



**MENDOCINO COUNTY BEHAVIORAL
HEALTH ADVISORY BOARD**

REGULAR MEETING

AGENDA

**February 24, 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 January 27, 2021 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 Officer Appointment: Vice Chair 2. Committee Representatives: • HHSA • MHSSA • MHSA/QIC	Board Action:

	<ul style="list-style-type: none"> • Stepping Up • Ad Hoc Committees <p>3. BHAB Applicant: Rick Blumberg</p> <p>B. Chair – <i>Michelle Rich</i></p> <ol style="list-style-type: none"> 1. 2020 Annual Report 2. Letter to Broadband Alliance 3. Priorities for 2021 <p>C. Vice Chair –</p> <p>D. Secretary – <i>Jo Bradley</i></p> <p>E. Treasurer – <i>Richard Towle</i></p>	
5. 15 minutes	Measure B: <i>Discussion and possible board action.</i> A. Measure B January Meeting Report B. February Meeting Agenda Review C. Board of Supervisor Meeting Measure B Items D.	Board Action:
6. 15 minutes	Mendocino County Report: <i>Jenine Miller, BHRS Director</i> A. Director Report Questions B. Budget Update C. Stats Update	Board Action:
7. 10 minutes	Substance Use Disorder Treatment (SUDT) Quarterly Report: <i>Rendy Smith, Acting SUDT Deputy Director</i>	Board Action:
2 minutes	Stretch Break	
8. 5 minutes	RQMC Report: <i>Camille Schraeder, Redwood Quality Management Company</i> A. Data Dashboard Questions	Board Action:
9. 15 minutes	Children’s System of Care Update: <i>Camille Schraeder, Redwood Quality Management Company</i>	Board Action:
10. 15 minutes	Services at the Jail: <i>Jenine Miller, BHRS Director</i> <i>Discussion and possible board action.</i>	Board Action:
11. 5 Minutes	Member Comments:	Board Action:
12.	Adjournment: Next meeting: March 24, 2021 10:00 AM – 12:00 PM via Zoom	

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



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

Item	Agenda Item / Description	Action
1. 5 minutes	Call to Order, Roll Call & Quorum Notice, Approve Agenda: <ul style="list-style-type: none"> ○ Chair Rich called the meeting to order at 10:05 AM ○ Quorum met. ○ Members present: Behringer, Bradley, Eagles, Fuentes, Gorny, Martinez, Matheson, and Supervisor Mulheren. ○ Agenda approved as presented. 	Board Action: Motion made by Member Gorny, seconded by Member Bradley to approve the agenda as presented. Motion passed unanimously.
2. 5 minutes	Minutes of the December 14, 2020 BHAB Regular Meeting: <i>Review and possible board action.</i> <ul style="list-style-type: none"> ○ Minutes approved as written. 	Board Action: Motion made by Member Gorny, seconded by Membe Behringer to approve the December 14, 2020 minutes as written.

		Motion passed with two abstentions.
<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"> ○ Public member Deborah from RCMS shared that RCMS now has a Behavioral Health Department. They have two LCSW’s, one consulting psychiatrist, and they are currently recruiting two full time LCSW interns. They are providing both telehealth and in-person services. 	Board Action:
<p>4. 20 minutes</p>	<p>Board Reports: <i>Discussion and possible board action.</i></p> <p>A Membership Committee:</p> <ul style="list-style-type: none"> I Chair Rich welcomed new board Member Dr. Mills Matheson, and new BOS Supervisor Mo Mulheren. II Board Officers: Chair, Vice Chair, and Treasurer: <ul style="list-style-type: none"> a Discussion on nominations for Chair, Vice Chair, and Treasurer. Member Behringer will contact all board members to determine if anyone is interested in the Vice Chair position. b The board agreed to keep the current Chair, Secretary, and Treasurer, and will appoint a Vice Chair at next month’s meeting. III Committee Representatives: Stepping Up, MHSA Forum <ul style="list-style-type: none"> a Stepping Up: Dustin Thompson gave a brief overview of what the purpose of the Stepping Up Committee is. The Stepping Up Committee meets the fourth Mondays from 12:00 – 1:00 PM. The main purpose of the initiative is to create diversion programs as an alternative for individuals with mental health issues or substance use disorders to stay out of jail and reduce recidivism. b Member Behringer is interested in attending these meetings; she will attend the next meeting and check back with the Board next month. c MHSA Forum: The MHSA Forum meetings are quarterly, currently via Zoom, and are held at different times. d Member Martinez will attend the next MHSA Forum meeting on February 3rd on behalf of the board. IV BHAB Applicant: Rick Blumberg <ul style="list-style-type: none"> a Member Behringer emailed Supervisor Gjerde to recommend that he consider Mr. Blumberg as an out of district candidate for a seat in District 4. Chair Rich and Member Behringer to follow up on next steps, and Chair Rich will forward his application to Supervisor Mulheren. b The BHAB is recruiting consumers, as there are not enough consumers on the board. BHRS Director Miller and Supervisor Mulheren have both made recommendation to Supervisor Haschak for District 3 consumer seats. 	<p>Board Action:</p> <p>Motion made by Member Bradley, seconded by Member Matheson to keep the current Chair, Secretary, and Treasurer for 2021. Motion passed unanimously.</p> <p>Follow up next meeting.</p> <p>Follow up at next meeting.</p>

	<p>B Chair – Michelle Rich</p> <p>I 2020 Annual Report Draft</p> <ul style="list-style-type: none"> a The board reviewed the annual report provided by Chair Rich and included in the agenda packet. b The annual report presentation to the BOS is scheduled for March 23, 2021. c Chair Rich will make corrections to page 2. d The board agreed to approve the annual report at next month’s meeting. The final draft is due to the Clerk of the Board by March 8, 2021. <p>II California Behavioral Health Planning Council 2020 Data Notebook Survey Follow Up</p> <ul style="list-style-type: none"> a Included in agenda packet. b The board went through the Notebook Survey data and reviewed the data and information presented. c Discussion on possibility of comparing the data to the data of other counties. d Discussion on group homes and how the county funds group homes. BHRS Director Miller explained group homes are funded through the Child Welfare system through the county. They are the ones who generally place children in an out of group homes. If an individual has Mental Health needs, then Mental Health pays for the Mental Health services provided. e Discussion on writing a letter to Broadband Alliance to express concerns about Mental Health providers relying on broadband services to provide services. f Chair Rich and Member Bradley will work together to submit a letter to Broadband Alliance. g Data Notebook survey approved as presented. Chair Rich will submit to California Behavioral Health Planning Council. <p>C Vice Chair – No Vice Chair currently appointed.</p> <p>D Treasurer – Member Treasurer absent from today’s meeting.</p>	<p>Follow up at next meeting.</p> <p>Motion made by Member Bradley, seconded by Member Fuentes to write a letter to Broadband Alliance to address the internet connection concerns. Motion passed unanimously.</p> <p>Motion made by Member Behringer, seconded by Member Bradley to approve the Data Notebook survey as presented. Motion passed unanimously.</p>
<p>5. 15 minutes</p>	<p>Measure B: Discussion and possible board action.</p> <p>A Measure B December Meeting Report</p> <p>I No discussion on this item.</p> <p>B January Meeting Agenda Review</p> <p>I Chair Rich was appointed as the BHAB Measure B representative at yesterday’s BOS meeting. She will not be able to vote at today’s meeting due to paperwork not being in place yet, but will attend to provide feedback.</p> <p>II BHRS Director Miller explained that the Psychiatric Health Facility (PHF) is on today’s agenda. The Kemper Ad Hoc has been working to determine if there are any viable sites throughout the county that could work for a PHF. There has been an extensive search of various different options and facilities. The conclusion has been that the Old Howard hospital site is still the best option in the county for a PHF. There is a recommendation to consider this site for the PHF, and</p>	<p>Board Action:</p>

	<p>thoroughly evaluate if this is the best location.</p> <p>III The county continues to receive community feedback from public members all over the county of “not in my backyard”. BHRS Director Miller explained that there is a misconception of what a PHF is, and the community has a stigma towards it. She believes that the BHAB should address this stigma because the community wants one, but no one wants it in their “backyard”. BHRS Director Miller hopes that regardless of where the PHF is placed, we can get rid of stigma and misconception and help spread information on what a PHF really is and the significant benefits it would bring to our community.</p> <ul style="list-style-type: none"> a Continued discussion on the PHF: board members expressed their thoughts and agreed with BHRS Director Miller’s thoughts. b Discussion on the benefits a PHF would bring to the Coast and surrounding areas related to the current issues with accessing services in Fort Bragg and distance. <p>C Board of Supervisor Meeting Measure B Items</p> <ul style="list-style-type: none"> I No discussion on this item. 	
<p>6. 15 minutes</p>	<p>Guest Speaker: <i>Donna Moschetti, National Alliance on Mental Illness (NAMI) Mendocino</i></p> <p>A Donna Moschetti, NAMI Mendocino Chair, joined the board for a brief presentation.</p> <ul style="list-style-type: none"> I NAMI Mendocino is the local National Alliance on Mental Illness affiliate in Mendocino County. Their office is located at 564 South Dora St. Suite E, in Ukiah and are open Monday-Friday from 10:00 AM – 2:00 PM. II During the pandemic, NAMI closed the office for a couple of months, but the office is currently open. III Programs currently offered by NAMI: <ul style="list-style-type: none"> a Family Support Group: for family members only to get assistance/support. b Peer-to-peer: for peers only. It is a 10 week education class which teaches about medications, mental illness, how to deal with family members, and how to deal with triggers. <ul style="list-style-type: none"> i All programs are free of charge, and you do not need to be a NAMI member to access the programs, and clients also do not need to have a diagnosis. c Family to family: educational 8 week course for family members only. It educates about mental illness, anti-stigma, how to communicate with doctors, with their loved ones, Educates medication, and tries to educate them about what goes on in their family member’s mind. They also do not need to have a family member who has been diagnosed, they can simply believe something is going on. d NAMI also offers a public presentation from 2 peers with a video that shows other peers that have gone from “normal” to on set, to recovery, to relapsed, to wellness. It is a very powerful presentation, but COVID has not allowed NAMI 	<p>Board Action</p>

	<p>to get it up and running again.</p> <ul style="list-style-type: none"> i Currently during COVID, NAMI is looking at implementing a virtual Family Support group by June 2021. ii Everyone who supports NAMI are volunteers except one paid office worker. Everyone is trained in every program and every time the curriculum changes they train again. <p>e Donna hopes to start doing presentations to the public again soon, and hopes that once that is do-able, the BHAB can help promote it and help with resource email group list.</p> <p>f Member Bradley asked if there is an organized group on the coast that advocates or has similar services. Donna explained that Sonya was doing support groups in the coast, but had to stop due to personal reasons.</p> <ul style="list-style-type: none"> i There are currently only 2 active support group facilitators in NAMI. NAMI will be starting offering trainings with funding from a donor for people interested in becoming a support group facilitator. This will (hopefully) allow to get services back up and running in the coast. 	<p>Lili to send Donna the BHAB member's emails so she can add to NAMI's list.</p>
<p>7. 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"> I Director Report and timeliness reports included in agenda packet. II BHRS Director Miller will give an overview at next month's meeting on BHRS grants; BHRS is currently working on about 9 grants. III Hoping to have final EQRO report by next month, this will allow to compare how Mendocino County is doing compared to other counties. IV The ASO contract went in front of the BOS yesterday to extend it for an additional 6 months. BHRS is currently in negotiations with next ASO contractor starting on July 1st but cannot give details until the negotiation is done. V Chair Rich question on timeliness trends: is it taking longer for people to get a first appointment (October stats)? Is it related to staffing issues? What happens if there is not a provider available for a client? <ul style="list-style-type: none"> a Camille explained that the month of October was rough due to the shifting of opening up due to COVID. There were also technology issues with a few providers, and one agency was unable to respond referrals coming in, and RQMC was unaware of this incident for a whole week. Camille explained that clients do not get turned away and referrals are tracked internally so that this does not happen again. RQMC is still concerned about the children system of care. They are continuing to work on this and will provide a detailed report on their plans. <p>B Stats Update:</p> <ul style="list-style-type: none"> I No discussion on this item. 	<p>Board Action:</p>

	<p>C Healthy Mendocino Data Request Follow Up</p> <p>I County Counsel determined there is no issue with giving them the information they have requested with the exception of any detailed information that is considered protected healthcare information. Will forward the basic data, and any data that comes through to this meeting also be available to them.</p>	
2 minutes	Stretch Break	
<p>8. 10 minutes</p>	<p>Mental Health Student Services Act (MHSSA): <i>Discussion and possible board action.</i></p> <p>A Dustin provided some background information on the MHSSA Committee and what the grant includes and the purpose. More information will be provided once contracts are finalized.</p> <p>I Camille mentioned that RMQC has been working with the County on this grant. All 3 system of care programs in all districts are a part of it.</p> <p>II The grants provides for social/emotional support services rather than clinical counseling. The County has been working on a curriculum for the grant.</p> <p>III Discussion on if a BHAB member needs to sit it on the MHSSA committee. The grant requires that the Committee have a Brown Act meeting in order to receive public input. A BHAB member should participate in these meetings to meet that request.</p> <p style="padding-left: 40px;">a The board agreed to follow up on this topic at next month’s meeting.</p>	<p>Board Action:</p> <p>Follow up at next month’s meeting.</p>
<p>9. 10 minutes</p>	<p>RQMC Report: <i>Camille Schraeder, Redwood Quality Management Company</i></p> <p>A Data Dashboard Questions</p> <p style="padding-left: 20px;">I Included in agenda packet.</p> <p>B Services Update</p> <p style="padding-left: 20px;">I RQMC is excited to be working on the Peer Certification training that the State is ruling out, hoping they can work with the County to fast track this to support Wellness Centers. Will be coming back to the BHAB for feedback on input on how this will be ruled out in Mendocino County.</p> <p style="padding-left: 20px;">II RQMC also continues to do a lot of work with the county around LPS, are on the right track.</p> <p style="padding-left: 20px;">III Discussion on adding data on crisis center to data dashboard and how many hospitalized are homeless.</p> <p style="padding-left: 20px;">IV Discussion on Madrone house in Redwood Valley, there is space for 5-8 patients depending on need. It is a staff supported program and it is shared with Medi-Cal Respite. Crisis Respite gets priority but if there is any openings then it can be Medi-Cal Respite, although there are some costs that cannot be billed to Medi-Cal. This program is an agreement between RCS and Adventist Health.</p>	<p>Board Action:</p> <p>RQMC will provide a full Children Services report at next month’s meeting.</p>
<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>	<p>Board Action:</p>

	<ul style="list-style-type: none"> ○ No discussion on this item. 	
11. 5 Minutes	Member Comments: <ul style="list-style-type: none"> • No comments. 	Board Action:
12.	Adjournment: 11:57 AM Next meeting: February 24, 2021 via Zoom	Motion made by Member Matheson, seconded by Member Fuentes to adjourn the meeting. All in favor.

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Behavioral Health Advisory Board Director's Report

February 2021

1. Board of Supervisors:

a. Recently passed items or presentations:

i. Mental Health:

1. 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 Six Months 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
2. Approval of Agreement with Mendocino County Youth Project Utilizing Mental Health Student Services Act of 2019 Grant Funds Over a Period of Four Years to Enhance Services and Supports Available to Children and their Families in a School Based Setting, Effective Upon Full Execution of the Agreement through August 31, 2024
3. Approval of Agreement with Tapestry Family Services in the Amount of \$549,402 Utilizing Mental Health Student Services Act of 2019 Grant Funds Over a Period of Four Years to Enhance Services and Supports Available to Children and their Families in a School Based Setting, Effective Upon Full Execution of the Agreement through August 31, 2024
4. Approval of Agreement with Redwood Community Services, Inc., Utilizing Mental Health Student Services Act of 2019 Grant Funds Over a Period of Four Years to Enhance Services and Supports Available to Children and their Families in a School Based Setting, Effective Upon Full Execution of the Agreement through August 31, 2024
5. Approval of Agreement with Mendocino County Office of Education Utilizing Mental Health Student Services Act of 2019 Grant Funds Over a Period of Four Years to Enhance Services and Supports Available to Children and their Families in a School Based Setting, Effective Upon Full Execution of the Agreement through August 31, 2024
6. Approval of Amendment to Agreement No. BOS 20-070, with Vista Pacifica Center to Provide Residential Care to Mendocino

County Lanterman-Petris-Short Clients, Effective When Agreement Becomes Fully Executed through June 30, 2021

7. Approval of the Addendum Agreement with Netsmart Technologies, Inc. to Provide a Transition to a Cloud-Based Electronic Health Record System for Behavioral Health and Recovery Services and Training in the System, Effective Upon Full Execution Through June 30, 2022

ii. Substances Use Disorders Treatment:

1. None

b. Future BOS items or presentations:

i. Mental Health:

1. None

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: None

ii. Substance Use Disorders Treatment: Substance Abuse Counselor II Extra Help

b. Promotions:

i. Mental Health: None

ii. Substance Use Disorders Treatment: None

c. Departures:

i. Mental Health: None

ii. Substance Use Disorders Treatment: None

3. Audits/Site Reviews:

a. Date occurred and report out of findings:

i. Manzanita – Willits MH Medi-Cal site review completed, submitted

ii. Fort Bragg – SUDT Medi-Cal site certification (waiting on response from state)

iii. Medication Services Review - Dr. Mark Yap (review complete, waiting on report)

b. Upcoming/Scheduled:

i. Fort Bragg – DMC-ODS Compliance Review in upcoming (TBD - by state)

ii. BHRS SUDT internal audit will begin in Feb.

c. Site Reviews:

i. Redwood Quality Management Med Clinic - Ft. Bragg Medi-Cal site review

- (in process)
- ii. Redwood Quality Management Med Clinic - Ukiah Medi-Cal site review (in process)
- iii. Redwood Community Services - Ukiah MH Medi-Cal site review

4. Grievances/Appeals:

- a. MHP Grievances: 0
- 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: April 7, 2021 @ 2:00 - 4:00 pm on Zoom
- b. Cultural Diversity Committee Meeting: Honoring Native Americans Date: Thursday, April 21, 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: 96
 - ii. Total that did not meet AOT criteria: 85
 - 1. Total Referrals FY 20/21: 11
 - 2. Client Connected with Provider/Services: 6
 - 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): 1

8. Educational Opportunities:

- a. None

9. Mental Health Services Act (MHSA):

- a. MHSA Forum/QIC Meeting: April 7, 2021 @ 2:00 - 4:00 pm on Zoom
- b. Cultural Diversity Committee Meeting: Honoring Native Americans Date: Thursday, April 21, 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: 61

11. Substance Use Disorders Treatment Services:

- a. Number of Substance Use Disorders Treatment Clients Served in December 2020
 - i. Total number of clients served: 91
 - ii. Total number of services provided: 380
 - iii. Fort Bragg: 29 clients served for a total of 172 services provided
 - iv. Ukiah: 61 clients served for a total of 427 services provided
 - v. Willits: 18 clients served for a total of 81 services provided
- b. Number of Substance Use Disorder Clients Completion Status
 - i. Completed Treatment/Recovery: 11
 - ii. Left Before Completion: 13
 - iii. Referred: 0
 - iv. Total: 24
 - v. Average Length of Service: 126.67 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.
 - iv. Site Update 01/22/2021: A fence was put up on the property.
- b. Willow Terrace Project:
 - i. Vacancies filled through Coordinated Entry process as they come available.
 - ii. Some turnover in tenancy.

Substance Use Disorders Treatment Services:

a. Number of Substance Use Disorders Treatment Clients Served in January 2021

- i. Total number of clients served: 97
- ii. Total number of services provided: 646
- iii. Fort Bragg: 28 clients served for a total of 202 services provided
- iv. Ukiah: 51 clients served for a total of 335 services provided
- v. Willits: 18 clients served for a total of 109 services provided

b. Number of Substance Use Disorder Clients Completion Status

- i. Completed Treatment/Recovery: 3
- ii. Left Before Completion: 8
- iii. Referred: 0
- iv. Total: 11
- v. Average Length of Service: 78.73 Hours

a. Number of Substance Use Disorders Treatment Clients Served in 7/1/2020-01/31/2021

- i. Total number of clients served: 229
- ii. Total number of services provided: 4287
- iii. Fort Bragg: 56 clients served for a total of 995 services provided
- iv. Ukiah: 121 clients served for a total of 2800 services provided
- v. Willits: 52 clients served for a total of 504 services provided

b. Number of Substance Use Disorder Clients Completion Status

- i. Completed Treatment/Recovery: 45
- ii. Left Before Completion: 44
- iii. Referred: 0
- iv. Total: 89
- v. Average Length of Service: 94.78 Hours

QI Work Plan - 3.D

Report - Appeals, Grievances, Change of Provider - December 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
Total	0				

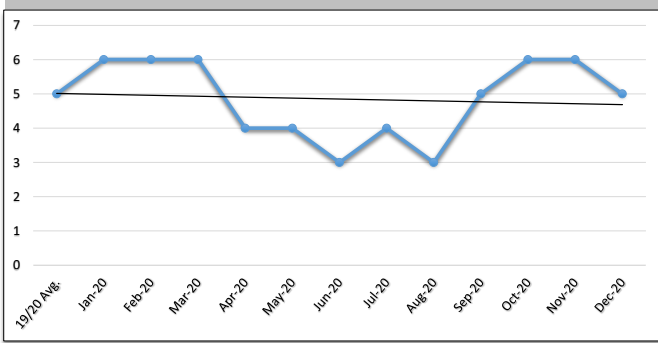
Client Request for Change of Provider (10 Business Days)

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

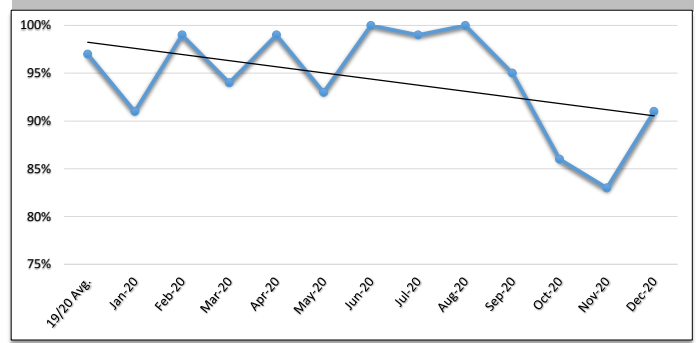
0 Provider Appeals
0 Client Appeals
0 Issue Resolutions (Completed)
0 SUDT Grievances (Completed)
0 Grievance (Completed)
0 Requests for Change of Provider (Completed)

2020-2021 Year to Date Timeliness Charts and Graphs

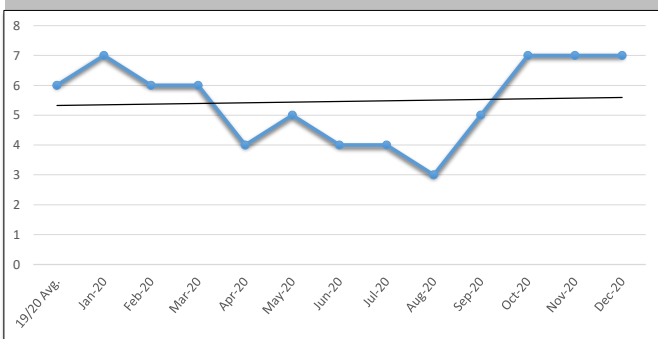
Length of Time from Initial Request to first offered Appt. - Mean BPSA - MHP Standard or Goal - 10 Business Days - 95%				
	All Services	Adult Services	Children's Services	Foster Care
19/20 Avg.	5	4	6	6
Jan-20	6	6	6	5
Feb-20	6	5	8	3
Mar-20	6	5	6	8
Apr-20	4	3	4	6
May-20	4	4	5	8
Jun-20	3	3	8	9
Jul-20	4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



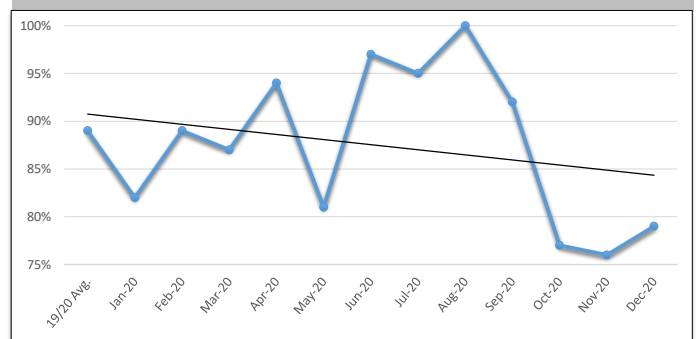
Length of Time from Initial Request to first offered Appt. BPSA - MHP Standard or Goal - 10 Business Days - 95%				
	All Services	Adult Services	Children's Services	Foster Care
19/20 Avg.	97%	95%	98%	100%
Jan-20	91%	76%	100%	100%
Feb-20	99%	98%	83%	100%
Mar-20	94%	89%	97%	100%
Apr-20	99%	100%	98%	100%
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%
Nov-20	83%	79%	88%	#N/A
Dec-20	91%	90%	93%	100%
12 Mo. Avg.	94%	92%	95%	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
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-20	7	7	7	6
Nov-20	7	6	7	#N/A
Dec-20	7	7	6	7
12 Mo. Avg.	5	5	6	6

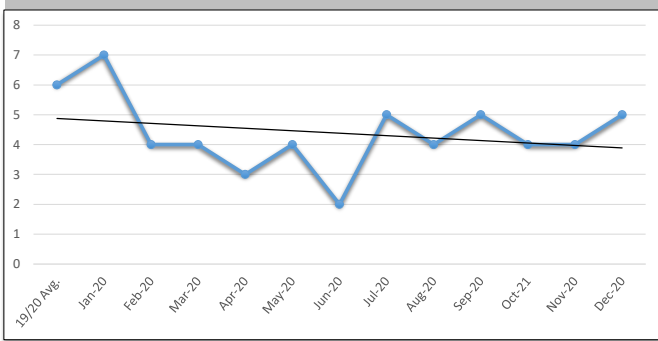


Length of Time from Initial Request to first kept Appt. - MHP Standard or Goal - 10 Business Days - 90%				
	All Services	Adult Services	Children's Services	Foster Care
19/20 Avg.	89%	94%	85%	83%
Jan-20	82%	78%	84%	100%
Feb-20	89%	97%	83%	100%
Mar-20	87%	87%	88%	100%
Apr-20	94%	100%	90%	0%
May-20	81%	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-20	77%	73%	79%	100%
Nov-20	76%	73%	78%	#N/A
Dec-20	79%	78%	80%	50%
12 Mo. Avg.	87%	88%	87%	83%

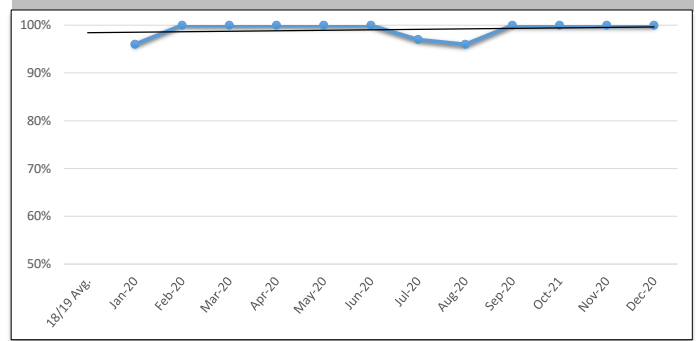


2020-2021 Year to Date Timeliness Charts and Graphs - Page 2

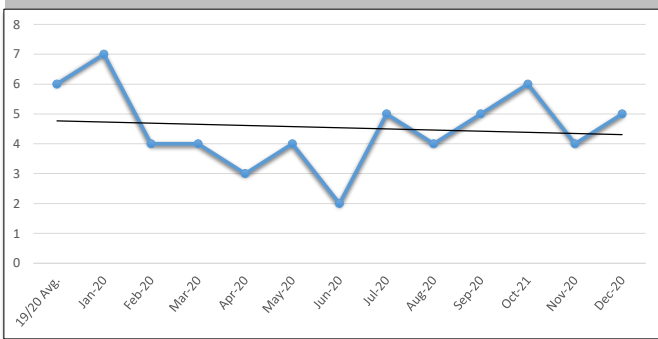
Length of Time from Initial Request to first offered Psychiatry appt. - Mean MHP Standard or Goal - 15 Business Days - 90%				
	All Services	Adult Services	Children's Services	Foster Care
19/20 Avg.	6	5	7	10
Jan-20	7	7	10	#N/A
Feb-20	4	3	6	7
Mar-20	4	3	6	#N/A
Apr-20	3	2	3	#N/A
May-20	4	4	5	#N/A
Jun-20	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
Nov-20	4	2	8	#N/A
Dec-20	5	4	7	#N/A
12 Mo. Avg.	4	4	6	4



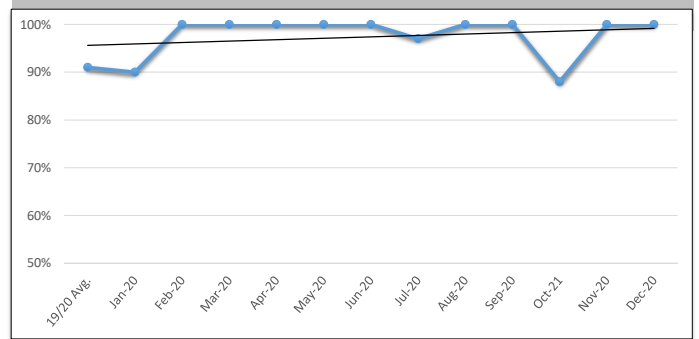
Length of Time from Initial Request to first offered Psychiatry Appt. - MHP Standard or Goal - 15 Business Days - 90%				
	All Services	Adult Services	Children's Services	Foster Care
18/19 Avg.	#N/A	#N/A	#N/A	#N/A
Jan-20	96%	95%	100%	#N/A
Feb-20	100%	100%	100%	100%
Mar-20	100%	100%	100%	#N/A
Apr-20	100%	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%
Nov-20	100%	100%	100%	#N/A
Dec-20	100%	100%	100%	#N/A
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
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
Nov-20	4	2	7	#N/A
Dec-20	5	4	7	#N/A
12 Mo. Avg.	4	4	6	4

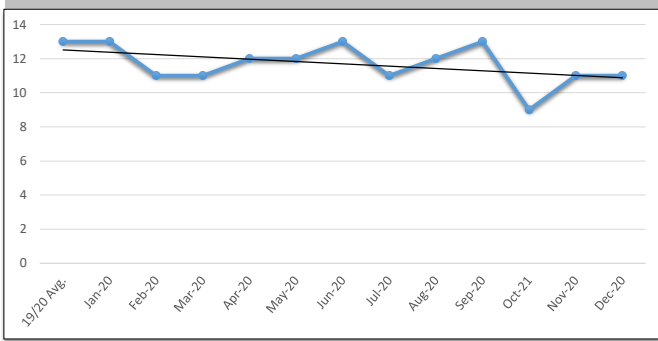


Length of Time from Initial Request to first kept Psychiatry Appt. - MHP Standard or Goal - 15 Business Days - 90%				
	All Services	Adult Services	Children's Services	Foster Care
19/20 Avg.	91%	92%	91%	67%
Jan-20	90%	91%	83%	#N/A
Feb-20	100%	100%	100%	100%
Mar-20	100%	100%	100%	#N/A
Apr-20	100%	100%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

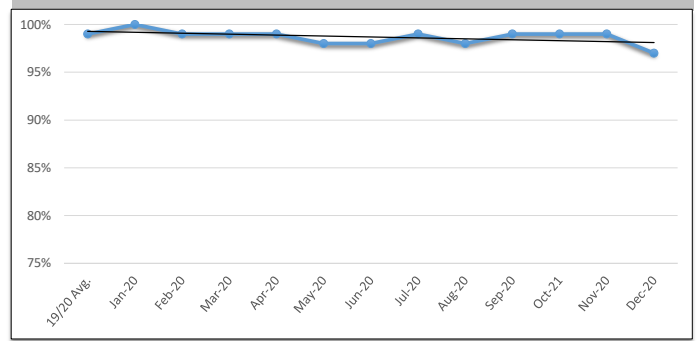


2020-2021 Year to Date Timeliness Charts and Graphs - Page 3

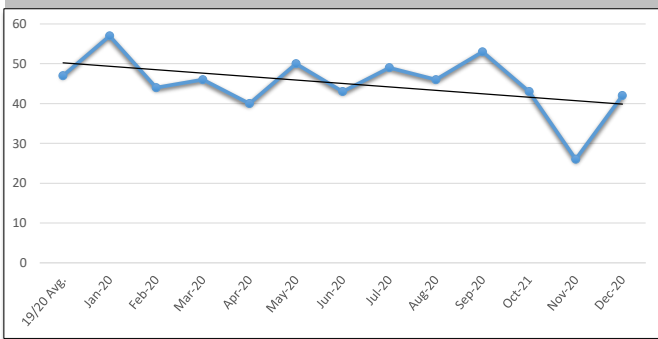
Length of Time from Service Request for urgent Appt. to Actual Encounter Mean - MHP Standard or Goal - 95% (Minutes)				
	All Services	Adult Services	Children's Services	Foster Care
19/20 Avg.	13	13	13	15
Jan-20	13	13	10	0
Feb-20	11	11	11	19
Mar-20	11	12	9	10
Apr-20	12	12	10	7
May-20	12	13	11	20
Jun-20	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
Nov-20	11	11	6	9
Dec-20	11	11	13	1
12 Mo. Avg.	12	12	10	12



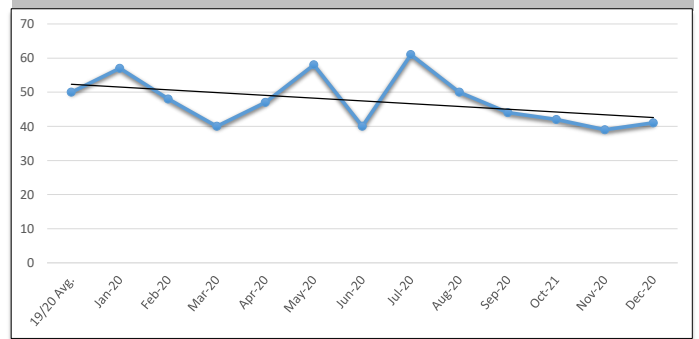
Length of Time from Service Request for urgent Appt. to Actual Encounter - Mean Percent of Goal that meets this Standard - MHP Standard or Goal - 95% (Minutes)				
	All Services	Adult Services	Children's Services	Foster Care
19/20 Avg.	99%	99%	99%	100%
Jan-20	100%	99%	100%	100%
Feb-20	99%	99%	100%	100%
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%
Nov-20	99%	98%	100%	100%
Dec-20	97%	98%	96%	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
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
Nov-20	26	17	9	0
Dec-20	42	33	9	0
12 Mo. Avg.	45	37	8	1
Total	539	448	91	8

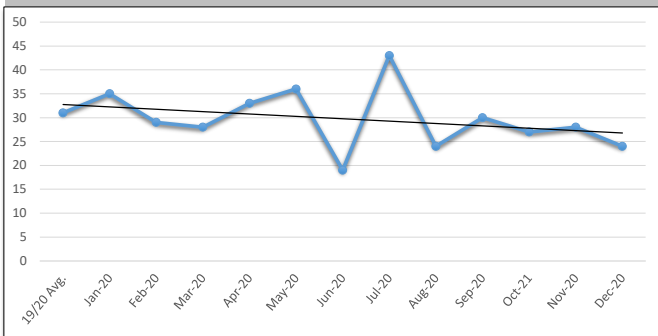


Total Number of Hospital Admissions				
	All Services	Adult Services	Children's Services	Foster Care
19/20 Avg.	50	42	7	1
Jan-20	57	49	8	0
Feb-20	48	43	5	1
Mar-20	40	35	5	0
Apr-20	47	39	8	3
May-20	58	48	10	0
Jun-20	40	36	4	0
Jul-20	61	46	15	1
Aug-20	50	43	7	1
Sep-20	44	38	6	0
Oct-21	42	35	7	2
Nov-20	39	30	9	0
Dec-20	41	31	10	0
12 Mo. Avg.	47	39	8	1
Total	567	473	94	8

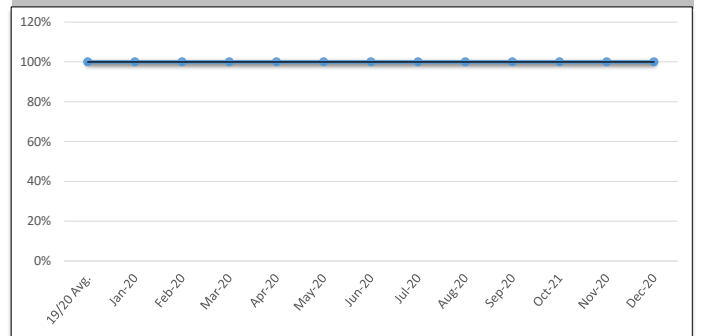


2020-2021 Year to Date Timeliness Charts and Graphs - Page 4

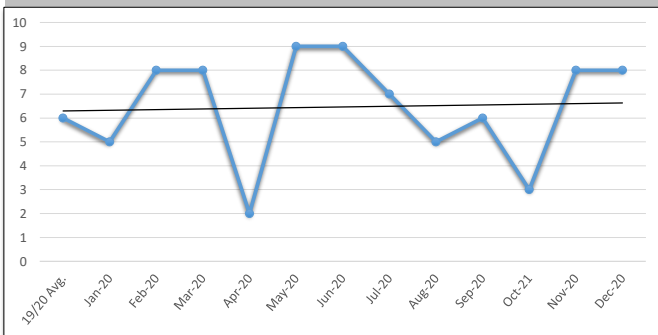
Timeliness of follow-up encounters post psychiatric inpatient discharge Number of follow-up appts within 7 days				
	All Services	Adult Services	Children's Services	Foster Care
19/20 Avg.	31	27	4	1
Jan-20	35	32	3	0
Feb-20	29	28	1	1
Mar-20	28	26	2	0
Apr-20	33	27	6	2
May-20	36	34	2	0
Jun-20	19	17	2	0
Jul-20	43	32	11	0
Aug-20	24	23	1	0
Sep-20	30	27	3	0
Oct-21	27	23	4	1
Nov-20	28	23	5	0
Dec-20	24	18	6	0
12 Mo. Avg.	30	26	4	0
Total	356	310	46	4



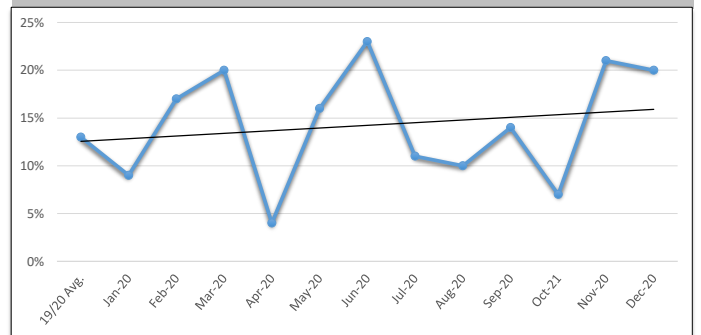
Timeliness of follow-up encounters post psychiatric inpatient discharge Percent of appointments that met this standard within 7 days - Goal is 95%				
	All Services	Adult Services	Children's Services	Foster Care
19/20 Avg.	100%	100%	97%	100%
Jan-20	100%	100%	100%	#N/A
Feb-20	100%	100%	100%	100%
Mar-20	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%
Nov-20	100%	100%	100%	100%
Dec-20	100%	100%	100%	#N/A
12 Mo. Avg.	100%	100%	100%	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
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
Nov-20	8	7	1	0
Dec-20	8	7	1	0
12 Mo. Avg.	7	6	1	0
Total	78	66	12	0

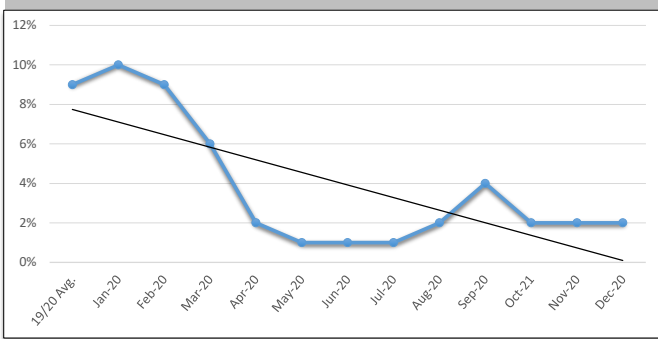


Psychiatric Inpatient Readmission rates within 30 days Readmission Rate - Goal is 10% within 30 days				
	All Services	Adult Services	Children's Services	Foster Care
19/20 Avg.	13%	12%	18%	50%
Jan-20	9%	8%	13%	#N/A
Feb-20	17%	16%	20%	#N/A
Mar-20	20%	23%	n/a	#N/A
Apr-20	4%	3%	13%	#N/A
May-20	16%	19%	n/a	#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
Nov-20	21%	23%	11%	#N/A
Dec-20	20%	23%	10%	#N/A
12 Mo. Avg.	14%	15%	17%	#N/A

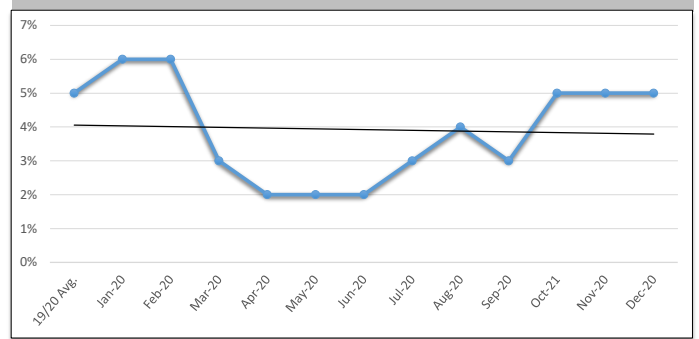


2020-2021 Year to Date Timeliness Charts and Graphs - Page 5

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%
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%
Nov-20	2%	2%	0%
Dec-20	2%	2%	4%
12 Mo. Avg.	4%	3%	3%



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%
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%
Nov-20	5%	5%	5%
Dec-20	5%	5%	5%
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 adults, and adults). 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

Children & Youth Young Adult Adult & Older Adult System RQMC

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

Persons Admitted to...

Outpatient Services Dec	12	27	8	0	24	26	3	
<i>Total</i>	39		8		53			100
Crisis Services Dec	1	15	8	3	31	28	11	
<i>Total</i>	16		11		70			97

Unduplicated Persons...

Served in Dec	173	232	72	37	272	389	73	
<i>Total</i>	405		109		734			1,248

Unduplicated Persons...

Served Fiscal Year to Date	273	360	143	89	463	606	122	
<i>Total</i>	633		232		1,191			2,056

Identified As (YTD)...

Male	303		104		564			971
Female	318		122		591			1,031
Non-Binary and Transgender	12		6		6			24
White	338		139		897			1,374
Hispanic	165		50		79			294
American Indian	48		13		73			134
Asian	6		2		14			22
African American	13		7		23			43
Other	6		0		20			26
Undisclosed	57		21		85			163

YTD Persons by location...	
Ukiah Area	1140
Willits Area	325
North County	66
Anderson Valley	23
North Coast	372
South Coast	43
OOC/OOS	87



<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

Homeless Services

Homeless: Persons Admitted to...

Outpatient Services Dec	0	0	0	0	2	4	0	
<i>Total</i>	0		0		6			6
Crisis Services Dec	0	0	0	0	5	5	0	
<i>Total</i>	0		0		10			10

Homeless: Unduplicated Persons Served...

In Dec	0	0	1	3	41	58	7	
<i>Total</i>	0		4		106			110
Fiscal Year to Date	0	1	5	10	74	115	14	
<i>Total</i>	1		15		203			219

Homeless: Count of Outpatient Services Provided...

In Dec	0	29	313	342
Fiscal Year to Date	3	204	1,790	1,997

Homeless: Count of Crisis Services Provided...

In Dec	0	0	107	107
Fiscal Year to Date	0	21	555	576

Homeless: Persons Served in Crisis...

Homeless Count of:	Crisis Assessments		Hospitalizations		Re-Hospitalization within 30 days	
	Dec	YTD	Dec	YTD	Dec	YTD
Insurance type						
Mendo Medi-cal	31	177	11	46	6	10
Indigent	2	16	1	4	0	0
Other Payor	8	33	2	9	0	1
Total	41	226	14	59	6	11
Number of Hospitalizations:	1	2	3	4	5	6+
YTD Count of Unduplicated Homeless Clients:	32	7	2	0	0	1

WPC has served 39 homeless unduplicated clients in Dec and 56 unduplicated clients Fiscal Year to Date.

In Addition to the services listed above, 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
------	-------	-------	-------	-------	-------	-----	-------

Crisis Services

Total Number of...

Crisis Line Contacts Dec	1	27	10	7	110	204	15	
Total	28	17	329	374				

*There were 22 logged calls where age was not disclosed. Those have been added to the total.

Crisis Line Contacts YTD	13	148	91	67	980	554	302	
Total	161	158	1,836	2,155				

by reason for call YTD...	
Increase in Symptoms	479
Phone Support	1003
Information Only	172
Suicidal ideation/Threat	317
Self-Injurious Behavior	13
Access to Services	117
Aggression towards Others	25
Resources/Linkages	29

Call from LEO to Crisis...		
AGENCY	Dec	YTD
MCSO:	9	71
CHP:	1	8
WPD:	4	15
FBPD:	3	23
Jail/JH:	7	68
UPD:	6	53
Total:	30	238

by time of day YTD...	
08:00am-05:00pm	1201
05:00pm-08:00am	954

Crisis Walk-ins YTD	
Inland	161
Coastal	43

Total Number of...

Emergency Crisis Assessments Dec	1	26	10	5	57	43	14	
Total	27	15	114	156				

Emergency Crisis Assessments YTD	12	140	81	57	325	283	97	
Total	152	138	705	995				

YTD by location...	
Ukiah Valley Medical Center	458
Crisis Center-Walk Ins	179
Mendocino Coast District Hospital	141
Howard Memorial Hospital	139
Jail	49
Juvenile Hall	11
Schools	0
Community	17
FQHCs	1

YTD by insurance...	
Medi-Cal/Partnership	662
Private	109
Medi/Medi	114
Medicare	47
Indigent	56
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 Dec	0	10	4	3	14	8	2	
<i>Total</i>	10		7		24			41
Inpatient Hospitalizations YTD	1	53	30	27	96	55	15	
<i>Total</i>	54		57		166			277

ReHospitalization within 30 days	Youth	Adult	0-2 days in the Hospital	Admits	% of total Admits
Dec	1	7	Dec	2	4.9%
YTD	7	30	YTD	14	6.1%

Days in the ER	0	1	2	3	4	5+	Unk
Dec	5	25	7	2	0	0	2
YTD	19	129	105	22	2	0	3

..by Hospita	0	1	2	3	4	5+	
AHUV	5	20	4	1	0	0	
Howard	0	2	1	0	0	0	
MCDH	0	2	2	1	0	0	

At Discharge	Discharged to Mendocino		Follow up Crisis Appt		Declined follow up Crisis appt	
	Dec	YTD	Dec	YTD	Dec	YTD
Mendo Medi-cal	23	181	20	141	3	40
Indigent	3	10	3	8	0	2
Other Payor	1	18	1	7	0	11
YTD hospitalizations where discharge was out of county or unknown:						50
YTD number who Declined a follow up appt:						53

Number of hospitalizations:	1	2	3	4	5	6+
YTD Count of unduplicated clients:	185	18	15	1	0	1



YTD hospitalizations by location..	
Aurora- Santa Rosa**	31
Restpadd Redding/RedBluff**	72
St. Helena Napa/ Vallejo**	111
Sierra Vista Sacramento**	2
John Muir Walnut Creek	4
St Francis San Francisco	27
St Marys San Francisco**	3
Marin General**	3
Heritage Oaks Sacramento**	6
VA: Sacramento / PaloAlto / Fairfield / San Francisco	3
Other**	15

YTD hospitalizations by criteria...	
Danger to Self	136
Gravely Disabled	96
Danger to Others	2
Combination	43

Total Number of...

Full Service Partners Dec		Youth	TAY	Adult	BHC	OA	Outreach	
<i>Total</i>		0	25	59	8	13	9	114

Total Number of...

Full Service Partners YTD		Youth	TAY	Adult	BHC	OA	Outreach	
<i>Total</i>		1	25	61	8	16	13	124

Contract Usage as of 01/31/2021	Budgeted	YTD
Medi-Cal in County Services (60% FFP)	\$12,430,750.00	\$5,421,576.00
Medi-Cal RQMC Out of County Contracts	\$1,730,000.00	\$672,348.00
MHSA	\$1,272,836.00	\$577,403.00
Indigent RQMC Out of County Contracts	\$646,122.00	\$117,903.65
Medication Management	\$1,400,000.00	\$725,571.00

Estimated Expected FFP	Dec	YTD
Expected FFP	\$610,431.00	\$3,688,288.20



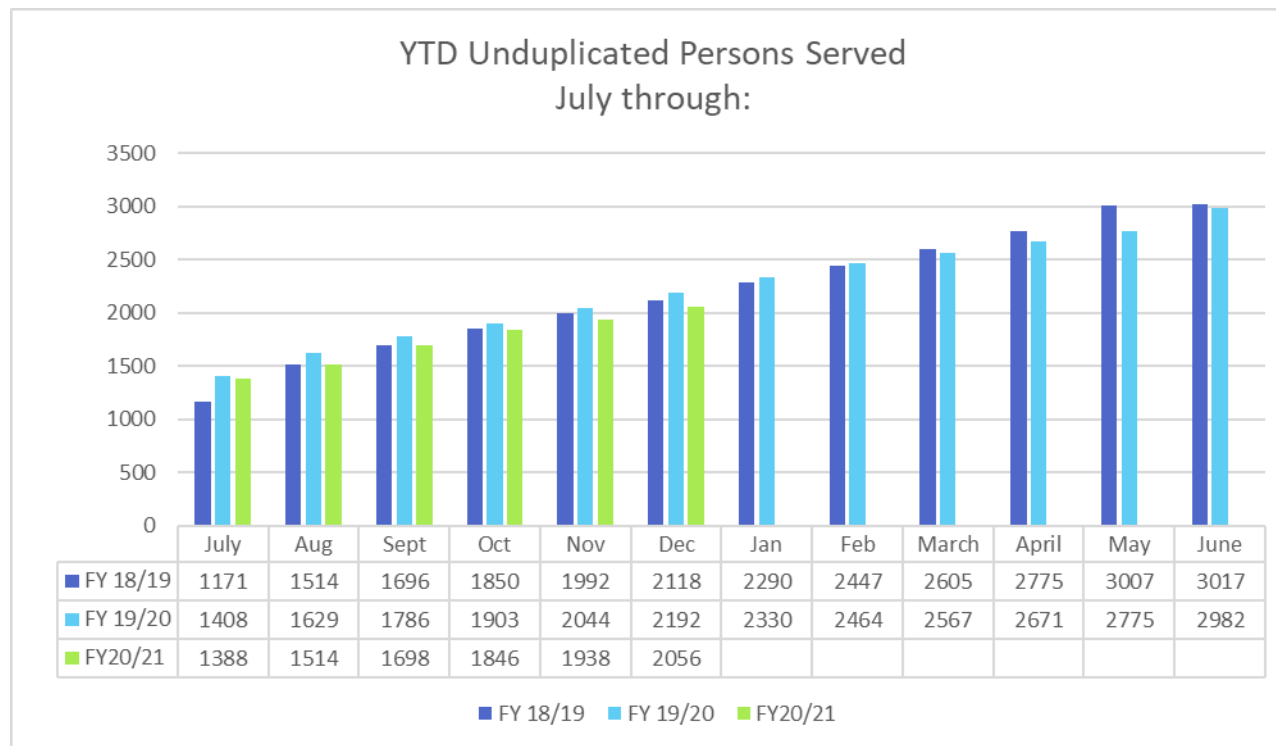
Services Provided						
Whole System of Care	Dec	Dec	Dec	YTD	YTD	YTD
Count of Services Provided	Youth	Y Adult	Adults	Youth	Y Adults	Adults
*Assessment	90	22	153	629	176	877
*Case Management	326	174	1461	2008	1068	8253
*Collateral	186	3	8	1294	21	71
*Crisis	52	25	230	328	313	1518
*Family Therapy	86	1	0	565	2	13
*TFC	0	0	0	31	0	0
*Group Therapy	0	0	0	27	0	0
*Group Rehab	46	19	31	357	193	275
*ICC	204	2	0	1362	24	0
*Individual Rehab	256	117	473	1395	578	2912
*Individual Therapy	646	98	472	4020	638	2656
*IHBS	97	2	0	548	22	0
*Psychiatric Services	62	23	263	335	224	1909
*Plan Development	65	17	78	546	108	536
*TBS	79	0	0	419	0	0
Total	2,195	503	3,169	13,864	3,367	19,020
No Show Rate	5.1%			4.0%		
Average Cost Per Beneficiary	\$962	\$838	\$731	\$3,881	\$3,053	\$2,887

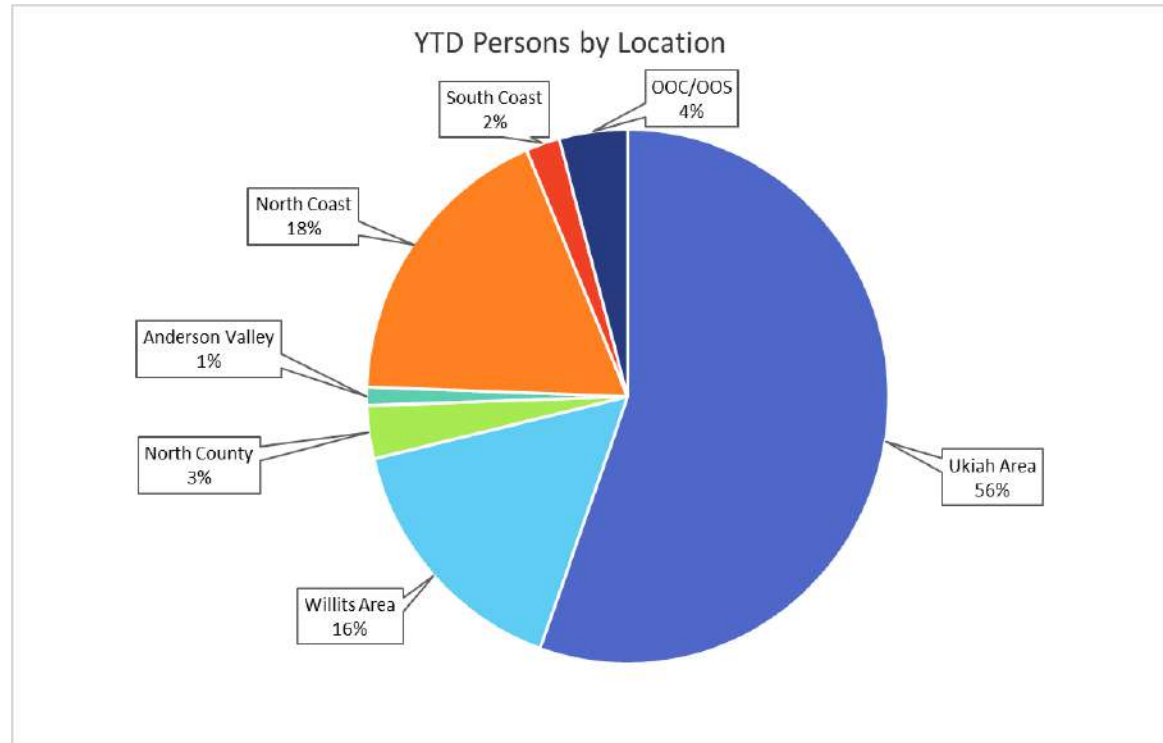
Count of Services by Area	Dec	Dec	Dec	YTD	YTD	YTD
	Youth	Y Adult	Adults	Youth	Y Adults	Adults
Anderson Valley	47	0	5	229	2	52
South Coast	18	4	16	221	45	139
North Coast	185	38	533	1,129	343	3,336
North County	85	0	15	407	6	113
Ukiah	1,517	430	2,426	9,346	2,776	13,803
Willits	343	31	174	2,532	195	1,577

Meds Management	Dec	Dec	Dec	YTD	YTD	YTD
	Youth	Y Adult	Adults	Youth	Y Adults	Adults
Inland Unduplicated Clients	53	22	217	92	59	438
Coastal Unduplicated Clients	9	8	72	21	20	146
Inland Services	89	38	393	502	233	2377
Coastal Services	15	18	128	82	114	755

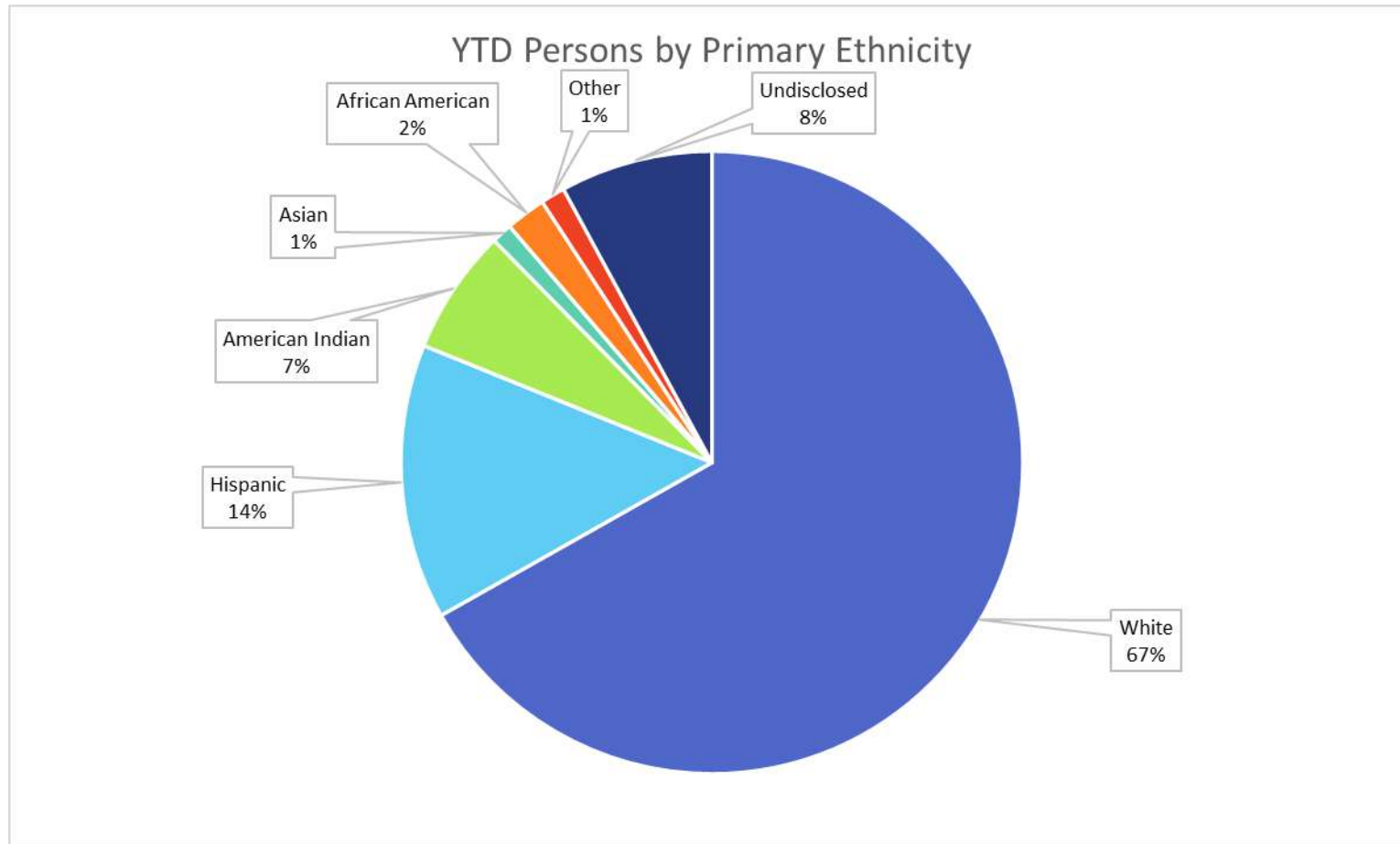


2020/2021 Trends and Year to Year Comparison



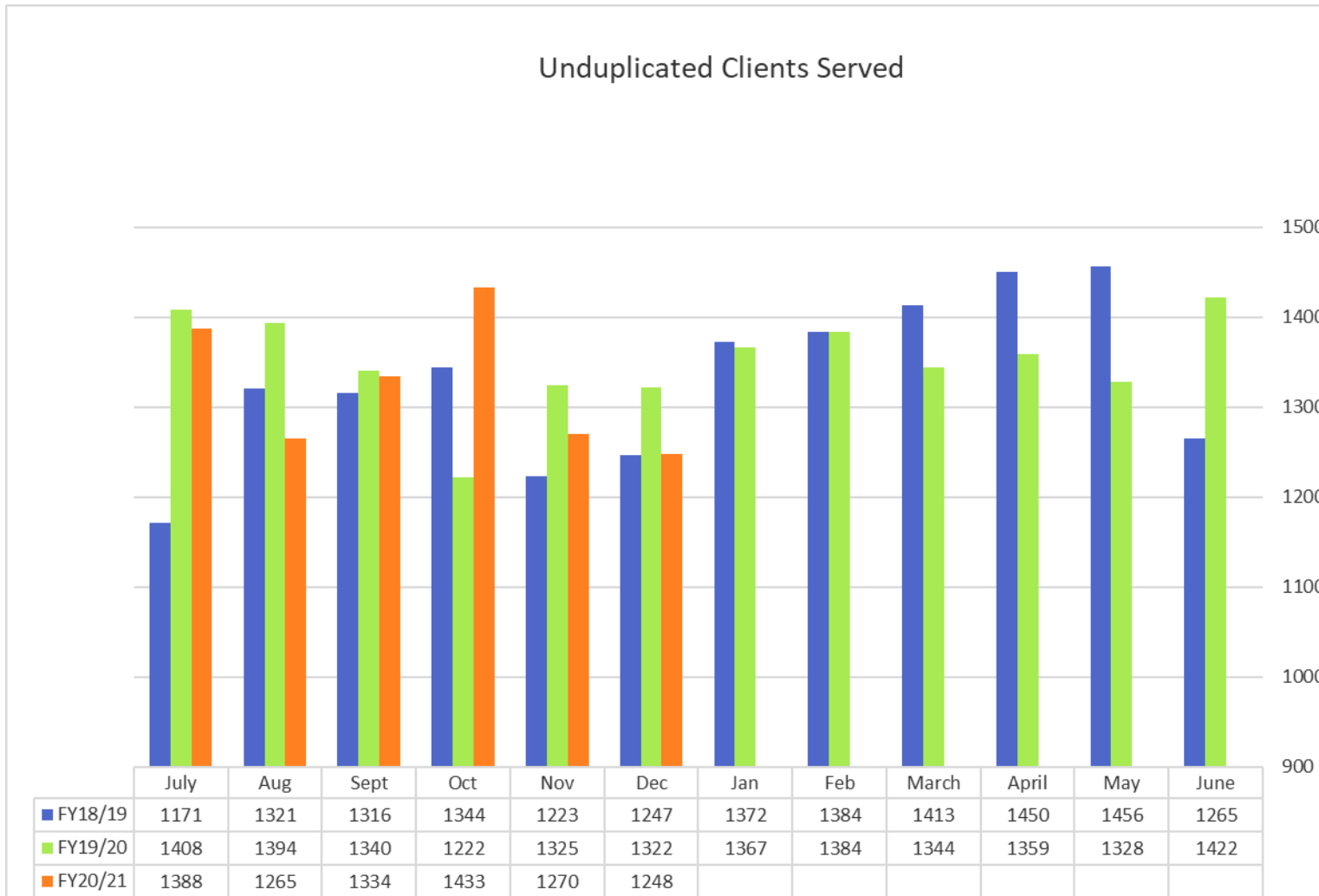


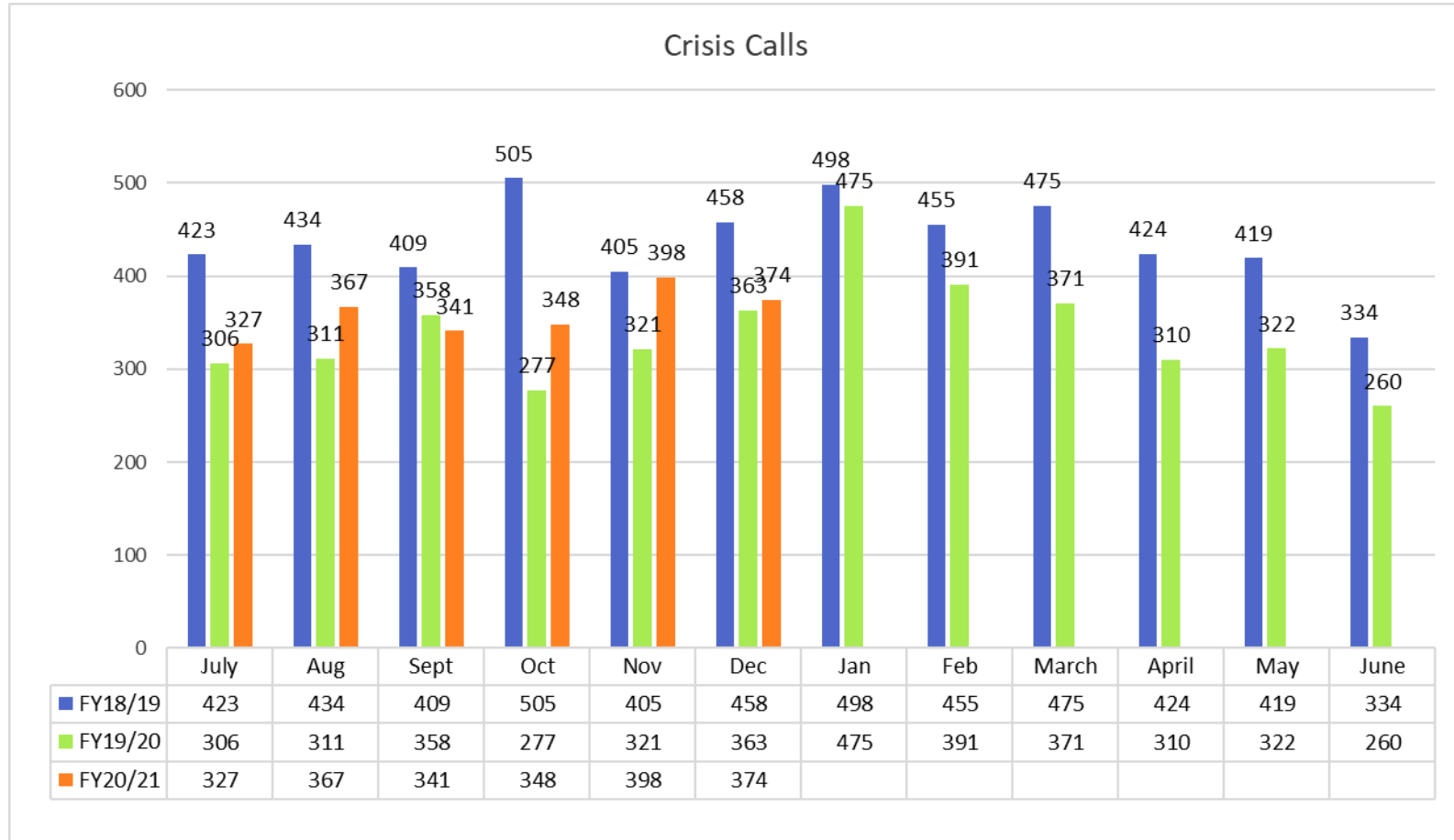
YTD Persons by location...	Count	%
Ukiah Area	1140	55%
Willits Area	325	16%
North County	66	3%
Anderson Valley	23	1%
North Coast	372	18%
South Coast	43	2%
OOC/OOS	87	4%

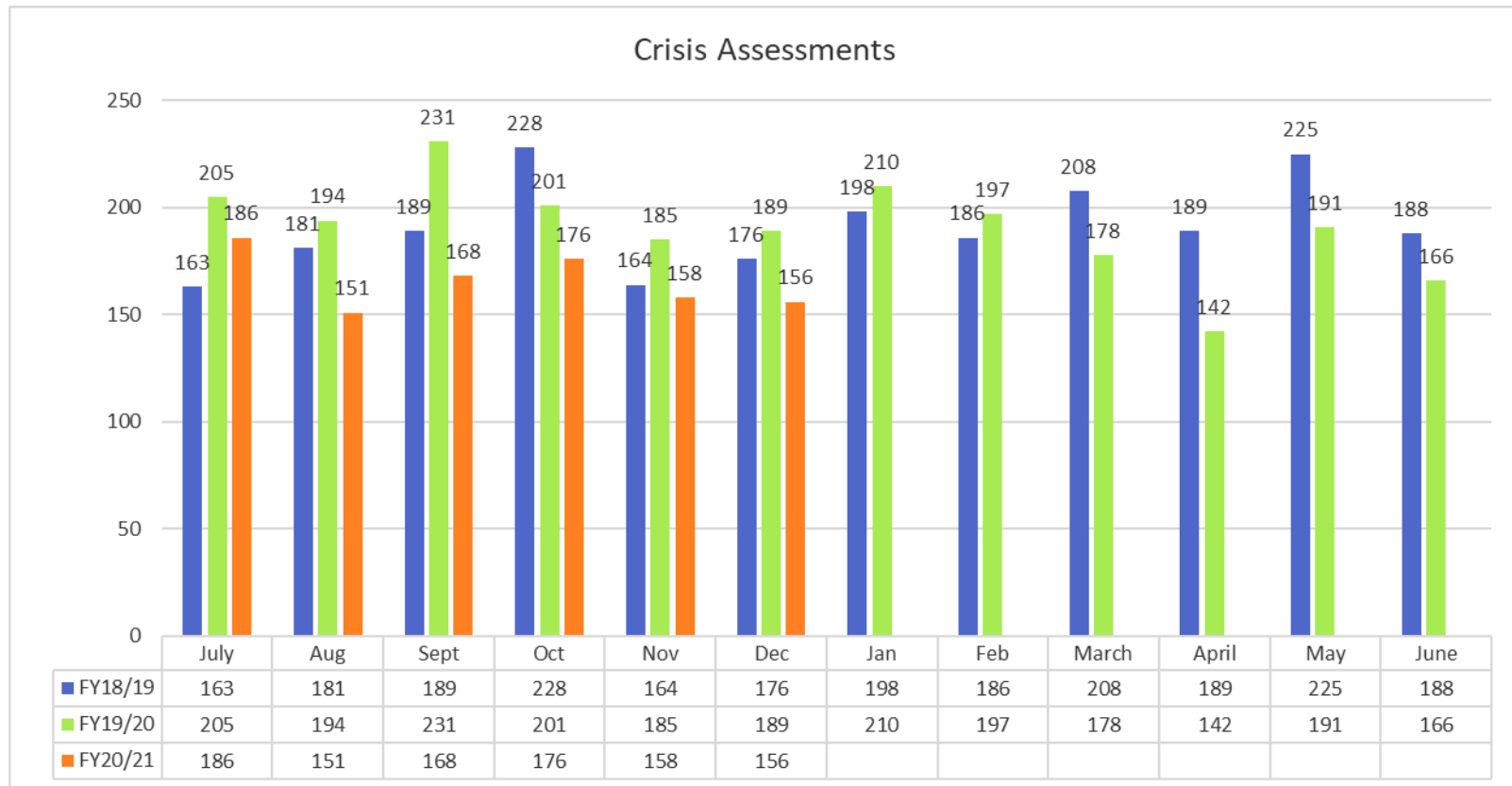


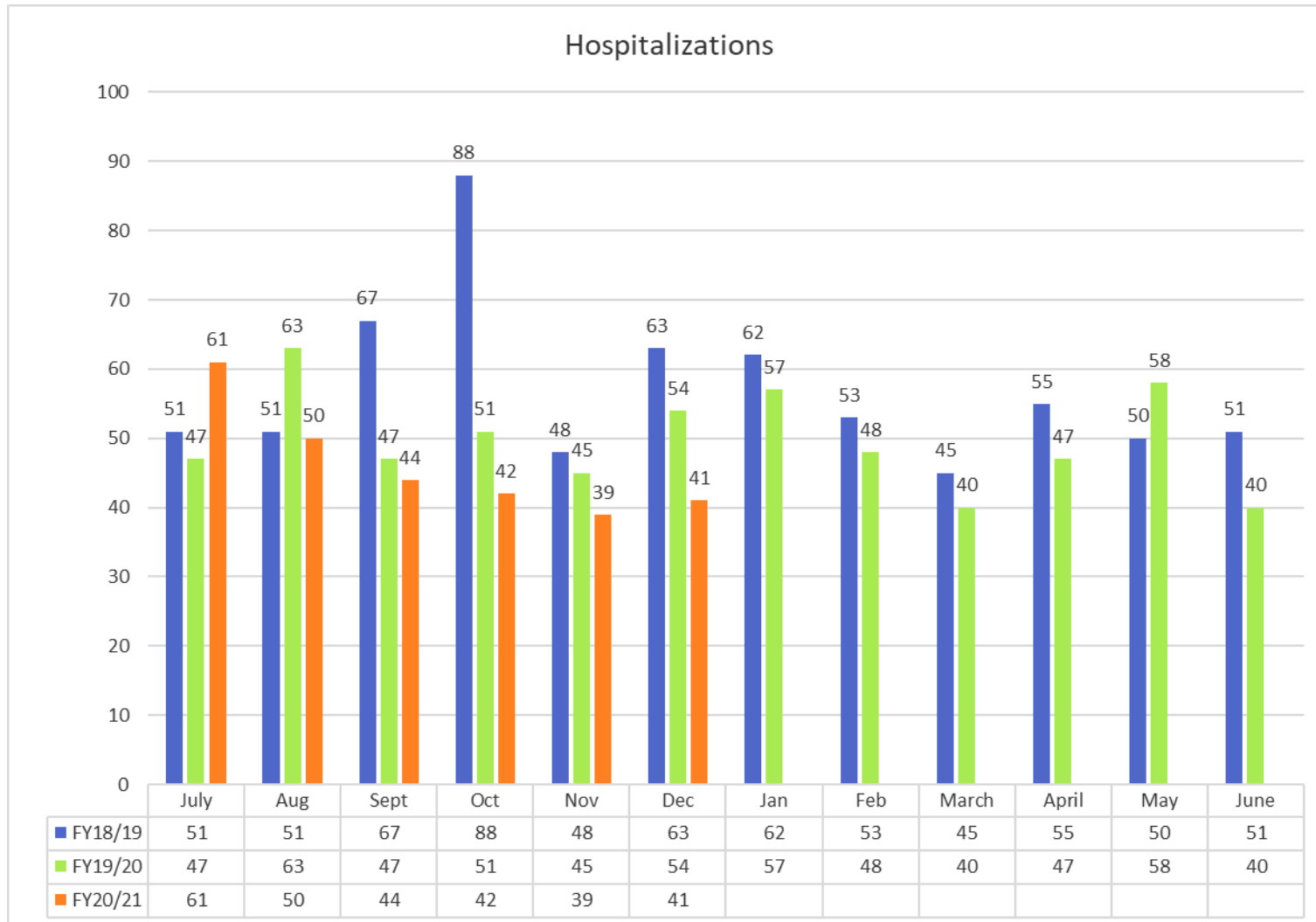


Unduplicated Clients Served



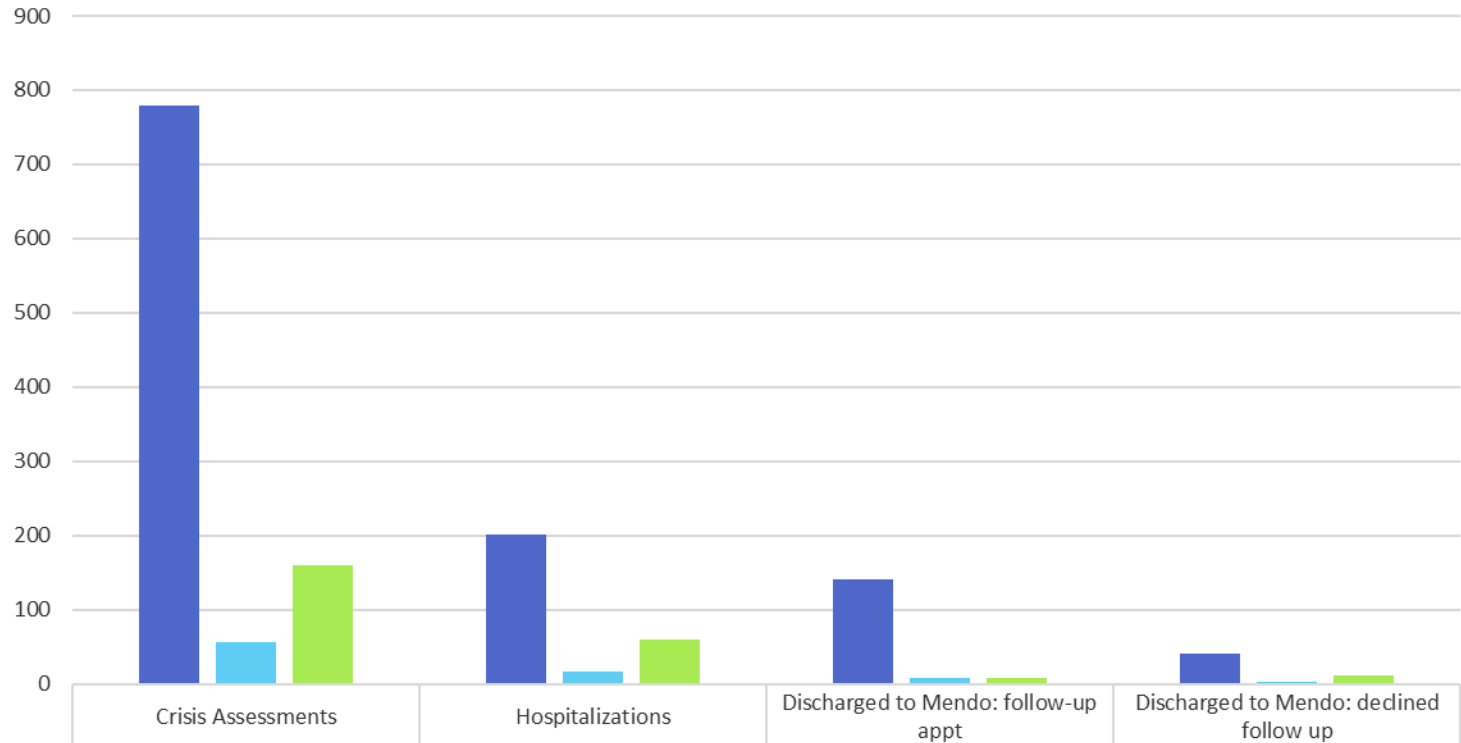




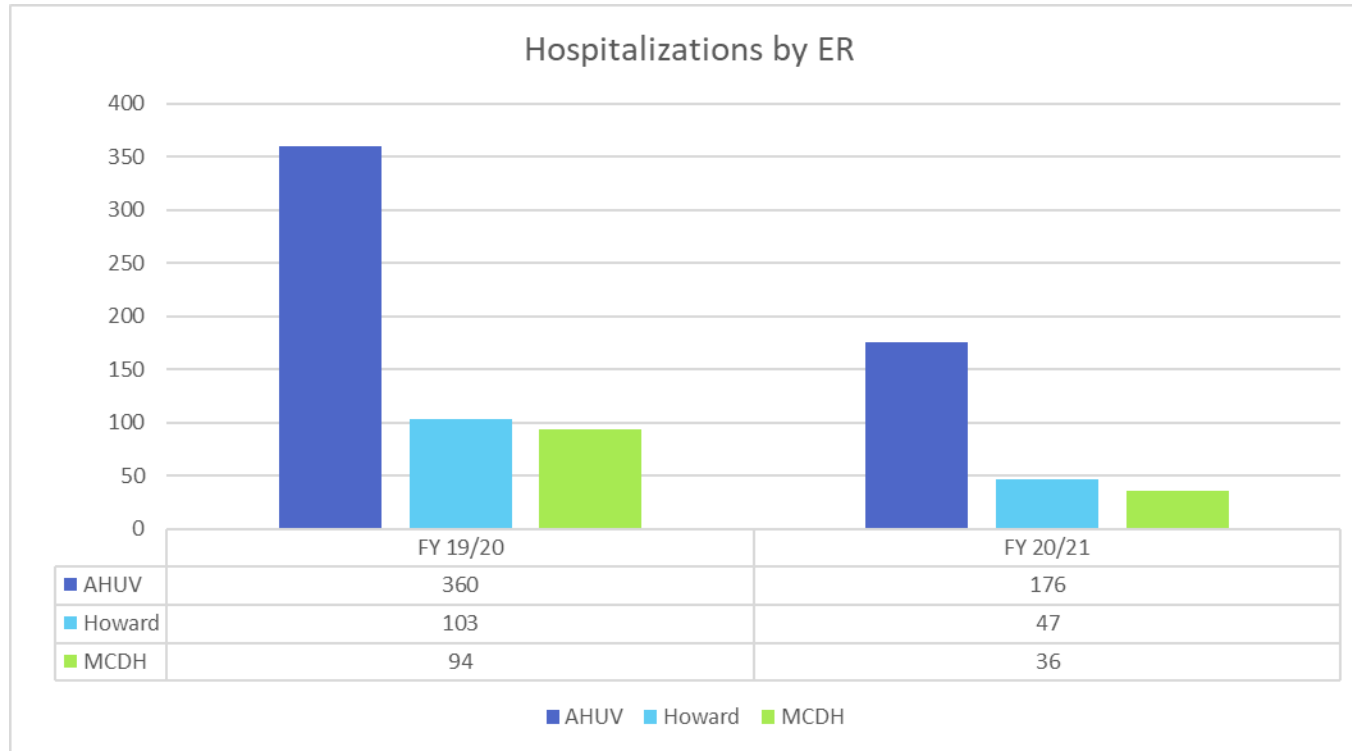


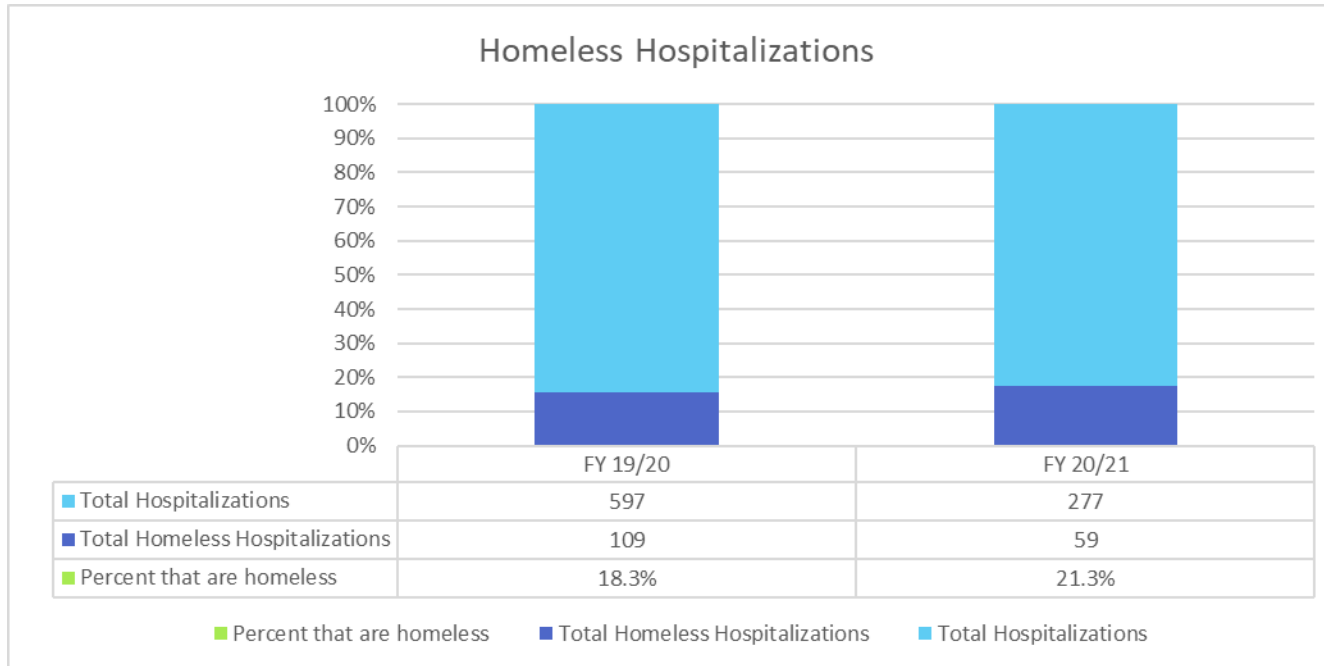


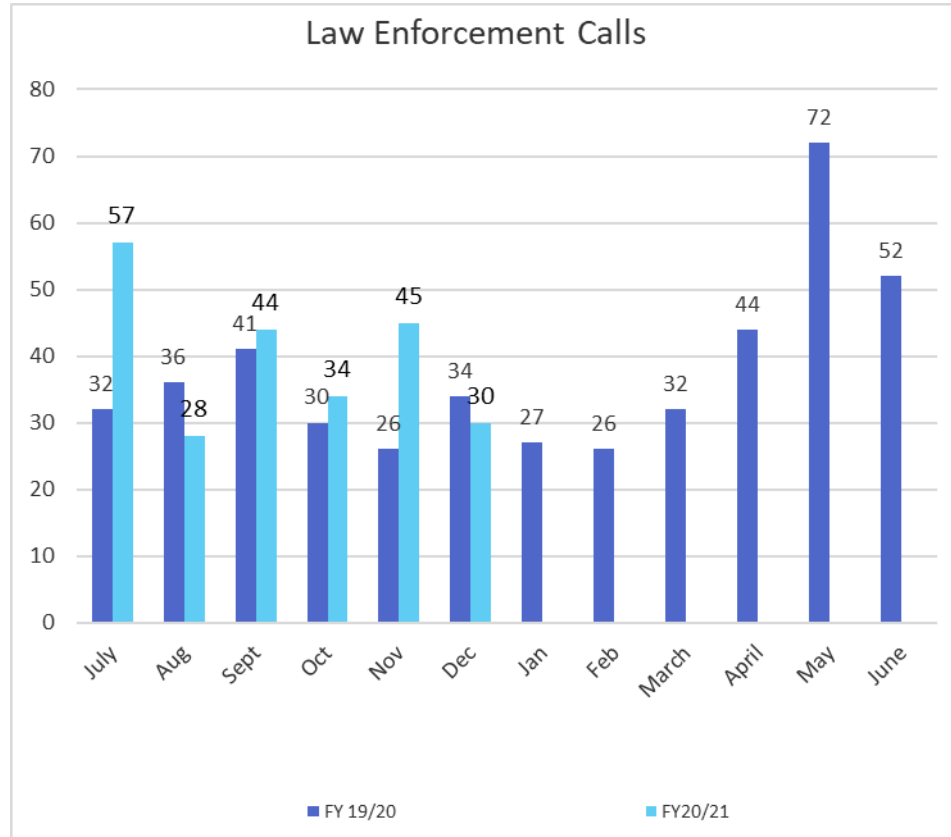
YTD Crisis by Payor



■ Mendo Medi-Cal beneficiary	779	201	141	40
■ Indigent	56	17	8	2
■ All Other Payors	160	59	7	11









Mendocino County Behavioral Health and Recovery Services
 Behavioral Health Advisory Board General Ledger
 FY 20/21
 February 17, 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	2021/07/000858	01/26/2021	163.31				UKIAH TROPHY63090.0012/22/
		OFFICE EXPENSE Total			\$170.56				
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			\$770.56				

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	170.56	329.44
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	\$770.56	\$10,729.44

Behavioral Health Recovery Services
Mental Health Services Act (MHSA) FY 2020-2021 Budget Summary
Year to Date as of **February 17, 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	-	98,414	65,472	275,247		(11,145)	427,987	1,985,237	58,483	(1,615,732)
Prevention & Early Intervention	218,759	75,488	85,556	81,566			242,609	496,309	28,660	(282,360)
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		173,901	195,484	356,812	-	(11,145)	715,053	2,612,154	87,143	(1,984,244)
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		343,216	1,309,396	2,702,180	-	507,242	4,862,034	(7,448,986)	(100,002)	2,711,640

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

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

Behavioral Health Recovery Services
SUDT FY 2020-2021 Budget Summary
Year to Date as of **February 17, 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)		12,393				12,393	320,365		6,025	6,373	332,763	(320,370)
2	County Wide Services	133,177		216,355				216,355			27,280		27,280	189,076
3	Drug Court Services	0	37,156	31,119			(1,210)	67,064		19,333			19,333	47,731
4	Ukiah Adult Treatment Services	(206,211)	318,087	59,490			(46,437)	331,140		9,345	72,287	27,102	108,734	222,406
5	Women In Need of Drug Free Opportunities	0	75,015	7,027			(38,561)	43,481		20,126			20,126	23,356
6	Family Drug Court	(700)	131,339	3,112			(334)	134,117					0	134,117
8	Friday Night Live	0		4,050				4,050					0	4,050
9	Willits Adult Services	(3,725)	67,411	1,621				69,032				135	135	68,897
10	Fort Bragg Adult Services	(78,524)	174,648	33,041				207,689				1,885	1,885	205,804
11	Administration	670,826	294,223	170,989			(5,261)	459,951	50,000			18,825	68,825	391,126
12	Adolescent Services	(150,172)	56,408	1,940				58,348					0	58,348
13	Prevention Services	0	70,430	9,466			(3,917)	75,978				13,204	13,204	62,774
a	Total YTD Expenditures & Revenue	329,971	1,224,717	550,604	0	0	(95,721)	1,679,600	370,365	48,804	105,592	67,524	592,284	1,087,316
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	1,194,478	618,862	49,000	0	(884,145)	978,195	768,496	568,697	(55,592)	453,939	1,735,541	(757,346)

Behavioral Health Recovery Services
Mental Health FY 2020-2021
Budget Summary
Year to Date as of **February 17, 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)	98,609	382,866	5,193,049		(28,576)	5,645,948	511,885	1,207,640	1,596,341	1,565,606	4,881,471	764,477
2	Administration	1,448,778	504,771	217,498			(18,085)	704,184				5,435	5,435	698,749
3	CalWorks	98,355	67,772	4,476				72,248				36,766	36,766	35,482
4	Mobile Outreach Program	384,126	112,260	18,557			(1,504)	129,312	(40,713)				(40,713)	170,025
5	Adult Services	764,577	340,699	34,796	0		(140,222)	235,274				17,114	17,114	218,160
6	Path Grant	19,500		7,110				7,110	4,029				4,029	3,081
7	SAMHSA Grant	185,000		63,724				63,724	32,629				32,629	31,095
8	Mental Health Board	11,500		771				771					0	771
9	Business Services	624,295	276,431	42,981				319,411				38,564	38,564	280,848
11	AB109	135,197	72,948	4,450				77,397	30,120				30,120	47,277
12	Conservatorship	2,456,866	17,517	206,610	1,194,477		(4,041)	1,414,563				64,623	64,623	1,349,941
13	No Place Like Home Grant	0						0				0	0	0
14	QA/QI	450,568	218,791	36,086				254,877				17,408	17,408	237,470
a	Total YTD Expenditures & Revenue		1,709,798	1,019,925	6,387,525	0	(192,429)	8,924,821	537,950	1,207,640	1,596,341	1,745,514	5,087,445	3,837,376
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		1,800,789	942,754	12,390,981	0	119,185	15,253,708	5,851,270	2,974,406	9,013,157	931,885	18,770,718	(3,517,011)

BHAB 2021 Calender of Activities

Michelle Rich | February 16, 2021

	Board Business	Program Reports	Special Topics
January			
February	<p>Approve Annual Report</p> <p>Priorities for the Year</p> <p>Committee & Meeting Rep Appointments</p>	<p>Board of Supervisors Report</p> <p>Children's System of Care</p> <p>SUDT</p>	<p>Criminal Justice System</p>
March	<p>Regular Updates: Measure B, Committee Reports, Meeting Reports, Membership</p> <p>Reading the Data Dashboard</p>	<p>Housing Programs Update</p> <p>MHSA</p>	<p>HHSA Assessment</p>
April	<p>Regular Updates: Measure B, Committee Reports, Meeting Reports, Membership</p>	<p>Outreach & Stigma Reduction</p> <p>Facilities Development</p>	<p>Budgeting & Finances</p>
May	<p>Regular Updates: Measure B, Committee Reports, Meeting Reports, Membership</p>	<p>Outlying Regions: South Coast</p> <p>SUDT</p> <p>Prevention & Early Intervention</p>	<p>Staffing</p>
June	<p>Regular Updates: Measure B, Committee Reports, Meeting Reports, Membership</p>	<p>Outlying Regions: North County</p> <p>MHSA</p>	<p>Diversity, Equity, Inclusion</p>
Admin	<p>Update Board Notebooks</p> <p>Update board contact info</p> <p>Update BHAB website</p>		

BHAB 2021 Calendar of Activities

Michelle Rich | February 16, 2021

	Board Business	Program Reports			Special Topics	
July	Regular Updates: Measure B, Committee Reports, Meeting Reports, Membership		AOT	Crisis Services & MOPS	Grants & Contracts	
August	Regular Updates: Measure B, Committee Reports, Meeting Reports, Membership		Outlying Regions Round Valley	Innovation Grants	SUDT	Criminal Justice System
September	Regular Updates: Measure B, Committee Reports, Meeting Reports, Membership	Data Notebook	Clinic Services	MHSA	Budgeting & Finances	
October	Regular Updates: Measure B, Committee Reports, Meeting Reports, Membership		Outlying Regions: Anderson Valley	Facilities Development	Staffing	
November	Regular Updates: Measure B, Committee Reports, Meeting Reports, Membership	Select Nomination Committee	Outlying Regions: North County	SUDT	Diversity, Equity, Inclusion	
December	Regular Updates: Measure B, Committee Reports, Meeting Reports, Membership	Slate of Officers for 2022	Annual Report	Children's System of Care	MHSA	Appreciation

February 17, 2021

BHAB Advisory Board
1120 South Dora Street
Ukiah, CA 95482

Broadband Alliance
204 S. Oak Street
Ukiah, CA 95482

Dear Broadband Alliance Members:

The Mendocino County Behavioral Health Advisory Board (BHAB) would like to draw your attention to some issues that have become apparent regarding Broadband and Telehealth Services here in Mendocino County. We know that you are trying hard to get broadband services throughout Mendocino County. However, the increase in use of Telehealth to provide critical Behavioral Health Services makes it imperative, even more so now, that quality broadband access in remote areas of the county happens sooner rather than later.

An important and vulnerable population sector in Mendocino County includes those using Behavioral Health Services. Due to the isolation and stress of the COVID-19 Pandemic, mental health consumers, clients and patients, need access to services like never before. Unless hospitalized or in jail, patients are “seeing” their clinicians via zoom or on the phone. Wireless services and stable broadband internet are a must for them. Individuals needing Behavioral Health Services are so often overlooked and having additional roadblocks makes it even more difficult for them to access services. We need to help them overcome exterior roadblocks, as they usually make their own, and the shift to technology based services should not leave anyone behind.

As you continue advocating for broadband needs here in Mendocino County, we want you to be aware of the vulnerable individuals reliant on Telehealth Services. These individuals need to be high on the list of your considerations for broadband needs in Mendocino County.

We would be happy to provide any additional information that would assist in your advocacy efforts related to this issue.

Thank you for your consideration.

Sincerely,

Michelle Rich
Chair of the Behavioral Health Advisory Board



DRAFT

ANNUAL REPORT 2020

Mendocino County Behavioral Health Advisory Board



Prepared by Michelle Rich, MA, Board Chairperson

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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

Nominations Committee: Flinda Beringer and Michelle Rich

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 **four** vacancies.

Current Board Members

1st District:

Denise Gorny
Lois Lockart
Richard Towle

2nd District:

Michelle Rich
Sergio Fuentes

3rd District:

Amy Buckingham

4th District:

Julia eagles

5th District:

Martin Martinez
Flinda Behringer
Jo Bradley

Officers:

Chair: Michelle Rich
Vice-Chair:
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, **it's** 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. **The only recommendation not supported by the Board of Supervisors was the housing for seriously mentally ill individuals on the coast.**

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 **specialty** 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. **Support stigma reduction and community education efforts across the county.**
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.



California Association of Local Behavioral Health Boards and Commissions

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E-Update, February 2021 In this Issue:

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[Meetings \(Virtual\)](#)
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Internship Opportunity (not just for college students)

In an effort to attend more local board/commission meetings around the state, CALBHB/C is opening up internship positions. We are looking for interested local mental/behavioral health board/commission members or college students who have a strong interest in CA's behavioral health system. More information at: www.calbhbc.org/internship

Resources for Boards/Commissions

[Conduct](#)
[Cultural Competence](#)
[Handbooks](#)
[Member Orientation](#)
[Mental Health Services Act](#)

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

[News/Issues](#)
[Performance Outcome Data](#)
[Recruitment](#)
[Training Modules](#)

- Duties
- Ethics Training
- Mental Health Services Act

[Training Recordings](#)
[Welfare & Institutions Code](#)

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

Legislative Advocacy

CALBHB/C leadership supports legislation and budget items in response to issues reported from CA's 59 local mental/behavioral health boards & commissions.

Join with us by writing to your legislators after reviewing "[Understanding your Role](#)".

AB 32: Telehealth: Expanding Healthcare Accessibility [Sample Letter & Fact Sheet](#)

SB 224: Pupil instruction [Sample Letter & Fact Sheet](#)

HR 432: Mental Health Access [Advocacy](#)
(National Council for Behavioral Health)

Understanding Your Role

As Individuals: Individuals can and should contact their legislators! Legislators especially appreciate hearing from residents within their districts.

For ADA compliant or [printed copies](#) of CALBHB/C documents and resources, contact cal@calbhbc.com

As Advisory Bodies: Local mental/behavioral health boards/commissions are in an advisory role. In most counties, legislative advocacy is handled through the Board of Supervisors / Executive Office.

Visit our [legislative advocacy page](#) for more information and updates.

CALBHB/C Issue Briefs



[Board & Care \(ARF or RCFE\)](#)
[Children & Youth](#)
[Criminal Justice](#)
[Disaster Prep/Recovery](#)
[Employment](#)
[Older Adults](#)
[Performance Outcome Data](#)
[Suicide Prevention](#)

Issue briefs address issues impacting communities throughout the state to help boards/commissions in their advisory capacity. Questions: cal@calbhbc.com

Recommended Reading / On-line Media

Access

[Addressing the Crisis in Our Streets: LPS Act Convening](#), Steinberg Inst. Recording

[How to Transform the U.S. Mental Health System](#), RAND Corporation, 2021

[New Law Strengthens CA's Mental Health and Substance Use Disorder Parity Statute](#), SB 855, CA Department of Managed Care Fact Sheet

COVID-19

[Adverse Impacts of COVID-19 on Children with Serious Emotional Disorders](#), SAMHSA, March 3, 10:00 - 11:30 am PT

Prevention & Early Intervention

[Risk & Protective Factors' Role in Strategic Planning & Program Delivery](#), MHSOAC, March 17, 12:30 pm

[State & Local Evaluation of PEI Activities](#), MHSOAC, March 24, 9:00 am

[Reducing the Negative Consequences of Mental Health Needs](#), MHSOAC, April 5, 12:30

Substance Use Disorder

[Medication Options for Treatment of Stimulant Use Disorders](#), National Council for Behavioral Health, March 2, 10 am PT

[MHSA COVID-19 Flexibilities Extension Fact Sheet](#), DHCS

[How ACEs Aware Training Can Support Providers and Patients During COVID-19](#), Aces Aware, February 24, 12 - 1 pm

Culture, Ethnicity, Race

[CA Reducing Disparities Project](#):

Community Defined Evidence Practice Outcome One-Pagers and 10-minute recordings for:

- Asian American Pacific Islander
- African American Black Identified
- Latino Latinx
- LGBTQ+
- Native American

Peer Support

[Stakeholder Listening Session](#), March 2

Performance

[Building a Racial-Equity Approach to Full Service Partnerships \(FSPs\)](#), March 4, 10a

Suicide

[New Guidelines on Suicide Screening During Telehealth](#), National Action Alliance for Suicide Prevention

Telehealth

[Telehealth's Rapid Adoption in 2020 and Building Sustainable Telehealth Programs for the Future](#), National Council for Behavioral Health Recording

[Patients with Low Incomes and Their Providers Agree: Continue Telehealth](#)

Patients with low incomes and their providers are generally satisfied with telehealth and want it to continue, but payment parity and access to technology are key to ensuring continued access. CA Health Care Foundation

[Mental Health in a Pandemic: How California Can Do Better for All](#) - The use of telehealth

to close access gaps. Also see: [Opinion: As Telehealth Expands, We Must Include Diverse Communities](#), CA Health Report, Kiran Savage-Sangwan

Trauma-Informed Care

[ACEs Aware Trauma-Informed Network of Care Roadmap DRAFT - Especially see Section 4: Milestone for Communities, p. 66.](#)

Grants/Funding

Access

[As Need for Mental Health Care Surges, A Funding Program Remains Underused](#), CA Health Report

[Certified Community Behavioral Health Clinic \(CCBHC\) Grants](#), SAMHSA, Applications Due March 1 2021

Older Adults

[Learning Collaborative: Community Partnerships to improve Depression Care for Older Adults](#), Archstone Foundation, University of Washington and University of California

Prevention & Early Intervention

[The MHSOAC Request for Application 002 \(RFA-002\)](#) for the Early Psychosis Intervention Plus (EPI Plus) Round 2, with a focus on addressing the disparities which

COVID

Costs of purchasing [PPE and telehealth equipment](#) for providers and staff are allowable costs of delivering services for county-operated and county-contracted providers in Specialty Mental Health, Drug Medi-Cal (DMC), and Drug Medi-Cal Organized Delivery System (DMC-ODS). The PPE and telehealth equipment must be used to provide patient care.

Digital Technology

- [Individuals](#) - Internet and Devices: www.digitalaccessproject.org
- [Computers for Classrooms](#) - Low cost Windows PCs to Californians
- [Skilled Nursing Facilities+](#) for tablets and accessories

exist for African Americans, Asians and Pacific Islanders, Latinxs, LGBTQ+, Native Americans, and other traditionally underserved or inappropriately served populations (Diverse, Racial, and Ethnic communities).

Workforce

[CalHealthCares Loan Repayment Program](#) - Loan repayment on educational debt for CA physicians and dentists who provide care to Medi-Cal patients. Awards up to \$300,000 in exchange for a five-year service obligation. Application Deadline: February 26

Meetings (State Councils/Departments)

[MHSOAC Research & Evaluation Committee Teleconference](#), February 24, 1 pm

[MHSOAC Meeting](#), February 25, 9:00 am - 1 pm

CA Behavioral Health Planning Council Meetings, April 14 -16

- [Performance Outcomes Committee](#)
- [Patients' Rights Committee](#)
- [Workforce and Employment Committee](#)
- [Legislation Committee](#)
- [Housing & Homelessness Committee](#),
- [Systems & Medicaid Committee](#),

[DHCS Behavioral Health Stakeholder Advisory Committee](#), April 29, 9:30 am

[CA Council on Criminal Justice and Behavioral Health](#), April 30, 2 pm

Evaluate Us!

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

Report to Us!

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

Contact CALBHB/C: info@calbhbc.com www.calbhbc.org

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