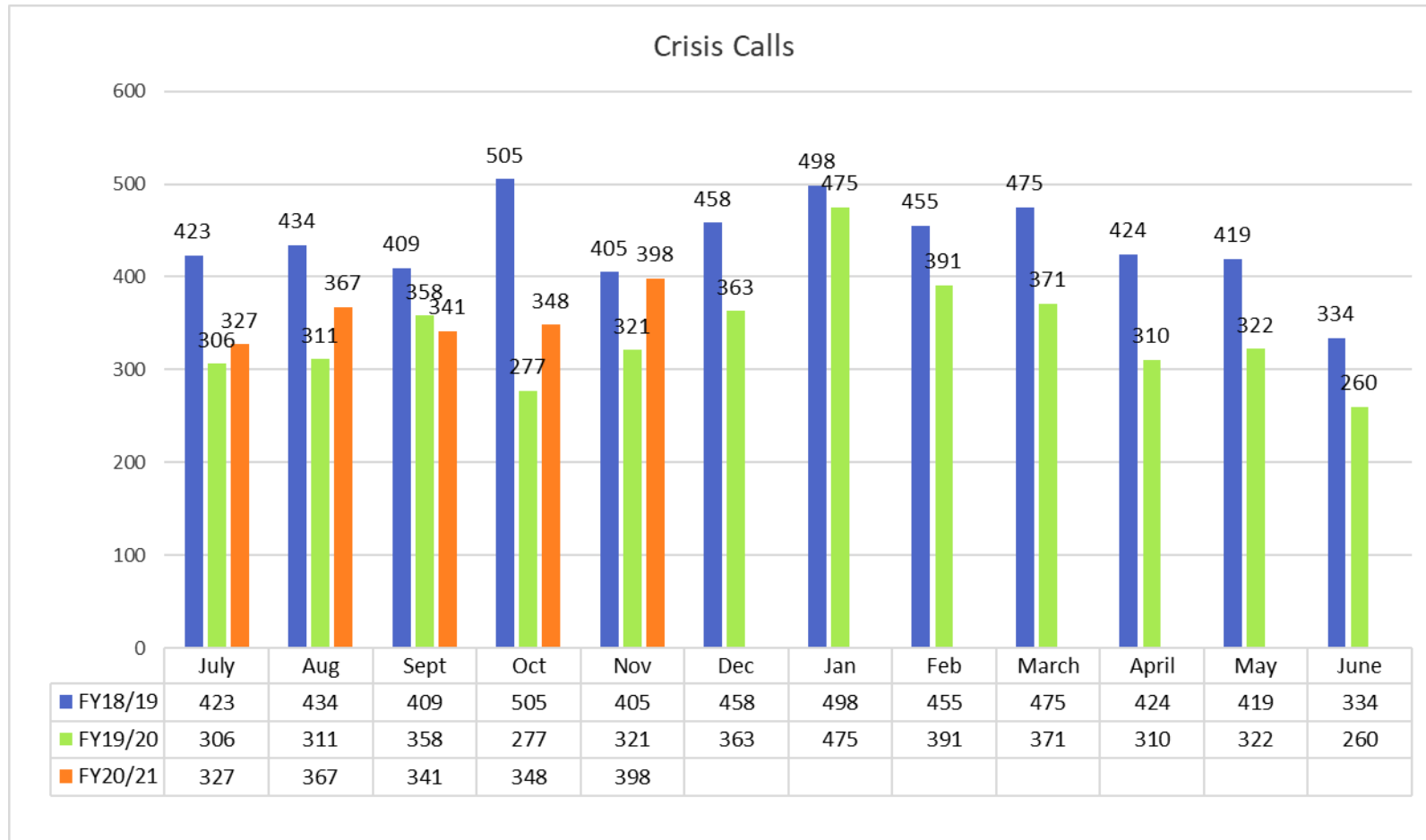


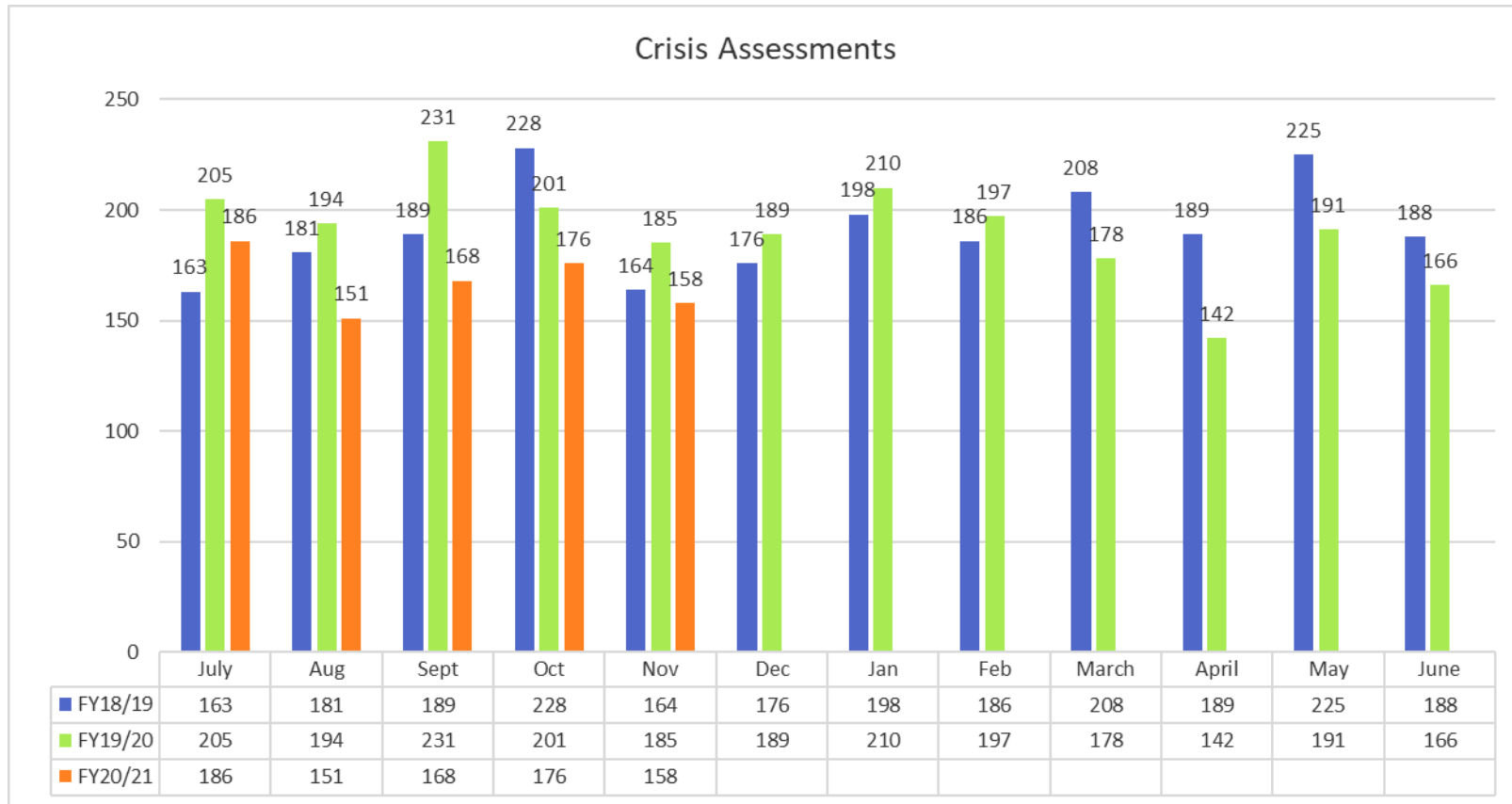
YTD Persons by location...	Count	%
Ukiah Area	1089	56%
Willits Area	308	16%
North County	59	3%
Anderson Valley	21	1%
North Coast	352	18%
South Coast	38	2%
OOC/OOS	71	4%

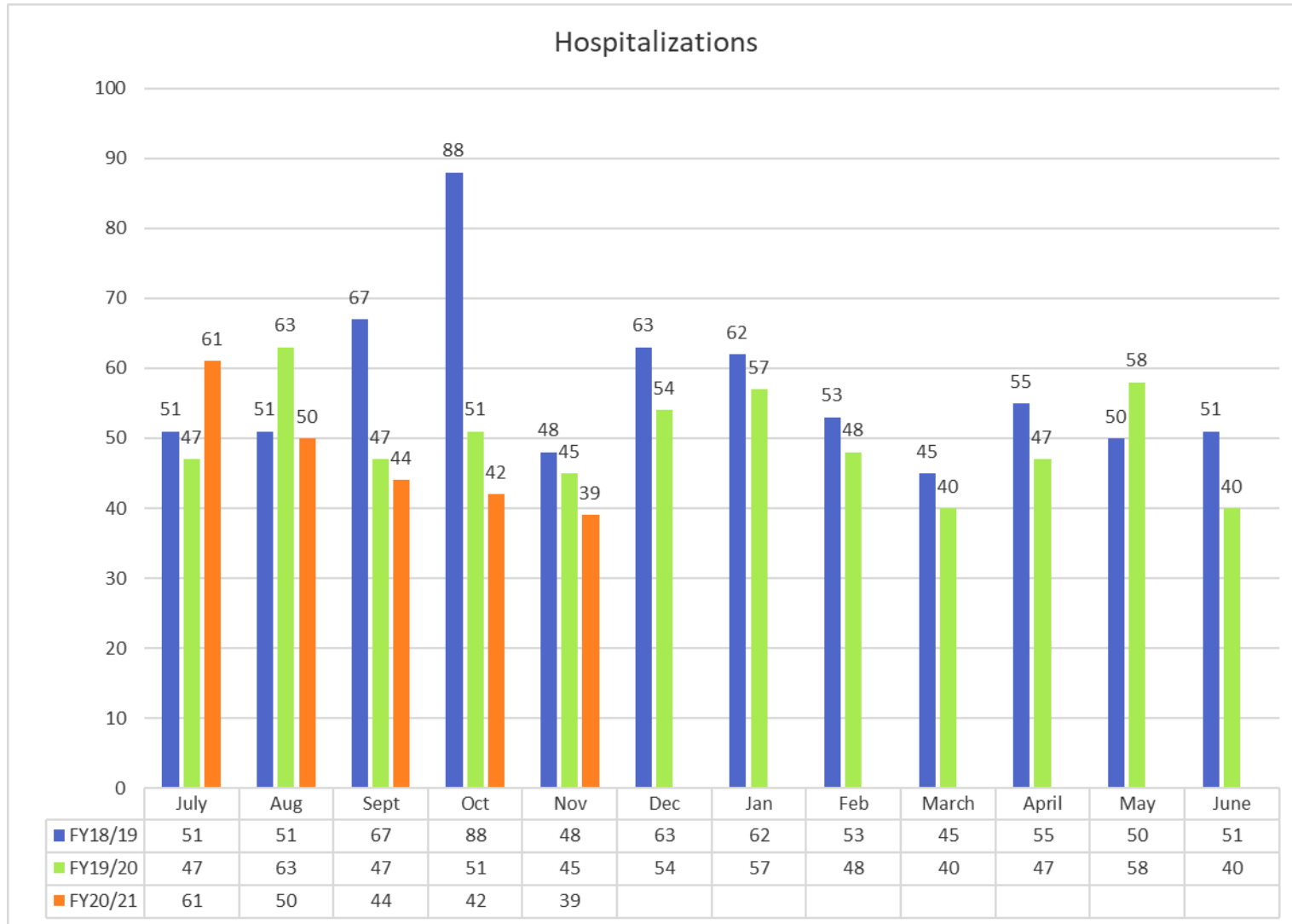






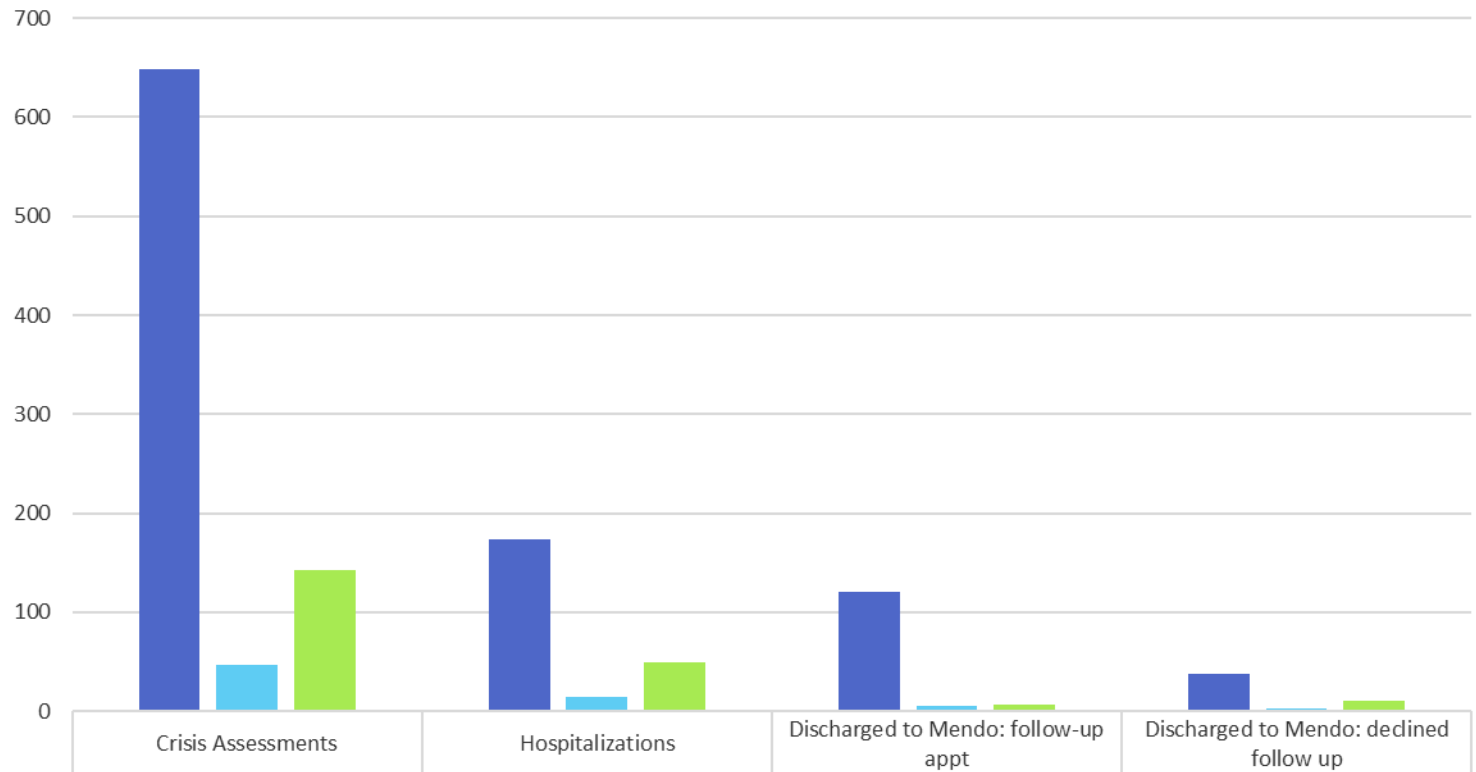








YTD Crisis by Payor



■ Mendo Medi-Cal beneficiary	649	173	121	37
■ Indigent	47	14	5	2
■ All Other Payors	143	49	6	11



Mendocino County Behavioral Health and Recovery Services
 Behavioral Health Advisory Board General Ledger
 FY 20/21
 January 20, 2021

ORG	OBJ	ACCOUNT DESCRIPTION	YR/PER/JNL	EFF DATE	AMOUNT	INVOICE #	CHECK #	VENDOR NAME	COMMENT
MHB	862080	FOOD							
		FOOD Total			\$0.00				
MHB	862150	MEMBERSHIPS	2021/06/000592	12/17/2020	600.00	DUES 20/21	4334117	CALBHB/C	FY2020-21 CALBHB/C MEMBERS
		MEMBERSHIPS TOTAL			\$600.00				
MHB	862170	OFFICE EXPENSE	2021/06/000362	12/10/2020	7.25	041396	1278811		4333781 FISHMAN SUPPLY COMP
MHB	862170	OFFICE EXPENSE							
		OFFICE EXPENSE Total			\$7.25				
MHB	862210	RNTS & LEASES BLD GRD							
		RNTS & LEASES BLD GRD Total			\$0.00				
MHB	862250	TRNSPRTATION & TRAVEL							
MHB	862250	TRNSPRTATION & TRAVEL							
MHB	862250	TRNSPRTATION & TRAVEL							
MHB	862250	TRNSPRTATION & TRAVEL							
MHB	862250	TRNSPRTATION & TRAVEL							
		TRNSPRTATION & TRAVEL Total			\$0.00				
		TRAVEL & TRSP OUT OF COUNTY Total			\$0.00				
		Grand Total			\$607.25				

Summary of Budget for FY 20/21

OBJ	ACCOUNT DESCRIPTION	Budget Amount	YTD Exp	Remaining Budget
862080	Food	1,800.00	0.00	1,800.00
862150	Memberships	600.00	600.00	0.00
862170	Office Expense	500.00	7.25	492.75
862210	Rents & Leases Bld	30.00	0.00	30.00
862250	In County Travel	5,800.00	0.00	5,800.00
862253	Out of County Travel	2,770.00	0.00	2,770.00
	Total Budget	\$11,500.00	\$607.25	\$10,892.75

Behavioral Health Recovery Services
Mental Health FY 2020-2021
Budget Summary
Year to Date as of **January 20, 2021**

	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)	92,899	155,689	4,515,943		(28,576)	4,735,954	511,885	1,207,640	979,041	1,571,113	4,269,679	466,276
2	Administration	1,448,778	432,540	208,786			(18,085)	623,242				5,435	5,435	617,808
3	CalWorks	98,355	57,942	4,443				62,385				36,766	36,766	25,619
4	Mobile Outreach Program	384,126	97,778	18,437			(1,504)	114,711	(40,713)				(40,713)	155,424
5	Adult Services	764,577	300,630	34,348	0		(140,222)	194,756				17,114	17,114	177,642
6	Path Grant	19,500		5,999				5,999	0				0	5,999
7	SAMHSA Grant	185,000		57,064				57,064	32,629				32,629	24,435
8	Mental Health Board	11,500		607				607					0	607
9	Business Services	624,295	235,135	42,851				277,986				38,564	38,564	239,422
11	AB109	135,197	63,433	4,450				67,882	30,120				30,120	37,762
12	Conservatorship	2,456,866	3,731	176,235	1,005,162		(4,041)	1,181,088				38,958	38,958	1,142,130
13	No Place Like Home Grant	0						0				0	0	0
14	QA/QI	450,568	186,877	35,894				222,770				17,408	17,408	205,363
a	Total YTD Expenditures & Revenue		1,470,965	744,804	5,521,105	0	(192,429)	7,544,445	533,921	1,207,640	979,041	1,725,357	4,445,959	3,098,486
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		2,039,622	1,217,875	13,257,401	0	119,185	16,634,083	5,855,299	2,974,406	9,630,457	952,042	19,412,204	(2,778,121)

Behavioral Health Recovery Services
SUDT FY 2020-2021 Budget Summary
Year to Date as of **January 20, 2021**

	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)		12,017				12,017	(1,024)		5,277	5,772	10,025	1,992
2	County Wide Services	133,177		215,528				215,528					0	215,528
3	Drug Court Services	0	29,983	30,986			(1,210)	59,759		19,333			19,333	40,426
4	Ukiah Adult Treatment Services	(206,211)	284,517	56,949			(46,437)	295,029		9,345	41,805	26,637	77,787	217,242
5	Women In Need of Drug Free Opportunities	0	68,143	6,803			(38,561)	36,386		20,126			20,126	16,260
6	Family Drug Court	(700)	116,893	2,893			(334)	119,452					0	119,452
8	Friday Night Live	0		3,597				3,597					0	3,597
9	Willits Adult Services	(3,725)	60,571	1,621				62,192				35	35	62,157
10	Fort Bragg Adult Services	(78,524)	153,695	32,008				185,703				1,420	1,420	184,283
11	Administration	670,826	259,554	161,236			(5,261)	415,529	0			17,204	17,204	398,325
12	Adolescent Services	(150,172)	46,591	1,896				48,487					0	48,487
13	Prevention Services	0	62,040	7,436			(3,464)	66,012				10,558	10,558	55,454
a	Total YTD Expenditures & Revenue	329,971	1,081,985	532,971	0	0	(95,267)	1,519,690	(1,024)	48,804	47,082	61,626	156,487	1,363,202
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	1,337,209	636,495	49,000	0	(884,599)	1,138,106	1,139,885	568,697	2,918	459,837	2,171,338	

Behavioral Health Recovery Services
Mental Health Services Act (MHSA) FY 2020-2021 Budget Summary
Year to Date as of **January 20,2021**

Program	FY 20/21 Approved Budget	Salaries & Benefits	Services & Supplies	Other Charges	Fixed Assets	Operating Transfers	Total Expenditures	2011 Realign	Other-Revenue	Total Net Cost
Community Services & Support	-	92,151	59,324	224,652		(11,145)	364,982	1,985,237	48,596	(1,668,850)
Prevention & Early Intervention	218,759	56,633	68,512	68,611			193,756	496,309	28,660	(331,213)
Innovation	508,637		1,729				1,729	130,608		(128,879)
Workforce Education & Training	-		(2,567)				(2,567)			(2,567)
Capital Facilities & Tech Needs	-	-	45,294				45,294			45,294
Total YTD Expenditures & Revenue		148,784	172,292	293,263	-	(11,145)	603,194	2,612,154	77,256	(2,086,215)
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		368,334	1,332,588	2,765,729	-	507,242	4,973,893	(7,448,986)	(90,115)	2,813,611

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.



DRAFT

ANNUAL REPORT 2020

Mendocino County Behavioral Health Advisory Board



Prepared by Michelle Rich, MA, Board Chairperson

Table of Contents

Executive Summary.....	2
About the Board.....	3
Meetings.....	3
Special Meetings	3
Committees	3
Board Members	1
Current Board Members	1
Recognition of Service.....	1
Where We Are Now	1
Covid-19	1
Measure B	2
Barriers to Service	2
Moving Forward	3

DRAFT

Executive Summary

On so many levels 2020 was not the year we expected and the Behavioral Health Advisory Board adapted along with everyone else to the new way of doing business: at a distance. Just as we adapted, we also experienced loss. Our members lost jobs, houses, and loved ones. The board changed as members stepped down and we had to figure out how to continue fulfilling our duties in this new virtual world.

Despite this, we still reviewed contracts, engaged new members, and advised Behavioral Health Services on topics ranging from suicide prevention to the Measure B training facility. We heard reports from the substance abuse treatment program, MHSA, and the Assisted Outpatient Treatment program. We monitored incoming data to hold the providers accountable. And we even managed to complete our annual data notebook (with thanks to the Behavioral Health staff for support on data collection). We did our best to advocate for those who cannot.

In this report you will find the details about our activities in 2020 and a snapshot of the state of mental health now and some thoughts on what the future might hold. While there are so many issues that could be discussed, this report focuses on a few that seem of particular relevance as we conclude the year: staffing, COVID-19 adaptations, Measure B, stigma reduction, and housing.

We hope for a better 2021 as vaccines are developed and our lives become more routine again. But the reality of budget cuts and long-term mental health implications leave a shadow over the coming year. Moreover, many of the systemic problems in the mental health system as a whole have only been exacerbated by the pandemic. With this in mind, the Behavioral Health Advisory Board remains committed to our mission to support the delivery of quality care that aims for recovery, human dignity, and the opportunity for people to meet their full potential.

Warmly,

Michelle Rich
Chairperson

About the Board

The Mendocino County Behavioral Health Advisory Board (BHAB) serves as an advisory board to the Board of Supervisors and the Behavioral Health & Recovery Services Director. Mandated by state law, BHAB consists of 15 board members who represent consumers, family members, and the public. Additionally, one county supervisor sits as a non-voting, ex-officio member. As our mission states, BHAB is 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.

Meetings

In 2020, BHAB held 11 regular meetings and one special meeting. The COVID-19 pandemic and subsequent shelter-in-place order that occurred in March, 2020 necessitated the cancellation of the March regular meeting. The board typically meets the third Wednesday of the month at locations throughout the County. The shelter-in-place order resulted in the April through December meetings being held by Zoom. To make this accommodation, meetings were also limited to two-hours in duration.

The change to an online, shorter meeting did impact the breadth of topics covered as well as the ease of public comment. We did adapt our public comment format over the year to ensure that the public was able to comment both during specified open public comment at the beginning as well as on each agenda item. While we were able to conduct business by Zoom, it is not the preferred method of doing business and we hope that 2021 will bring opportunities to engage with each other and the public safely in-person.

Special Meetings

BHAB held one special meeting on March 6, 2020 with the purpose of engaging in a brief strategic planning exercise and deeper discussion of the board's role and responsibilities. While the subsequent out-break of the pandemic did affect the implementation of some of the identified goals, the special meeting did result in the following priorities for 2020:

- Review contracts
- Change focus Annual Report to emphasize current state of mental health in Mendocino County
- Education around stigma and discrimination
- Outreach
- Legislative Advocacy
- Measure B Involvement
- Supporting Stepping Up initiative

Committees

There were three ad-hoc committees during 2020 as follows:

Membership Committee: Emily Strachan, Meeka Ferretta, and Michelle Rich

Contracts Committee: Emily Strachan, Lynn Finely, Sergio Fuentes and Michelle Rich

Appreciation Committee: Richard Towle and Martin Martinez

Board Members

2020 brought many transitions for BHAB. Long-time chairperson Jan McGourty’s term ended in 2019 and Michelle Rich stepped into the role of chairperson. Additionally, many members experienced changes in their personal lives not only from COVID-19, but also from the many challenges and opportunities that life brings. The board began the year with several vacancies, and though we did bring on new members, other members stepped down. The board is still actively seeking to fill the remaining three vacancies.

Current Board Members

1st District:

Denise Gorny
Lois Lockart
Richard Towle

2nd District:

Michelle Rich
Sergio Fuentes

3rd District:

Meeka Ferretta
Amy Buckingham

4th District:

Julia Eagles

5th District:

Martin Martinez
Flinda Behringer
Jo Bradley

Officers:

Chair: Michelle Rich
Vice-Chair: Meeka Ferretta
Secretary: Dina Ortiz/ Jo Bradley
Treasurer: Richard Towle

Recognition of Service

Thank you to the following former members of the board. We appreciate your service to the community and wish you well.

- Jan McGourty
- Patrick Pekin
- Emily Strachan
- Lynn Finley
- Tammy Lowe
- Dina Ortiz
- Meeka Ferretta

Thank you!

The Behavioral Health Advisory Board would like to extend a special thanks to Supervisor Carre Brown for her many years of service to the county and for her attention and contributions to mental health in our county.

We would also like to recognize the service of the staff members of the Behavioral Health Services department in particular the leadership of Dr. Jenine Miller as well as the administrative support of Lilian Chavoya and Dustin Thompson.

Where We Are Now

Historically, Mendocino County has shown relatively high rates of adults needing and receiving behavioral health services as compared to other California counties ([Healthy Mendocino website](#)), Behavioral Health Services and its Administrative Service Organization (ASO henceforth) have made strides in improving access, serving clients and responding innovatively to the challenges COVID-19 has presented. However, there still remain challenges and gaps in the overall system of care particularly outside specialty mental health.

One of the primary issues that has become acute this year revolve around providing adequate, trained staff in particular licensed therapists. Both within the county and in the ASO and its contracted agencies, attracting and retaining qualified providers remains a critical problem. Assessments, case plans, and therapeutic services are only as good as the ability of staff to provide them. Lack of staff places high volumes of work on existing staff and increases risk of staff burnout, especially so with the COVID-19 Shelter-in-Place order.

Additionally, the Behavioral Health Services Administration has taken on more supervision of other programs, including the absorption of Measure B. This additional workload does complicate ensuring that there is adequate staff to accomplish core functions, particularly in light of the projected mental health budget cuts.

Lastly, there has been a great deal of discussion with the Board of Supervisors, the broader community, and with BHAB itself, about the outcomes of the mental health system. Due to privacy issues, we don't necessarily see the results of client's journeys to wellness. However, there is ample data to suggest that clients are receiving appropriate and timely care. Both the ASO and the Behavioral Health Department provide detailed reports each month to BHAB and are responsive to requests for more data. The challenge is not necessarily access to information, its how to interpret the information to show the human impact of the dollars spent by the mental health system.

Covid-19

Mental health services are considered essential services and the Behavioral Health Services and the ASO have continued providing services throughout the year. However, there have been changes in how services are delivered. Most services have moved to telehealth with some in-person options available as necessary. Behavioral Health Services has also operated a COVID-19 warm line and offered virtual support groups by Zoom. The support groups are available to the general public and not only specialty mental health clients.

The COVID-19 pandemic has precipitated a wave of mental health issues with implications well into the future. Isolation does exacerbate mental health symptoms and the additional stress on individuals and families has led to increase in suicides, domestic abuse and child trauma, as well as increase in substance abuse. Additional impacts on mental health come from the stress of illness, job losses, food insecurity,

political uncertainty, and social strain of implementing recommended pandemic protocols (masking in particular). BHAB members report that there are more instances of racial prejudice and harassment in public venues related to the pandemic social distancing requirements.

Measure B

BHAB was represented by Vice-Chair Meeka Ferretta in both the Measure B monthly meeting and the training center ad hoc committee. Michelle Rich represented Measure B in a collaboration with NAMI and the Behavioral Health Department to present recommendations for services that would address gaps in the system that could be funded now by Measure B. The recommendations that were approved by Measure B were for housing for seriously mentally ill individuals on the coast, community outreach, aftercare for individuals discharged from hospitalizations who do not have Medi-Cal, and for supporting the mobile crisis team. While there was support from the Board of Supervisors for the mobile crisis team, the other items remain unfunded.

Barriers to Service

The system of care has adopted a no wrong door approach to receiving services there are still three significant barriers beyond the system itself notably stigma and discrimination and access to safe, affordable housing.

Given the increase in stress and strain there are more people needing support particularly in the mild to moderate. Yet, asking for help is difficult and widespread public education and peer support is needed to reduce the stigma that comes with asking for help and the potential for discrimination with family and in the workplace. County Behavioral Health Services are for the speciality mental health population and the burden of outreach and education for the whole community lies beyond their scope of work. This is an area that could be contracted to an outside entity such as NAMI and funded through Measure B funds. Education for the mild and moderate population in this capacity would go a long way to reducing the need for higher levels of care in the future.

Ensuring that those experiencing serious mental health conditions have stable housing increases their access to services and participation in their road to wellness. It is difficult to make and keep appointments, keep track of medications, and maintain a wellness routine if one does not have stable housing and is experiencing the ongoing trauma of living on the streets. We know that there is an intersection between homelessness and mental health. The County has taken advantage of grants and partnering with other agencies to provide housing such as the in the Willow Terrace permanent housing project and the purchase of the Best Western on Orchard Street in Ukiah for transitional housing project. However, NIMBY-ism and lack of public education about why stable housing is so critical for this population continue to create barriers for these types of projects. Public education and continued grant-seeking and community partnerships are critical for providing the level of needed housing for the seriously mentally ill population.

Moving Forward

As we look to the future it is important to realize that Behavioral Health Services will likely continue to be impacted by funding reductions from the state. The exact projections vary, but will likely be significant particularly because Behavioral Health Services do not receive substantive County funding. With fewer MHSAs realignment dollars to serve as Medi-Cal match, this will translate to fewer services. Now is not the time for Mental Health Services to do less. Without early intervention, prevention, and additional treatment at the mild to moderate level, the mental health crisis instigated by the COVID-19 pandemic will cause lasting effects to the mental well-being of Mendocino County residents well into the future. In the long-run this could cause unsustainably high costs for more intensive care. Interventions now will make a profound difference in the future of mental health services in Mendocino County. To that end, BHAB submits the following three recommendations:

1. Designate an ad hoc committee to make actionable recommendations for increasing adequately trained professionals, for example, a psych tech program, student loan forgiveness programs, housing incentives for relocating, partnering with a research university to develop a pipeline of appropriate professionals (similar to the Adventist Health Residency program), and encouraging retention of existing employees through incentives and appreciation programs.
2. Use Measure B Funds to contract for stigma reduction community education.
3. Continue to develop housing options at all levels for the seriously mentally ill population and host community meetings at the locations of proposed projects to address concerns about NIMBY-ism.

Adult Residential Care Facilities (ARFs) operate with services to meet the needs of adults with chronic and/or serious mental illness (SMI), compared to other adults who have physical or developmental disabilities. In 2019, legislation was introduced that would authorize and require collection of data from licensed operators about how many residents have SMI and whether these facilities have services these clients need to support their recovery or transition to other housing. This bill has been passed by the Legislature and is on the Governor's desk for action.

The Planning Council would like to know about the ARFs and Institutions for Mental Diseases (IMDs)³ located in your county to serve individuals with SMI, and how many of these individuals (for whom the county has financial responsibility) are served in facilities such as ARFs or IMDs.

³Institution for Mental Diseases (IMD) List:

https://www.dhcs.ca.gov/services/MH/Pages/MedCCC-IMD_List.aspx

* 1. Please identify your County / Local Board or Commission.

2. For how many individuals did your county behavioral health department pay some or all of the costs to reside in a licensed Adult Residential Facility (ARF) during the last fiscal year?

16

3. What is the total number of ARF bed-days paid for these individuals, during the last fiscal year?

4488

4. Unmet needs: How many individuals served by your county behavioral health department need this type of housing but currently are not living in an ARF?

0

5. Does your county have any "Institutions for Mental Disease" (IMDs)?

No

Yes (If Yes, how many IMDs?)

[Redacted]

6. For how many individual clients did your county behavioral health department pay the costs for an IMD stay (either in or out of your county), during the last fiscal year?

In-County

[Redacted]

Out-of-County

4

7. What is the total number of IMD bed-days paid for these individuals by your county behavioral health department during the same time period?

1199

CBHPC 2020 Data Notebook for California Behavioral Health Boards and Commissions

Part I: Standard Annual Questions for Counties and Local Advisory Boards (Continued)

Homelessness: Your County's Programs and Services

The Planning Council has a long history of advocacy for individuals with SMI who are homeless, or who are at-risk of becoming homeless. California's recent natural disasters and public health emergency have exacerbated the affordable housing crisis and homelessness. Federal funding was provided to states that could be used for temporary housing for individuals living on the streets as a method to stop the spread of the COVID-19 virus. Additional policy changes were made to mitigate the rate of evictions for persons who became unemployed as a result of the public health crisis.

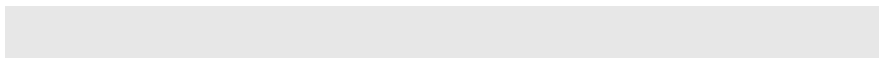
Studies indicate that approximately only 1 in 3 individuals who are homeless also have serious mental illness and/or a substance use disorder. While the Council does not endorse the idea that homelessness is caused by mental illness nor that the public behavioral health system is responsible to fix homelessness, financially

or otherwise, we know that recovery happens when an individual has a safe, stable place to live.

The past several months have been like no other we have seen in recent history. We understand that the public behavioral health system has had to drastically change how it does business and possibly halt a number of activities that may have been in the works for implementation this year. That said, we are interested in what types of actions counties may be taking to assist individuals who are homeless and have serious mental illness and/or a substance use disorder.

8. During the most recent fiscal year (2019-2020), what new programs were implemented, or existing programs were expanded, in your county behavioral health department to serve persons who are both homeless and have severe mental illness? (Mark all that apply)

- Emergency Shelter
- Temporary Houseing
- Transitional Housing
- Housing/Motel Vouchers
- Supportive Housing
- Safe Parking Lots
- Rapid re-housing
- Adult Residential Care Patch/Subsidy
- Other (please specify)



CBHPC 2020 Data Notebook for California Behavioral Health Boards and Commissions

Part I: Standard Annual Questions for Counties and Local Advisory Boards (Continued)

Child Welfare Services: Foster Children in Certain Types of Congregate Care

10. Has your county received any children needing "group home" level of care from another county?

No

Yes (If Yes, how many?)

For FY 20/21 are 4 youth from other Counties have been placed in Mendocino County STRTPs. (3 from Lake 1 from Shasta.)

11. Has your county placed any children needing "group home" level of care into another county?

No

Yes (If Yes, how many?)

4

CBHPC 2020 Data Notebook for California Behavioral Health Boards and Commissions

Part II: Telehealth Technology for Behavioral Health

Background and Context

Another goal of this 2020 Data Notebook is to examine the role of telehealth technology to deliver behavioral health services. The COVID-19 public health emergency has led to a swift change in the methods of the healthcare delivery model to meet the needs of consumers, providers, and communities. Adoption of remote technology has been necessary to provide healthcare services in a way that is safe for both patients and staff.

The Centers for Medicare and Medicaid Services (CMS) have instituted time-limited policy changes that expand the definition of medical visits to include telemedicine visits, allowing for much greater freedom in reimbursement of such services⁴. CMS has also relaxed limitations on using video and text-based applications to communicate and conference with clients. This freedom has allowed local behavioral and mental health departments to expand the use of telehealth services very quickly. Gathering data on the prevalence, benefits, and challenges of telehealth delivery methods will help inform practice and policy at the local and statewide levels as California continues to deal with the COVID-19 public health emergency – and beyond.

12. Was your County using telehealth to provide behavioral health services prior to the Covid-19 public health emergency?

No

Yes (If yes, how were telehealth services funded prior to the Covid-19 public health emergency?)

Telehealth services were used for psychiatric services and was paid for with Medi-Cal/MHSA match.

CBHPC 2020 Data Notebook for California Behavioral Health Boards and Commissions

Part II: Telehealth Technology for Behavioral Health (Continued)

13. Did your county decide to offer telehealth services after the Covid-19 public health emergency began?

Yes

No

14. Did the Covid-19 public health emergency cause your county to modify or adapt your service in any way?

Yes

No

CBHPC 2020 Data Notebook for California Behavioral Health Boards and Commissions

Part II: Telehealth Technology for Behavioral Health (Continued)

15. Which of the following changes to your services were made? (Please select all that apply)

- Increased availability of telehealth services
- Expansion of the kinds of services provided via telehealth
- Telehealth training for staff and providers
- Changes to staffing to facilitate telehealth coordination
- Changes to technology/software to facilitate telehealth
- Community outreach to promote telehealth services
- Other (please specify)

16. Is your county able to serve both adults and children with behavioral health telehealth services?

- Adults only
- Children only
- Both

17. Are telehealth services in your county provided by an "in house" provider that is either on contract or an employee of Behavioral Health Services?

- Yes
- No

18. Does your county have a contract with an organizational provider out of your area to provide behavioral health telehealth services?

No

Yes (If Yes, what is the name of the provider organization?)

19. How are consumers able to receive behavioral health telehealth services in your county? (please select all that apply)

On personal home computers

On mobile devices such as a cell phone or tablet

On a landline phone

At community clinics or wellness centers

Other (please specify)

20. What challenges do consumers in your county have regarding accessing and utilizing telehealth services? (please select all that apply)

- Lack of computer or mobile devices to access telehealth services
- Lack of privacy in the home
- Lack of availability of internet services in the area
- Distrust of telehealth services
- Inadequate internet connection/bandwidth to use telehealth services
- Lack of knowledge regarding the availability of telehealth services
- Difficulty filling/receiving prescriptions that are prescribed via telehealth services
- Cannot afford internet service or mobile data plan
- Other (please specify)

21. Does your county provide any of the following accommodations to assist consumers who have barriers to accessing telehealth services? (please select all that apply)

- Language interpretation for telehealth services
- Text-based services for consumers who are deaf or hard of hearing
- Clinic, wellness center, or community-based telehealth access sites
- Assistance in securing a mobile device or internet connection, including equipment loans
- Other (please specify)

22. Which of the following does your county have difficulty with when it comes to providing behavioral health telehealth services to consumers? (please select all that apply)

- Technology/software
- Getting provider buy-in
- Network bandwidth to support secure and quality connection
- Encouraging consumer/community adoption and utilization
- Telehealth training for staff and providers
- Difficulty navigating regulations regarding telehealth
- Scheduling and coordinating telehealth services
- Other (please specify)

Clients lacking devices or internet service.

23. Who normally schedules and coordinates telehealth services in your county? (please select all that apply)

- Dedicated telehealth coordinator
- Nurse
- Case manager
- Individual medical providers
- Social worker, counselor, or other licensed mental health professional
- Other (please specify)

24. While your county has been using telehealth to provide behavioral health services, have you noticed any changes in your no-show/cancellation rates for the following age groups?

	Increase in no-shows/cancellations	Decrease in no-shows/cancellations	No change
Children (age 15 or below)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Transition-age youth (16-21)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Adults (22-64)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Older adults (65+)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

25. Has the use of telehealth increased access to behavioral health services for any of the following groups? (please select all that apply)

Rural or distant communities

Low-income communities

Racial/ethnic minorities

Older adults

Other (please specify)

26. Has your county experienced any of the following benefits of using telehealth to provide behavioral health services? (please select all that apply)

- Increased consumer outreach and engagement
- Increased appointment attendance
- Improved case-management for consumers with high needs
- Improved clinical workflow and overall practice efficiency
- Other (please specify)
- Providers can serve more patients
- Easier to connect with families with small children
- Increased staff morale/decreased burnout

27. Is your county having any billing/reimbursement issues regarding behavioral health telehealth services?

- No
- Yes (if yes, please explain)

28. How confident is your county that behavioral health services provided via telehealth are being billed in an appropriate and accountable manner?

- Very confident
- Somewhat confident
- Neutral/unsure
- Not so confident
- Not at all confident

32. What process was used to complete this Data Notebook? (please select all that apply)

- MH Board reviewed W.I.C. 5604.2 regarding the reporting roles of mental health boards and commissions
- MH board work group or temporary ad hoc committee worked on it
- MH Board completed majority of the Data Notebook
- MH board partnered with county staff or director
- Data Notebook placed on Agenda and discussed at Board meeting
- MH board submitted a copy of the Data Notebook to the County Board of Supervisors or other designated body as part of their reporting function
- Other (please specify)

33. Does your board have designated staff to support your activities?

- No
- Yes (if Yes, please provide their job classification)

Administrative Secretary, Staff Services Administrator, BHRS Director

34. Please provide contact information for this staff member or board liaison.

Name	Lilian Chavoya
County	Menocino
Email Address	chavoyal@mendocinocounty.org
Phone Number	707- 472-2354

35. Please provide contact information for your Board's presiding officer (Chair, etc).

Name	Michelle Rich
County	Mendocino
Email Address	bhboard@mendocinocounty.org
Phone Number	707-472-2355

36. Do you have any feedback or recommendations to improve the Data Notebook for next year?

Using an online survey tool made the process much easier.

November 18, 2020 Minutes

1. CALL TO ORDER AND ROLL CALL (1:08 P.M.)

Committee Members Present: Member Riley, Member Allman, Member Miller, Member Weer, Chair Moschetti, Member Barash, Member Mertle, Member Ferretta, Member Angelo, and Member Liberty

Absent by Prearrangement: Vice-Chair Diamond
A quorum has been established.

2. PUBLIC EXPRESSION

Jonathon Davis singing "Gonna Take a Lot of Love" by Neil Young

3. COMMITTEE MATTERS

3a) Approval of Minutes from the October 28, 2020 Meeting.

Presenter/s: Chair Moschetti

Public Comment: None.

Committee Comment: None.

Committee Action: Upon motion made by Member Allman and, seconded by Member Barash, IT IS ORDERED that the October 28, 2020 minutes are hereby approved with no changes. Approved: 8, Absent: 1, Against: 0, Abstain: 2. Motion Passes.

3b) Discussion and Possible Action regarding the Auditor's Expenditure Report.

Presenter/s: Member Weer (Auditor)

Public Comment: Sherrie Ebyam

Committee Comment: None.

Committee Action: None.

3c) Administrative Project Manager's Update; discussion and possible action.

Presenter/s: APM Bailey

Public Comment: Sherrie Ebyam

Committee Comment: Couples & Son won (via base bid) the construction award for the Crisis Residential Treatment facility, including additional alternates such as a security fence, solar panels, vehicle changing infrastructure (required for permits), and an emergency gas-powered generator for \$3,047,865.00.

The estimated budget for construction was \$3,256,897.00 refined from the original 3.7 million dollar request from the Board of Supervisor.

The Operator for the same facility has not been awarded yet, but will be in 2020. More news on the PHF operator will be delivered in December by Behavioral Health.

It has been decided that the Behavioral Health Regional Training Center is not to adopt a cost-recovery model. The original plan based on the cost recovery model is being revised, and will be developed further with a model based on long-term Measure B support and the needs of the Behavioral Health department.

Committee Action: None.

3d) Discussion regarding Measure B Operational Expenses and Plan for Financial Analysis.

Presenter/s: APM Alyson Bailey and Member Miller

Public Comment: Sherrie Ebyam

Committee Comment: Member Lloyd Weer (Auditor) keeps track of all service departments work for internal entities, including Measure B.

For example, Facilities and Fleet RFP facilitation and Construction Project Management is a paid service.

An example of an unpaid service is time spent on the Measure B committee by County employees who are members of the committee or spectators.

Costs for A87 (an annual, countywide system billing process from all service departments to all internal customers) are measured through time studies and multiple audits.

There has not been an A87 charge to Measure B yet because the billing cycle works on a two-year lag due to extensive monitoring. Measure B will be a part of the A87 charge in 2020/2021.

Aside from the A87, MOUs and Direct Invoicing may be used instead as a means of direct billing, bypassing the A87 process. If direct billing takes place, that exchange terminates then and does not continue into A87 billing.

Once available, A87 costs will be presented to the committee, and it is understood by all committee members that Measure B will be required to pay for the services it uses.

Committee Action: None.

3e) Discussion and Possible Action regarding Request for \$12,400.00 (twelve thousand - four hundred dollars) for the Crisis Intervention Team (CIT) training.

Presenter/s: Member Allman

This is a stand-alone training for first responders in Mendocino County, including CHP officers, regarding mental health. There is no governing body for this training outside of California Peace Officers Training Requirements (POST).

Public Comment: Sherrie Ebyam, Jan McGordy

Committee Comment: No Behavioral Health grant is available to cover the CIT training this year (2020). Thus, this ask is not supplanting existing funds or services. This is likely a one-time request, and might be POST reimbursable sometime in 2021.

Committee Action: Upon motion made by Member Allman seconded by Member Mertle IT IS ORDERED that the Citizens Oversight Committee recommend that the \$12,400.00 be requested

to fund CIT Training, made payable to the Sheriff's Office out of Measure B Operations/Services funds.

Approved: 9, Absent: 1, Against: 1, Abstain: 0. Motion Passes.

3f) Discussion and Possible Action regarding MHTA Calendar and Benchmarks for 2021.

Presenter/s: Chair Moschetti

Presented were a once a month, every-other-month, and once a quarter calendar options for the Citizens Oversight Committee meetings in 2021.

Public Comment: None.

Committee Comment: Committee members agree that due to upcoming project activities and decisions, that the once-a-month model the committee currently follows should continue in 2021. There may be a review in six months to determine if meeting monthly remains necessary (June 2021).

Committee Action: Upon motion made by Member Allman, and seconded by Member Riley, IT IS ORDERED that the Citizens Oversight Committee meet monthly on every fourth Wednesday at 1:00 P.M. throughout 2021, and specifically on November 17th and December 15th to avoid holiday conflicts.

4. COMMITTEE MEMBER REPORTS

4a) Committee Member Reports

Member Angelo reminds us that there is a surging pandemic and that face-to-face meetings will not be enacted at the beginning of the year as many had hoped.

Member Miller informed that there is, and maybe another future Flu Clinic available at the Public Health Clinic on Dora St. in Ukiah. She also reported that there is a current Mental Health crisis that has arisen from the pandemic resulting in a mental health need increase, and a local and regional surge in crisis symptoms and suicides.

5. COMMUNICATIONS RECEIVED AND FILED

Contact Alyson Bailey at (707) 510-6637 or measureb@mendocinocounty.org.

ADJOURNMENT

The Committee complies with ADA requirements and upon request, will attempt to reasonably accommodate individuals with disabilities by making meeting materials available in appropriate formats (pursuant to Government Code section 54953.2) Anyone requiring reasonable accommodation to participate in the meeting should contact the Committee clerk by calling (707) 510-6637 at least five days prior to the meeting.

Additional information regarding the Committee may be obtained by referencing: www.mendocinocounty.org/community/mental-health-oversight-committee



MENDOCINO COUNTY BEHAVIORAL HEALTH ADVISORY BOARD 2021 Meeting Schedule

DATE	VIDEO CONFERENCE	LOCATION
January 27 10:00 AM - 12:00 PM	N/A	Zoom Webinar: https://mendocinocounty.zoom.us/j/98557737710
February 24 10:00 AM - 12:00 PM	N/A	Zoom Webinar: https://mendocinocounty.zoom.us/j/98557737710
March 24 10:00 AM - 12:00 PM	N/A	Zoom Webinar: https://mendocinocounty.zoom.us/j/98557737710
April 28 10:00 AM - 12:00 PM	N/A	Zoom Webinar: https://mendocinocounty.zoom.us/j/98557737710
May 26 10:00 AM - 12:00 PM	N/A	Zoom Webinar: https://mendocinocounty.zoom.us/j/98557737710
June 23 10:00 AM - 12:00 PM	N/A	Zoom Webinar: https://mendocinocounty.zoom.us/j/98557737710
July 28 10:00 AM - 12:00 PM	Via Video Conferencing	Conference Room 1, 1120 S. Dora St. Ukiah
		Seaside Room, 778 S. Franklin St. Fort Bragg
August 25 10:00 AM - 12:00 PM	Via Video Conferencing	Conference Room 1, 1120 S. Dora St. Ukiah
		Seaside Room, 778 S. Franklin St. Fort Bragg
September 22 10:00 AM - 12:00 PM	Via Video Conferencing	Conference Room 1, 1120 S. Dora St. Ukiah
		Seaside Room, 778 S. Franklin St. Fort Bragg
October 27 10:00 AM - 12:00 PM	Via Video Conferencing	Conference Room 1, 1120 S. Dora St. Ukiah
		Seaside Room, 778 S. Franklin St. Fort Bragg
November 17 10:00 AM - 12:00 PM	Via Video Conferencing	Conference Room 1, 1120 S. Dora Street, Ukiah
		Seaside Room, 778 S. Franklin St. Fort Bragg
December 15 10:00 AM - 12:00 PM	Via Video Conferencing	Conference Room 1, 1120 S. Dora St. Ukiah
		Seaside Room, 778 S. Franklin St. Fort Bragg