Mendocino County Behavioral Health Advisory Board

2019 Annual Report

Prepared by Jan McGourty, Board Chairman, MPA

Mendocino County Behavioral Health Advisory Board
2019 Annual Report

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ADDENDA

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C. Visit to Grass Valley CSU

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Letter from the Chair

December 18, 2019

To the Honorable Supervisors, County Staff, and all those who labor so diligently to help the most vulnerable among us - the mentally ill.

As I conclude my fifth year of service on the Behavioral Health Advisory Board, and my third year as chair, I am heartened by the progress I have seen. Since I stepped into this world through the door opened to me by my son, I have learned a great deal - about the courage of those affected by mental illness, about the stamina of those who care about and for them, and about the far-reaching improvements that remain to be accomplished. Much of my learning has resulted from attending a myriad of meetings at the state, local and national levels. I can share that people all over the country are trying hard to make the world a better place for our loved ones against unbearable obstacles and hardships. Unfortunately, the lack of mental health services has resulted in those burdened with a mental disorder to end up in the criminal justice system, their lives further shattered by lack of treatment and opportunity to lead a productive life. Yet we plod on.

In the past five years the following has come into being in Mendocino County:

- Behavioral Health Court, under the compassionate oversight of Judge Ann Moorman.
- Competency training offered in the county jail to eliminate lengthy waiting for a psychiatric bed, a time during which an individual often decompensates further.
- The national Stepping-Up initiative established in Mendocino County for the purpose of diverting mentally-ill individuals from incarceration.
- Crisis Intervention Training initiated for first responders and mental health workers to prevent undesired outcomes to mental health crisis such as death.
- The Center for Healing Hearts established as a respite resource center in Round Valley, an extremely rural community troubled by residual historical trauma
- Medi-Cal billing practices improved so dramatically that the County does not have to return money to the state.
- Detailed reports on the status of SMI services provided by the County's contractor, RQMC.
- Passage of a county tax initiative to raise money for our homegrown psychiatric facilities.
- The former Mental Health Advisory Board expanded to become the Behavioral Health Advisory Board, since substance abuse is so frequently co-occurring with mental health disorders.

In 2019 alone, the following has been accomplished:

- Willow Terrace, a stellar collaborative endeavor, opened to provide affordable supported housing for 37 individuals with mental illness who were homeless or at risk
- of being homeless.
- Felony competency training was approved by the state and contracted with the Sheriff's office. Formerly only misdemeanor competency training was available.
- Forward movement with Measure B by hiring a project manager and selecting an architectural firm.
- A BHRS employee was placed in the jail to act as a discharge planner and follow the mentally ill who find themselves enmeshed in the criminal justice system.

There is still much work to be done, including completing a Sequential Intercept Map to learn the gaps and duplications in mental health services in our county, and creating a community-based Crisis Intervention Team (CIT) program in the County to improve responses to mental health crisis.

The mission of the Mendocino County Behavioral Health Advisory Board is "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." I am grateful for all who work so diligently for this mission in our county, from Sheriff Allman, Captain Tim Pierce, Judge Ann Moorman, J. Holden, HHSA Director Tammy Moss-Chandler, Mental Health Director Jenine Miller, Psy.D., Tim and Camille Schraeder, Wynd Novotny and all other providers, to present and former members of BHAB, all those associated with NAMI Mendocino and the family members of those suffering from mental illness.

Because our purpose is to act as advisors to the Board of Supervisors, I hope that our elected leaders will respect the work the BHAB does and find a way to hear us so that they can make good decisions on actions and policies regarding the mentally ill. We have a lot to offer.

With warmest regards,

Jan McGourty, MPA
BHAB Chairperson 2017, 2018 & 2019

Status of the Behavioral Health Advisory Board

Meetings:
Regular BHAB meetings were held the 3rd Wednesday of each month. One special meeting was held in January to review the Three-year Plan 2018-2019 Annual Update. Board members traveled from Elk to Covelo to Hopland, and teleconferences between Fort Bragg and Ukiah were held every other month. The teleconferences help eliminate board member travel, but are frequently frustrating. There is a continued effort to improve the technical challenges and make this method more efficient and reliant. Notice of all meetings were made public, and agendas and minutes are available on the County website. Note initial meeting schedule on the next page.

Membership:
We are continuing to work with the Clerk of the Board to ensure our term limits will be consistent with our bylaws. This will be ongoing until the end of 2021. The following table shows the term limits at the beginning of 2019:

Board Member	District	Member Since	Term Ends
Jan McGourty	1	December 2014	12/31/19
Denise Gorny	1	January 2012	12/31/20
Lois Lockart	1	October 2015	12/31/21
Sergio Fuentes	2	2019	12/31/20
Dina Ortiz	2	February 2013	12/31/19
Michelle Rich	2	March 2018	12/31/21
Amy Buckingham	3	July 2018	12/31/20
Richard Towle	3	October 2018	12/31/21
Meeka Ferretta	3	October 2017	12/31/19
Emily Strachan	4	May 2015	12/31/20
Tammy Lowe Bagley	4	April 2013	12/31/19
Lynn Finley	4	October 2018	12/31/21
Patrick Pekin	5	October 2016	12/31/21
Martin Martinez	5	July 2017	12/31/19
Flinda Behringer	5	July 2017	12/31/20

Mendocino County Behavioral Health Advisory Board

2019 Meeting Schedule

MONTH	DISTRICT	PLACE
January 16	Willits	WISC Office, 472 E. Valley Road
	Fort Bragg	Fort Bragg Library - 499 E. Laurel St.
February 20	Redwood Valley	Consolidated Tribal Health, 6991 N. State St.
March 20	Ukiah	Ag Building, 890 N. Bush St.
	Fort Bragg	Seaside Room, 778 S. Franklin Street
April 17	Anderson Valley	LAUREN's CAFE 14211 CA-128, Boonville
May 15	Fort Bragg	Seaside Room, 778 S. Franklin Street
	Ukiah	Ag Building, 890 N. Bush St.
June 19	Covelo	Yuki Trails, 23000 Henderson Road
July 17	Ukiah	Ag Building, 890 N. Bush St.
	Fort Bragg	778 S. Franklin Street, Seaside Room
August 21	Elk	Greenwood Community Center, 6129 S Hwy 1
September 18	Ukiah	Ag Building, 890 N. Bush St.
	Fort Bragg	778 S. Franklin Street, Seaside Room
October 16	Hopland	Veterans' Memorial Building
November 20	Ukiah	Ag Building, 890 N. Bush St.
	Fort Bragg	778 S. Franklin Street, Seaside Room
December 18	Willits	111 E. Commercial Street

1st District	2nd District	3rd District	4th District	5th District
3	5	2	6	2

2019 Committees

There were four committees created at the beginning of the year, and several added in the months following. The 2019 committees were:

Housing Committee. (Denise & Lois)
PURPOSE: Advocate the need for affordable housing, support agencies that are actively working to obtain it, and fight against *Not In My Backyard (NIMBY)* stigma.
GOAL: Join Healthy Mendocino Community Health Improvement Project (CHIP) Housing Action Team.

Employment Committee. (Michelle)
PURPOSE: Advocate the need for employment in the mental health field.
GOAL: Work with Healthy Mendocino Community Health Improvement Project (CHIP) Mental Health Action Team.

Flow Chart Committee. (Emily and Patrick)
PURPOSE: Create a flow chart of mental health services

Dual Diagnosis. (Dina)
PURPOSE: Research program requirements for Mental Health and Substance Abuse. Analyze obstacles for joint participation and target critical agencies for change.

Contract Committee. (Sergio, Richard, Lynn)
PURPOSE: Oversight of contracts between County and other entities.
GOAL: Review contracts of BHRS.

Site Visit Committee. (Martin, Richard, and Michelle)
PURPOSE: Maintain a relationship with behavioral health agencies.
GOAL: Visit all clinics within the county where behavioral health is provided.
In addition, it was advised that each board member visit the site of a mental health facility during the year.

Appreciation Committee: (Martin, Meeka, and Richard)
PURPOSE: Create ways to recognize Behavioral Health Department staff to show appreciation and avoid burnout.

Membership Committee: *(Members)*
PURPOSE: To review and recommend candidates for any open BHABpositions.
GOAL: Maintain full seating of BHAB

Nominating Committee: (Emily, Richard, Denise)
PURPOSE: To choose 2020 officers.
GOAL: Have selection of 2020 officers in place by November for election in December.

Data Notebook Committee: (Michelle and Dina)
PURPOSE: To research information asked in the 2018 Data Notebook for CAL /California Mental Health Planning Council.
GOAL: Completed and submitted the 2018 Data Notebook in April 2019.

Accomplishments

By-laws Committee (2018)**: Waiting on Board of Supervisors for By-Laws amendment.**

Flow Chart Committee: Goal met
Members Pekin and Strachan worked hard work with county staff to create flow charts for mental health services in each of the major population areas of the counties. Brochures have been created for the following communities: Ukiah, Willits, Fort Bragg, and Anderson Valley (See addendum). Still to be developed are brochures for Round Valley, Laytonville, and the South Coast.

Appreciation Committee: Goal met
Committee members distributed Certificates of Appreciation to all County mental health workers. Letters were also sent to agencies thanking them for the work they do with this most challenging population.

Site Visits: Goal met.
Clinics: BHAB Members made an effort to interview all clinics with the County who serve mental health clients. They were successful in conducting interviews with the following: Mendocino Community Health Clinics (MCHC) located in Ukiah, Lakeport and Willits, Mendocino Coast Clinics (MCC) in Fort Bragg, Anderson Valley Health Center (AVHC), Consolidated Tribal Health, and Yuki Trails and the Round Valley Indian Health Center. They were unable to make contact with Ukiah Valley Rural Health Center and Baechtel Creek Center. The clinics on the south coast do not currently have staff. See the Summary of Results in the addendum.

The clinics serve mild to moderate behavioral health clients. Common concerns are:

- Most, if not all, psychiatrist consultations are done by teleconference
- Stepping up to a higher level of behavioral health care through RQMC can be difficult
- There are no psychiatrists available for clients with private insurance.
- Transportation
- Post-crisis return can be challenging

Jail: Members McGourty, Towle, Martinez and Fuentes toured the jail.

Nevada County Crisis Stabilization Unit: Members McGourty and Fuentes traveled to Grass Valley with Supervisor Williams and HHSA director Tammy Moss-Chandler to tour the CSU facility. See report attached and supporting documents of the assessments they use.

Data Notebook: Completed

The Data Notebook is a tool developed by the California Behavioral Health Planning Council (CMHPC) to gather, compile, and communicate information among the counties/local jurisdictions to the state of California. The 2018 Data Notebook was completed by Michelle Rich and Dina Ortiz. Michelle Rich and Dina Ortiz will also be completing the 2019 Data Notebook with the help of staff and contracted service providers on the topic of "Trauma-informed principle of care across the lifespan."

CIT

There has been an effort this year to perform Crisis Intervention Training on behalf of the Behavioral Health Department. In February and April 2019, three-day trainings were held at Consolidated Tribal Health in Redwood Valley for all law enforcement personnel, first responders and mental health providers. The programs were presented by a team under the direction of Joel Fay, Psy.D., ABPP. It remains the goal longtime recommendation of the BHAB that certified trainers be created within the county.

In July Chair McGourty was honored to attend the CIT International Convention in Seattle (See the report in Addendum.) where it was learned that CIT is more than training. CIT is establishing a community team composed of behavioral health, law enforcement and advocates to promote safety in mental health crisis. As a result, the BHAB establishing a *Crisis Intervention Team* (CIT) program in Mendocino County.

Stepping-Up Initiative: Keeping it Alive

The BHAB has not lost sight of the objective of the Stepping-Up Initiative, which is to prevent mentally ill people from being incarcerated. The initiative began in 2015, and Mendocino County was the first county in California to pass a resolution supporting it and a Mendocino County contingent attended the California Summit held in 2017. It has been challenging to keep regular meetings and find a time for all key players to come to the table. In April 2019 NAMI Mendocino sponsored educational forums in Ukiah and Fort Bragg on Stepping-Up in collaboration with the Executive Office. This helped stimulate interest and assist in gathering together the multi-agency collaboration of mental health, law enforcement, probation, courts, etc.

Measure B

Chair McGourty was appointed to the Measure B Committee by the BOS on January 2, 2018 as a representative of the BHAB and has served on the committee for two years. While the Measure B committee has had a difficult time getting focus, it should be noted that many of the recommendations forwarded to the BOS from the Measure B Committee were initiated in the BHAB. Because the voice of the BHAB is so important, it would seem prudent to allow an alternate to sit in the BHAB's place at Measure B meeting when the appointed individual is unable to attend. A new representative will need to be appointed when McGourty leaves the BHAB.

Education

Guest Speakers: Several guest speakers presented information to the BHAB**.** They included the following:

- Adrienne Carfi, RN, is administrator of NaphCare Health Services at the jail in July. She reported on what is happening since there was a change of providers and answered questions.

- Lieutenant Shannon Barney and Officer Cindy Bartley from the Coroner's office reported in August. The Coroner is responsible for all deaths not signed off by a doctor. They reported on number of suicides in the county to date, the types of suicide and locations.

- Dennis Aseltyne and Gayle Zepeda from College visited the BHAB in September. Gayle shared the mental health support the college provides students. Dennis presented the information he had gathered on a Psych Tech program for possible inclusion at the college. The best scenario would be to have a satellite of the Napa College program since they already have a productive one.

- William Feather, director of inmate services at the jail, reported to BHAB in November. He described all of the services that are now available which people are incarcerated, including the opportunity to complete college credits.

Letters of Support

- Letter sent in support of grant to Bureau of Justice Assistance for Stepping-Up funds.
- Letter sent to Mendocino College recommending that they institute a Psych Tech program.

Advisement

One of our primary jobs, as stated in the Mental Health Services Act, is to advise our Board of Supervisors (BOS) on issues and concerns regarding mental health in our county. Because there is no clear policy for forwarding recommendations from the BHAB, communicating them is often done during public comments at regular BOS meetings. This process may not be efficient, as there does not seem to be follow up by the Supervisors. Following is a summary of 2019 presentations:

January 8, 2019 (from the 2018 Annual Report)

- BHAB recommends that the BOS allow employees time to serve on board such as ours as part of job duties.
- BHAB supports the recommendations of the Kemper Consulting Group in their report of August 2018 and recommends that the Board of Supervisors implement the actions is this report.
- From intensive study of the Kemper Report, the BHAB also makes the following recommendations to the Board of Supervisors (see in Addendum).
- Note BHAB recommendation on Program Services #5: Mendocino County should take the lead in promoting legislation to provide private insurance parity with mental health Medi-Cal.

April 23, 2019

BHAB recommended to the board that it be involved in writing the RFP for a psychiatric facility in a timely fashion. One of its duties is to *"review and evaluate the community's mental health needs, services, facilities, and special problems.*" BHAB has studied the Kemper report in depth and thus is critically aware that there are regulations for each of the different psychiatric facilities This is why it had initially recommended a Request for Information. There are experienced and qualified people on the BHAB who are capable of providing valuable input on the Request for Proposal that was recommended by the Measure B Committee and accepted by the BOS who should be included in the process.

Note: The BHAB was included in the RFP/RFQ process of selecting Nacht & Lewis.

October 22, 2019

The Behavioral Health Advisory Board recommended that a CIT program be implemented in Mendocino County and that Major Sam Cochran be invited to come and assist.

BHAB 2019 Recommendations to the BOS

1. Implement a Crisis Intervention Team Program (CIT) in Mendocino County with the help of Major Sam Cochran of CIT International.

2. Establish a regular channel of communication between the BHAB and the BOS so that recommendations are addressed.

3. Encourage Mendocino College to implement a satellite Psych Tech certificate program in collaboration with Napa Community College.

4. BHAB supports the County in its efforts to promote parity and to serve mental health clients with any insurance, not just Medi-Cal, as propagated the CCAC policy platform.

5. Recommendations from the Contract Review Committee:
   a. The BRHS make available all contracts in a timely manner (i.e. prior to the BOS the next day) without the necessity of request for the following reasons:
      i. It is the duty of the BHAB to review all County contracts
      ii. The BHAB may or may not be aware of ongoing or new contracts being considered.
      iii. It allows efficient use of time for contract review.
   b. The BOS begin the RFP process immediately for adult mental health service for 2020/2021. The current contract has been a no-bid contract since it was transferred to RQMC several years ago.
   c. The three forms to record grievances listed below be revised and combined into one form with program check-off boxes that can be completed by staff if necessary. The current process is cumbersome and confusing to consumers and their families as well as in the compilation report.
      i. MHSA Issue Grievance Resolution Request
      ii. BHRS SUDT Appeal/Grievance Request
      iii. BHRS Grievance/Appeal/Expedited Appeal Request
   d. A compiled report on all grievances be reported to the BHAB monthly.

Meet the Board Members

District 1 (Carre Brown)

Jan McGourty: Joined the Mental Health Board in 2014 after retiring from teaching. She is an active NAMI member, serving on the NAMI Mendocino Board and as a Family-to-Family Facilitator. Ms. McGourty holds a Master's degree in public administration and infrequently attends the MHSA Oversight and Accountability Commission meetings.

Denise Gorny: Ms. Gorny has been a member of the BHAB for seven years. From her early childhood experience with a mother periodically institutionalized for mental illness, and her experiences both a single mother and foster parent, she developed a passion for advocating for the mentally ill, the disabled and the disadvantaged. She has done this professionally by serving at both state and local organizations. Currently she works for the State Council on Developmental Disabilities and continues to advocate for disabled rights, services and systemic change.

Lois Lockart: Ms. Lockart, a.k.a. *Redwood Flower*, joined the BHAB in 2015. A First Nations tribal elder, retired cosmetologist and tribal administrator, she holds an associate degree in business administration. Ms. Lockart is informed in all tribal government issues and has collaborated with federal, state and local governments on such issues as education, housing, transportation, law enforcement, and all aspects of health and welfare. She is particularly conscious of the spiritual and environmental components of our community and worries about the state of the world for following generations.

District 2 (John McCowan)

Dina Ortiz: Dina Ortiz was appointed to the Mental Health Board in 2014. Ms. Ortiz is a Licensed Clinical Social Worker with a specialty in nephrology mental health. She has been working in the mental health field for over 30 years. She is currently employed at the Dialysis Clinic where she educates and supports patients and their families. Besides serving on the BHAB, Ms. Ortiz volunteers at Plowshares and Red Cross as a mental health provider.

Michelle Rich: Michelle Rich joined the Behavioral Health Advisory Board in 2018. She holds a B.A. in Linguistics and a M.S. in English Literature. She brings with her a background in non-profit development and grant writing. Ms. Rich is employed by the Community Foundation of Mendocino County where she is currently the Manager of Special Projects. Previously, Ms. Rich has served as an AmeriCorps VISTA member, primarily working on the Healthy Mendocino website. Subsequently, Ms. Rich served on the Healthy Mendocino steering committee for five years and was chair for the last three years of her tenure. She is an alumna of Leadership Mendocino Class XXV.

Sergio Fuentes: Sergio Fuentes joined the BHAB in 2019. He is an attorney in the Ukiah area.

District 3 (John Haschak)

Richard Towle: Richard Towle moved to Mendocino County in 2012 after a rewarding career in healthcare I.T. at Alta Bates/Sutter Health in the Bay Area. He left work after being diagnosed with a rare form of adult onset Muscular Dystrophy that led to his ongoing major depression and generalized anxiety. He is seeing a Psychiatrist in Santa Rosa and a local therapist/LCSW. He had been living as a recluse until April of 2018 when he started volunteering in various capacities at the insistence of his therapist. He has been one of the most productive BHAB members and we are so happy he joined in 2018.

Amy Buckingham: Amy joined the BHAB in 2018. She was born and raised in Covelo and has worked in the county for eleven years. She is presently the Director of Emergency Services at the Adventist Health Howard Memorial Hospital in Willits. She is inspired to help make Mendocino County the best place to receive medical care.

Meeka Ferretta: Meeka is a third-generation resident of the most northern part of the third district. She holds a Bachelor of Arts in Psychobiology from UC Santa Cruz and is currently in working on a Master's program in Marriage and Family Therapy at Northcentral University. Upon completion she plans to work as an LMFT in this county. She served on the Shelter Cove Resort Improvement in Southern Humboldt County from 2005 to 2009 and has worked at Camp Winnarainbow in Laytonville.

District 4 (Dan Gjerde)

Emily Strachan: Emily Strachan worked as an Information Systems Manager and has extensive experience managing large organizations. She holds an MA in Political Science and worked overseas in business. She is an active volunteer on the coast, serving on the board of the Mendocino Volunteer Fire District. She also volunteers as a crisis worker for Project Sanctuary.

Lynn Finley: Lynn joined the BHAB late in 2018. A native of Fort Bragg, she has been involved in healthcare since 1988 when she began her healthcare path in Anderson Valley as a volunteer on the Ambulance Service. She attended the Nursing Program at the Fort Bragg campus of College of the Redwoods. Her path took her to Sonoma County and then to Colorado where she got to experience different Healthcare systems and experiences which she brought home to Mendocino County. Finley has a Business Associate degree in Business Management, as well as a Master's in Public Administration with an emphasis in Healthcare. She is presently the Chief Nursing Officer at the Mendocino Coast Hospital passionate about bringing the services to the outer communities.

Tammy Lowe: Tammy joined the board in 2013, having been frustrated in finding help for her son. She is a sixth generation Mendocinan; her ancestors include Point Arena native Pomos, the first loggers and later salmon fishermen. She continues to be a formidable advocate for improving mental health services, and is happy to have seen progress over the years. Tammy is one of the best people on the coast to know what is happening on the street. She has learned how to get help for families who care for a loved one with mental illness and is generous in sharing her knowledge with others.

District 5 (Ted Williams)

Patrick Pekin: Patrick Pekin is an attorney who currently practices Criminal Defense. He often runs into mental health issues while serving his clients. Mr. Pekin has worked overseas as an English teacher, and is a volunteer firefighter with the Mendocino Volunteer Fire District. He joined the BHAB in 2016.

Flinda Behringer: Flinda Behringer joined the BHAB September, 2017 and comes to us from the east coast. She holds a MPA and a MS in Social Work and is a LCSW. She has worked as a SUDT and VA counselor, has supervised primary care for the VA, and has developededucational programs for a variety of mental health venues. She volunteers with the Little River Environmental Action Group and the Mendocino Community Library, and previously volunteered as president of the board of directors for Hospice Care in New Hartford, New York.

Martin Martinez: Mr. Martinez also joined the BHAB in 2017. He is currently the works at the Redwood Valley Rancheria and has served in many tribal positions. He holds an associate degree in Alcohol & Drug Program and has served in various local and state committees representing his community and creating policy in mental health and substance abuse. He is recognized as a spiritual advisor, facilitates the Red Road program for sobriety, and is a valuable volunteer asset at the jail. Mr. Martinez speaks the central Pomo language and is active in preserving many Pomo traditions.

ADDENDA

RECOMMENDATIONS

Mendocino County Behavioral Health System Program Gap Analysis & Recommendations for Allocation of Measure B Revenues

by Kemper Consulting Group
August 2018

MENDOCINO COUNTY
BEHAVIORAL HEALTH ADVISORY COMMITTEE

Jan McGourty, Chair
November 14, 2018
Amended December 17, 2018

KEMPER'S RECOMMENDATIONS FOR PROGRAM SERVICES (page 41)

*	Service	Details	Consultative Results for Recommendations
1	PHF or other inpatient psychiatric care	Ave. 3-5 days Max. 30 days	- Put out a detailed RFI (Request for Information) for all pre-crisis and crisis facilities including staffing and maintenance requirements for each type of facility
2	Crisis Residential Treatment (CRT)	3 mos. maximum	- It is imperative to create a CSU/CRT facility in Fort Bragg that can serve pre-crisis and 5150 holds in collaboration with coast community and agency partners. - Create a multiple use facility to consolidate staffing needs - Explore other venues besides RCS Orchard Street Project and old Howard Hospital
	Types of Involuntary MH Holds 5150 - 72 hours 5250 - + 14 days 5270 - + 30 days		
3	Crisis Stabilization Unit (CSU)	24 hrs. pending legislation to extend 72 hrs. (??)	
4	Expanded outreach	3 mobile teams: 4 days/week 8:00 a.m. - 6:00 p.m.	- Expand the Mobile Outreach Program Services (MOPS) to serve more locations with more hours. - Verify that each MOP team has two persons (sheriff tech & MH employee)
5	Outlying/Remote areas of county		- Mendocino County should take the lead in promoting legislation to provide private insurance parity with mental health Medi-Cal services. - Focus on collaboration with clinics around the county for MPS/RQMC continuation of care, using teleconference service if necesary.

KEMPER'S RECOMMENDATIONS FOR PROGRAM SERVICES **CONTINUED**			
*	Service	Details	Consultative Results for Recommendations
6	Expand support programs & wellness efforts	• med management • employment services • family support	.– : Create common definitions for "wellness" and "cultural competency." .– : Expand existing TAY (Transitional Age Yourth) services to include adult care. .– : Encourage and support employersand physicians to integrate physical, emotionaland spiritual personal wellness so health needs are met. .– : Expand hours of wellness coaches to navigate MH system into outlying areas .– : Provide more family support, particularly non-traditional methods.
7	Day Treatment	Definition: • Licensed facility • BH treatment • outpatient care • MD supervision • written client plan	.– : Include a Day Treatment in any facility's program
8	Supportive Housing		.– : Build a range of integrated supportive and inclusive housing throughout the county. .– : Fund fiscal barriers for housing.
9	Partial hospital care Rehabilitative care Board and Care		.– : Build at least one board and care facility that is Medi-Cal billable.
10	Expansion SUDT		.– : Hire more counselors, particularly in outlying areas. .– : Collaborate with schools for prevention, particularly in tribal communities,.
11	5-Year Plan Develop continuum ofcare		.– : Review the proposed 5-year plan of continuum of care by all stakeholders and collaborative partners.

KEMPER'S RECOMMENDATIONS FOR ACTION & POLICY **(page 43)**		
1	Supplement services NOT supplant services	.– Hire a dedicated Project Manager tooversee implementation of Recommended Actions on Measure B and manage all contracts.
2	Biannual Review Process	.– Review the progress of services and their cost every six months, noting any barriers to service.
3	Prudent Reserve of Measure B Funds for years 6-10	
4	Separate annual accounting of Measure B revenues/ expenditures	.– Collaborate annual Measure B accounting with Project Manager and County Auditor.
5	10-Year Strategic Plan	.– Plan for future sustainability. .– Annual review of plan with flexibility for amendment.
6	Restructure data provided by BHRS, RQMC & subcontractors	.– Report data by program & region in both children and adult systems of care. .– Monitor trends quarterly.

* Key:

Administrative	**Services**	**Facility**

Behavioral Health Advisory Board

2019 Summary of Clinic Interviews

Question	MCHC Mendocino Community Health Clinics	MCC Mendocino Coast Clinic	AVHC Anderson Valley Health Center	Consolidated Consolidated Tribal Health	Yuki Trails Round Valley Indian Health Center
What behavioral health services do you provide?	• Therapy • Psychiatry	• Tele-psychiatry • Counseling for individuals, family, couples, pediatrics, geriatric, chronic pain • sabexim • Rx management Services provided if they are an existing client of the clinic.	• Individual Counseling • Tele-psychiatry • Rx management • Case management • Pharmacy Dispensary Services are integrated with medical clinic.	• Individual & Group therapy • Weekly support for Dom. violence vics • Tele-psych for Rx Mgt. • Red Road • SUDT counseling • Community forums • Social work de-escalate	• Individual & group counseling • Family support • SUDT group counseling • Red Road • Community education • DUI program • Verify services for court, etc.
What insurance do you take?	• Medi-Cal • Medicare • Tricare • Blue Shield • UHC • Sliding Scale	• Medicare • Medi-Cal • Accepts private ins. • Will facilitate enrollment in Covered California	• Any insurance • Sliding scale for • under/non-insured	Any insurance None denied service - apply for Medi-Cal	Any insurance None denied service - Apply for Medi-Cal
Do you handle crisis?	Yes - MD call for warm hand-off	Yes - RCS does 5150	Yes - Talk to PsyD then hand-off to sheriff	Yes - no 5150 assess	Yes - 5150 assessment
Do you see patients post-crisis?	Need referral from RQMC 90 days past	Yes - RCS follows 30-60 days	Need discharge summary	Yes - if long-term client. .Need ROI	Yes - Need ROI
Are you fully staffed?	No	Yes	Yes	Yes	No

Question	MCHC Mendocino Community Health Clinics	MCC Mendocino Coast Clinic	AVHC Anderson Valley Health Center	Consolidated Consolidated Tribal Health	Yuki Trails Round Valley Indian Health Center
Who is on your staff?	• Tele-psychiatrist • 5 LCSW (not all FTE) • 1 pysch NP • 1 MFT	• Tele-psychiatrist • 4 LCSW • 1 PsyD • 1 PA (for Rx mgt.)	• Tele-psychiatrist • 3 PsyD • 1 LCSW • LCSW Spanish-speaking (1X/week) • 1 case manager (PT) • RN (pending) • Health coach (pending)	• Clinicial Psychologist • LCSW • SUDT counsellor • Psych NP (PT) • Payroll director	• Tele-psych (through clinic) • Clinical Psychologist • SUDT counselor • SUDT intern counselor • Receptionist • Maintenance • Psych NP (PT)
Do you have Bilingual/Bicultural staff?	Yes	Yes	Yes	No need	No need
Are they trained in cultural competency?	Yes	Not sure	Yes - not through county	Yes	Yes
Do you use Trauma-informed practices?	Not specifically	Yes	Yes	Yes	Yes
Do you address historical trauma?	Not specifically	Yes	Yes	Yes	Goal - no structure in place

Question	MCHC Mendocino Community Health Clinics	MCC Mendocino Coast Clinic	AVHC Anderson Valley Health Center	Consolidated Consolidated Tribal Health	Yuki Trails Round Valley Indian Health Center
What is working well?	• Good team & supportive admin. • Integrated services reduce stigma • Clinicians serve people without judgement • Birth follow-up for postpartum depression.		• Services meet the needs of community • In-house integration & providers	• Strong team in place • Open communication & transparency has developed trust • Consistent leadership has created financial & administrative stability.	• Services are accessible • People feel cared for and can get help • Strong relationship between staffs • Medical staff is supportive • Wellness Center
What are the challenges	• Four sites - rural • Workforce • Transportation • No-show pop. due to life situation • Step-up to higher level of care • No psychiatrist for private pay • No specialty MDs	• Recruiting/retaining staff • Do not serve anyone not under their primary care	• Language • Stigma in Spanish-speaking population • Life situation of clients • Lack of pharmacy • Step-up to higher level of care • Transportation	• Trust • Building bridges when trust has been broken	• Staff recruitment & retention • Isolated community • Historical trauma • Distance from clinic • Lack of resources • Confidentiality (small community) • Transportation • Wild dogs = danger

Question	MCHC Mendocino Community Health Clinics	MCC Mendocino Coast Clinic	AVHC Anderson Valley Health Center	Consolidated Consolidated Tribal Health	Yuki Trails Round Valley Indian Health Center
What barriers do you see for referrals and warm hand-offs?	• Follow-up with RQMC for severely mentally ill clients.	• Warm hand-off • Working seamlessly with RCS • Access to psychiatric help	• Not ideal process • RQMC is confused & has long waits for entry • Care drops • MOPS inconsistent	• Transportation • Communication with referral agencies	• Distance to clinic & danger fo pedestrians • Inability for warm hand-off • Follow-up put upon clients
What can BHAB do to help you?	• Crisis data on times between referral ➔ assessment ➔ 1st treatment		• Pressure county to monitor contracts	• Listen • Build Bridges with individual tribes	• Advocate • Encourage collaboration • Creative ideas
What can BHRS do to help you?	• Oversight on RQMC • Increase access time • Reduce wait time • Exit interviews RQMC staff • Transport	• Provide 24/7 drop-in because a lot happens at night	• Monitor/audit RQMC contract compliance	• Build relationship with individual tribes • Transitional case mgt. from incarceration • PEI funding continued	• Venue for Youth Project counselor • Transportation • Consult regarding Valley issues • Be present • Facilitate training in valley (ex. Trauma-informed care)

Crisis Stabilization Unit (CSU) Site Visit
Nevada County - August 22, 2019

On August 22, 2019 four people from Mendocino County traveled to Nevada County to tour the Nevada County Crisis Stablization Unit (CSU)located in Grass Valley on the grounds of Sierra Nevada Memorial Hospital which is run by Dignity Health. In attendance were Ted Williams, District 5 Supervisor, Tammy Moss-Chandler, Director HHSA, Jan McGourty, BHAB Chair , and Sergio Fuentes, BHAB member. We met with Director, Sandy Farley, RN. She gave us a tour of the Grass Valley facility and answered our questions. She stated the CSU is to keep people safe and there are guidelines 9 (see below*).

The CSU was built with an SB82 grant and hospital funds. The hospital helps fund the annual budget which is $3.5-4 million a year. Sierra Mental Wellness breaks even, but the county cost is unknown. They work in tandem with the Emergency Department (ED) which is run by Dignity Health and relieve the impact of the mentally ill from the ED. 39-40% of the patients they see are on a 5150 hold. If a hold is still needed after 23.9 hours, they rewrite the hold. They find the 23.9 hours sufficient for 90% of those they see. They are not a certified CSU which requires LPS with locked doors and restraints. Patients who are actively aggressive stay in the ER where they wait for an inpatient bed. A therapist can be called over to help, but the ER staff is not well educated. They also work with "spirit" peer counselors who are 5150 trained. 25% of the 5150 holds are written by law enforcement. A 5150 hold requires medical clearance, so for these reasons they feel it is important to be close to the hospital.

There are four rooms in the unit with video monitoring in each room and the common areas. Monitors are kept at the nurses station and in the back office. Recordings are kept for 7 days. A psychiatrist contracted by Dignity Health is on call by telepsych in the ER. The County provides the building which is on hospital land. CSU staff work 8 hour shifts and are employees of Sierra Mental Wellness which is contracted with Nevada County. Staffing requires 1 therapist/psych tech/LVN per four patients and one RN per 6 patients. Therapists include interns, supervised by an LMFT, who make assessments. Not all staff has had cultural competency training, but they all use trauma-informed practices. Historical trauma is not addressed. Translators are available by phone. There is always one therapist and one RN on shift during the night, and 1-3 therapists during the day. They keep a bin of donated clothing on hand if needed.

In 2018 the CSU provided service 811 times, 410 of which were unduplicated individuals. The ED doesn't keep data on psych patients or referrals, so that number does not include all patients. Five to ten patients are turned away each month, but there is not enough space of staff to enlarge the facility. Regarding warm handoff: it depends on the ROI with Behavioral Health, but generally they occur. Medi-Cal is required for service, so Dignity Health provides help with sign up.

The CSU has an "Acceptance Review Sheet" to ensure that clients meet acceptance criteria. The criteria includes*:

- If on a hold, client must be medically cleared for psych by an MD and not a flight risk.
- Client must be independent, ambulatory and not incontinent. Equipment other than a walker must be cleared by RN.
- If a client takes meds, they must have it with them or have someone willing to bring them.
- Telepsych must be done before presented to the CSU and, if meds are indicated, they must prescribed by ER prior to admission to CSU.
- ETOH (level of ethyl alcohol) must be below 200.
- CSU does not accept Alzheimer's patients and if a client has a developmental delay their admission must be approved by the director.
- If client has skin integrity issues (ex. draining wounds, hx of MRSA, VS, ESBL) they must have antibiotics 24-48 hours prior to being admitted, have their antibiotics with them, and have closed wounds.

In other words, they work closely with the Emergency Department at the hospital and don't accept just anyone. Besides forms for admission and a short assessment, there are standardized procedures for anxiety, agitation, ETOH detoxification and PRN medications that staff follows. There are four hospitals nearby that they can send clients needing hospitalization. Often law enforcement will provide "courtesy transports" and there are four such agencies within the county: Nevada City PD, Grass Valley PD, Nevada County Sheriff and CHP. It should be noted that the population of Nevada County is confined to a much smaller area than we have in Mendocino County.

Their clientele has increased dramatically over the past five years. They attribute this to more knowledge in the community, General Practitioner referrals, and generational needs. In retrospect, some of the lessons learned would be to rework the floor plan of the facility so that the rooms were smaller and more uniform (currently there are two rooms that are slightly larger) which would have allowed more room for meeting with therapists. Also more advertising would be helpful, e.g. pastors, medical community, VA, college, and agencies that serve the public.

Nevada County has 64-bed homeless shelter "Hospitality House" under the direction of Behavioral Health. Four of the beds at the homeless shelter are for Dignity Health, eleven are "low barrier," i.e. not requiring sobriety, and 53 beds are long-term or permanent. They have a homeless outreach team "Home Team" which is funded with a state grant.

All in all, it was an enjoyable experience and we learned a lot.

Respectfully submitted,
Jan McGourty

CIT INTERNATIONAL 2019 CONFERENCE

Seattle, Washington ◆ August 26-28

Reported by Jan McGourty, MPA

CIT - It's More than Training

INTRODUCTION

I attended the 2019 CIT Conference in Seattle, Washington August 26-28. About 1400 people came together from all over the country to share and learn.
The attendants were generally either police officers or those involved in behavioral health, but most were members of crisis intervention teams in some way. I spoke with a sergeant from Maryland, a corrections officer from Montana, a professor of psychology from Michigan, and a behavioral health administrator from Ohio among others. There were a few people from California, the most notable a large continency from Humboldt County. Seattle Police Department was very visible as they came in force and in uniform.

Attending a conference like this is always conflicting. There are so many interesting subjects that are often presented at the same time, and there was only one of me. But because we do not have a true CIT program in Mendocino County, I focused upon those presentations that described setting up a program and long-term successes. Fortunately there was time left over to attend some other workshops. I also attended three of the four keynote speeches, two of which were on related subjects. In addition I visited many exhibits different organizations had brought to the conference and picked up lots of cool stuff.

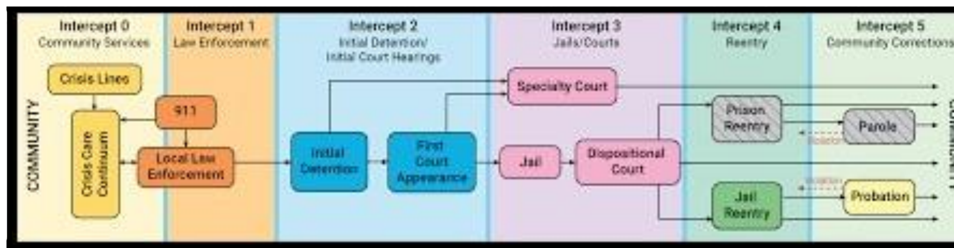
This report is organized as follows:

I. 5 WORKSHOPS: Building and Maintaining a CIT Program
II. WORKSHOP: Meeting in the Middle
III. WORKSHOP: Youth in Crisis
IV. WORKSHOP: A Native American Interpretation of CIT
V. WORKSHOP: Homelessness
VI. KEYNOTE: Implicit Bias
VII. KEYNOTE: The Importance of Sleep

I. BUILDING AND MAINTAINING A CIT PROGRAM

While most of us think that CIT stands for Crisis Intervention Training, directed at law enforcement, its true meaning is Crisis Intervention Team.[1] While training for law enforcement is an important component, CIT is a program that requires entire community buy-in, from law enforcement to behavioral health to advocates and peers. Unfortunately, often interest in initiating such a program occurs after a community tragedy involving a police shooting.

"The CIT Model is not just about policing; it is about community responses to mental health crises."[2] Most importantly, it is about building strong relationships and partnerships to create a system that minimizes the role of law enforcement. The Sequential Intercept Mapping System was mentioned as a vital element in most of the programs I encountered. We know this model from the Stepping-Up initiative.



CIT programs in four states were featured in workshops I attended: Michigan, Ohio, Tennessee and California. They varied from county to statewide involvement. In addition, the first keynote speaker spoke about his work creating the Crisis Now model after Hurricane Katrina in Georgia which has some of the same elements. Finally, I attended the workshop introducing a new resource that has been created by CIT International: Crisis Intervention Team (CIT) Programs; A Best Practice Guide for Transforming Community Responses to Mental Health Crises that was released on August 26 at the conference (I bought a copy).

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[1] CIT began in 1988 in Memphis, Tennessee as a response to the police shooting of a mentally ill individual. The Mayor of Memphis created a task force to seek a new approach to working with persons with mental illness in crisis. The result was what is known as the Memphis Model which includes specially trained police officers and a mental health receiving center. Thirty years later this grassroots effort has grown to include 49 states and four countries as well as CIT International, an organization which provides a forum for CIT Programs to join together.

[2] *Crisis Intervention Team (CIT) Programs; A Best Practice GUIDe for Transforming CommUnity Responses to Mental Health Crises*

A. California ◆ ***How to Build a County Wide CIT Program: The Ventura County Model***

The speakers were Mark Stadler, retired commander from the Ventura PD, and mental health practitioner Scott Walker, MA, both from the CIT Program of Ventura County. This program includes six law enforcement agencies: Ventura PD, Santa Paula PD, Oxnard PD, Simi Valley PD, Port Hueneme PD, and the Ventura County Sheriff's office where the CIT Program is housed. It also includes Ventura County Behavioral Health and NAMI. They think their county-wide program is unique. They have created a CIT academy, and have held 50 training since 2010, three/year with an average of 40 attendees/class. Currently 67% of their Dispatch staff is trained, and 88% of patrol officers. Their goal is 100%.

The program was initiated after litigation following officer-involved shootings in the 1990s. They use the 1988 Memphis and were assisted by San Jose PD and Major Sam Cochrane in setting up their program. In turn, they helped Kern, San Luis Obispo, and Santa Barbara Counties set up CIT programs. They stated the core elements of their program are partnerships, community ownership, and policy & procedures. Sustaining elements are evaluation & research, in-service training, recognition & honor, and outreach.

They hold quarterly stakeholder meetings and have an annual budget of $289,000. $100,000 comes from MHSA PEI funds, and the remainder is from MOAs with the six law enforcement agencies and AB109 grant funding. None of the CIT Academy presenters are paid- they either volunteer or are on duty. They have a 40-hour curriculum that follows the California state-certified course outline and they will share. To collect data they use an *icop* app and CIT reporting template that they created.

Stadler and Walker noted it is very important to build trust between Behavioral Health and law enforcement. Sometimes the different language between cultures can create problems. For example, if law enforcement calls behavioral health and they are not available, law enforcement says they refuse to serve. It is important to get buy in from sergeants and find community champions (persons who can change the culture). Currently they are working on development of a 4-hour curriculum on de-escalation to use in the Academy's Use of Force training.

B. Michigan ◆ *NAMI: The Key to COMMUNITy Collaboration, Partnerships, and SUSTAINABLe Change*.

The presenters were Melissa Misner, a Mental Health Therapist, and Teresa Ritsema, a NAMI member and founding member of the Tri-County CIT Strategic Planning Team. The presentation stressed the importance of NAMI Lansing in helping create this CIT program. It encompasses three counties and is a non-profit organization. They held community meetings in 2015 during Mental Illness Awareness featuring Maj. Sam Cochran (ret). This resulted in the development of a strategic planning committee. They used the Sequential Intercept Map to identify gaps in the mental health system and incorporated as a 501.C3 organization.[3] They have developed a website to collect data and provide education and provided five CIT training in the past three years. Ritsema is an occupational therapist by profession, and aware of the sensory challenges which confronting law enforcement. As an O.T. professional, she recommended using fidgets at CIT training sessions.

C. Tennessee ◆ ***Developing COMMUNITy Partnerships to Expand and Enhance CIT Programs***

Maj. Sam Cochran

The speakers for this session were the Executive Director of NAMI Tennessee, NAMI Tennessee's Director of Advocacy, and Maj. Sam Cochran. Tennessee has 95 counties and 20 NAMI affiliates and although Maj. Sam Cochran helped create CIT in this state, not all counties have a CIT program. The group shared their strategic plan to expand the program statewide and some strategies they use which have been successful from the beginning.

Since NAMI is an advocacy organization, they can identify "Champions" (individuals in local communities who can create change) and convene stakeholder meetings. They begin with a survey of what CIT is and what it is not to bring people onto the same page and create relationships. The Sequential Intercept Mapping tool is core to creating a CIT program and it important to develop an identify to create ownership of the program. (Originally a mental health worker worked without pay for a year to prove the co-responding model worked.) They reclassified calls and found a single point of entry for mental health crisis.

[3] tricountycit.com.

Data is essential for evaluation. Some of the data being collected include call volume, transports, discharge vs. involuntary holds in a state hospital, number of calls resolved without arrest, etc. Again it was emphasized the importance of building relationships and the different language between cultures. They have developed an "In Our Own Voice" (NAMI program of peer experience) for law enforcement.

D. Ohio ◆ *After 18 Years - CIT in EVERY Ohio COUNTY - Here's How*

The State of Ohio has 88 counties and they have been able to establish a program in everyone using a multi-faceted, multi-layered approach, sharing resources freely and openly. The presenters were Ruth Simera and Haley Farver from the Criminal Justice Coordinating Center Excellance at Northeast Ohio Medical University, Melanie White, Executive Director of NAMI Seneca, Sandusky & Wyandot Counties, and retired Lt. Michael Woody, past President of CIT International , who is credited with bringing the CIT program to Ohio in 2000. Because of Lt. Woody's work, the first nation-wide CIT conference was held in Ohio in 2005. They expected 250 people but 750 attended, representing 41 states and Canada, thus becoming an international organization.

The Ohio CIT program was strongly supported by Ohio Supreme Court Justice Evelyn Stratton from its beginning in 1999. Lt. Woody claimed CIT was a "special program for special people" and made participation a challenge and an honor. The education program teaches families to call for a CIT officer at the beginning of a family member's escalation because they know a trained officer will reduce stress. Officers are taught de-escalation techniques that create an environment to reduce risk and allow for collaboration. He gave the example of one field officer (a non-smoker) who always carried cigarettes to use as an ice-breaker for people he encountered.

Lt. Michael Woody

Ohio now has many mature CIT programs. Police departments document CIT encounters and share the data with mental health for follow-up. They use cross-system planning at all levels. The state has a CIT Strategic Plan written by the Criminal Justice Coordinating Center of Excellence (CJ CCoE)[4] in cooperation with the Ohio Department of Mental Health and Addiction Services, the National Alliance on Mental Illness of Ohio, the Office of Criminal Justice Services, and

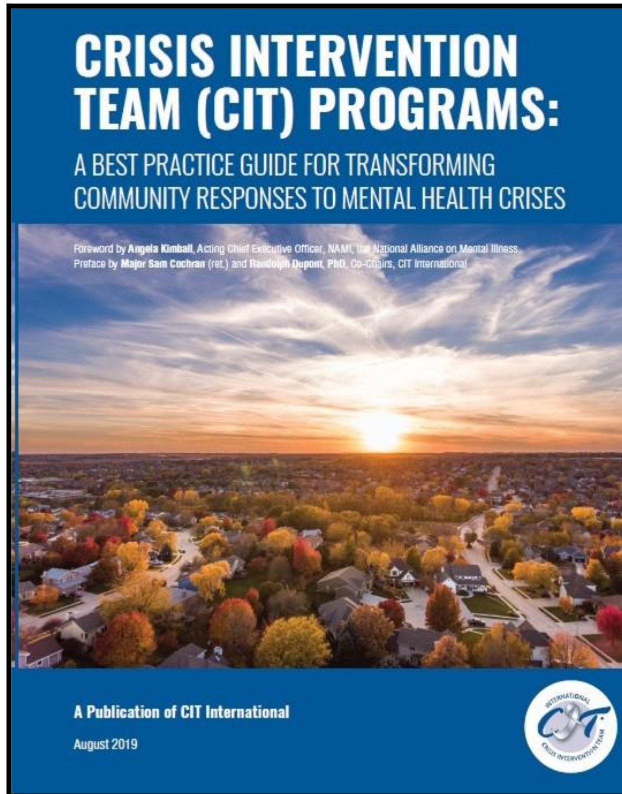
[4] https://www.neomed.edu/cjccoe/

the Ohio Attorney General's Office to provide a roadmap to continue development of Crisis Intervention Teams in Ohio. The plan identifies strategies beyond training to build key elements to strengthen CITs and their foundation for success with the ultimate goal is have a fully developed CIT program in every county, with every law enforcement agency within the county participating. They have succeeded in this goal through a lengthy learning process and through the many steps that are shown in their evolution pyramid[5]. They use "braided funding" and mini-grants to help fund the program and have a plethora of templates for documents and data forms including a peer review summary[6] They are happy to share and blessed me with their binder for **Dispatcher/Call-Taker Training of CIT Trainers.**

[5]https://www.neomed.edu/wp-content/uploads/CJCCOE_CIT_ProgramEvolution.pdf

[6]https://www.neomed.edu/wp-content/uploads/CJCCOE_CIT_Lucas-2010.pdf

E. Crisis Intervention Team (CIT) Programs: A Best Practice Guide for Transforming Community Responses to Mental Health Crises



This publication of best practices released at the 2019 conference includes seven chapters that guide local mental health advocates, mental health professionals, law enforcement and community leaders through the process of starting and sustaining their CIT programs.

CONTENTS

Chapter 1: Learn about Crisis Intervention Team (CIT) Programs and Find Allies
Chapter 2: Make a Commitment
Chapter 3: Understand Your Crisis Response System
Chapter 4: Build the Infrastructure for CIT
Chapter 5: Plan and Deliver Officer Training
Chapter 6: Sustain and Grow Your CIT Program
Resources and Examples

Available for download:
http://www.citinternational.org/resources/Best%20Practice%20Guide/CIT%20guide%20desktop%20printing%202019_08_16%20(1).pdf

II. MEETING IN THE MIDDLE

This workshop was presented by two members of the Seattle Crisis Response Team: Mariah Andrignis, a mental health professional, and Officer Daniel Erickson. Their Crisis Response Team consists of five officers, one sergeant, and one mental health professional, and 70% of their police force is CIT trained. They presented some of the cultural differences between law enforcement and mental health providers which can lead to communication breakdown.

VOCABULARY

PROVIDERS

- Flexible and creative
- Client- centered
- Individualistic
- Housing first
- Harm reduction/limit risk
- Trauma-informed care

LAW ENFORCEMENT

- Emergent Detention
- Contact (primary) & cover
- Exigency

REQUIREMENTS

PROVIDERS

- HIPPA
- Client- centered/Self Determination
- Agency Protocol

LAW ENFORCEMENT

- Exigency & <u>Safety</u>
- Civil vs. Criminal
- Need a "victim" (victim=crime)
- Use of Force consideration (UoF)

SHARED FRUSTRATIONS

- The system is broken
- People fall through the cracks
- There are no easy answers

FOR PROVIDERS/FAMILIES: Calling 911 is a last result for dealing with a crisis, e.g. law enforcement is the last resort. If there is no call, no one comes. When one does call 911, it is necessary to "paint a picture" of what is happening to help officers know what they are responding to. Dispatchers are civilians who follow a script, so use laymen's terms (no name or diagnosis) to describe what is happening in as much detail as possible. Describe actions. Cops look at words, action and

behavior. To help de-escalation efforts, it is good to mention triggers of the client. However, do use specific language if there is a communication issue, such as a non-verbal person.

NOTE: HIPPA does NOT apply to an emergency response (911)
Seattle officers carry cards quoting HIPPA regulation exception

BEST PRACTICES
Responding to a 911 CALL

PROVIDERS

- Designate lead staff
- Keep other clients away
- Follow directions by officer - you can ask questions later
- Are you willing to be a victim? Officer may need a "victim" to detain
- HIPPA does not apply

LAW ENFORCEMENT

- Contact individual who called (case manager)
- Request all other staff to clear area & engage other clients
- Be clear about boundaries & others' expectations for safety
- Ask to describe in laymen's terms the words & actions observed.
- Try to locate providers
- Let providers know where the clients is for follow-up
- Add provider info on the report

NOTE: Seattle PD has created a one page (pdf) CRT Bulletin/Response Plan for chronic offenders. It is an internal document that has confidentiality protection that lists contact information of the client and provider, triggers, behaviors, etc. . It has created a 70% reduction in 911 calls.

Conclusion: working together is a symbiosis. Remember: everyone is human, so seek information and debrief. Engage each other when not on a call. Officers should talk to providers and find out what they can/cannot do. Learn how to access any system with centralized information.

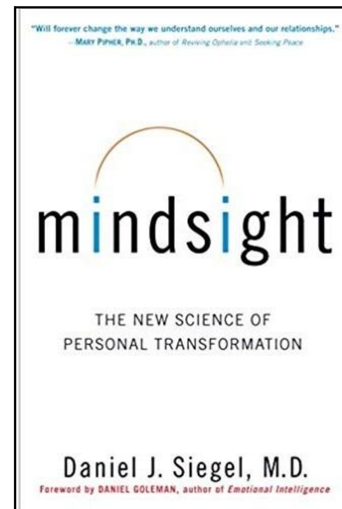
III. YOUTH IN CRISIS

Lori Wood from Charlottesville, NC was the speaker for this workshop, which was very inspiring. Lori is an accomplished instructor, and she used a multi-sensorial approach to her subject matter with much humor. She started by stating when a teen is struggling, we need to notice and support them from their perspective. Youth may be in crisis for a number of reasons, but their behavior is communicates a lack of safety or connection. She presented a simplified color-coded picture of the brain and reviewed the function of each:

BRAINSTEM	LIMBIC	PREFRONTAL
survival/safety	emotion/connection	executive function
	learning	

She noted the brain state a person is in will drive their response and showed a concentric circle with these 3 colors with red on the outside and green in the middle. She mentioned ACES and resiliency and the kids things need.
She asked "what color is your connection?" and listed five way to connect:

1. Relationship, relationship, relationship ("spark of Hope walk")
2. Use what you know
3. Show up and be available
4 Put on a good F.A.C.E.S.*
   F = flexible
   A = adaptive
   C = coherent
   E = energized
   S - stable
5. Keeping boundaries



* "The River of Integration" is mentioned in Daniel Siegal's book.

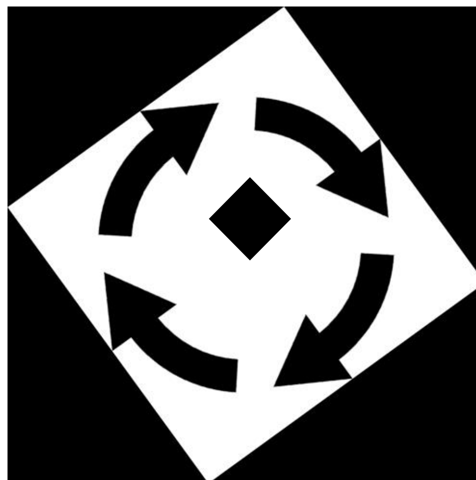
She concluded with a skit centered around a 15-year old boy who was out of control. Using red and green yarns, we analyzed the relationship between him and each of the adults around him. Although he seemed to have a lot of support, all of the relationships were red (lack of safety and security), indicating he was in a red state without support.
This was to illustrate what the environment would be when law enforcement showed up.

IV. A NATIVE AMERICAN INTERPRETATION OF CIT

This workshop was presented by two people from the Barbara Schneider Foundation; Mark Anderson, Executive Director, and LeMoine LaPointe, Facilitator. LeMoine is a member of the Sicangu Lakota tribe whose son was murdered. The workshop was well attended by a number of individuals from diverse careers and different tribes. The Barbara Schneider Foundation was formed in response to her being shot by police during a confrontation in a mental health crisis call in 2000.

LeMoine demonstrated a method which was used to help bring his community, Rapid City, South Dakota together to move forward after a tragedy, focusing on elements within native culture. The dialogue included people from mental health, law enforcement, and the greater community. The conversational process is question-based and lasts sixteen hours with four questions/four hours in each phase. It may be conducted over weeks or months. The premise is that <u>everyone</u> has wisdom and knowledge so everyone needs a voice *"YOUR voice is a pOWERFUL medicine."* He noted creating solutions designed by conversation builds trust *"nothing ABOUT US WITHOUT US."* The anchors are positive attributes of ancestors and history.

<u>Discovery</u>
Best of Past/Present



o **<u>Delivery</u>**

Create what will be

4 **<u>Dream</u>**

What Might Be

Œ **<u>Design</u>**
What Should be

1. **Discovery:** What are the values from long ago? Why are they resilient?

2. **Dream:** Suspend negative judging, blame, fear, etc.
Create an interactive dialogue. How did we become successful nations? What is the "treasure chest" of our gifts, assets, strengths, our positive core?.

3. **Design:** Using data from create a Community Innovation Team and short/mid/long - term goals

4. **Delivery:** How can the goals be implemented? Need commitments with time limits.

Plans designed by Conversation

- Invitation clearly states purpose
- A conversation, not a meeting
- Someone welcomes people at the door
- Tables are decorated with tablecloths & flowers
- Timer/recorder for each group
-
- Ask permission to interrupt elders in advance

V. BEYOND H.O.T. TEAMS ^{3} H.O.T. SYSTEMS

This workshop on the dilemma of the homeless population was presented by Captain Kevin Stiff, Coordinator of Homelessness Response, and Joe Polzak, Attorney, both with the City of Sarasota, Florida. The presenters noted that homelessness has been a crisis historically from the time of the American Revolution including the Civil War and the Depression of 1875. With the closing of the mental health institutions in the last 20th century, law enforcement calls increased. In 2006 the City of Sarasota was named the "meanest city in America" because of its no-camping ordinance.

Law enforcement views homelessness as an operational problem compared to social workers who see it as a need for services. Two court cases, Pottinger v. Miami and Boise v. Bell created laws regarding how homeless people could be treated. Legal definitions were made for "life-sustaining conduct crimes" and "available shelter." The courts ruled people could not be punished for a situation in which they had no choice. Ordinances could not be enforced without available shelter, and the personal property of a homeless individual could not be taken. Other requirements were also laid out such as treatment with dignity and respect, a sleeping mat 3" thick, no cost or religious requirement for shelter, etc.

In 2011 the City of Sarasota removed benches from public places so that people could not sleep on them. There were no systems in place to help the homeless, there was pressure from merchants, police officers were untrained, and excessive use of force incidents prompted lawsuits by the ACLU. In 2013 they lifted the panhandling ordinance and the messaging went viral. In 2014 the homeless count was six times the national average. They called in a homeless expert who recommended building a 250-bed shelter with an annual cost of $1.2 for law enforcement.

Without a real solution, they city turned to managing the crisis. Law enforcement needs tools to respond, so in 2014 they created Homeless Outreach Teams (H.O.T.) coupled with a "Bridge to Services" program as part of their core mission to "protect and serve." The five HOT teams focus on the **3E**s:

- **E - Educate** the homeless & stakeholders about the laws
- **E - Encourage** homeless individuals through outreach to accept service and pre-jail diversion
- **E - Enforce** laws if individuals decline service, offer post-arrest diversion
  (v. Enable)

Their best practices include:

1. Combined housing and service
    a. 24-hour access
    b. 24 “hot beds” (3 days comfort, 4 days change)
    c. 5 HOT beds
    d. “By name” list, i.e. no cherry-picking clients: first come, first serve
2. Street outreach teams
    a. Outreach & engagement to link to supportive housing
    b. Cross-training for polices officers to facilitate information sharing
3. Community collaboration and education
    a. Alternative justice system
    b. “Care court” for those who don’t fit anywhere else.

They were able to create an effective homeless crisis response system. There has been a 70% decline in homeless individuals from 2014-2019. All newly-hired police officers are trained by Captain Stiff and given the tools for dealing with crisis. They use assessment tools for acuity and keep data to verify progress. Their goal is to end homelessness, not enable it.

VI. KEYNOTE *The Hidden Biases of Good People and Implications for the Populations They Serve*, Dr. Bryant T. Marks, Sr.

Dr. Marks, an African American professor of psychology who is also a Baptist minister, has an illustrious national resume. He was all about audience participation and invited responses to stories, pictures, questions, and words. One exercise he offered was "The Accident". *A father and son were traveling in a car and were involved in a terrible accident. The father was killed and the boy badly injured. When he was taken to the hospital, the surgeon stated "I can't operate on this boy, he's my son."* What is the relationship between the surgeon and the child? The first thought is some male figure but the answer is that the surgeon is his mother. The implicit bias is that surgeons are male.

Dr. Marks emphasized over and again that implicit bias is more about brain function than moral character. He said our biases are associations in the brain cause by our exposure to certain groups and traits. When the brain creates a pattern, it results in a bias. This causes thought and behaviors at an unconscious level. The impact of biases on others depends upon the roles we play in society. In the US we see biases regarding race, gender, and age.

<u>Key Terms</u>
Stereotype = associate groups with traits
Implicit Bias = definition
Prejudice = feeling
behavioral = discrimination

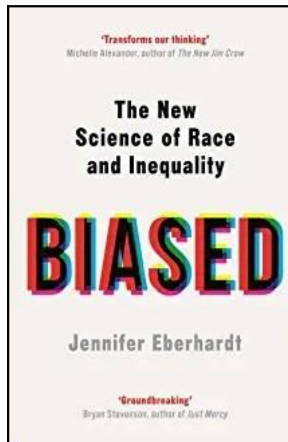
Another participation tool Dr. Marks used was an app format. This way we got immediate survey results to his questions. When asking a question about who is less likely to seek help for mental illness, he recorded answers based on race and gender. We were expecting to see a result for race, but the actual data indicated all males are less likely to seek help.

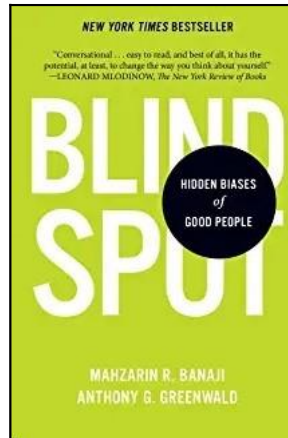
He concluded with ways to overcome personal bias:

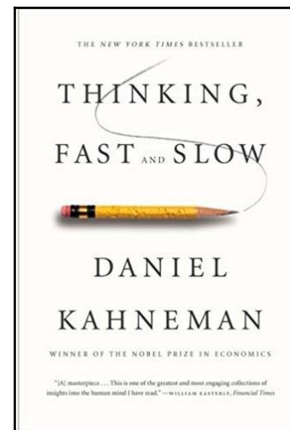
Recommendations

1. In a social situation, ask personal interest questions instead of those regarding vocation or place of origin
2. Perspective taking
3. Counter stereotypical imaging
4. Stereotype replacement
5. Increased opportunities for contact with people from different groups

Reading List







VII. KEYNOTE *The Importance of Sleep: to care for others, first* YOU MUST *care for* YOURSELF*"*, Stephen James, PhD

Stephen James is an Assistant Professor in the College of Nursing at Washington State University Health Sciences Spokane His research focus includes interaction between physical stressors (such as sleep and shift work related fatigue), law, policy, training and practice relating to operational performance for military and law enforcement personnel. He consults with the military and law enforcement frequently.

He referred to "work capacity" which is supported by the four health and wellness factors: sleep, stress, nutrition, and exercise. But his talk focused on sleep. Understaffing creates overwork and job stress, which in turn causes sleep-related fatigue. Sleep fatigue creates instability in the brain which has many consequences. He went through the details of circadian rhythms (very interesting) and stated that graveyard shifts always deplete people's work capacity. Working more that 8 hours a day also affects it, thus people are less productive the longer they work. Chronic sleep deprivation can have severe consequences, such as a heightened threat perception. (directed at law enforcement). Fatigue also affects domestic support, etc.

He said it is easier to prevent fatigue than restore alertness. (Caffeine only helps with the first two cups of coffee - forget the Red Bull, etc.) If one knows they will have a duty that requires long hours, they can bank sleep prior to that time. But it only works for one night. He said napping is good, but best between 1200 and 1400. Never after 1600. At any other time, more than 20 minutes will interfere with one's circadian rhythm and make one less alert.

April 22, 2019

Data Notebook
California Mental Health Planning Council
P.O. Box 997413
Sacramento, CA 95899-7413

RE: Mendocino County 2018 Data Notebook

Dear Sir or Madam:
Please find accompanying this letter the Mendocino County 2018 Data Notebook. Given that the format was different this year, we felt that a few words needed to be said in considering the data presented and the methods that we used to gather the data.

Most importantly, we found it difficult to reflect the diversity of need and resources within our large, rural county. In identifying underserved populations, our county has made enormous progress in the last three years in improving the continuum of care for adult populations. That said, because there are areas of our county that are remote, there are pockets of the county that are still struggling to find parity with our more populated cities. While there is much work to be done, there was sentiment that the situation is not uniformly as underserved as the survey results indicated.

The methods for gathering the data for the survey seemed to leave a broad scope for interpretation and implementation. We conducted interviews (approximately 30) with consumers, primarily in the adult system of care. Additionally, we used Google Forms to send the survey out to providers. The responses from both the interviews and the online survey were compiled into the final result. There was concern about the scientific rigor of the data collection process that we used and how that data will compare to methods used in other counties. While we do feel that the data does present a reflection of our system of care, we hope that the data will be used with these concerns in mind.

We appreciate the opportunity to share this snapshot of our community and hope that the information will be useful for planning and advocacy for behavioral health needs in our community.

Sincerely,

Michelle Rich
Member of the Mendocino County Behavioral Health Advisory Board

2018 Behavioral Health Data Notebook
Mendocino County

Compiled by Michelle Rich April 15, 2019

Mendocino County: Evaluation of Services, Barriers to Access, and Unmet Needs

Below we ask a series of questions about the above services in Mendocino County *regardless of fund source*. We ask whether there are barriers to service access, unmet needs, or lack of continued or sustainable funding for a particular service or program.

1) Please indicate (X) any service areas for which your county has identified that persons are substantially underserved or experience substantial unmet BH needs.

For Each Age Group:	Child	TAY (age 16-25)	Adult	Older Adult
(a) Pre-crisis and crisis services.				
(b)Assessment				
(c) Medication education & management			**x**	**x**
(d) Case management			**x**	
(e) Twenty-four-hour treatment services	**x**	**x**	**x**	**x**
(f) Rehabilitation and support services			**x**	
(g) Vocational services		**x**	**x**	
(h) Residential services			**x**	

2) What are the major barriers to BH service access for persons who are in need of these services? Indicate any reasons; mark as many as apply.

For Each Age Group:	Child	TAY (age 16-25)	Adult	Older Adult
A: Lack of Program Funding			**x**	**x**
B: Lack specialized prof. expertise			**x**	
C: Lack BH workforce/providers	**x**	**x**	**x**	

D: Clients dispersed outlying areas	x	x	x	x
E: Transportation problems (bus, etc.)	x	x	x	x
F: Lack available appointment times				
G: Fear government involvement			x	x
H: Linguistic needs (translation, etc.)				
J: Culturally relevant needs	x	x	x	x
K: Other barrier, specify_________________				

3) Please indicate (X) any areas for which your county has implemented new programs within the last 3 years.

For Each Age Group:	Child	TAY (age 16-25)	Adult	Older Adult
(a) Pre-crisis and crisis services.		x	x	x
(b)Assessment				
(c) Medication education & management			x	x
(d) Case management		x	x	x
(e) Twenty-four-hour treatment services				
(f) Rehabilitation and support services		x	x	x
(g) Vocational services				
(h)Residential services			x	x

4) Indicate (X) whether any of the following services are funded with temporary (one-time, time-limited) funding for which you are seeking a sustainable fund source to continue services?

For Each Age Group:	Child	TAY (age 16-25)	Adult	Older Adult
(a) Pre-crisis and crisis services.	x		x	

(b)Assessment	**x**		**x**	
(c) Medication education & management	**x**		**x**	
(d) Case management	**x**		**x**	**x**
(e) Twenty-four-hour treatment services	**x**		**x**	
(f) Rehabilitation and support services	**x**		**x**	
(g) Vocational services	**x**		**x**	
(h)Residential services	**x**		**x**	

5) If you could have one new program or facility or resource within the next three years, what would be your highest priority need? *Please limit your response to 25 words or less.*

Psychiatric care for pediatrics; residential psychiatric facility for youth.
In-county PHF unit, Crisis Stabilization Unit for the county, and Street outreach.

Mental Health Services Act (MHSA) Components
The CSS, PEI and INN components are funded through ongoing revenue into the MHSA Fund. Per provisions of the MHSA, the Workforce Education and Training, Capital Facilities and Technological Needs components were initially funded up front in the early years and are not currently actively funded through MHSA revenues. Although counties can transfer some CSS funds for these purposes each year, essentially, the availability of that upfront funding for Workforce Education and Training, Capital Facilities and Technological Needs ended on June 30, 2018.

6) Is there still a need for any of these three components in your county?
Yes_**x__**No___.

If yes, please rank the following in priority order of need, #1 being highest.
__2__ Workforce Education and Training
___1_ Capital Facilities
__3__ Technological Needs

Optional: In 25 words or less, please specify what those needs are.
Investing in higher education for local workforce; recruitment efforts to hire workforce

7) Do you have a particularly successful program funded by CSS, Innovation, or PEI funds that you would like to share with us? Yes____No_**x** **.**

If yes, please describe briefly (maximum one paragraph, 150 words or less).
We have an innovation program in progress, but the data is not yet available on its success.

It should also be noted that wait times for psychiatric treatment in state hospitals at the jail facility is a concern brought forward during the completion of this report.

Questionnaire: How we completed the Data Notebook

A. What process was used to complete this Data Notebook? Please check all that apply.

_____MH Board reviewed W.I.C. 5604.2 regarding the reporting roles of mental health boards and commissions
_____MH Board completed majority of the Data Notebook
_____County staff and/or Director completed majority of the Data Notebook
__**x**_ Data Notebook placed on Agenda and discussed at Board meeting
__**x**_ MH Board work group or temporary ad hoc committee worked on it
__**x**_ MH Board partnered with county staff or director
_____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 describe:

B. Does your Board have designated staff to support your activities?
Yes, Administrative Secretary

C. What is the best method for contacting this staff member or board liaison?
Name and County: **Carolyn Peckham, Mendocino County**

Email: peckhamc@mendocinocounty.org

Phone: **(707) 472-2310**

Signature: ____

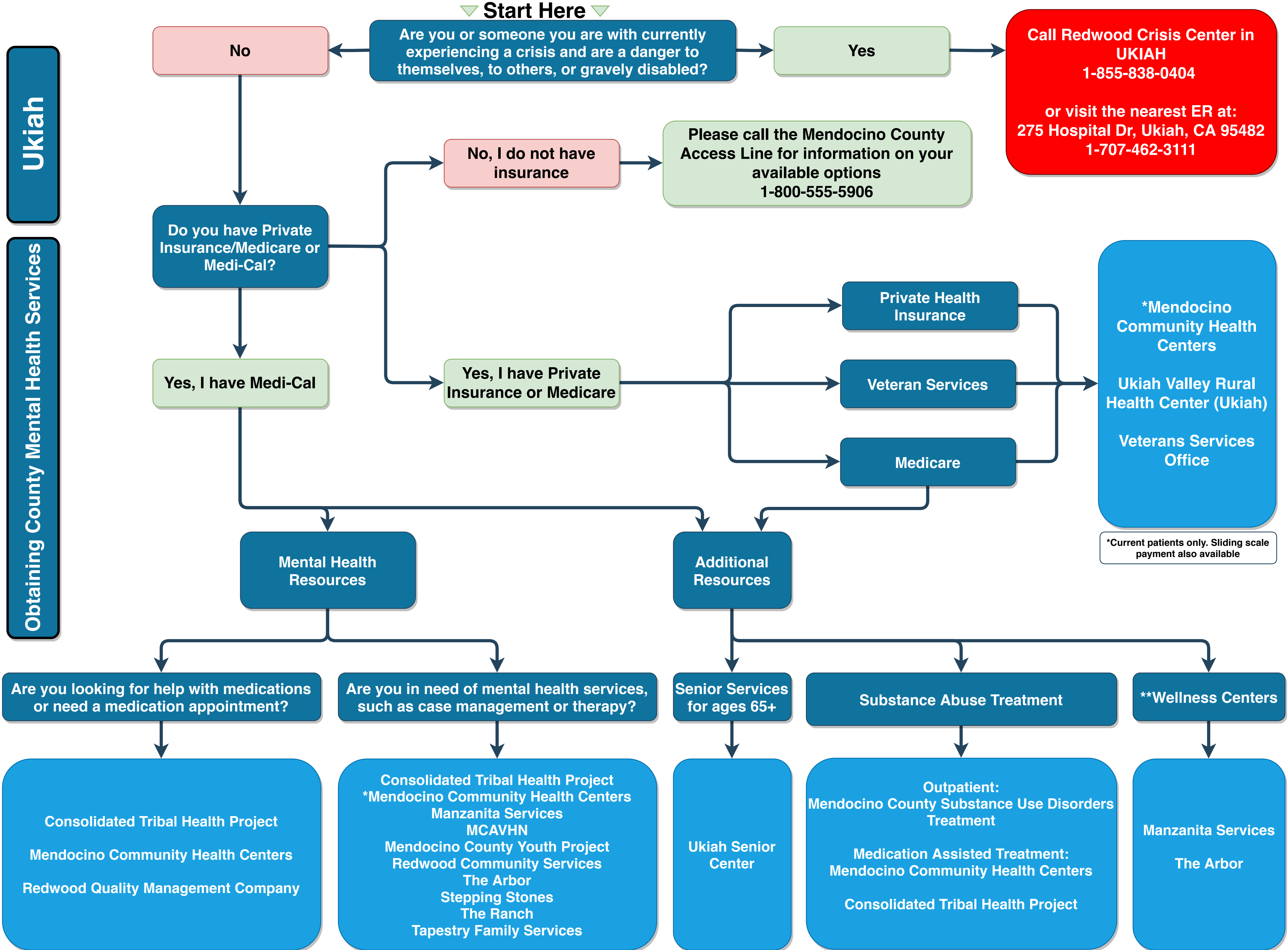
D. What is the best way to contact your Board presiding officer (Chair, etc.)?

Name and County: **Jan McGourty, Mendocino County**

Email: **bhboard@mendocinocounty.org**

Phone: **(707) 472-2320**

Signature:____



**A Wellness Center is where healthcare professionals, nutritionists and/or life-coaches provide a variety of treatments and services to encourage and educate people on the health of their minds and bodies.

Mendocino County Youth Project
776 South State Street #107
Ukiah, CA 95482
1-707-456-9600

Redwood Community Services
631 S. Orchard Avenue
Ukiah, CA 95482
1-707-467-2010

The Arbor Youth Resource Center
810 North State Street
Ukiah, CA 95482
1-707-462-7267

Stepping Stones
140 Gibson Street
Ukiah, CA 95482
1-707-468-5536

Tapestry Family Services
290 East Gobbi Street
Ukiah, CA 95482
1-707-463-3300

Ukiah Senior Center
497 Leslie Street
Ukiah, CA 95482
1-707-462-4343

Ukiah Valley Rural Health Center
260 Hospital Drive
Ukiah, CA 95482
1-707-463-8000

Veteran Services Office
405 Observatory Avenue
Ukiah, CA 95482
1-707-463-4226

Redwood Quality Management Company
350 East Gobbi Street
Ukiah, CA 95482
1-707-472-0350

Mendocino County
Substance Use Disorders Treatment
1120 South Dora Street
Ukiah, CA 95482
1-707-472-2637

Consolidated Tribal Health Project
6991 North State Street
Redwood Valley, CA 95470
1-707-485-5115

Manzanita Services
410 Jones Street, C-1
Ukiah, CA 95482
1-707-463-0405

MCAVHN
148 Clara Avenue
Ukiah, CA 95482
1-707-462-1932

Mendocino Community Health Centers:

Little Lake Health Center
45 Hazel Street
Willits, CA 95490
1-707-456-9600

Dora Street Health Center
1165 S. Dora Street
Ukiah, CA 95482
1-707-468-1015

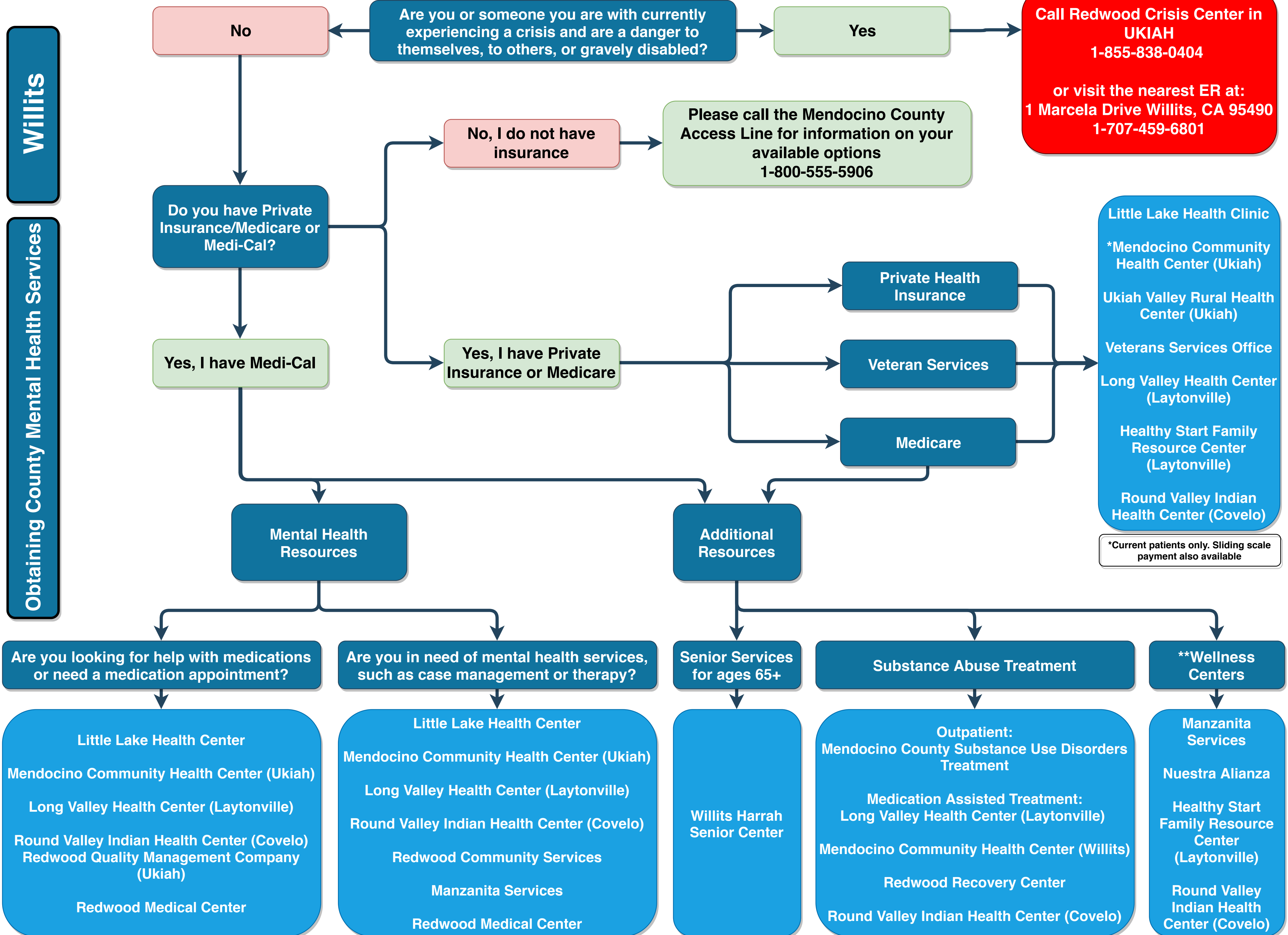
Hillside Health Center
333 Laws Avenue
Ukiah, CA 95482
1-707-468-1010

Obtaining Mental Health Services in Mendocino County

Ukiah

Mental Health Crisis Line:
1-855-838-0404

Mental Health Access Line:
1-800-555-5906



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Manzanita Services
410 Jones Street C-1
Willits, CA 95490
1-707-463-0405

Mendocino County
Substance Use Disorders Treatment
472 E. Valley Street
Willits, CA 95490
1-707-456-3850

Nuestra Alianza de Willits
291 School Street #1
Willits, CA 95490
1-707-456-9418

Willits Harrah Senior Center
1501 Baechtel Road
Willits, CA 95490
1-707-459-6826

Long Valley Health Center
50 Branscomb Road
Laytonville, CA 95454
1-707-984-6131

Round Valley Indian Health Center
76471 Henderson Lane
Covelo, CA 95428
1-707-983-6262

Mendocino Community Health Centers:

Little Lake Health Center
45 Hazel Street
Willits, CA 95490
1-707-456-9600

Dora Street Health Center
1165 S. Dora Street
Ukiah, CA 95482
1-707-468-1015

Hillside Health Center
333 Laws Avenue
Ukiah, CA 95482
1-707-468-1010

Mendocino County
Veterans Services
189 North Main Street
Willits, CA 95490
1-707-456-3792

Redwood Medical Center
1 Marcela Drive, Suite C
Willits, CA 95490
1-833-249-3556

Redwood Community Services
631 S. Orchard Avenue
Ukiah, CA 95482
1-707-467-2010

Redwood Quality Management Company
350 E. Gobbi Street
Ukiah, CA 95482
1-707-472-0350

Redwood Medical Clinic
3 Marcela Drive, Suite C
Willits, CA 95490
1-707-459-6801

Healthy Start Family Resource Center
44400 Willis Avenue
Laytonville, CA 95454
1-707-984-8089

Community Resources:

National Alliance on Mental Illness (NAMI)
P.O. Box 1945
Ukiah, CA 95482
1-707-391-6867

Redwood Coast Regional Center
270 Chestnut Street
Fort Bragg, CA 95437
1-707-964-6387

Obtaining Mental Health Services in Mendocino County

Willits

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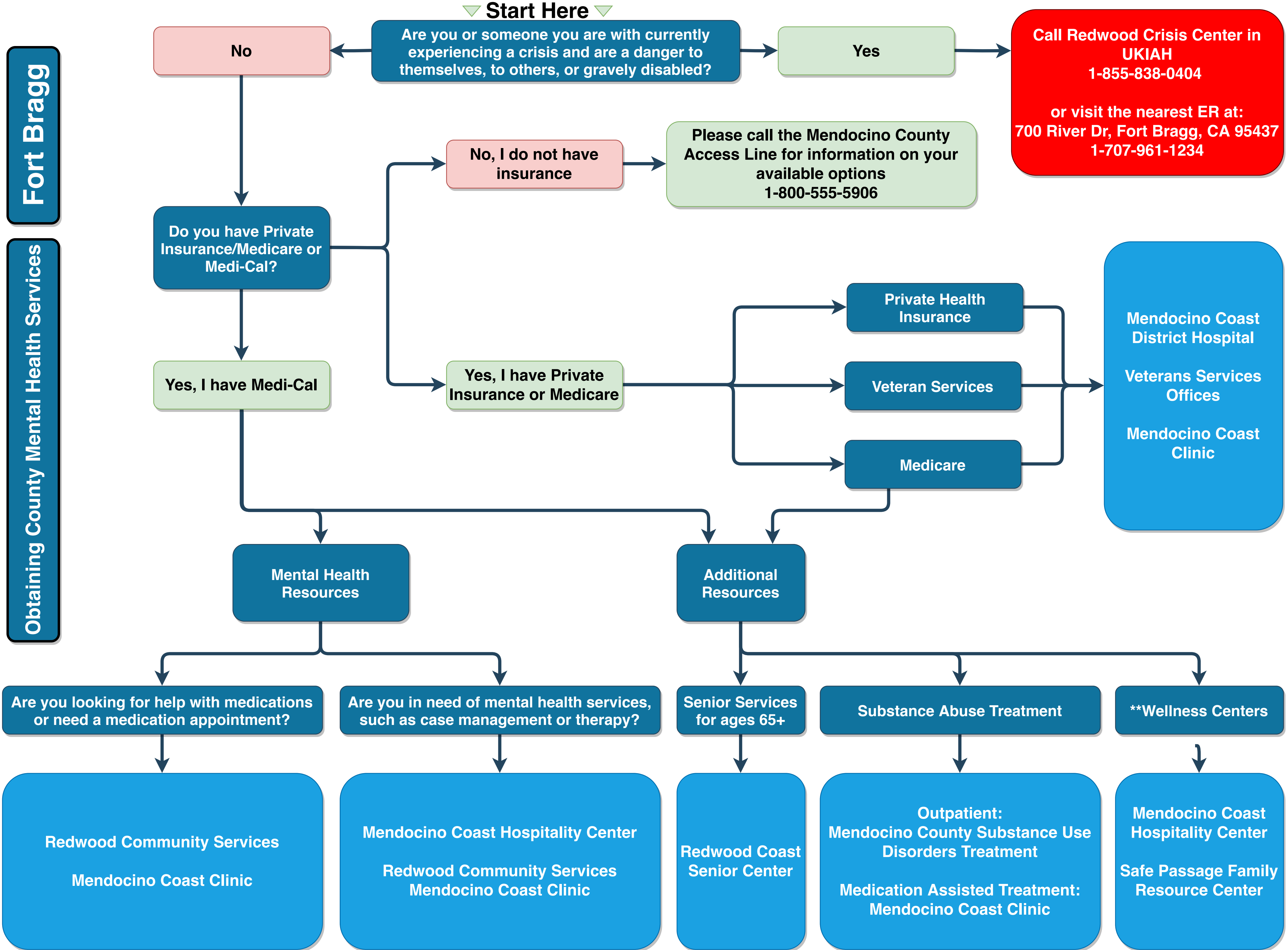

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Mendocino Coast Clinic
205 South Street
Fort Bragg, CA 95437
1-707-964-1251

Mendocino Coast District Hospital
700 River Drive
Fort Bragg, CA 95437
1-707-961-1234

Redwood Community Services
143 West Spruce Street
Fort Bragg, CA 95437
1-707-964-4770

Mendocino Coast Hospitality Center
101 North Franklin Street
Fort Bragg, CA 95437
1-707-961-0172

Mendocino Community Health Centers:

Little Lake Health Center
45 Hazel Street
Willits, CA 95490
1-707-456-9600

Dora Street Health Center
1165 S. Dora Street
Ukiah, CA 95482
1-707-468-1015

Hillside Health Center
333 Laws Avenue
Ukiah, CA 95482
1-707-468-1010

Redwood Coast Senior Center
490 North Harold Street
Fort Bragg, CA 95437
1-707-964-0443

Mendocino County SUDT
790 South Franklin Street
Fort Bragg, CA 95437
1-707-961-2665

Mendocino County Veterans Services
360 North Harrison Street
Fort Bragg, CA 95437
1-707-964-5823

Safe Passages Family Resource Center
208 Dana Street
Fort Bragg, CA 95437
1-707-954-3077

Community Resources:

National Alliance on Mental Illness (NAMI)
P.O. Box 1945
Ukiah, CA 95482
1-707-391-6867

Parents and Friends Inc.
306 East Redwood Avenue
Fort Bragg, CA 95437
1-707-964-4940

Redwood Coast Regional Center
270 Chestnut Street
Fort Bragg, CA 95437
1-707-964-6387

Obtaining Mental Health Services in Mendocino County

Fort Bragg

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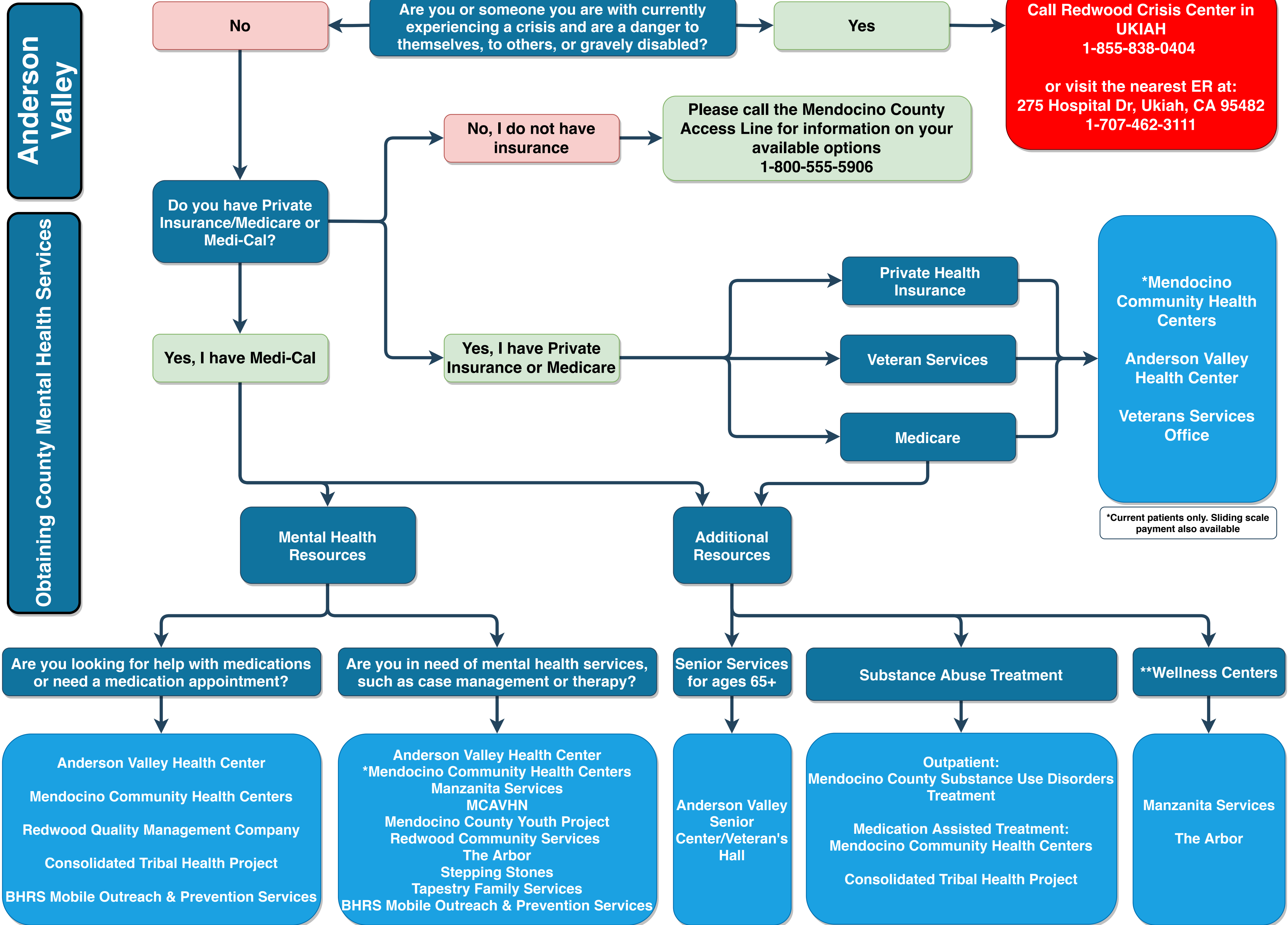

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Anderson Valley Health Center
13500 Airport Rd
Boonville, CA 95415
1-707-895-3477

Redwood Quality Management Company
350 East Gobbi Street
Ukiah, CA 95482
1-707-472-0350

Mendocino County
Substance Use Disorders Treatment
1120 South Dora Street
Ukiah, CA 95482
1-707-472-2637

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Redwood Valley, CA 95470
1-707-485-5115

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Ukiah, CA 95482
1-707-463-0405

MCAVHN
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Ukiah, CA 95482
1-707-462-1932

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Ukiah, CA 95482
1-707-468-1015

Hillside Health Center
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Mendocino County Youth Project
776 South State Street #107
Ukiah, CA 95482
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Ukiah, CA 95482
1-707-467-2010

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Ukiah, CA 95482
1-707-468-5536

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290 East Gobbi Street
Ukiah, CA 95482
1-707-463-3300

Ukiah Valley Rural Health Center
260 Hospital Drive
Ukiah, CA 95482
1-707-463-8000

Veteran Services Office
405 Observatory Avenue
Ukiah, CA 95482
1-707-463-4226

Anderson Valley Senior Center/Veteran's Hall
14400 CA-128
Boonville, CA 95415
1-707-895-3609

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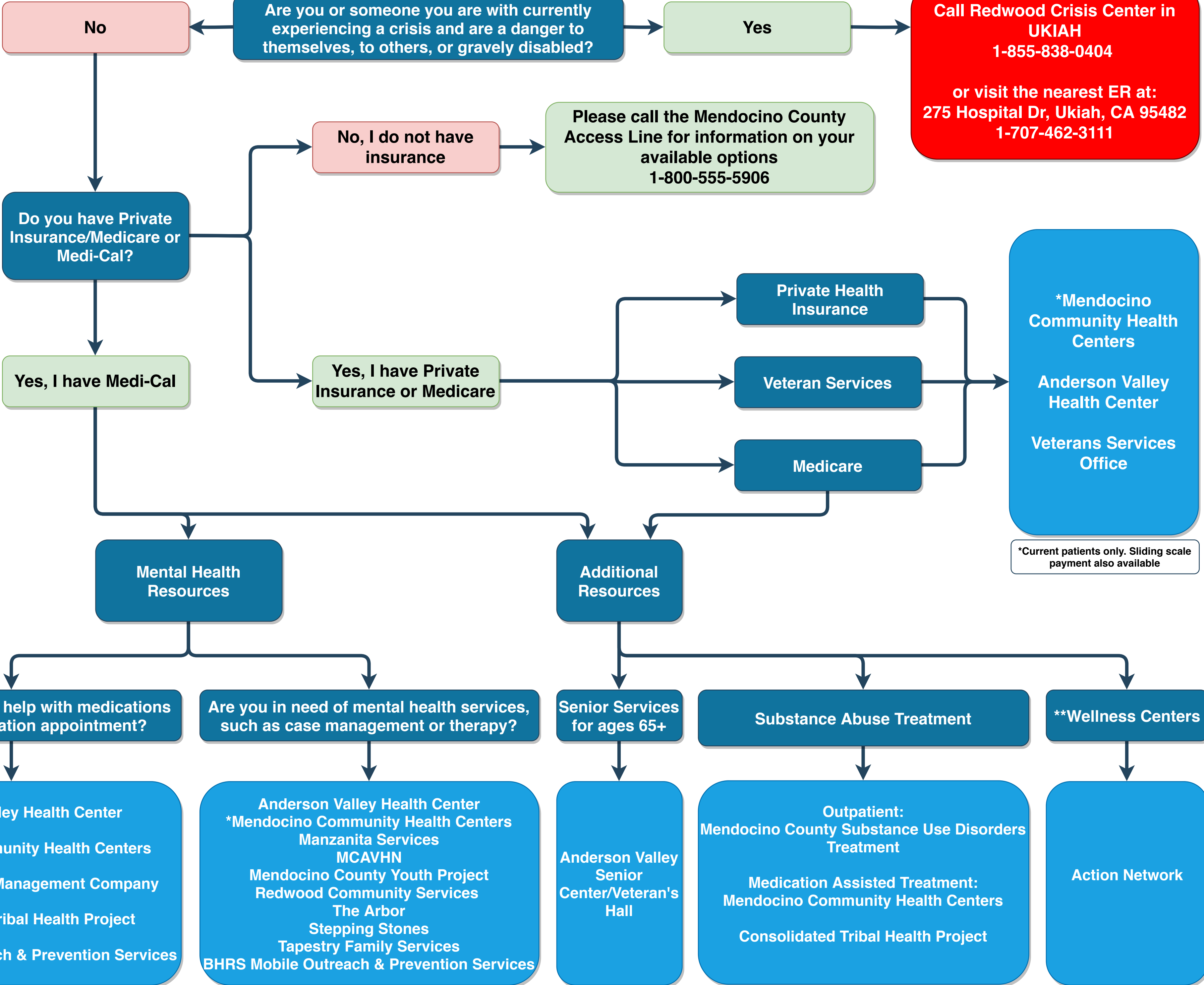

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1-707-463-8000

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405 Observatory Avenue
Ukiah, CA 95482
1-707-463-4226

Anderson Valley Senior Center/Veteran's Hall
14400 CA-128
Boonville, CA 95415
1-707-895-3609

Action Network
39144 Ocean Drive, Suites 3 & 4
Gualala, CA 95445

and

200 Main Street
Point Arena, CA 95468
1-707-224-5413 (Eng)
1-707-884-5414 (Esp)

Obtaining Mental Health Services in Mendocino County

South Coast

Mental Health Crisis Line:
1-855-838-0404

Mental Health Access Line:
1-800-555-5906