



**MENDOCINO COUNTY
BEHAVIORAL HEALTH ADVISORY BOARD**

REGULAR MEETING

AGENDA

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

Zoom Meeting:

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

Call in:

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

Webinar ID: 985 5773 7710

**Chairperson
Michelle Rich**

**Vice Chair
Julia Eagles**

**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 JEFF SHIPP VACANT	4TH DISTRICT: JULIA EAGLES VACANT VACANT	5TH DISTRICT: FLINDA BEHRINGER JO BRADLEY MARTIN MARTINEZ
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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."*

	Agenda Item / Description	Action
1. 3 minutes	Call to Order, Roll Call & Quorum Notice, Approve Agenda:	Board Action:
2. 2 minutes	Approval of Minutes from the September 22, 2021 BHAB Regular Meeting: Review and Possible Board Action.	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 can be provided through email to bhboard@mendocinocounty.org.</i>	Board Action:
4. 10 minutes	Measure B: Discussion and Possible Board Action. A. October Meeting Agenda Items	Board Action:
5. 15 minutes	California Behavioral Health Planning Council 2021 Data Notebook Survey: Discussion and Possible Board Action.	Board Action:
6. 20 minutes	Mendocino County Report: Jenine Miller, BHRS Director A. Director Report Questions B. Staffing Update C. Whitmore Lane Facility Update	Board Action:

7. 25 minutes	External Quality Review Organization (EQRO) Audit: <i>Update/Discussion and Possible Board Action - Jenine Miller, BHRS Director</i>	Board Action
8. 15 minutes	RQMC Report: <i>Camille Schraeder, Redwood Quality Management Company</i> A. Data Dashboard Questions B. Services Update C. Staffing Update	Board Action:
9. 15 minutes	Board & Committee Reports: <i>Discussion and Possible Board Action.</i> A. Chair – <i>Michelle Rich</i> <ul style="list-style-type: none"> ○ 2021 BHAB Annual Report ○ 2022 Board Officers Nominations B. Vice Chair – <i>Julia Eagles</i> <ul style="list-style-type: none"> ○ BHAB Meetings and Social Media ○ Recruitment Ad Update C. Secretary – <i>Jo Bradley</i> D. Treasurer – <i>Richard Towle</i> E. Advocacy & Legislation Committee – <i>Member Bradley, Chair Rich</i> F. Appreciation Committee – <i>Member Fuentes & Martinez</i> G. Contracts Committee – <i>Member Fuentes, Vice Chair Eagles, Chair Rich</i> H. Membership Committee – <i>Member Behringer, Bradley, Eagles, Gorny, & Chair Rich</i> <ul style="list-style-type: none"> ○ Board Reappointments ○ BHAB Applications: Jo Bradley and Larann Henderson I. Site Visit Committee - <i>Member Behringer, Fuentes, Martinez, & Towle</i>	Board Action:
10. 5 Minutes	Member Comments:	Board Action:
11.	Adjournment Next meeting: November 17, 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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	Agenda Item / Description	Action
1. 3 minutes	Call to Order, Roll Call & Quorum Notice, Approve Agenda: <ul style="list-style-type: none"> ○ Chair Rich called the meeting to order at 10:01 AM. ○ Board members present: Behringer, Bradley, Vice Chair Eagles, Gorny, Lockart, Matheson, Shipp, Towle, and Chair Rich. ○ Member Fuents is excused, Member Martinez is absent. ○ Quorum met. ○ Agenda approved as presented. 	Board Action: Motion made by Member Gorny, seconded by Member Behringer, to accept the agenda as presented. Motion passed unanimously.
2. 2 minutes	Approval of Minutes from the August 25, 2021 BHAB Regular Meeting: Review and Possible Board Action. <ul style="list-style-type: none"> ○ Minutes approved as presented. 	Board Action: Motion made by Member Gorny, seconded by Vice Chair Eagles to accept the 8/25/21 BHAB meeting minutes as presented. Motion passed

		unanimously.
<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 can be provided through email to bhboard@mendocinocounty.org.</i></p> <ul style="list-style-type: none"> ○ Theresa Comstock, CALBHB/C Executive Director: Theresa let the board know CALBHB/C is always available for any support the board needs. Theresa provided information regarding the mental health board training CALBHB/C is offering on October 1, 202, and a statewide meeting on October 22nd for any board members interested. ○ Richard Towle is currently searching for a psychiatrist in Mendocino County who accepts Medicare. ○ Jo Silva: There is an art exhibit at the Mendocino College art gallery currently. Art work of a woman who dealt with mental illness throughout her life; recommends people go see it. ○ Lois Lockart expressed her concern regarding the homeless population and would like to know if there are any steps being taken to eliminate their pain and suffering. 	<p>Board Action: None.</p>
<p>4. 30 minutes</p>	<p>Mental Health Services Act (MHSA) Three-Year (2020-2023) Plan Public Hearing – Karen Lovato, BHRS Senior Program Manager</p> <p>A. This public hearing is a formal process by which comments and questions are taken and are responded to in writing as an addendum to the plan. Public comment period closes on September 27th, 2021.</p> <p>B. Comments included:</p> <ul style="list-style-type: none"> ○ Richard Towle is sorry these meetings cannot be held in person due to COVID because there has been great turnout historically for in person meetings. ○ Chair Rich: regarding funds for staffing/recruitment. It is one of the critical needs in our county, if there are MHSA funds available for staffing/recruitment she thinks it would be a timely manner to address a critical need in our county. ○ Flinda Behringer: Thinks the county needs to put all efforts into making the Psychiatric Health Facility (PHF) happen quicker than it is scheduled to. ○ Denise Gorny: Would like to see the CIT training continue even if we have to pursue grants to continue these trainings. There are new officers coming in and it is very important that they get trained. ○ Julia Eagles: <ul style="list-style-type: none"> - Is there training or funding available for peer counselors? - Regarding Stepping Up: the committee is looking at grant software through the State, is this part of MHSA? ○ Lois Lockart: A lot of marijuana smoking in teenagers. Youth prevention programs are there but there is still a problem out there. Don't see anything on the plan on how this problem is being addressed, and/or if each school has a plan. ○ Jo Silva: <ul style="list-style-type: none"> - Really likes the format of this plan, it is a very comprehensive document. 	<p>Board Action: None.</p>

	<ul style="list-style-type: none"> - On the wellness section: Need a section on vitamins and supplements and research done in that might help with anxiety and depression to be specifically given to doctors. - Regarding workforce education section and how funds are transferred from CSS, primary care doctors have training and support for stress and anxiety. - Clients frequently spend a lot of time alone; we need to address it in the wellness section for jobs or way they can do to make sure they are not spending days alone. Also a need to set up peer to peer connections between clients. - Funds should be provided for those not on full service partnerships, referencing comments on page 27 and 28. - Generally speaking the system in place has not adequately helped those in need in spite of the many good hearted agencies and 24/7 workers. o Camille Schraeder: Very comprehensive document. Wants to remind everyone that MHSA is the primary county funding stream for Medi-Cal match for severely mentally ill adult clients. Without it, the county would not be able to have the adult system of care that is in place today. o Susan Wynd Novotny: Very user friendly plan. Thinks a communication/metrics tool would be helpful for the effective leadership of RQMC. The goals of the plan need to be tied and followed through from the plan, to the agencies, to the frontline staff with the support of RQMC leadership. Keep the goals in mind and figure if the goals are being met, and what is missing. o Additional comments can be submitted in writing, by email, or phone to Karen Lovato or Rena Ford. 	
<p>5. 5 minutes</p>	<p>Measure B: Discussion and Possible Board Action.</p> <p>A. August Meeting Report</p> <ul style="list-style-type: none"> o Jed Diamond is stepping down from his 3rd District seat on the board. o The Measure B Committee voted to move forward with the request for supplemental funding for a crisis respite in Fort Bragg. Will be going in front of the BOS for approval on September 28, 2021. There will also be a Measure B update provided to the BOS at the September 28th BOS meeting. 	<p>Board Action: None.</p>
<p>6. 20 minutes</p>	<p>Mendocino County Report: Jenine Miller, BHRS Director</p> <p>A. Director Report Questions</p> <ul style="list-style-type: none"> o Included in agenda packet. <p>B. Conservatorships Discussion</p> <ul style="list-style-type: none"> o LPS conservatorships have moved and are now being completely handled by BHRS. BHRS has always been part of conservatorships (tracked individuals in placement, transporting clients, case management, etc.). What BHRS did not do before was the decision-making. All decisions had to go through the Public Conservator’s office, but now both pieces will be in house. The BOS approved the change, and BHRS implemented the change since August. o BHRS has been seeing an increase in LPS conservatorships in the 	<p>Board Action: None.</p>

	<p>past 2 years. A large amount of them come out of the jail, through the 1370 process.</p> <ul style="list-style-type: none"> ○ Approximately 63 clients on conservatorship right now. ○ Discussion regarding how the LPS system interacts with family members of clients. <p>C. AB-988 Discussion</p> <ul style="list-style-type: none"> ○ BHRS Director Miller explained that AB-988 (mental health crisis hotline) the purpose of the bill. ○ Mendocino County has been using the North Bay Suicide Prevention line for the last several years. 	
<p>7. 20 minutes</p>	<p>Cost Report State Audits: <i>Update/Discussion and Possible Board Action.</i></p> <p>A. BHRS Director Miller provided an update regarding cost report state audits, how they work, and what the expectations are.</p> <ul style="list-style-type: none"> ○ The county is required to do a cost report for every fiscal year (FY) detailing all dollars spent, all dollars Medi-Cal was billed for, dollars that were brought into the system, MHSA dollars, how much contractors were paid, how many units of services were billed for, etc. ○ Once the cost report is submitted the state responds with a “desk settlement”. In the desk settlement, they look at all of the paperwork submitted. The results can either be the county owes the state, or the state owes the county money. ○ The state then conducts a final audit. The final cost report audit involves providing additional documentation and a full review of the system of care cost for that fiscal year. The results can either be the county owes the state, or the state owes the county money. ○ When building a budget, the county always has to be aware that money may be owed back to the state due to a cost report audit. ○ BHRS Director Miller is hopeful that with CalAIM there will be an option to move to different funding models for specialty mental health system that would allow for growth. 	<p>Board Action: None.</p>
<p>8. 10 minutes</p>	<p>RQMC Report: <i>Camille Schraeder, Redwood Quality Management Company</i></p> <p>A. Data Dashboard Questions</p> <ul style="list-style-type: none"> ○ Data dashboard included in agenda packet. <p>B. Services Update</p> <ul style="list-style-type: none"> ○ Camille thanked BHRS Director Miller for speaking on behalf of the entire system. Camille stated county staff is amazing at helping resolve problems, hopes to get some relief soon. ○ Discussion regarding 2 long term mental health clients who recently passed away. The system provided support to one of the individuals who passed away from terminal cancer; RQMC stepped up and provided housing and support throughout the entire time until they passed away. ○ Workforce issue has become a serious crisis; RCS is now paying double in order to continue staffing facilities and providing services 24/7. This is not only an issue in Mendocino County but in the entire state. ○ Member Behringer requested a staffing update on every agenda as this is a critical issue. 	<p>Board Action: None.</p>

<p>9. 15 minutes</p>	<p>Board & Committee Reports: <i>Discussion and possible board action.</i></p> <p>A. Chair – <i>Michelle Rich</i></p> <ol style="list-style-type: none"> 1. October – December 2021 BHAB Meetings <ul style="list-style-type: none"> ○ The board voted to continue meeting via Zoom through December 2021. ○ Data notebook: Chair Rich will be working with county staff to complete this year’s Data Notebook; will include in October’s meeting for board approval in order to submit on time. <p>B. Vice Chair – <i>Julia Eagles</i></p> <ul style="list-style-type: none"> ○ No report. <p>C. Secretary – <i>Jo Bradley</i></p> <ul style="list-style-type: none"> ○ Discussion on the new procedure requested by Member Towle (BHAB Secretary sends a reminder to all board members of any follow ups needed from each meeting). Still moving forward with the new procedure. <p>D. Treasurer – <i>Richard Towle</i></p> <ul style="list-style-type: none"> ○ No report. <p>E. Advocacy & Legislation Committee – <i>Member Bradley, Chair Rich</i></p> <ul style="list-style-type: none"> ○ No report. <p>F. Appreciation Committee – <i>Member Fuentes & Martinez</i></p> <ul style="list-style-type: none"> ○ No report. <p>G. Contracts Committee – <i>Member Fuentes, Vice Chair Eagles, Chair Rich</i></p> <ul style="list-style-type: none"> ○ Information included in BHRS Director’s report. <p>H. Membership Committee – <i>Member Behringer, Bradley, Eagles, Gorny, & Chair Rich</i></p> <ol style="list-style-type: none"> 1. Willits Weekly Article – Member Shipp <ul style="list-style-type: none"> ○ Member Shipp spoke to Willits Weekly journalist Jaclyn Luna, and Ms. Luna expressed interest in writing an article about this board. ○ Member Shipp will connect Ms. Luna and Chair Rich; if any board members would like Chair Rich to include anything in particular, please let her know. 2. BHAB Appointment Process <ul style="list-style-type: none"> ○ The BHAB has a procedure regarding how applications are received from the County Clerk of the Board. There is also a set of interview questions used to interview potential candidates. ○ Chair Rich suggested the Membership Ad hoc committee should create a document that details what the Membership Ad Hoc needs to do once an application is received. ○ BHRS and Chair Rich followed up with Mendocino County Counsel about whether or not the board can go into closed session during BHAB meetings to discuss BHAB applications and potential candidates. It was determined that discussion about potential board members does not meet the allowed criteria for closed session. ○ Theresa from CALBHB/C suggested an Ad Hoc committee can interview potential new board members, and make a recommendation to the board. The Membership Ad hoc committee will follow up on this topic. 	<p>Board Action: Motion made by Member Gorny, seconded by Member Bradley to continue to hold the BHAB meetings via Zoom through the end of 2021. Motion passed unanimously.</p>
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	I. Site Visit Committee - <i>Member Behringer, Fuentes, Martinez, & Towle</i> <ul style="list-style-type: none"> ○ No report. 	
10. 5 Minutes	Member Comments: <ul style="list-style-type: none"> ○ No member comments. 	Board Action:
11.	Adjournment: 12:03 PM Next meeting: October 27, 2021 10:00 AM – 12:00 PM via Zoom	Motion made by Member Gorny, seconded by Chair Eagles to adjourn the meeting. Motion passed unanimously.

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Behavioral Health Advisory Board

BHRS Director's Report

October 2021



1. Board of Supervisors:

a. Recently passed items or presentations:

i. Mental Health:

- Approval of the Use of Measure B Funds to Contribute to the Operations of Crisis Respite Services in the City of Fort Bragg for Coastal Residents.

ii. Substance Use Disorders Treatment:

- Approval of Agreement # 21-171 with Redwood Community Services to Provide Intensive Care Management and Development of Integrated Individual Service Plans to Support the Finding Home Grant, Effective September 30, 2021 through September 29, 2022.
- Approval of Agreement # 21-172 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, 2021 through September 29, 2022.

b. Future BOS items or presentations:

i. Mental Health:

- Agreement with Redwood Community Services DBA Redwood Community Crisis Center to provide 24/7 Crisis Response Services for Children, Youth, and Young Adults.

ii. Substance Use Disorders Treatment: To be determined.

2. Staffing Updates:

a. New Hires:

- i. Mental Health: 1
- ii. Substance Use Disorders Treatment: None

b. Promotions:

- i. Mental Health: 2
- ii. Substance Use Disorders Treatment: None

c. Transfers

- i. Behavioral Health: None

d. Departures:

- i. Mental Health: None
- ii. Substance Use Disorders Treatment: 1

3. Audits/Site Reviews:

a. Completed/Report of Findings:

- i. SUDT Block Grant Audit results received - working on response to initial findings

report - final report expected in January '22.

- b. Upcoming/Scheduled:
 - i. Fort Bragg DMC-ODS Compliance Review is upcoming (TBD by state)
 - ii. BHRS Triennial Audit internal development in process (TBD – by state)
 - iii. Partnership SUDT site review: Fort Bragg, Ukiah, and Willits re-scheduled for November.
 - iv. External Quality Review is scheduled for December.
- c. Site Reviews:
 - i. N/A for October-November - Sites: Remi Vista, Inc. & Restpadd Inc. are reviewed by Shasta County and report provided to Mendocino.

4. **Grievances/Appeals:**

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

5. **Meetings of Interest:**

- a. **MHSA Forum/QIC Meeting:** December 8, 2021 10:00 AM – 12:00 PM via Zoom: <https://mendocinocounty.zoom.us/j/86068925753>
- b. **Cultural Diversity Committee Meeting:** Friday, December 17, 2021 3:30 pm - 5:30 pm via Zoom: <https://mendocinocounty.zoom.us/j/85371204713>

6. **Grant Opportunities:**

- a. California Health Facilities Financing Authority: Investment in Mental Health Wellness (IMHW) Grant Program for Children

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: 118 (duplicated)
 - ii. Total that did not meet AOT criteria: 99
 - o Total Referrals FY 21/22: 11
 - o Client Connected with Provider/Services: 2
 - o Unable to locate/connect with client: 1
 - iii. Currently in Investigation/Screening/Referral: 1
 - iv. Settlement Agreement/Full AOT FY 21/22: 1 (continued from FY 20/21)
 - v. Other (Pending Assessments to file Petition): 9 (1 is conserved and will need to wait until after conservatorship ends before we can petition court for AOT).

8. **Educational Opportunities:**

- a. None.

9. **Mental Health Services Act (MHSA):**

- a. **MHSA Forum/QIC Meeting:** December 8, 2021 10:00 AM – 12:00 PM via Zoom: <https://mendocinocounty.zoom.us/j/86068925753>

10. **Lanterman Petris Short Conservatorships (LPS):**

- a. Number of individuals on LPS Conservatorships: 62

11. **Substance Use Disorders Treatment Services:**

- a. Number of Substance Use Disorders Treatment Clients Served in **August 2021:**
 - i. Total number of clients served: 97
 - ii. Total number of services provided: 400
 - iii. Fort Bragg: 29 clients served for a total of 143 services provided
 - iv. Ukiah: 56 clients served for a total of 214 services provided
 - v. Willits: 12 clients served for a total of 43 services provided
- b. Number of Substance Use Disorder Clients Completion Status
 - i. Completed Treatment/Recovery: 11
 - ii. Left Before Completion: 6
 - iii. Referred: 2
 - iv. Total: 18
 - v. Average Length of Service: 136.39 hours

12. **New 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. Progress continues with finalizing construction. County staff will be verifying construction contract agreements met in early November, and the Operator will be finalizing operator components shortly thereafter.
- b. Willow Terrace Project:
 - i. Vacancies filled through Coordinated Entry process as they come available.
 - ii. Some turnover in tenancy.

**Report to the Behavioral Health Advisory Board
October 2021**

1. Staffing

Our system of care continues to be impacted by staffing shortages and difficulty hiring for open positions. In addition, two of our agencies have gone through or are going through changes in executive management. We continue to work with available resources and to strategize means of working as efficiently as possible with the staffing we have.

2. Audits

We are still awaiting a report from the county chart audit of Specialty Mental Health services as part of BHRS' oversight of the system of care. The EQRO review is scheduled for December 8-9, 2021; the MHSA audit will be on February 1-2, 2022, and the DHCS Triennial Audit will take place on April 5-6, 2022.

3. Meetings of Interest

RQMC checks in with both adult and with children/youth service agencies on a weekly basis. We continue to participate in the weekly Multidisciplinary Team meeting (including Child welfare, agency providers, probation, education, and public health) regarding monitoring placement/service needs for foster youth. We continue with a weekly meeting to coordinate services around clients in our housing programs, and to intervene with those experiencing acute episodes, and those in danger of homelessness, crisis, or conservatorship. We meet regularly with the Conservator's office to review conserved clients in our housing or in placement oversight and to discuss conserved clients who are ready or becoming ready for step-down to our in-county housing resources. We also meet weekly with residents of our two adult residential sites, Valley House and Oak House, to monitor and ensure positive and cooperative interactions among the tenants.

4. Grant opportunities

Provider agencies continue to watch for grant opportunities and to respond as needed.

5. Significant Projects/brief status

Our children's agencies continue working with Child Welfare to provide clinical services for children and families in the Wraparound Program as directed by the Child and Family Team meetings.

MCAVHN is working with Adventist Health to support Medically Assisted Treatment for substance abuse.

Covid continues to be an issue, and all provider staff will be vaccinated; the only exception will be a religious appeal for exemption from this requirement, and these folks will be required to undergo weekly testing.

We continue weekly as well as ongoing meetings with RCS crisis to review hospitalization utilization.

RQMC is also working to organize a collaborative Assertive Community Treatment program, where each agency works with clients who are considered "hot spots" or high utilizers of crisis and hospitalizations, in an effort to focus available treatment resources intensely to stabilize people.

6. Educational Opportunities

RQMC has provided training on Clinical Review, Strengths Based Case Management, and the use of CANS and ANSA to determine the levels of care that are needed.

Our Whole Person Care staff will be attending a three-day conference next week on "Putting Care at the Center of Treatment".

7. LPS Conservatorships

We now meet monthly with the Conservator's office to review progress of conserved clients in our residences and new clients who are stepping down from placements out of county.

8. Contracts

We have completed contract reviews with the provider agencies.

9. Medication Support Services

Dr. Garratt has retired. All prescribing is being handled between Dr. Goodwin, Larry Aguirre, and Dr. Timme.

We are interviewing for additional nurses to provide injections and to work with crisis to provide hospital utilization review.

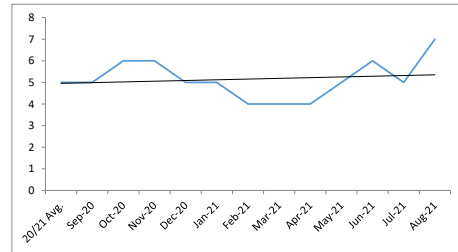
Tim Schraeder MFT

Timeliness Charts and Graphs

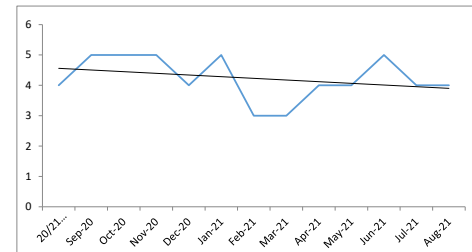
1.

Q1 Work Plan 2.1

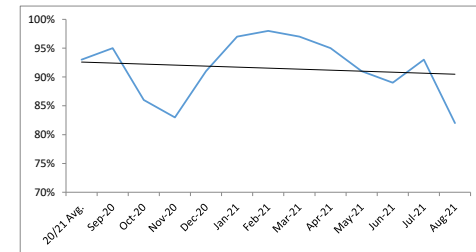
Length of Time from Initial Request to first offered Appt. - Mean BPSA - MHP Standard or Goal - 10 Business Days - 90%				
	All Services	Adult Services	Children's Services	Foster Care
20/21 Avg.	5	5	5	4
Sep-20	5	4	5	5
Oct-20	6	6	6	6
Nov-20	6	5	6	n/a
Dec-20	5	5	5	6
Jan-21	5	5	6	7
Feb-21	4	4	4	4
Mar-21	4	4	4	4
Apr-21	4	4	5	4
May-21	5	5	5	2
Jun-21	6	6	5	5
Jul-21	5	3	6	4
Aug-21	7	8	5	7
12 Mo. Avg.	5	5	5	5



Length of Time from Initial Request to first offered Appt. - Median BPSA - MHP Standard or Goal - 10 Business Days - 90%				
	All Services	Adult Services	Children's Services	Foster Care
20/21 Avg.	4	3	5	4
Sep-20	5	4	5	6
Oct-20	5	4	5	6
Nov-20	5	5	6	n/a
Dec-20	4	4	5	6
Jan-21	5	3	5	8
Feb-21	3	2	4	2
Mar-21	3	2	3	2
Apr-21	4	1	5	4
May-21	4	2	5	2
Jun-21	5	5	5	5
Jul-21	4	3	6	2
Aug-21	4	5	4	8
12 Mo. Avg.	4	3	5	5



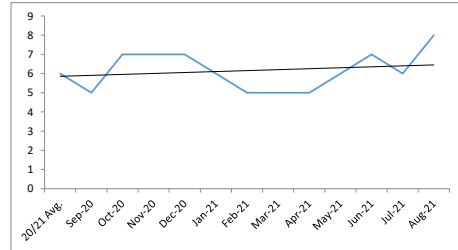
Length of Time from Initial Request to first offered Appt. BPSA - MHP Standard or Goal - 10 Business Days - 90%				
	All Services	Adult Services	Children's Services	Foster Care
20/21 Avg.	93%	90%	96%	100%
Sep-20	95%	96%	95%	100%
Oct-20	86%	82%	90%	100%
Nov-20	83%	79%	88%	n/a
Dec-20	91%	90%	93%	100%
Jan-21	97%	95%	100%	100%
Feb-21	98%	95%	100%	100%
Mar-21	97%	93%	100%	100%
Apr-21	95%	89%	100%	100%
May-21	91%	88%	93%	100%
Jun-21	89%	80%	98%	100%
Jul-21	93%	97%	89%	100%
Aug-21	82%	68%	100%	100%
12 Mo. Avg.	91%	88%	96%	100%



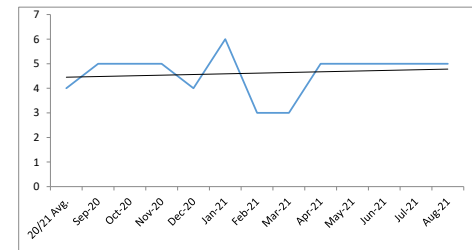
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Q1 Work Plan 2.2

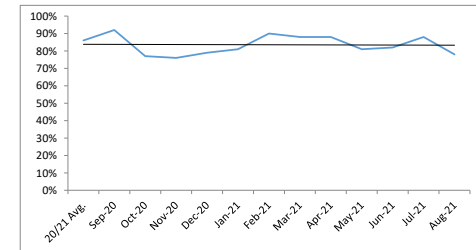
Length of Time from Initial Request to first kept Appt. - Mean MHP Standard or Goal - 10 Business Days - 90%				
	All Services	Adult Services	Children's Services	Foster Care
20/21 Avg.	6	6	6	4
Sep-20	5	5	6	5
Oct-20	7	7	7	6
Nov-20	7	6	7	n/a
Dec-20	7	7	6	7
Jan-21	6	5	7	7
Feb-21	5	4	5	5
Mar-21	5	4	5	4
Apr-21	5	4	6	4
May-21	6	6	7	2
Jun-21	7	7	7	5
Jul-21	6	4	8	5
Aug-21	8	9	6	14
12 Mo. Avg.	6	6	6	6



Length of Time from Initial Request to first kept Appt. - Median MHP Standard or Goal - 10 Business Days - 90%				
	All Services	Adult Services	Children's Services	Foster Care
20/21 Avg.	4	4	5	4
Sep-20	5	4	5	6
Oct-20	5	4	5	6
Nov-20	5	4	7	n/a
Dec-20	4	4	5	7
Jan-21	6	3	8	8
Feb-21	3	2	4	2
Mar-21	3	2	3	2
Apr-21	5	2	5	4
May-21	5	6	5	2
Jun-21	5	5	2	5
Jul-21	5	3	7	2
Aug-21	5	5	5	14
12 Mo. Avg.	5	4	5	5



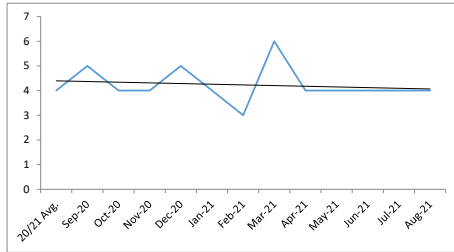
Length of Time from Initial Request to first kept Appt. - MHP Standard or Goal - 10 Business Days - 90%				
	All Services	Adult Services	Children's Services	Foster Care
20/21 Avg.	86%	84%	87%	95%
Sep-20	92%	92%	92%	100%
Oct-20	77%	73%	79%	100%
Nov-20	76%	73%	78%	n/a
Dec-20	79%	78%	80%	50%
Jan-21	81%	83%	79%	100%
Feb-21	90%	89%	90%	100%
Mar-21	88%	86%	89%	100%
Apr-21	88%	86%	89%	100%
May-21	81%	79%	83%	100%
Jun-21	82%	79%	84%	100%
Jul-21	88%	97%	81%	100%
Aug-21	78%	68%	89%	50%
12 Mo. Avg.	83%	82%	84%	91%



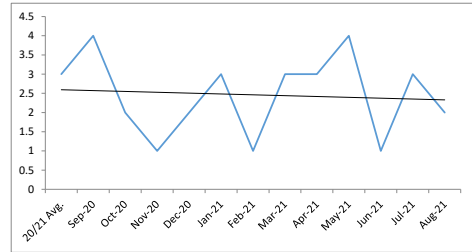
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QI Work Plan 2.3

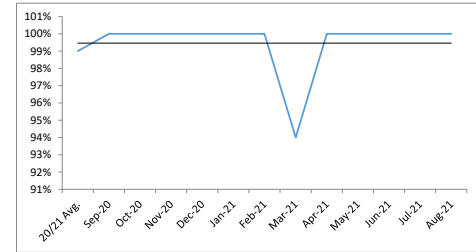
Length of Time from Initial Request to first offered Psychiatry appt. - Mean MHP Standard or Goal - 15 Business Days - 90%				
	All Services	Adult Services	Children's Services	Foster Care
20/21 Avg.	4	4	7	10
Sep-20	5	5	4	n/a
Oct-20	4	4	6	1
Nov-20	4	2	8	n/a
Dec-20	5	4	7	n/a
Jan-21	4	4	5	n/a
Feb-21	3	3	4	n/a
Mar-21	6	3	8	23
Apr-21	4	3	7	8
May-21	4	4	5	n/a
Jun-21	4	3	9	6
Jul-21	4	4	4	1
Aug-21	4	4	11	n/a
12 Mo. Avg.	4	4	7	8



Length of Time from Initial Request to first offered Psychiatry Appt. - Median MHP Standard or Goal - 15 Business Days - 90%				
	All Services	Adult Services	Children's Services	Foster Care
20/21 Avg.	3	2	6	10
Sep-20	4	4	5	n/a
Oct-20	2	1	7	1
Nov-20	1	1	10	n/a
Dec-20	2	1	5	n/a
Jan-21	3	3	4	n/a
Feb-21	1	1	2	n/a
Mar-21	3	1	5	23
Apr-21	3	1	8	8
May-21	4	2	4	n/a
Jun-21	1	1	10	6
Jul-21	3	3	1	1
Aug-21	2	1	11	n/a
12 Mo. Avg.	2	2	6	8



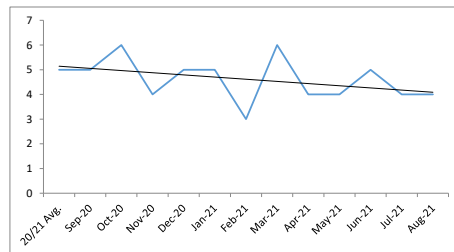
Length of Time from Initial Request to first offered Psychiatry Appt. - MHP Standard or Goal - 15 Business Days - 90%				
	All Services	Adult Services	Children's Services	Foster Care
20/21 Avg.	99%	99%	99%	75%
Sep-20	100%	100%	100%	n/a
Oct-20	100%	100%	100%	100%
Nov-20	100%	100%	100%	n/a
Dec-20	100%	100%	100%	n/a
Jan-21	100%	100%	100%	n/a
Feb-21	100%	100%	100%	n/a
Mar-21	94%	100%	86%	0%
Apr-21	100%	100%	100%	100%
May-21	100%	100%	100%	n/a
Jun-21	100%	100%	100%	100%
Jul-21	100%	100%	100%	100%
Aug-21	100%	100%	100%	n/a
12 Mo. Avg.	100%	100%	99%	80%



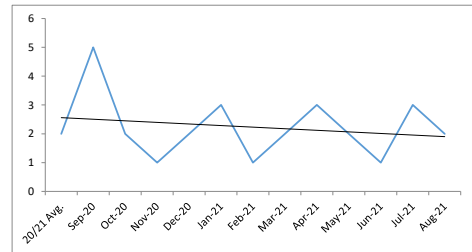
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QI Work Plan 2.4

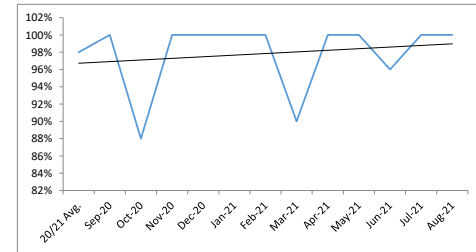
Length of Time from Initial Request to first kept Psychiatry appt. - Mean MHP Standard or Goal - 15 Business Days - 90%				
	All Services	Adult Services	Children's Services	Foster Care
20/21 Avg.	5	4	7	9
Sep-20	5	5	5	n/a
Oct-20	6	5	7	1
Nov-20	4	2	7	n/a
Dec-20	5	4	7	n/a
Jan-21	5	4	5	n/a
Feb-21	3	3	4	n/a
Mar-21	6	5	9	n/a
Apr-21	4	3	7	8
May-21	4	4	4	n/a
Jun-21	5	3	14	19
Jul-21	4	4	4	1
Aug-21	4	4	11	n/a
12 Mo. Avg.	5	4	7	7



Length of Time from Initial Request to first kept Psychiatry Appt. - Median MHP Standard or Goal - 15 Business Days - 90%				
	All Services	Adult Services	Children's Services	Foster Care
20/21 Avg.	2	2	7	9
Sep-20	5	4	5	n/a
Oct-20	2	1	7	1
Nov-20	1	1	9	n/a
Dec-20	2	1	7	n/a
Jan-21	3	3	4	n/a
Feb-21	1	1	2	n/a
Mar-21	2	1	6	n/a
Apr-21	3	1	8	8
May-21	2	2	4	n/a
Jun-21	1	1	14	19
Jul-21	3	3	1	1
Aug-21	2	1	11	n/a
12 Mo. Avg.	2	2	7	7



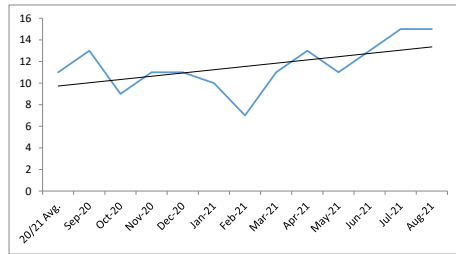
Length of Time from Initial Request to first kept Psychiatry Appt. - MHP Standard or Goal - 15 Business Days - 90%				
	All Services	Adult Services	Children's Services	Foster Care
20/21 Avg.	98%	98%	95%	67%
Sep-20	100%	100%	100%	n/a
Oct-20	88%	91%	80%	100%
Nov-20	100%	100%	100%	n/a
Dec-20	100%	100%	100%	n/a
Jan-21	100%	100%	100%	n/a
Feb-21	100%	100%	100%	n/a
Mar-21	90%	94%	85%	n/a
Apr-21	100%	100%	100%	100%
May-21	100%	100%	100%	n/a
Jun-21	96%	100%	75%	0%
Jul-21	100%	100%	100%	100%
Aug-21	100%	100%	100%	n/a
12 Mo. Avg.	98%	99%	95%	75%



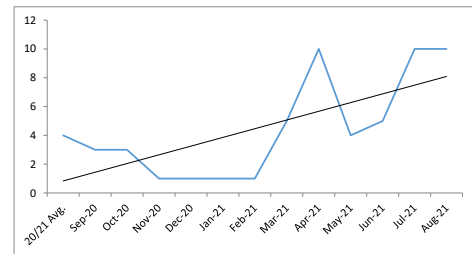
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QI Work Plan 2.5

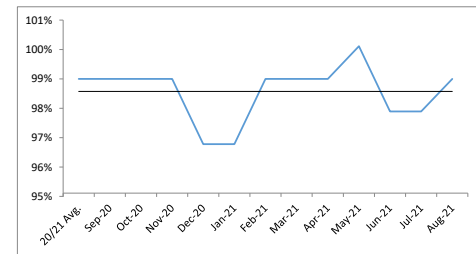
Length of Time from Service Request for urgent Appt. to Actual Encounter Mean - MHP Standard or Goal - 95% (Minutes)				
	All Services	Adult Services	Children's Services	Foster Care
20/21 Avg.	11	12	9	8
Sep-20	13	13	11	16
Oct-20	9	9	9	10
Nov-20	11	11	6	9
Dec-20	11	11	13	1
Jan-21	10	11	3	4
Feb-21	7	8	4	3
Mar-21	11	12	9	n/a
Apr-21	13	13	9	12
May-21	11	12	8	7
Jun-21	13	13	14	13
Jul-21	15	16	11	5
Aug-21	15	14	20	10
12 Mo. Avg.	12	12	10	8



Length of Time from Service Request for urgent Appt. to Actual Encounter Median - MHP Standard or Goal - 95% (Minutes)				
	All Services	Adult Services	Children's Services	Foster Care
20/21 Avg.	4	4	3	5
Sep-20	3	2	7	10
Oct-20	3	3	1	1
Nov-20	1	1	1	9
Dec-20	1	1	1	1
Jan-21	1	1	1	1
Feb-21	1	1	0	0
Mar-21	5	5	4	n/a
Apr-21	10	10	6	12
May-21	4	5	1	1
Jun-21	5	4	6	9
Jul-21	10	10	2	1
Aug-21	10	10	7	6
12 Mo. Avg.	5	4	3	5



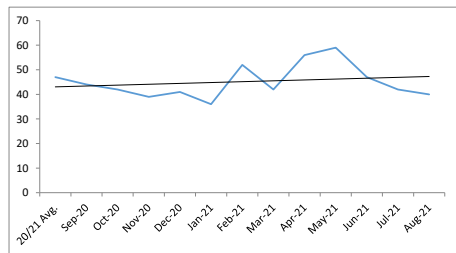
Length of Time from Service Request for urgent Appt. to Actual Encounter - Mean Percent of Goal that meets this Standard - MHP Standard or Goal - 95% (Minutes)				
	All Services	Adult Services	Children's Services	Foster Care
20/21 Avg.	99%	98%	99%	100%
Sep-20	99%	99%	100%	100%
Oct-20	99%	99%	95%	100%
Nov-20	99%	98%	100%	100%
Dec-20	97%	98%	96%	100%
Jan-21	97%	96%	100%	100%
Feb-21	99%	99%	100%	100%
Mar-21	99%	99%	100%	n/a
Apr-21	99%	99%	100%	100%
May-21	100%	100%	100%	100%
Jun-21	98%	97%	100%	100%
Jul-21	98%	97%	100%	100%
Aug-21	99%	99%	96%	100%
12 Mo. Avg.	99%	98%	99%	100%



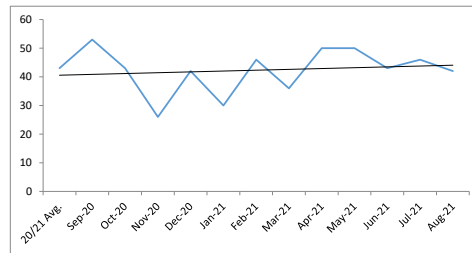
6.

QI Work Plan 2.F

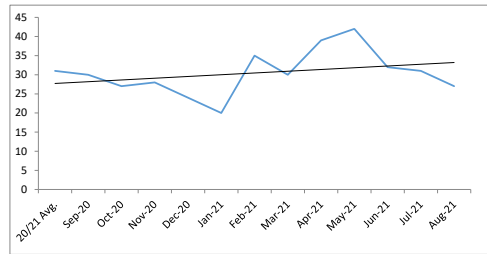
Total Number of Hospital Admissions				
	All Services	Adult Services	Children's Services	Foster Care
20/21 Avg.	47	40	8	1
Sep-20	44	38	6	0
Oct-20	42	35	7	2
Nov-20	39	30	9	0
Dec-20	41	31	10	0
Jan-21	36	33	3	0
Feb-21	52	45	7	1
Mar-21	42	36	6	0
Apr-21	56	49	7	0
May-21	59	50	9	0
Jun-21	47	41	6	1
Jul-21	42	36	6	0
Aug-21	40	32	8	1
12 Mo. Avg.	45	38	7	0
Total	540	456	84	5



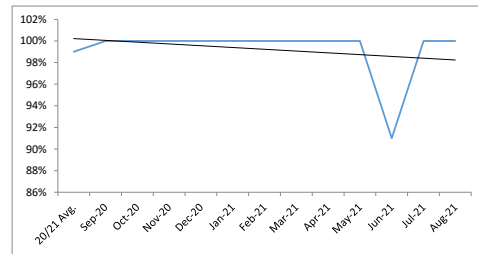
Total Number of Hospital Discharges				
	All Services	Adult Services	Children's Services	Foster Care
20/21 Avg.	43	36	7	1
Sep-20	53	44	9	0
Oct-20	43	37	6	2
Nov-20	26	17	9	0
Dec-20	42	33	9	0
Jan-21	30	26	4	0
Feb-21	46	41	5	1
Mar-21	36	28	8	0
Apr-21	50	44	6	0
May-21	50	42	8	0
Jun-21	43	39	4	1
Jul-21	46	41	5	0
Aug-21	42	31	11	1
12 Mo. Avg.	42	35	7	0
Total	507	423	84	5



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
20/21 Avg.	31	27	4	0
Sep-20	30	27	3	0
Oct-20	27	23	4	1
Nov-20	28	23	5	0
Dec-20	24	18	6	0
Jan-21	20	19	1	0
Feb-21	35	31	4	1
Mar-21	30	27	3	0
Apr-21	39	36	3	0
May-21	42	36	6	0
Jun-21	32	27	5	1
Jul-21	31	26	5	0
Aug-21	27	23	4	0
12 Mo. Avg.	30	26	4	0
Total	365	316	49	3



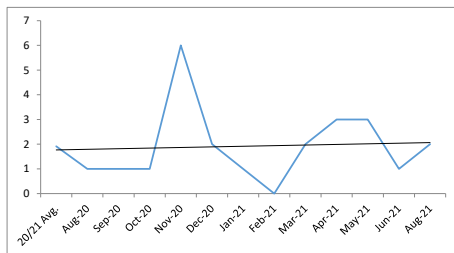
Timeliness of follow-up encounters post psychiatric inpatient discharge Percent of appointments that met this standard within 7 days - Goal is 95%				
	All Services	Adult Services	Children's Services	Foster Care
20/21 Avg.	99%	99%	98%	100%
Sep-20	100%	100%	100%	n/a
Oct-20	100%	100%	100%	100%
Nov-20	100%	100%	100%	n/a
Dec-20	100%	100%	100%	n/a
Jan-21	100%	100%	100%	n/a
Feb-21	100%	100%	100%	100%
Mar-21	100%	100%	100%	n/a
Apr-21	100%	100%	100%	n/a
May-21	100%	100%	100%	n/a
Jun-21	91%	93%	80%	100%
Jul-21	100%	100%	100%	n/a
Aug-21	100%	100%	100%	n/a
12 Mo. Avg.	99%	99%	98%	100%



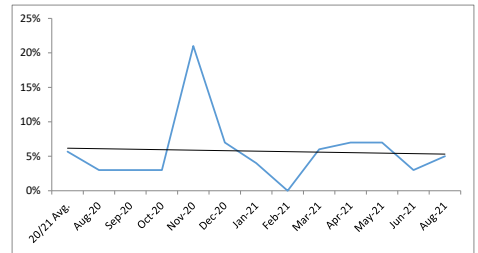
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Q1 Work Plan 2.7

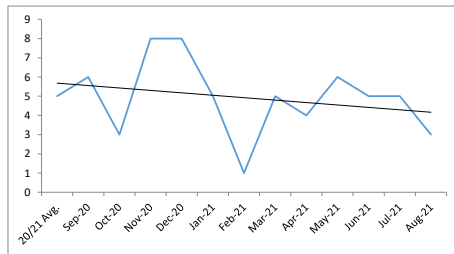
Psychiatric Inpatient Readmission rates within 7 days Total number with readmission within 7 days				
	All Services	Adult Services	Children's Services	Foster Care
20/21 Avg.	2	2	0	0
Aug-20	1	0	1	0
Sep-20	1	1	0	n/a
Oct-20	1	1	0	0
Nov-20	6	5	1	n/a
Dec-20	2	2	0	n/a
Jan-21	1	1	0	n/a
Feb-21	0	0	0	0
Mar-21	2	2	0	n/a
Apr-21	3	3	0	n/a
May-21	3	3	0	n/a
Jun-21	1	1	0	n/a
Aug-21	2	2	0	0
12 Mo. Avg.	2	2	0	0
Total	23	21	2	0



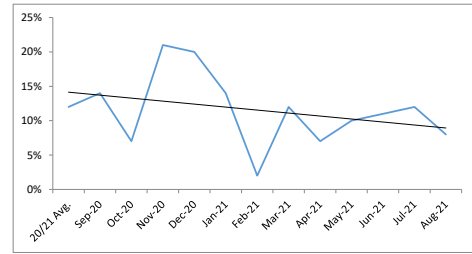
Psychiatric Inpatient Readmission rates within 7 days Readmission Rate - Goal is 10% within 7 days				
	All Services	Adult Services	Children's Services	Foster Care
20/21 Avg.	6%	6%	4%	0%
Aug-20	3%	0%	20%	0%
Sep-20	3%	3%	0%	n/a
Oct-20	3%	4%	0%	0%
Nov-20	21%	24%	14%	n/a
Dec-20	7%	10%	0%	n/a
Jan-21	4%	4%	0%	n/a
Feb-21	0%	0%	0%	0%
Mar-21	6%	7%	0%	n/a
Apr-21	7%	8%	0%	n/a
May-21	7%	9%	0%	n/a
Jun-21	3%	3%	0%	n/a
Aug-21	5%	6%	0%	0%
12 Mo. Avg.	6%	7%	3%	0%



Psychiatric Inpatient Readmission rates within 30 days				
Total number with readmission within 30 days				
	All Services	Adult Services	Children's Services	Foster Care
20/21 Avg.	5	4	1	0
Sep-20	6	5	1	0
Oct-20	3	3	0	0
Nov-20	8	7	1	0
Dec-20	8	7	1	0
Jan-21	5	4	1	0
Feb-21	1	1	0	0
Mar-21	5	5	0	0
Apr-21	4	4	0	0
May-21	6	6	0	0
Jun-21	5	4	1	0
Jul-21	5	3	2	0
Aug-21	3	3	0	0
12 Mo. Avg.	5	4	1	0
Total	59	52	7	0



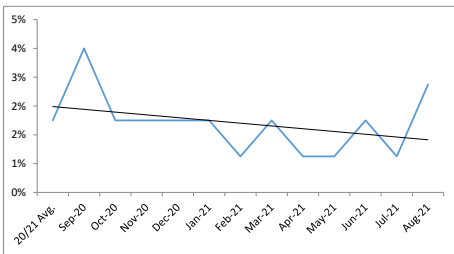
Psychiatric Inpatient Readmission rates within 30 days				
Readmission Rate - Goal is 10% within 30 days				
	All Services	Adult Services	Children's Services	Foster Care
20/21 Avg.	12%	12%	18%	n/a
Sep-20	14%	13%	17%	n/a
Oct-20	7%	9%	n/a	n/a
Nov-20	21%	23%	11%	n/a
Dec-20	20%	23%	10%	n/a
Jan-21	14%	15%	33%	n/a
Feb-21	2%	2%	n/a	n/a
Mar-21	12%	14%	n/a	n/a
Apr-21	7%	8%	n/a	n/a
May-21	10%	12%	n/a	n/a
Jun-21	11%	10%	17%	n/a
Jul-21	12%	8%	33%	n/a
Aug-21	8%	9%	0%	0%
12 Mo. Avg.	12%	12%	17%	0%



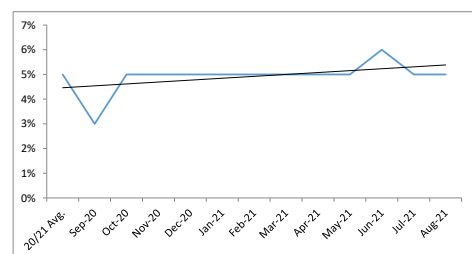
8.0

QI Work Plan 3.1

Average Psychiatric No Show Rates			
MHP Standard for Psychiatrists - No Higher than 10%			
	All Services	Adult Services	Children's Services
20/21 Avg.	2%	2%	1%
Sep-20	4%	3%	5%
Oct-20	2%	2%	1%
Nov-20	2%	2%	0%
Dec-20	2%	2%	4%
Jan-21	2%	2%	1%
Feb-21	1%	1%	0%
Mar-21	2%	2%	0%
Apr-21	1%	1%	0%
May-21	1%	2%	0%
Jun-21	2%	2%	0%
Jul-21	1%	1%	1%
Aug-21	3%	3%	1%
12 Mo. Avg.	2%	2%	1%



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
20/21 Avg.	5%	5%	5%
Sep-20	3%	4%	3%
Oct-20	5%	4%	6%
Nov-20	5%	5%	5%
Dec-20	5%	5%	5%
Jan-21	5%	5%	6%
Feb-21	5%	4%	5%
Mar-21	5%	5%	5%
Apr-21	5%	5%	6%
May-21	5%	4%	6%
Jun-21	6%	5%	8%
Jul-21	5%	5%	6%
Aug-21	5%	6%	5%
12 Mo. Avg.	5%	5%	6%



QI Work Plan - 3.D

Report - Appeals, Grievances, Change of Provider - August 2021

Provider Appeal (45 days)					
Receipt Date	Provider Name	Reason	Results	Date Completed	Date Letter sent to Provider
Total	0				

Client Appeal (45 days)					
Receipt Date	Provider Name	Reason	Results	Date Completed	Date Letter sent to Client
Total	0				

Issue Resolutions (60 Days)					
Receipt Date	Provider Name	Reason	Results	Date Completed	Date Letter sent to Provider
Total	0				

SUDT Grievance (60 Days)					
Receipt Date	Provider Name	Reason	Results	Date Completed	Date Letter sent to Provider
Total	0				

Client Grievance (60 Days)					
Receipt Date	Provider	Reason	Results	Date Completed	Date Letter sent to Client
8/30/2021	Tapestry	Parent filing grievance requesting that child's current therapist be changed due to alleged conflict of interest.	It was determined that there was no conflict of interest.	9/8/2021	9/8/2021
Total	1				

Client Request for Change of Provider (10 Business Days)					
Receipt Date	Provider	Reason	Results	Date Completed	Date Letter sent to Client
8/4/2021	Manzanita	Client would prefer services through RCS.	Beneficiary discharged from previous provider and services opened at new provider.	8/16/2021	8/16/2021
Total	1				

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

Report prepared by: William Riley, BHRS Quality Assurance Administrator



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. RQMC and its contracted providers (Manzanita, MCAVHN, Hospitality, MCYP, RCS, and Tapestry) use a single Electronic Health Record (EHR), EXYM to pull the data used in this report. The 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 July	20	32	9	8	30	19	2	
<i>Total</i>	52		17		51			120
Crisis Services July	3	10	4	5	31	33	9	
<i>Total</i>	13		9		73			95
Unduplicated Persons...								
Served in July	179	270	85	54	291	415	82	
<i>Total</i>	449		139		788			1,376
Unduplicated Persons...								
Served Fiscal Year to Date	179	270	85	54	291	415	82	
<i>Total</i>	449		139		788			1,376
Identified As (YTD)...								
Male	202		56		376			634
Female	238		76		408			722
Non-Binary and Transgender	9		7		4			20
White	244		83		580			907
Hispanic	129		21		57			207
American Indian	26		14		43			83
Asian	2		1		10			13
African American	7		3		20			30
Other	4		4		16			24
Undisclosed	37		13		62			112

YTD Persons by location...	
Ukiah Area	814
Willits Area	212
North County	37
Anderson Valley	19
North Coast	246
South Coast	20
OOC/OOS	28



Children & Youth *Young Adult* *Adult & Older Adult System* *RQMC*

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

Homeless: Persons Admitted to...

Outpatient Services July	0	0	1	3	6	4	1	
<i>Total</i>	0		4		11			15
Crisis Services July	0	0	0	0	6	5	1	
<i>Total</i>	0		0		12			12

Homeless: Unduplicated Persons Served...

In July	0	0	2	2	33	54	10	
<i>Total</i>	0		4		97			101
Fiscal Year to Date	0	0	2	2	33	54	10	
<i>Total</i>	0		4		97			101

Homeless: Count of Outpatient Services Provided...

In July		9	339	348
Fiscal Year to Date		9	339	348

Homeless: Count of Crisis Services Provided...

In July	0	5	125	130
Fiscal Year to Date	0	5	125	130

Homeless: Persons Served in Crisis...

Homeless Count of:	Crisis Assessments		Hospitalizations		Re-Hospitalization within 30 days	
	July	YTD	July	YTD	July	YTD
Insurance type						
Mendo Medi-cal	31	31	7	7	2	2
Indigent	2	1	1	1	0	0
Other Payor	1	1	1	1	0	0
Total	34	34	9	9	2	2
Number of Hospitalizations:	1	2	3	4	5	6+
YTD Count of Unduplicated Homeless Clients:	9	0	0	0	0	0

WPC has served homeless unduplicated clients in July and 81 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
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Crisis Services

Total Number of...

Crisis Line Contacts July	4	30	11	11	75	61	76	
Total	34	22	212					268

*There were 10 logged calls where age was not disclosed. Those have been added to the total.

Crisis Line Contacts YTD	4	30	11	11	75	61	76	
Total	34	22	212					268

by reason for call YTD...	
Increase in Symptoms	115
Phone Support	67
Information Only	9
Suicidal ideation/Threat	47
Self-Injurious Behavior	5
Access to Services	17
Aggression towards Others	5
Resources/Linkages	3

Call from LEO to Crisis...		
Agency	July	YTD
MCSO:	13	13
CHP:	0	0
WPD:	6	6
FBPD:	2	2
Jail/JH:	8	8
UPD:	9	9
Total:	38	38

by time of day YTD...	
08:00am-05:00pm	156
05:00pm-08:00am	112

Crisis Walk-ins YTD	
Inland	27
Coastal	5

Total Number of...

Emergency Crisis Assessments July	4	27	9	9	54	55	14	
Total	31	18	123					172

Emergency Crisis Assessments YTD	4	27	9	9	54	55	14	
Total	31	18	123					172

YTD by location...	
Ukiah Valley Medical Center	83
Crisis Center-Walk Ins	29
Mendocino Coast District Hospital	20
Howard Memorial Hospital	28
Jail	8
Juvenile Hall	0
Schools	0
Community	4
FQHCs	0

YTD by insurance...	
Medi-Cal/Partnership	114
Private	19
Medi/Medi	14
Medicare	8
Indigent	10
Consolidated	0
Private/Medi-Cal	2
VA	5



Children & Youth *Young Adult* *Adult & Older Adult System* *RQMC*

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

Inpatient Hospitalizations July	0	6	2	1	20	11	2	
<i>Total</i>	6		3		33			42
Inpatient Hospitalizations YTD	0	6	2	1	20	11	2	
<i>Total</i>	6		3		33			42

ReHospitalization within 30 days	Youth	Adult	0-2 days in the Hospital	Admits	% of total Admits
July	1	4	July	2	4.8%
YTD	1	4	YTD	2	4.8%

Days in the ER	0	1	2	3	4	5+	Unk
July	3	23	9	4	0	0	3
YTD	3	23	9	4	0	0	3

... by Hospital for July	0	1	2	3	4	5+	
AHUV	3	14	5	4	0	0	
Howard	0	4	4	0	0	0	
MCDH	0	5	0	0	0	0	

At Discharge	Discharged to Mendocino		Follow up Crisis Appt		Declined follow up Crisis appt	
Payor	July	YTD	July	YTD	July	YTD
Mendo Medi-cal	27	27	26	26	1	1
Indigent	2	2	2	2	0	0
Other Payor	3	3	3	3	0	0
YTD hospitalizations where discharge was out of county or unknown:						8
YTD number who Declined a follow up appt:						1

Number of hospitalizations:	1	2	3	4	5	6+
YTD Count of unduplicated clients:	41	1	0	0	0	0



YTD hospitalizations by location..	
Aurora- Santa Rosa**	3
Restpadd Redding/RedBluff**	13
St. Helena Napa/ Vallejo**	20
Sierra Vista Sacramento**	0
John Muir Walnut Creek	0
St Francis San Francisco	2
St Marys San Francisco**	0
Marin General**	0
Heritage Oaks Sacramento**	1
VA: Sacramento / PaloAlto / Fairfield / San Francisco	1
Other**	2

YTD hospitalizations by criteria...	
Danger to Self	14
Gravely Disabled	13
Danger to Others	0
Combination	15

Total Number of...

Full Service Partners July		Youth	TAY	Adult	BHC	OA	Outreach	
<i>Total</i>		0	26	64	6	14	7	117

Total Number of...

Full Service Partners YTD		Youth	TAY	Adult	BHC	OA	Outreach	
<i>Total</i>		0	26	64	6	14	7	117

Contract Usage as of 09/02/2021	Budgeted	YTD
Medi-Cal in County Services (60% FFP)	\$14,200,000.00	\$1,745,076.00
Medi-Cal RQMC Out of County Contracts	\$430,000.00	\$1,235.00
MHSA	\$1,145,000.00	\$142,779.00
Indigent RQMC Out of County Contracts	\$646,122.00	\$19,834.00
Medication Management	\$1,400,000.00	\$125,545.00

Estimated Expected FFP	July	YTD
Expected FFP	\$698,079.00	\$1,122,372.60



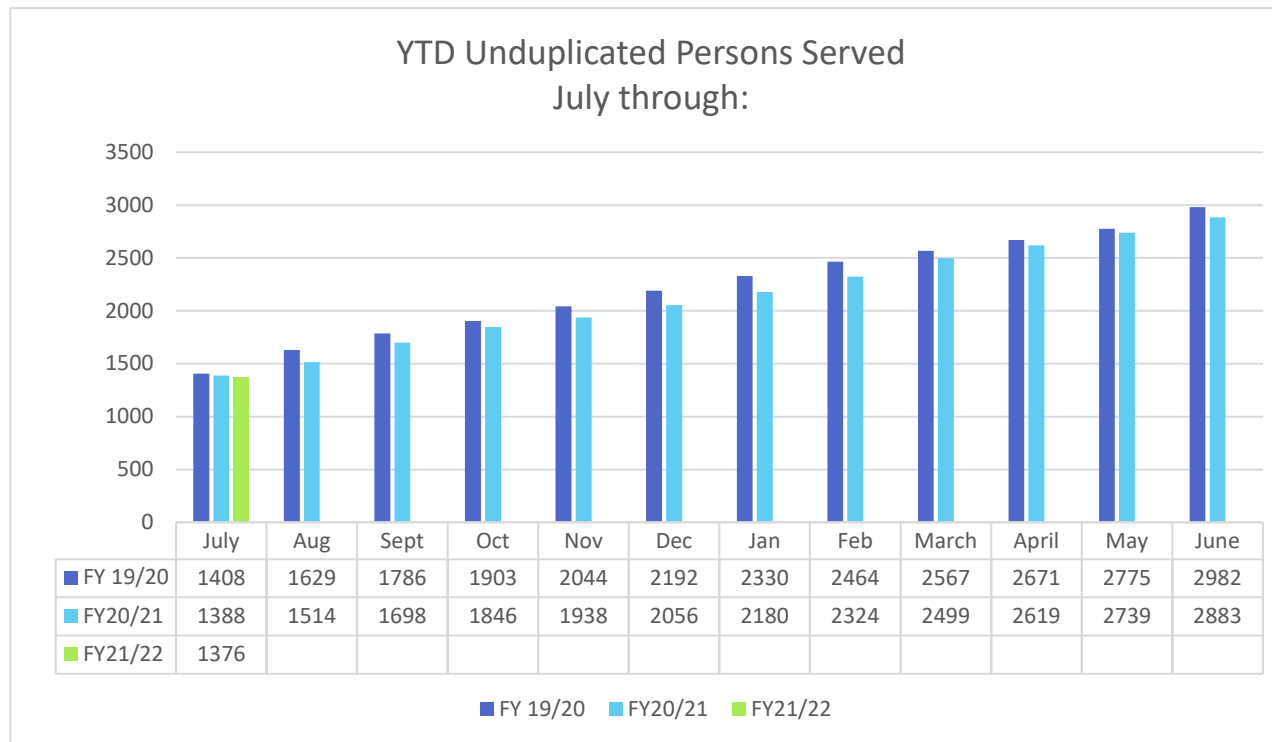
Services Provided						
Whole System of Care	July	July	July	YTD	YTD	YTD
Count of Services Provided	Youth	Y Adult	Adults	Youth	Y Adults	Adults
*Assessment	113	37	154	113	37	154
*Case Management	223	225	1352	223	225	1352
*Collateral	93	4	6	93	4	6
*Crisis	68	19	209	68	19	209
*Family Therapy	92	4	5	92	4	5
*TFC	0			0		
*Group Therapy	0	0	0	0	0	0
*Group Rehab	165	32	93	165	32	93
*ICC	149	1		149	1	
*Individual Rehab	217	103	546	217	103	546
*Individual Therapy	531	103	325	531	103	325
*IHBS	80	1		80	1	
*Psychiatric Services	100	47	367	100	47	367
*Plan Development	103	28	98	103	28	98
*TBS	28			28		
Total	1,962	604	3,155	1,962	604	3,155
No Show Rate	4.6%			4.6%		
Average Cost Per Beneficiary	\$933	\$927	\$791	\$933	\$927	\$781

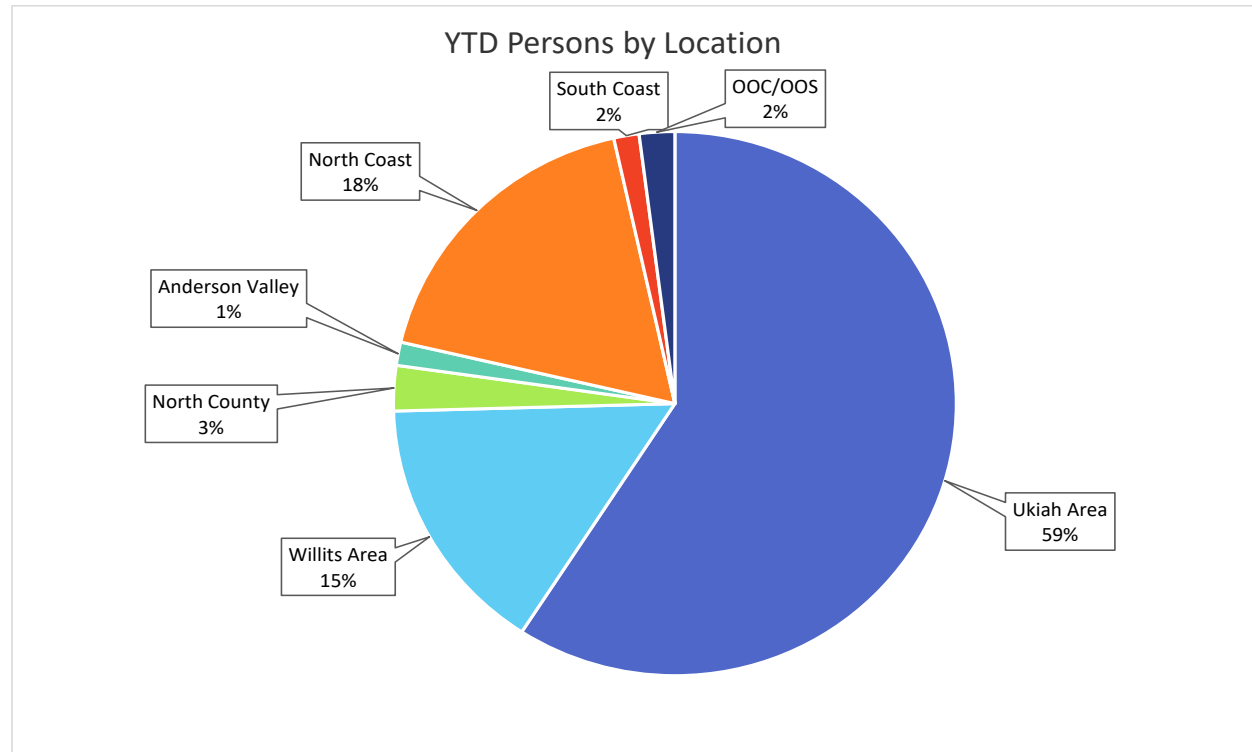
Count of Services by Area	July	July	July	YTD	YTD	YTD
	Youth	Y Adult	Adults	Youth	Y Adults	Adults
Anderson Valley	27	0	25	27	0	25
South Coast	17	4	18	17	4	18
North Coast	155	45	500	155	45	500
North County	86	4	40	86	4	40
Ukiah	1,404	483	2,144	1,404	483	2,144
Willits	273	68	428	273	68	428

Meds Management	July	July	July	YTD	YTD	YTD
	Youth	Y Adult	Adults	Youth	Y Adults	Adults
Inland Unduplicated Clients	64	31	257	64	31	257
Coastal Unduplicated Clients	16	12	69	16	12	69
Inland Services	110	43	378	110	43	378
Coastal Services	23	21	111	23	21	111

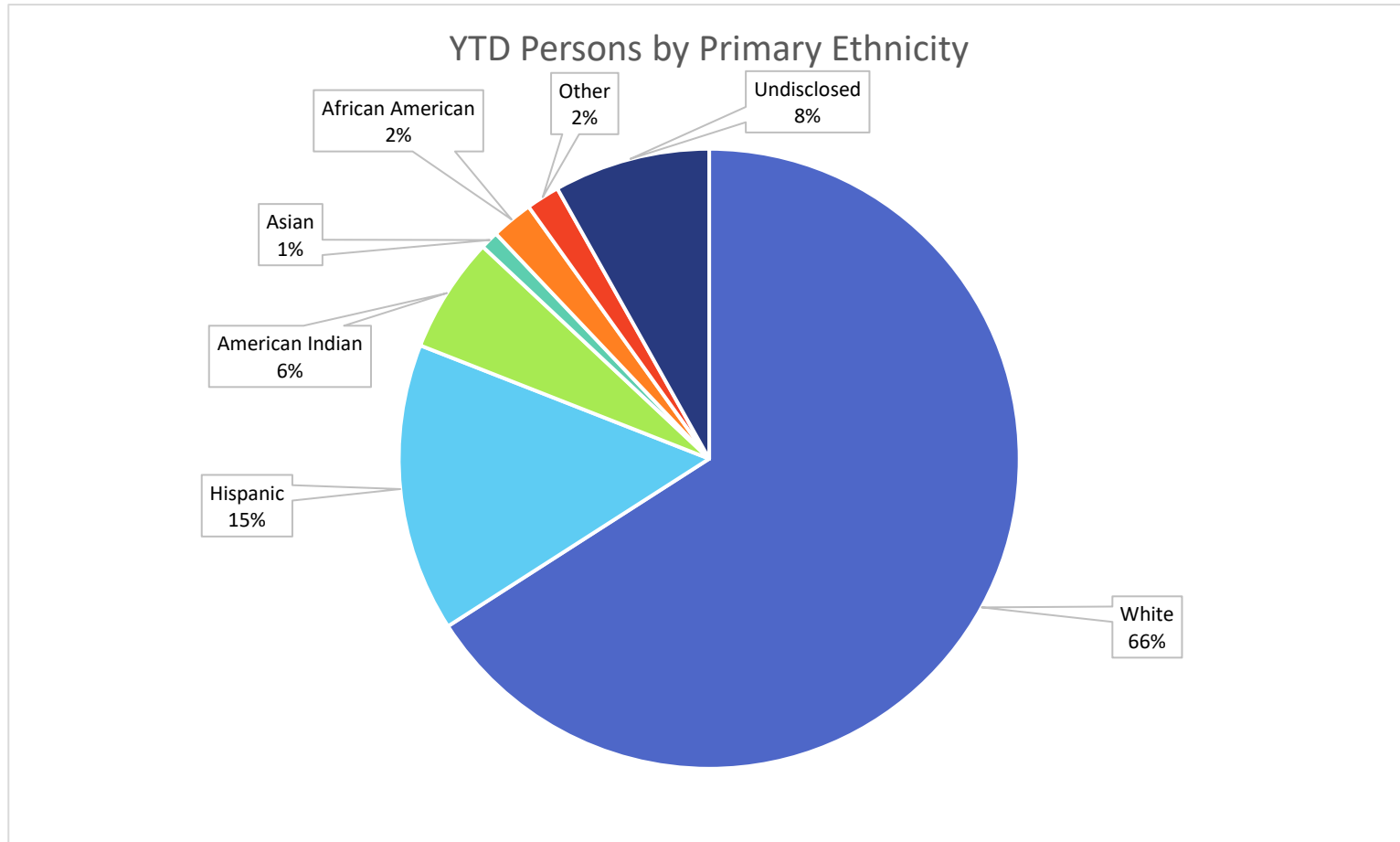


2021/2022 Trends and Year to Year Comparison





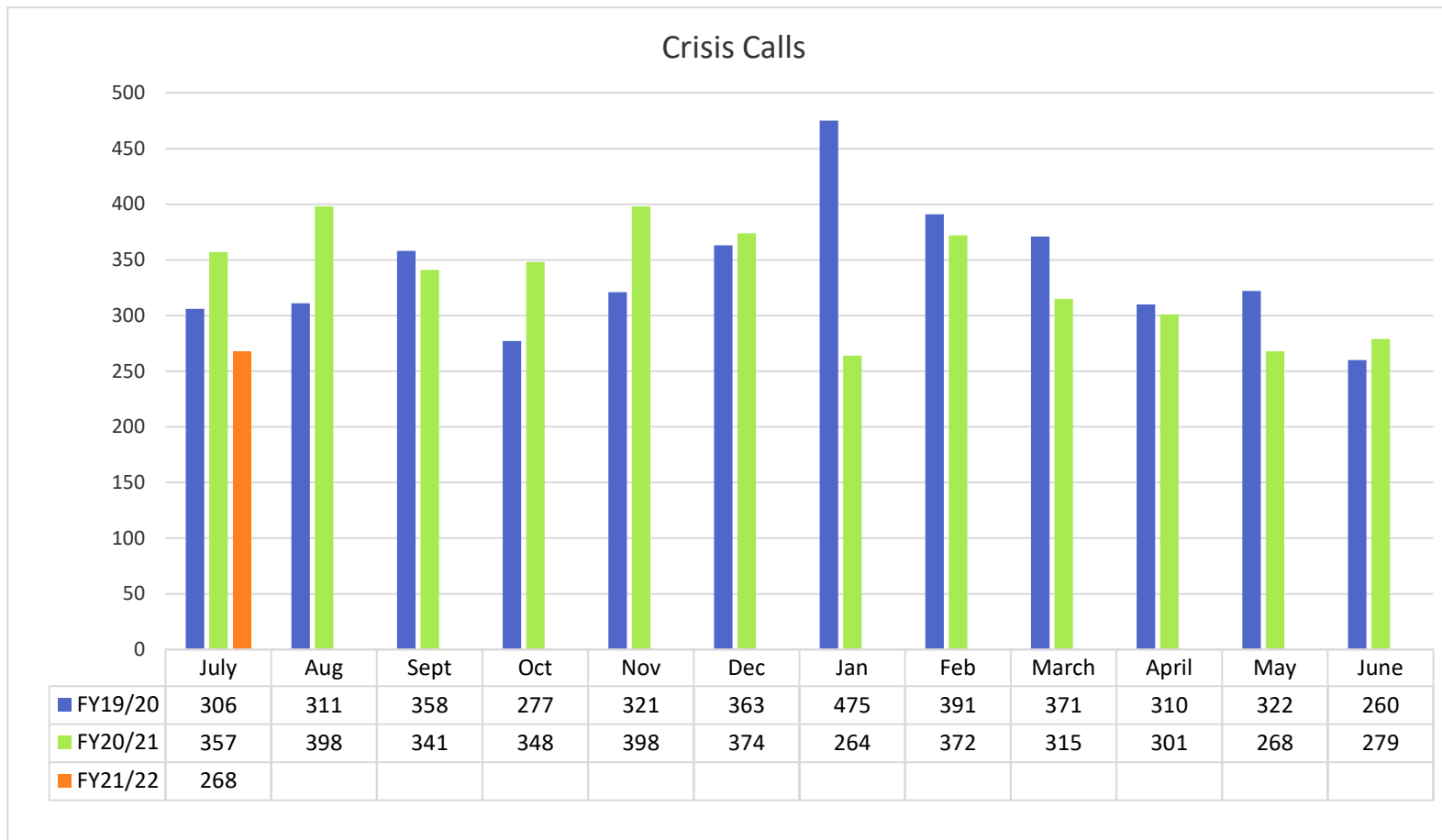
YTD Persons by location...	Count	%
Ukiah Area	814	59%
Willits Area	212	15%
North County	37	3%
Anderson Valley	19	1%
North Coast	246	18%
South Coast	20	1%
OOC/OOS	28	2%

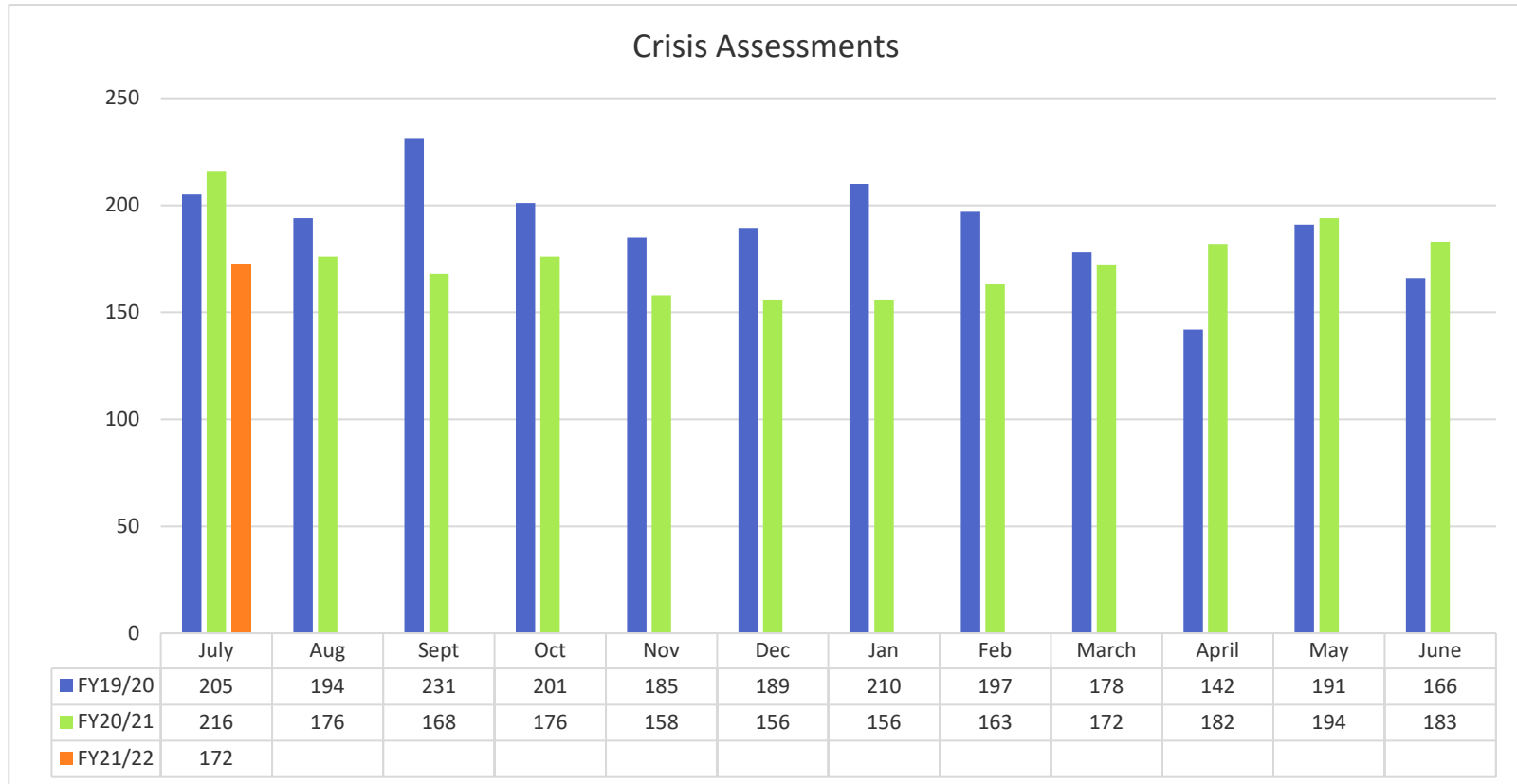


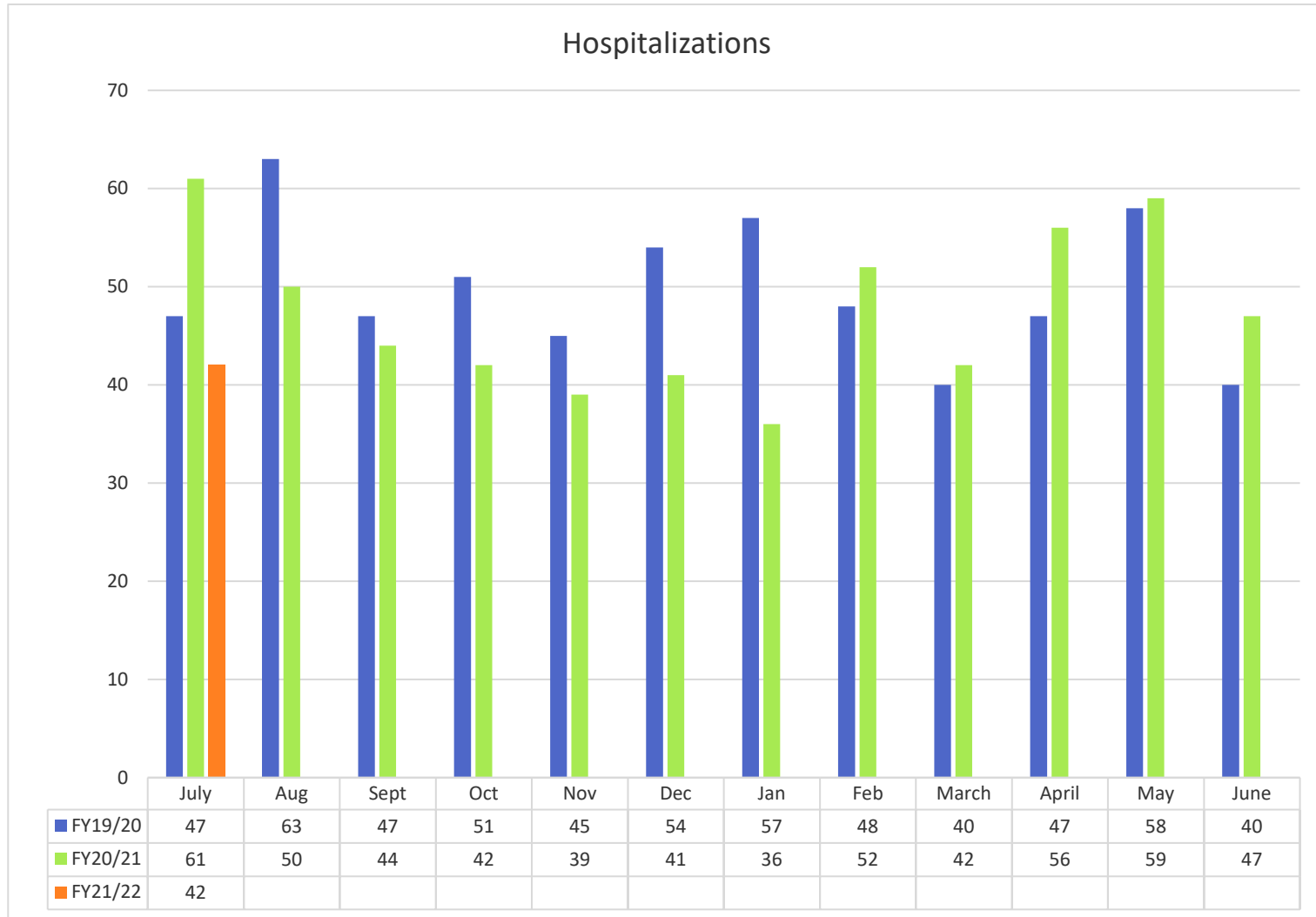


Unduplicated Clients Served



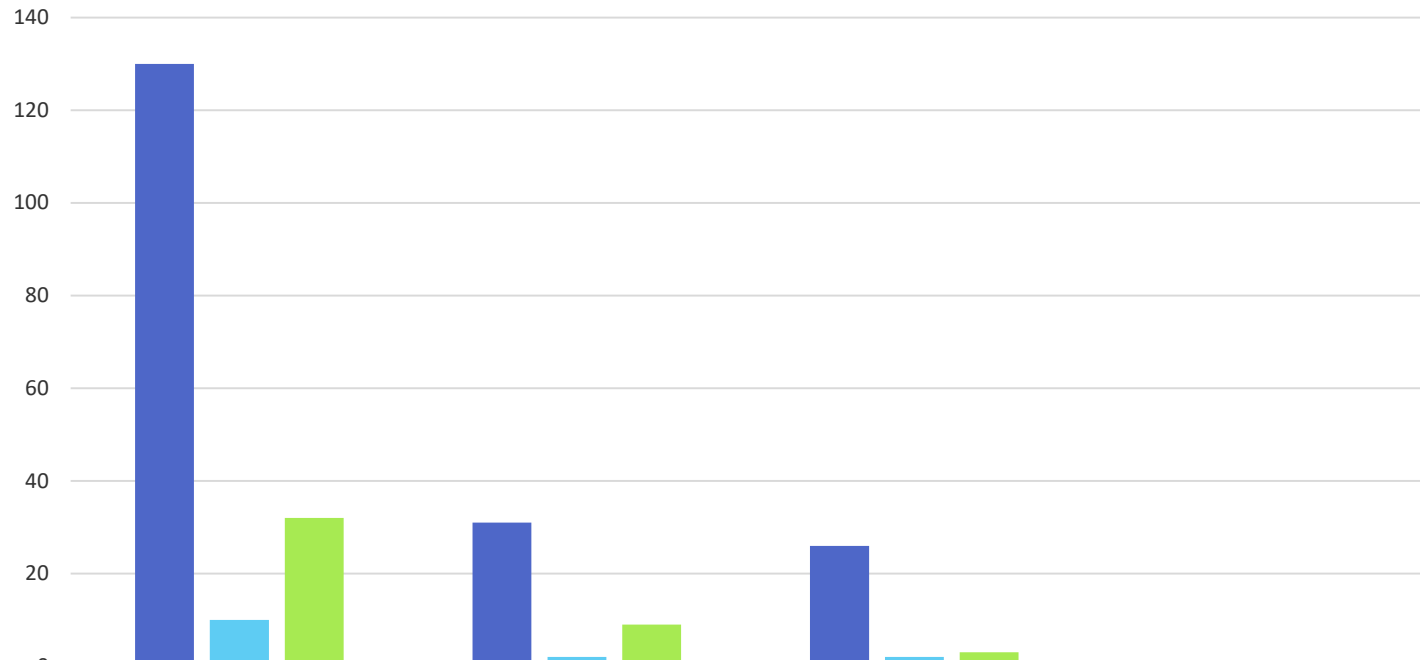




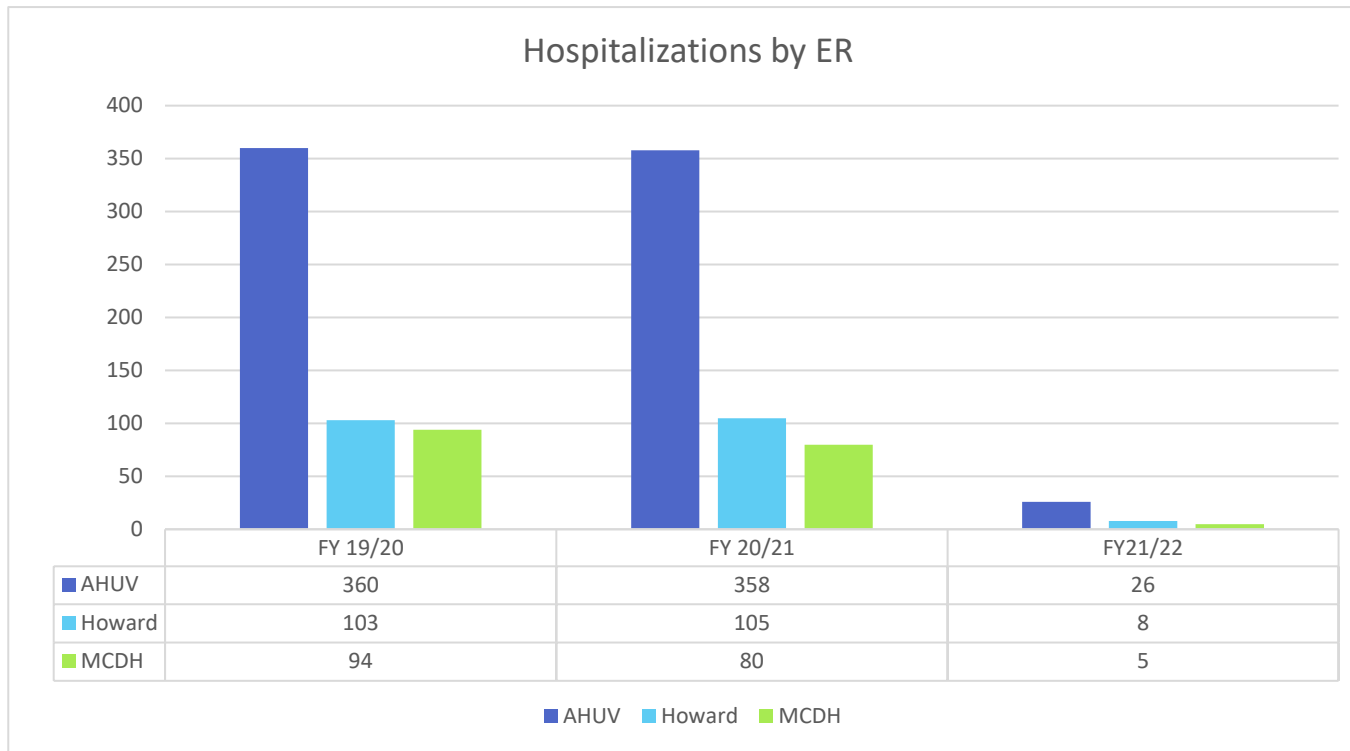


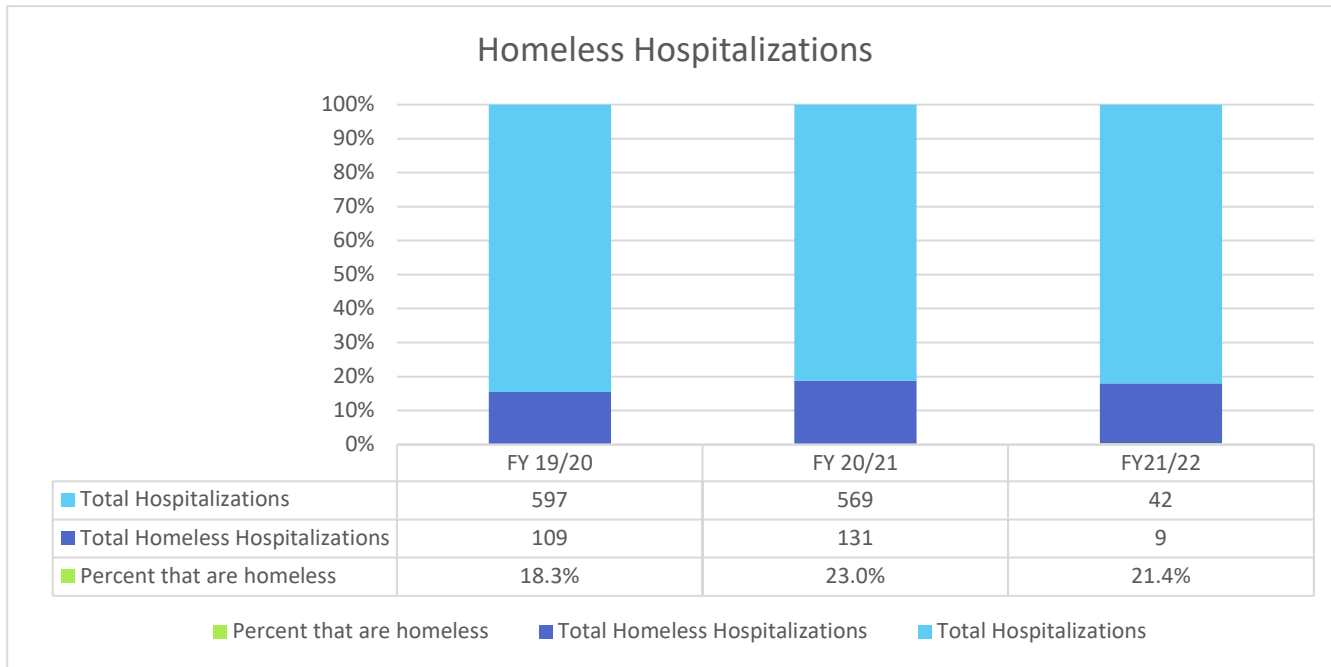


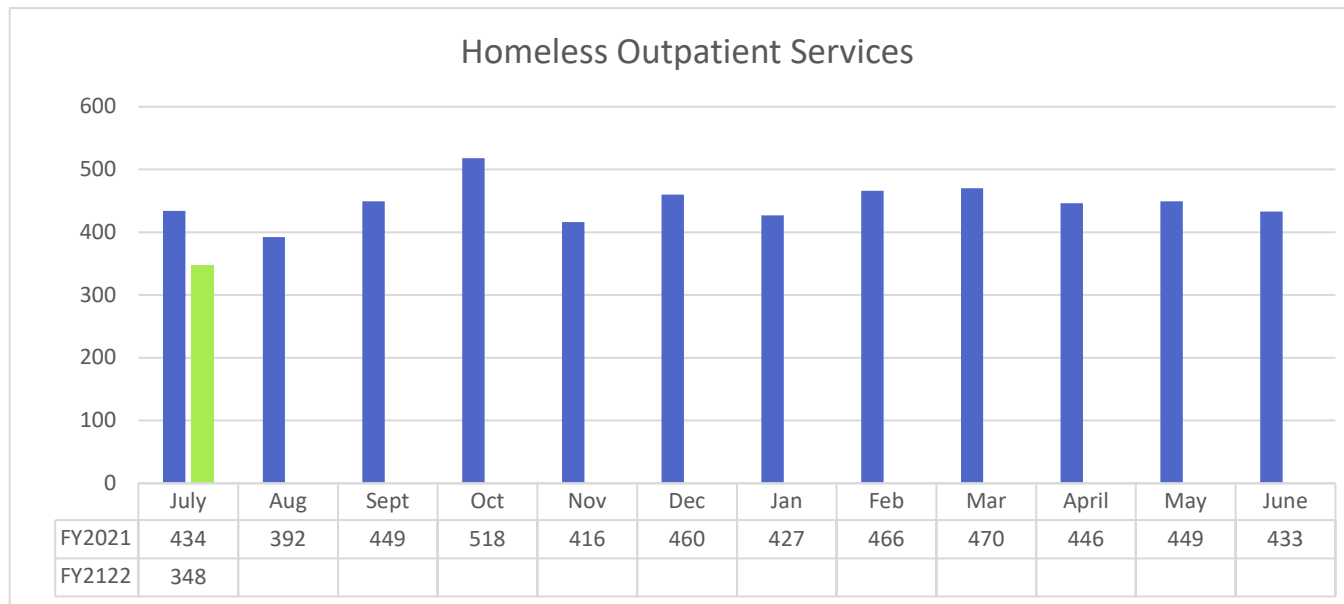
YTD Crisis by Payor



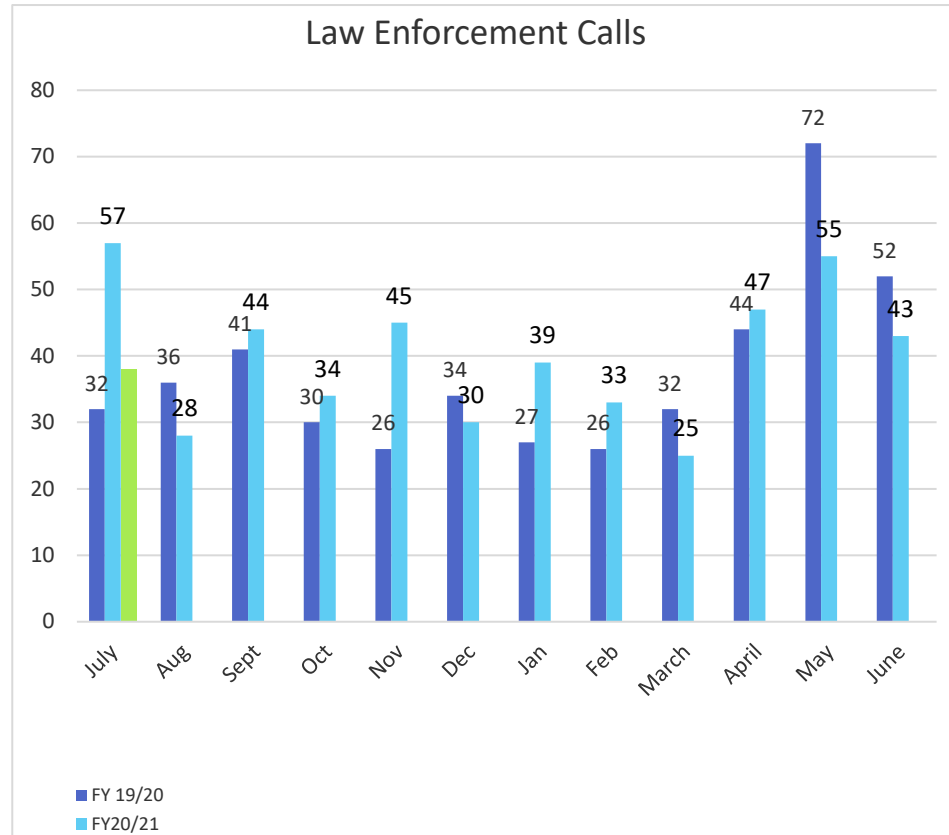
	Crisis Assessments	Hospitalizations	Discharged to Mendo: follow-up appt	Discharged to Mendo: declined follow up
■ Mendo Medi-Cal beneficiary	130	31	26	1
■ Indigent	10	2	2	0
■ All Other Payors	32	9	3	0

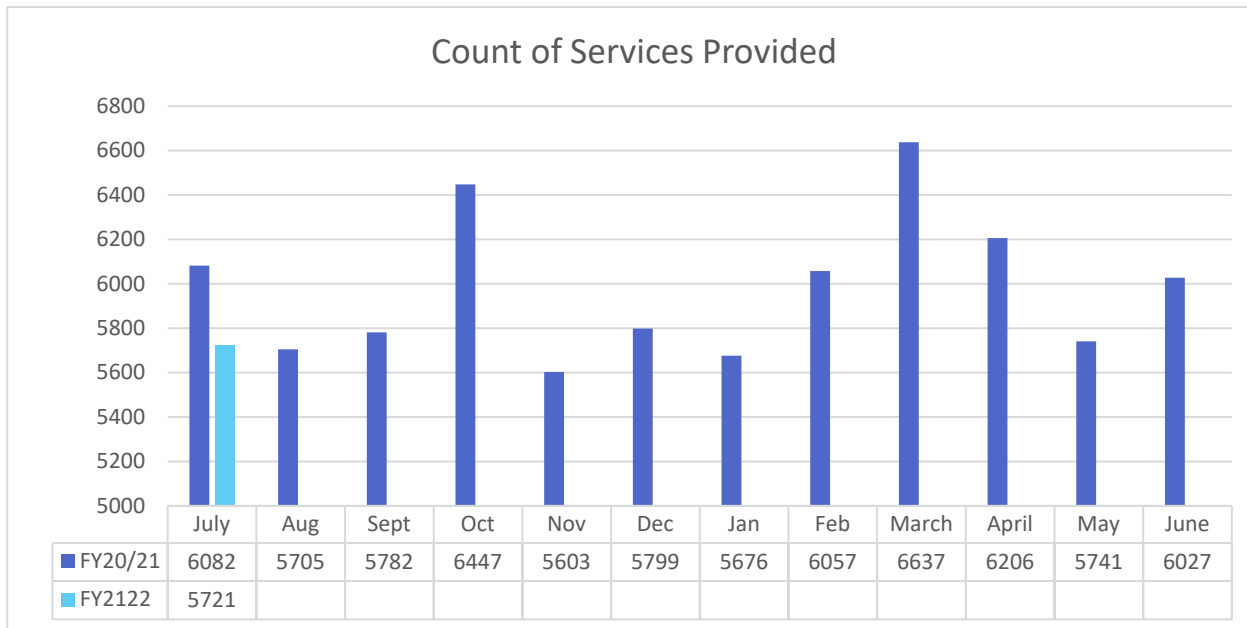






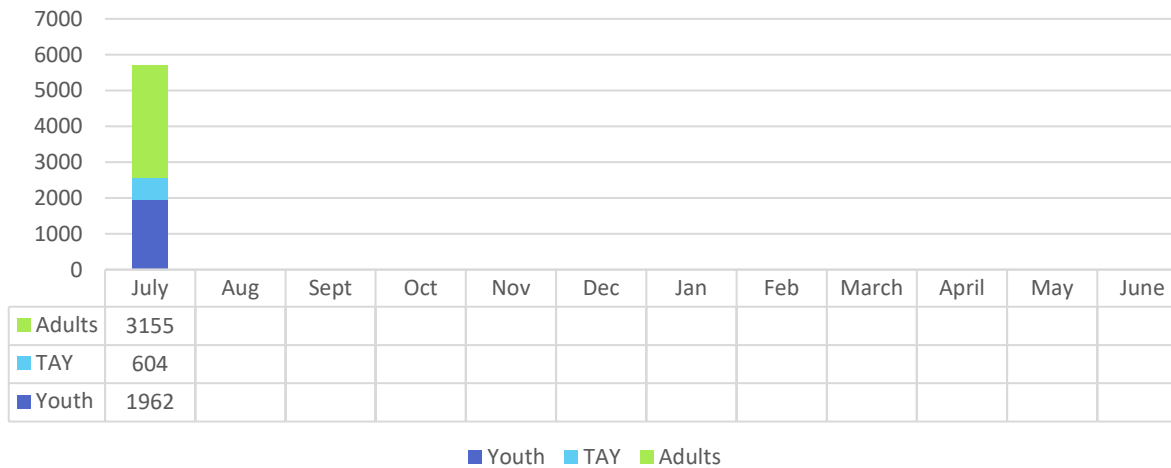








Services Provided by Age Group





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	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 Aug	8	29	5	6	36	30	5	
<i>Total</i>	37		11		71			119
Crisis Services Aug	2	16	9	4	49	30	8	
<i>Total</i>	18		13		87			118
Unduplicated Persons...								
Served in Aug	169	261	87	52	307	415	79	
<i>Total</i>	430		139		801			1,370
Unduplicated Persons...								
Served Fiscal Year to Date	186	299	102	62	350	451	91	
<i>Total</i>	485		164		892			1,541
Identified As (YTD)...								
Male	223		66		432			721
Female	252		90		456			798
Non-Binary and Transgender	10		8		4			22
White	253		92		636			981
Hispanic	143		30		66			239
American Indian	28		15		45			88
Asian	2		1		11			14
African American	8		4		24			36
Other	7		4		15			26
Undisclosed	44		18		95			157

YTD Persons by location...	
Ukiah Area	912
Willits Area	240
North County	42
Anderson Valley	21
North Coast	264
South Coast	24
OOC/OOS	38



Children & Youth *Young Adult* *Adult & Older Adult System* *RQMC*

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

Homeless: Persons Admitted to...

Outpatient Services Aug	1	0	0	0	4	7	1	
<i>Total</i>	1		0		12			13
Crisis Services Aug	0	1	1	0	13	8	0	
<i>Total</i>	1		1		21			23

Homeless: Unduplicated Persons Served...

In Aug	1	1	3	2	36	49	8	
<i>Total</i>	2		5		93			100
Fiscal Year to Date	1	1	3	3	49	61	12	
<i>Total</i>	2		6		122			130

Homeless: Count of Outpatient Services Provided...

In Aug	3	4	259	266
Fiscal Year to Date	3	13	598	614

Homeless: Count of Crisis Services Provided...

In Aug	0	2	146	148
Fiscal Year to Date	0	7	271	278

Homeless: Persons Served in Crisis...

Homeless Count of:	Crisis Assessments		Hospitalizations		Re-Hospitalization within 30 days	
	Aug	YTD	Aug	YTD	Aug	YTD
Insurance type						
Mendo Medi-cal	43	74	9	16	3	5
Indigent	6	8	1	2	0	0
Other Payor	2	3	1	2	0	0
Total	51	85	11	20	3	5
Number of Hospitalizations:	1	2	3	4	5	6+
YTD Count of Unduplicated Homeless Clients:	16	2	0	0	0	0

WPC has served 35 homeless unduplicated clients in Aug and 35 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
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Crisis Services

Total Number of...

Crisis Line Contacts Aug	2	29	13	6	113	57	25	
Total	31	19	195					245

*There were 33 logged calls where age was not disclosed. Those have been added to the total.

Crisis Line Contacts YTD	6	59	24	17	188	118	101	
Total	65	41	407					513

by reason for call YTD...	
Increase in Symptoms	200
Phone Support	82
Information Only	41
Suicidal ideation/Threat	122
Self-Injurious Behavior	7
Access to Services	34
Aggression towards Others	11
Resources/Linkages	16

Call from LEO to Crisis...		
Agency	Aug	YTD
MCSO:	17	30
CHP:	2	2
WPD:	0	6
FBPD:	2	4
Jail/JH:	7	15
UPD:	10	19
Total:	38	76

by time of day YTD...	
08:00am-05:00pm	320
05:00pm-08:00am	193

Crisis Walk-ins YTD	
Inland	45
Coastal	16

Total Number of...

Emergency Crisis Assessments Aug	2	25	13	6	70	49	15	
Total	27	19	134					180

Emergency Crisis Assessments YTD	6	52	22	15	124	104	29	
Total	58	37	257					352

YTD by location...	
Ukiah Valley Medical Center	164
Crisis Center-Walk Ins	59
Mendocino Coast District Hospital	47
Howard Memorial Hospital	54
Jail	13
Juvenile Hall	2
Schools	0
Community	13
FQHCs	0

YTD by insurance...	
Medi-Cal/Partnership	244
Private	31
Medi/Medi	26
Medicare	18
Indigent	25
Consolidated	0
Private/Medi-Cal	2
VA	6



Children & Youth Young Adult Adult & Older Adult System RQMC

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

Inpatient Hospitalizations Aug	0	8	1	3	17	9	2	
<i>Total</i>	8		4		28			40
Inpatient Hospitalizations YTD	0	14	3	4	37	20	4	
<i>Total</i>	14		7		61			82

ReHospitalization within 30 days	Youth	Adult	0-2 days in the Hospital	Admits	% of total Admits
Aug	0	4	Aug	4	10.0%
YTD	1	8	YTD	6	7.3%

Days in the ER	0	1	2	3	4	5+	Unk
Aug	6	18	10	3	1	1	1
YTD	9	41	19	7	1	1	4
... by Hospital for Aug	0	1	2	3	4	5+	
AHUV	5	12	4	0	0	1	
Howard	1	4	2	2	0	0	
MCDH	0	2	4	1	1	0	

At Discharge	Discharged to Mendocino		Follow up Crisis Appt		Declined follow up Crisis appt	
	Aug	YTD	Aug	YTD	Aug	YTD
Payor						
Mendo Medi-cal	23	50	21	47	2	3
Indigent	2	4	2	4	0	0
Other Payor	3	6	3	6	0	0
YTD hospitalizations where discharge was out of county or unknown:						18
YTD number who Declined a follow up appt:						3

Number of hospitalizations:	1	2	3	4	5	6+
YTD Count of unduplicated clients:	72	5	0	0	0	0



YTD hospitalizations by location..	
Aurora- Santa Rosa**	8
Restpadd Redding/RedBluff**	29
St. Helena Napa/ Vallejo**	36
Sierra Vista Sacramento**	1
John Muir Walnut Creek	0
St Francis San Francisco	2
St Marys San Francisco**	1
Marin General**	0
Heritage Oaks Sacramento**	2
VA: Sacramento / PaloAlto / Fairfield / San Francisco	1
Other**	2

YTD hospitalizations by criteria...	
Danger to Self	33
Gravely Disabled	27
Danger to Others	0
Combination	22

Total Number of...

Full Service Partners Aug

	Youth	TAY	Adult	BHC	OA	Outreach	
<i>Total</i>	0	22	58	5	13	1	99

Total Number of...

Full Service Partners YTD

	Youth	TAY	Adult	BHC	OA	Outreach	
<i>Total</i>	0	24	68	7	17	7	123

Contract Usage as of 10/20/2021	Budgeted	YTD
Medi-Cal in County Services (60% FFP)	\$14,200,000.00	\$2,553,915.00
Medi-Cal RQMC Out of County Contracts	\$430,000.00	\$141,181.00
MHSA	\$1,145,000.00	\$275,477.00
Indigent RQMC Out of County Contracts	\$646,122.00	\$68,507.00
Medication Management	\$1,400,000.00	\$393,648.00

Estimated Expected FFP	Aug	YTD
Expected FFP	\$695,134.00	\$1,768,537.80



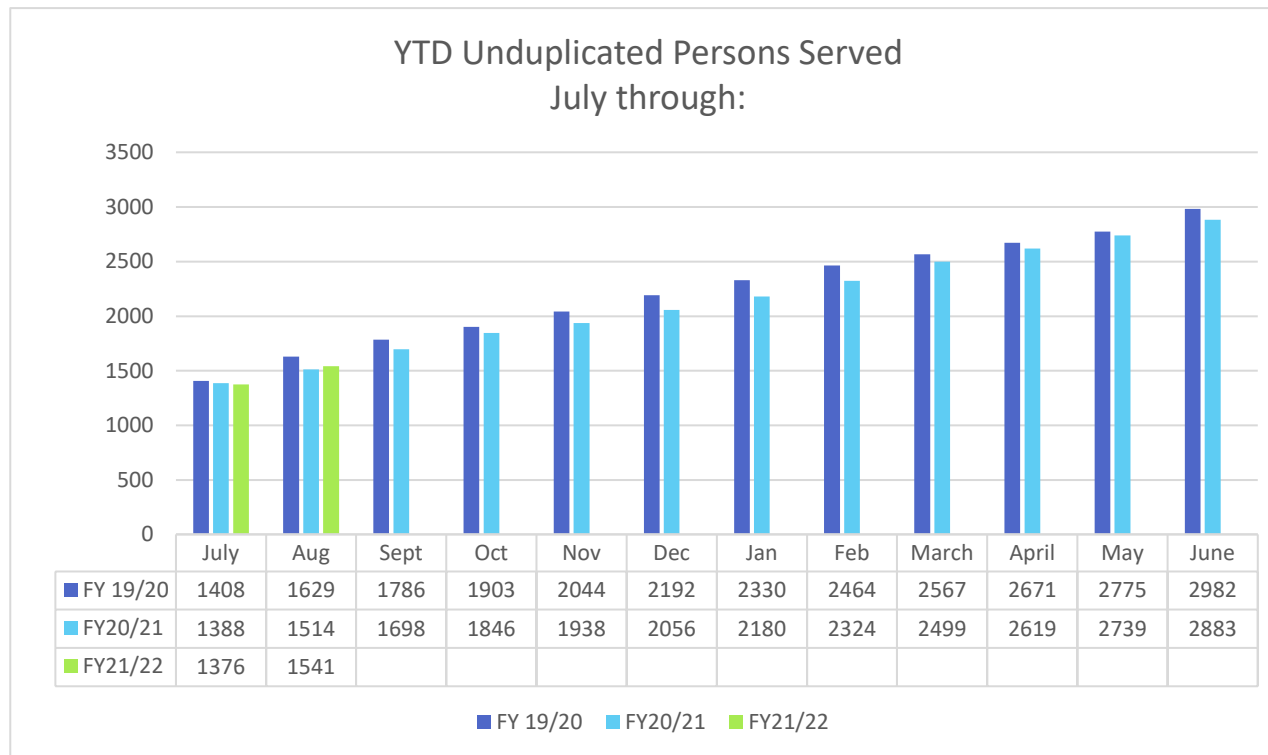
Services Provided						
Whole System of Care	Aug	Aug	Aug	YTD	YTD	YTD
Count of Services Provided	Youth	Y Adult	Adults	Youth	Y Adults	Adults
*Assessment	104	24	145	217	61	299
*Case Management	252	184	1433	475	409	2785
*Collateral	119	1	3	212	5	9
*Crisis	48	43	243	116	62	452
*Family Therapy	76	2	4	168	6	9
*TFC	0	0	0	0	0	0
*Group Therapy	0	0	0	0	0	0
*Group Rehab	155	27	100	320	59	193
*ICC	160	2	0	309	3	0
*Individual Rehab	189	80	587	406	183	1133
*Individual Therapy	555	107	361	1086	210	686
*IHBS	117	4	0	197	5	0
*Psychiatric Services	44	34	320	144	81	687
*Plan Development	81	13	94	184	41	192
*TBS	47	0	0	75	0	0
Total	1,947	521	3,290	3,909	1,125	6,445
No Show Rate	4.9%			4.7%		
Average Cost Per Beneficiary	\$920	\$812	\$812	\$1,679	\$1,474	\$1,419

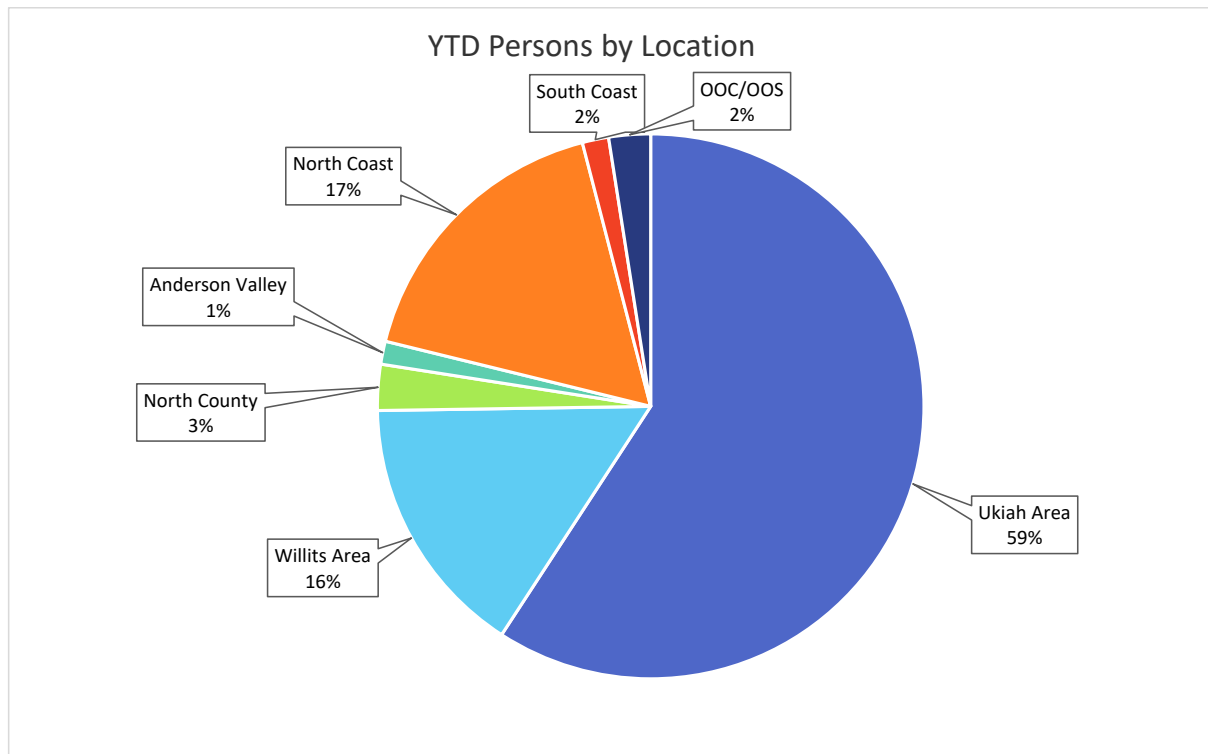
Count of Services by Area	Aug	Aug	Aug	YTD	YTD	YTD
	Youth	Y Adult	Adults	Youth	Y Adults	Adults
Anderson Valley	20	0	9	47	0	34
South Coast	27	0	14	44	4	32
North Coast	200	55	548	355	100	1,048
North County	50	2	68	136	6	108
Ukiah	1,343	412	2,254	2,747	895	4,398
Willits	307	52	397	580	120	825

Meds Management	Aug	Aug	Aug	YTD	YTD	YTD
	Youth	Y Adult	Adults	Youth	Y Adults	Adults
Inland Unduplicated Clients	47	24	219	79	43	349
Coastal Unduplicated Clients	8	7	72	20	14	96
Inland Services	63	33	338	173	76	716
Coastal Services	9	11	114	32	32	225

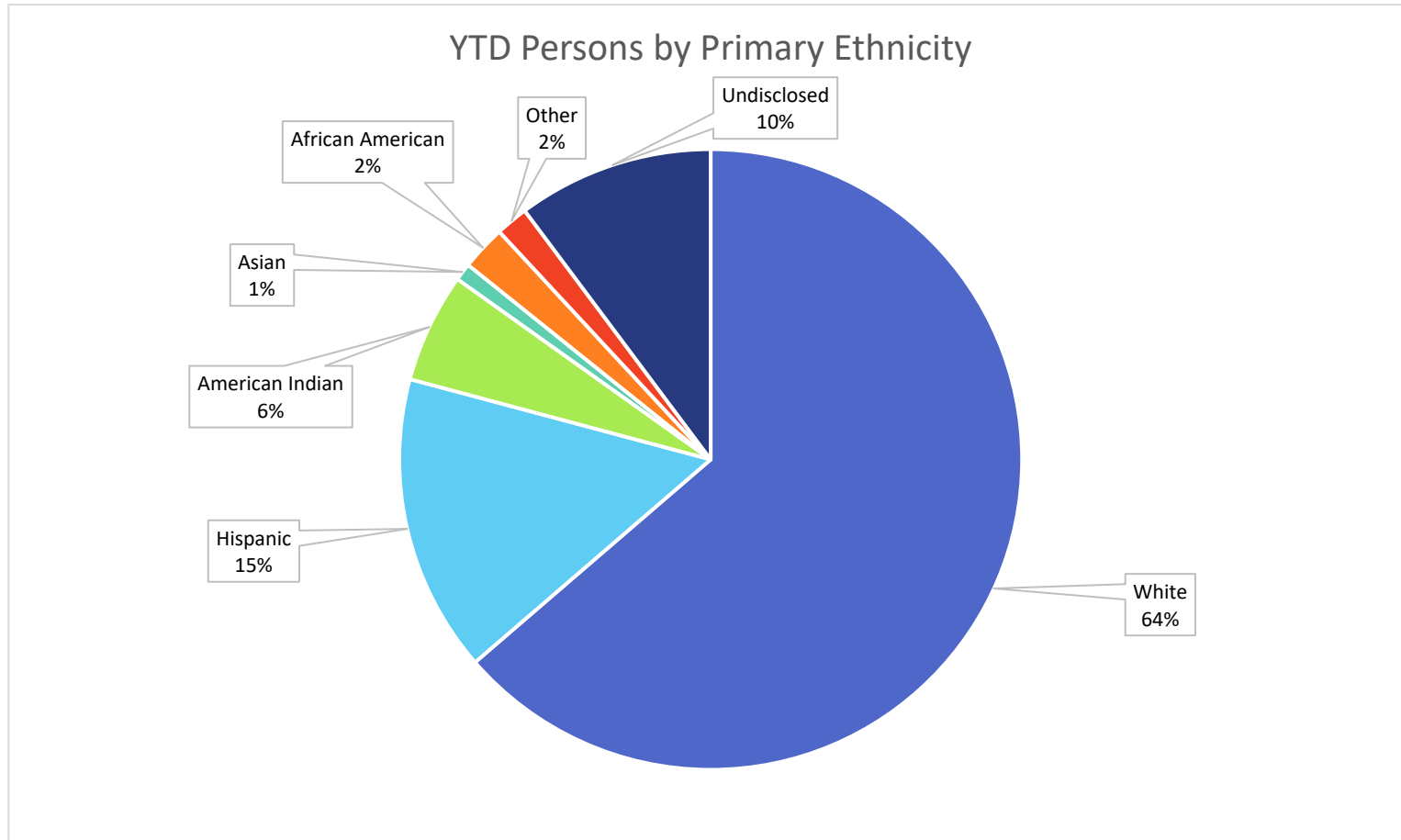


2021/2022 Trends and Year to Year Comparison





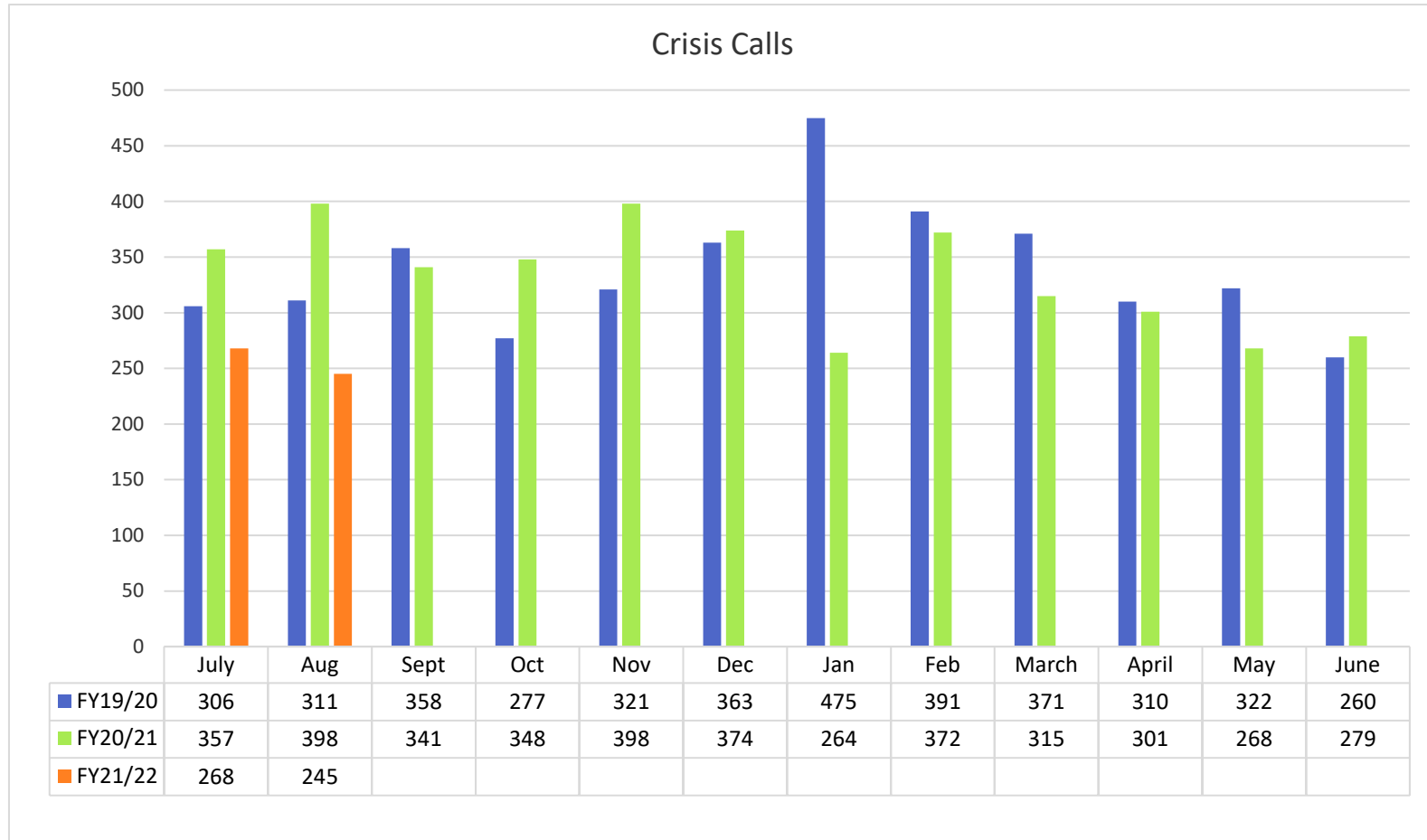
YTD Persons by location...	Count	%
Ukiah Area	912	59%
Willits Area	240	16%
North County	42	3%
Anderson Valley	21	1%
North Coast	264	17%
South Coast	24	2%
OOC/OOS	38	2%

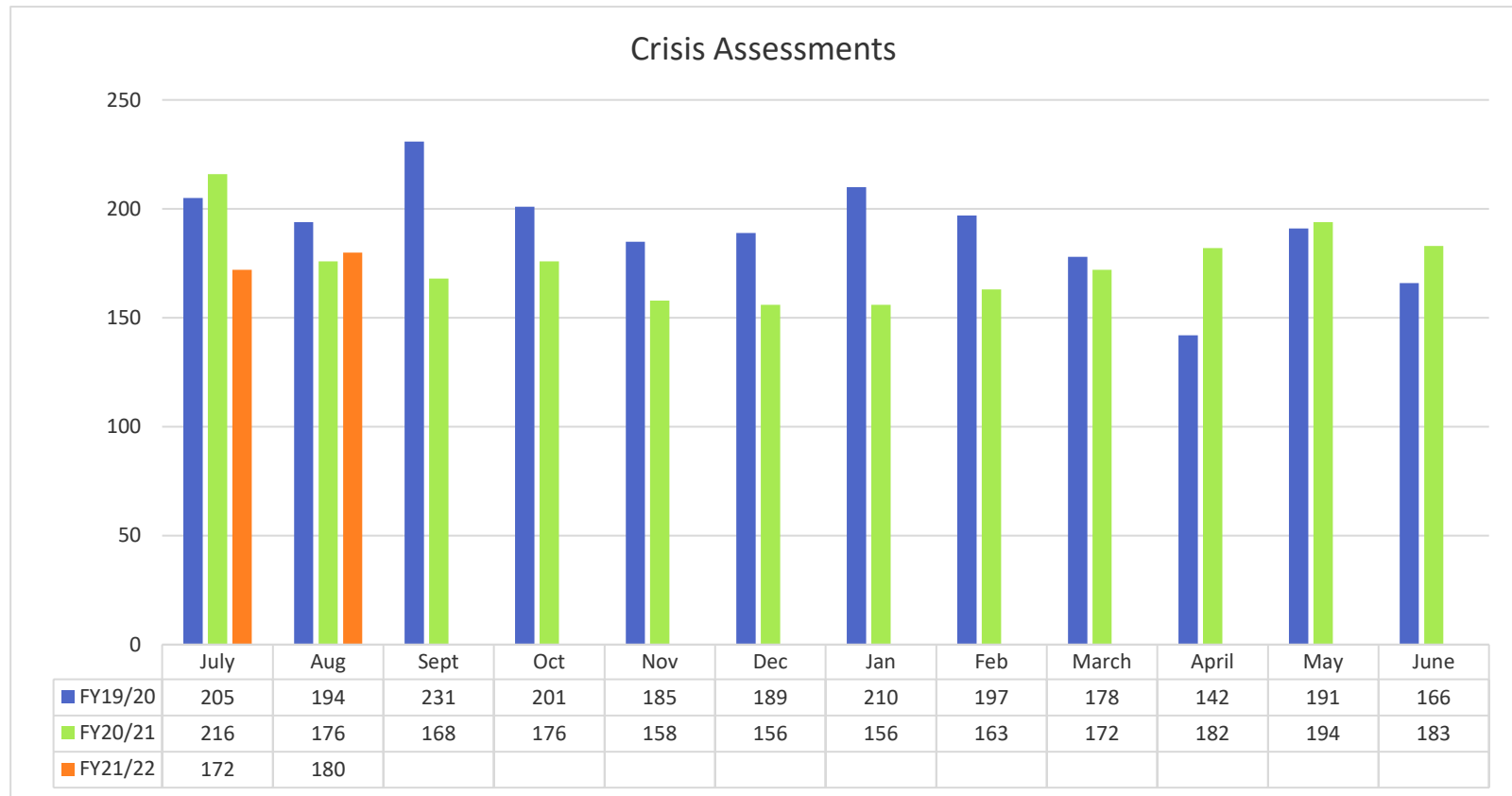


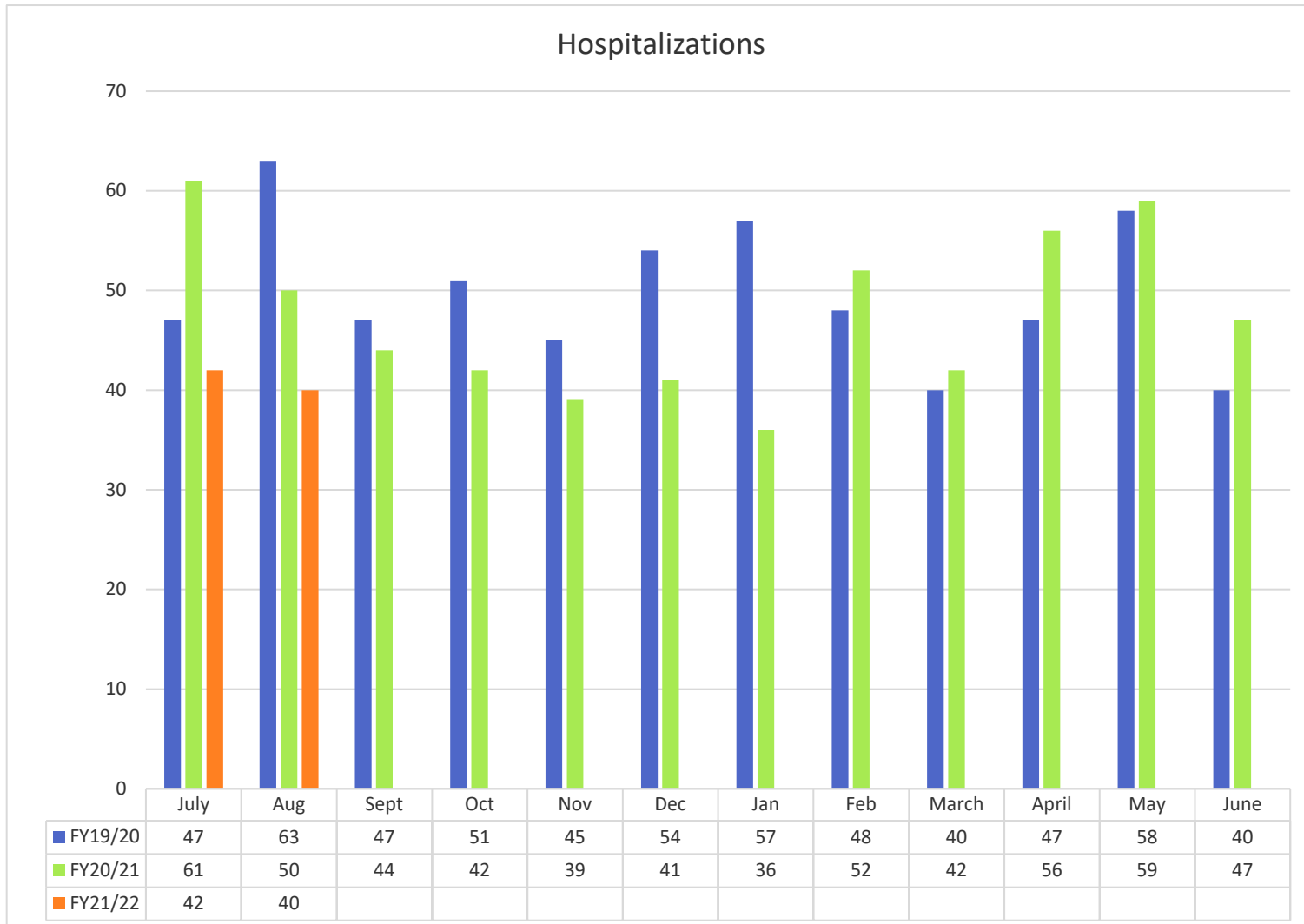


Unduplicated Clients Served



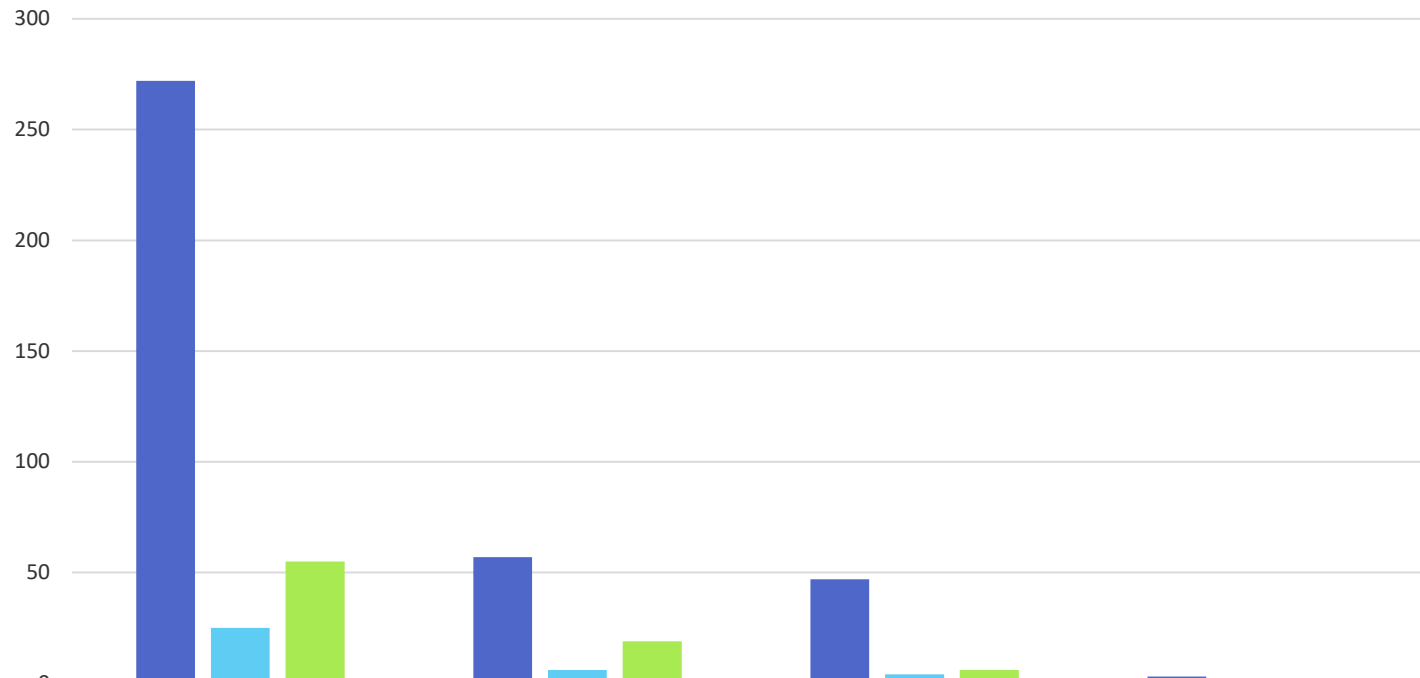




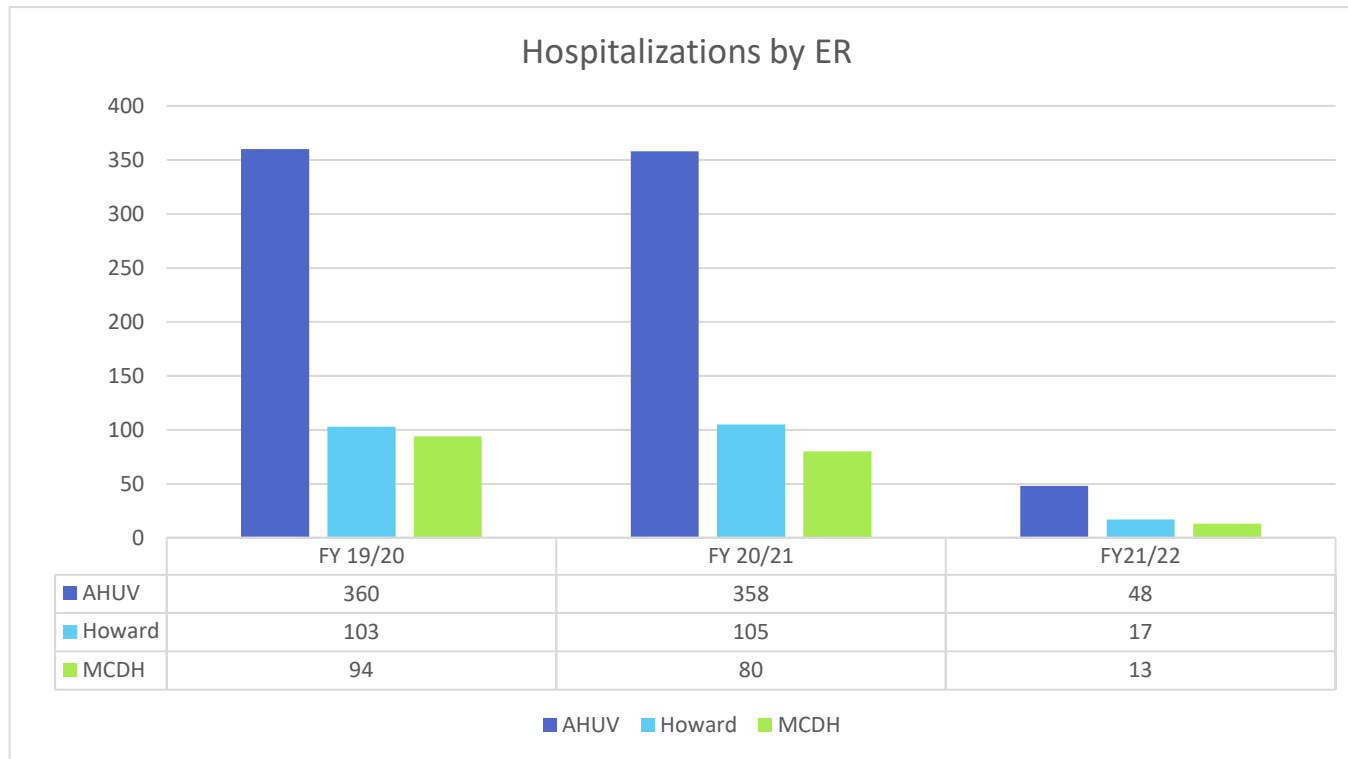


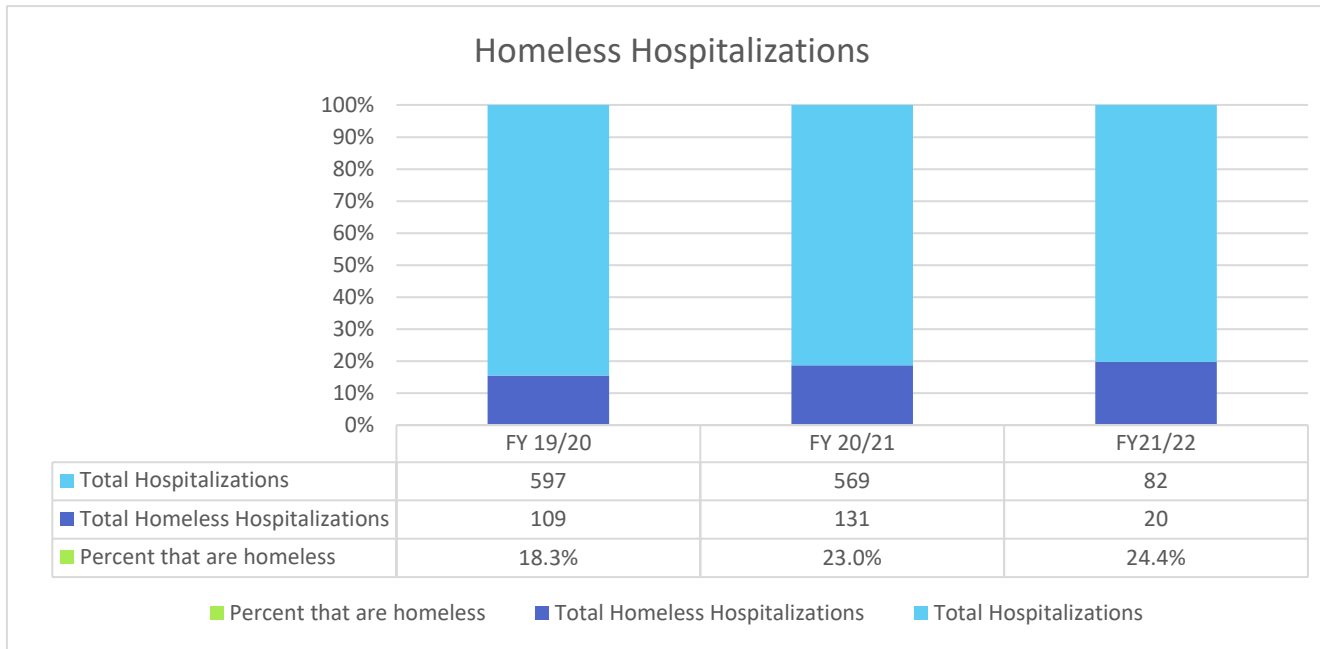


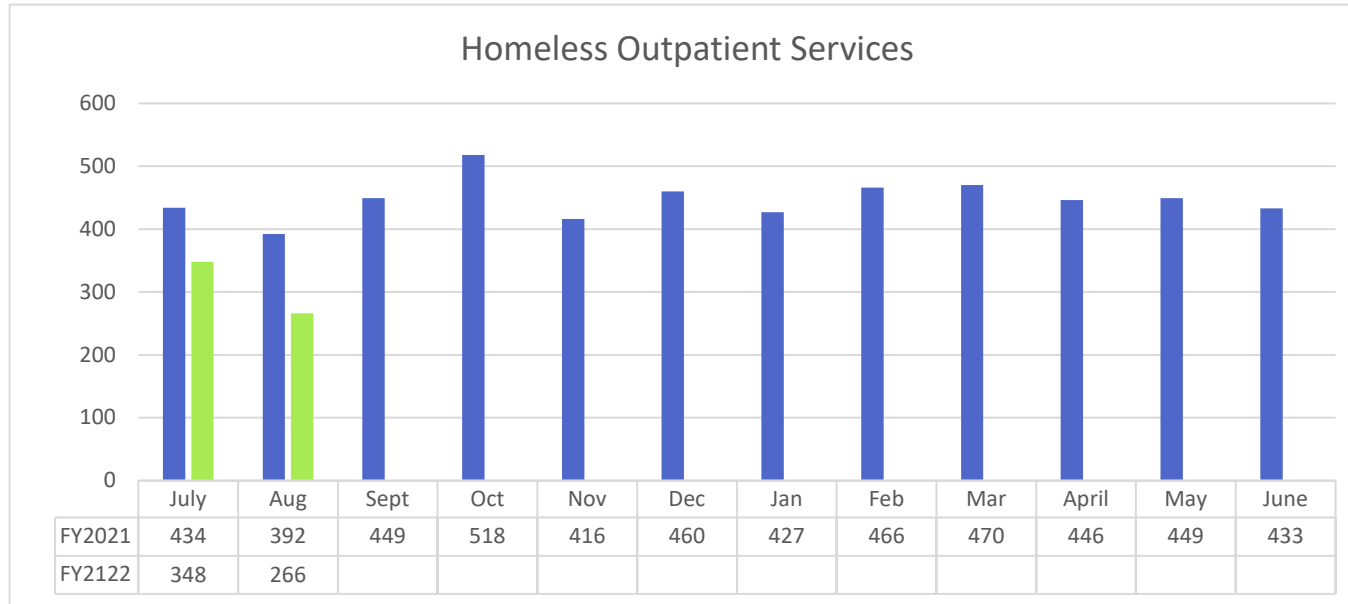
YTD Crisis by Payor



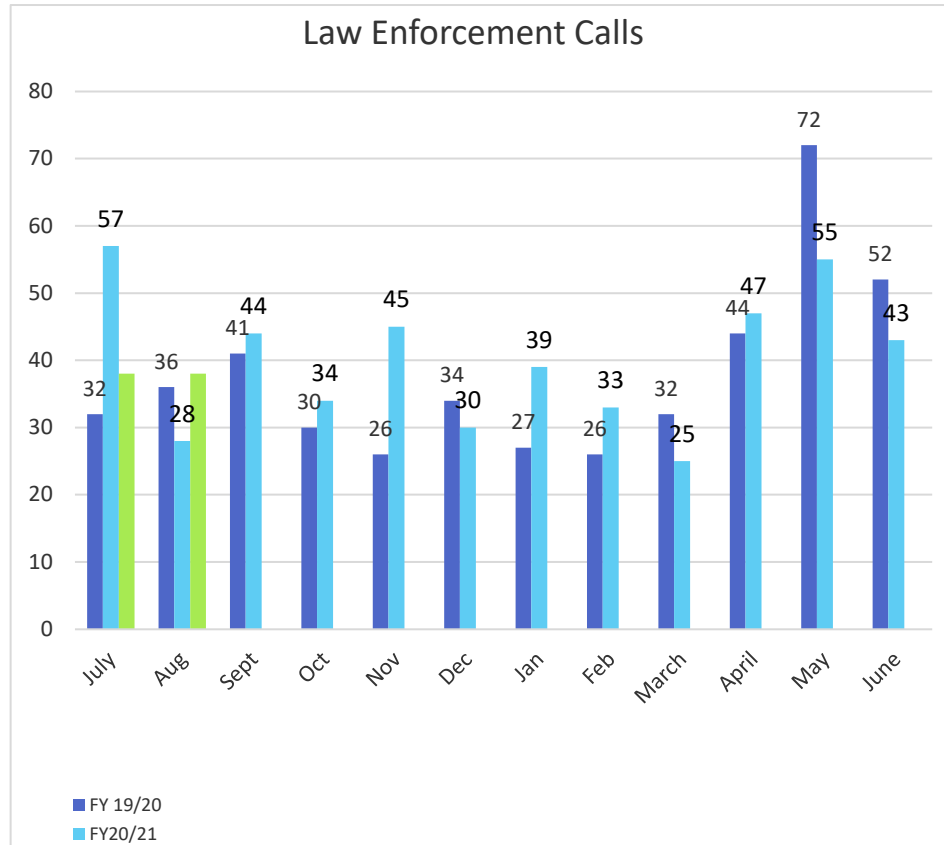
	Crisis Assessments	Hospitalizations	Discharged to Mendo: follow-up appt	Discharged to Mendo: declined follow up
■ Mendo Medi-Cal beneficiary	272	57	47	3
■ Indigent	25	6	4	0
■ All Other Payors	55	19	6	0

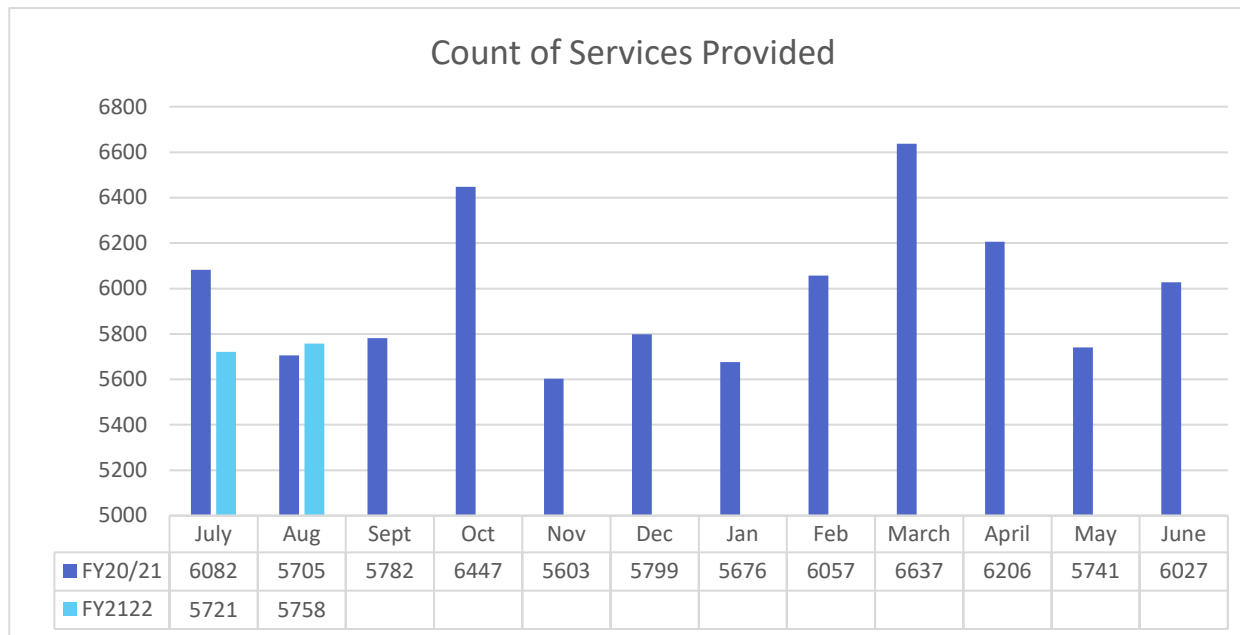






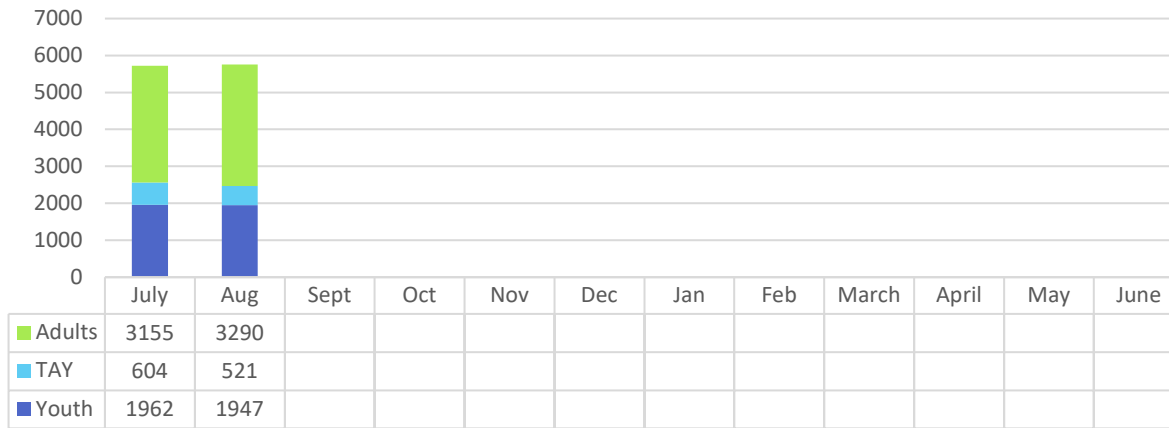








Services Provided by Age Group



■ Youth ■ TAY ■ Adults

CBHPC 2021 Data Notebook for California Behavioral Health Boards and Commissions

Prepared by the Performance Outcomes Committee of the California Behavioral Health Plan

The California Behavioral Health Planning Council (Council) is under federal and state mandate to advocate on behalf of adults with severe mental illness and children with severe emotional disturbance and their families. The Council is also statutorily required to advise the Legislature on behavioral health issues, policies, and priorities in California. The Council advocates for an accountable system of seamless, responsive services that are strength-based, consumer and family-member driven, recovery oriented, culturally and linguistically responsive, and cost effective. Council recommendations promote cross-system collaboration to address the issues of access and effective treatment for the recovery, resilience, and wellness of Californians living with severe mental illness.

For information, you may contact the following email address or telephone number:

DataNotebook@CMHPC.ca.gov
(916) 701-8211

Or, you may contact us by postal mail at:

Data Notebook
California Behavioral Health Planning Council
1501 Capitol Avenue, MS 2706
P.O. Box 997413
Sacramento, CA 95899-7413



CBHPC 2021 Data Notebook for California Behavioral Health Boards and Commissions

Introduction: Purpose and Goals: What is the Data Notebook?

The Data Notebook is a structured format to review information and report on each county's behavioral health services. A different part of the public behavioral health system is focused on each year, because the overall system is very large and complex. This system includes both mental health and substance use treatment services designed for individuals across the lifespan.

Local behavioral health boards/commissions are required to review performance outcomes data for their county and to report their findings to the California Behavioral Health Planning Council (Planning Council). To provide structure for the report and to make the reporting easier, each year a Data Notebook is created for local behavioral health boards to complete and submit to the CBHPC. The discussion questions seek input from the local boards and their departments. These responses are analyzed by Council staff to create an annual report to inform policy makers, stakeholders and the public.

The Data Notebook structure and questions are designed to meet important goals:

- To help local boards meet their legal mandates¹ to review and comment on the county's performance outcome data, and communicate its findings to the CA Behavioral Health Planning Council;
- To serve as an educational resource on behavioral health data;
- To obtain opinion and thoughts of local board members on specific topics;
- To identify unmet needs and make recommendations.

The 2021 Data Notebook is focusing on racial/ethnic inequities in behavioral health. This topic comprises only part of the Data Notebook. We also have developed a section (Part I) with questions that are addressed each year to help us detect any trends. Monitoring these trends will assist in identification of unmet needs or gaps in services which may occur due to changes in population, resources available, or public policy.

The Planning Council encourages all members of local behavioral health boards/commissions to participate in developing responses for the Data Notebook. This is an opportunity for the local boards and their county behavioral health departments to work together to identify important issues in their community. This work informs county and state leadership about local behavioral health programs, needs, and services. This information is used in the Planning Council's advocacy to the legislature and for input to the state mental health

block grant application to SAMHSA².

¹W.I.C. 5604.2, regarding mandated reporting roles of MH Boards and Commissions in California.

²SAMHSA: Substance Abuse and Mental Health Services Administration, an agency of the Department of Health and Human Services in the U.S. federal government. For more information and reports, see www.SAMHSA.gov.

CBHPC 2021 Data Notebook for California Behavioral Health Boards and Commissions

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

In recent years, major improvements in data availability now permit local boards and other stakeholders to consult extensive Medi-Cal data online that is provided by the Department of Health Care Services (DHCS). These data include populations that receive Specialty Mental Health Services and Substance Use Disorder Treatment. Similar data are analyzed each year to evaluate county programs and those reports can be found at www.CalEQRO.com. Additionally, Mental Health Services Act (MHSA) data can be found in the 'MHSA Transparency Tool' presented on the Mental Health Services Oversight and Accountability Commission (MHSOAC) website.

In addition, members of the Planning Council would like to examine some county-level data that are not readily available online and for which there is no other publicly-accessible source. The items of interest include data that are collected by the counties because they need to know how much they are spending in these service categories and for how many clients. Collecting these data will help us analyze aspects of the behavioral health system that are not currently tracked.

Please answer these questions using information for fiscal year (FY) 2020-2021 or the most recent fiscal year for which you have data. Not all counties will have readily available data for some of the questions asked below. In that case, please enter N/A for 'data not available.'

Adult Residential Care

There is little public data available about who is residing in licensed facilities on the website of the Community Care Licensing Division at the CA Department of Social Services. This makes it difficult to determine how many of the licensed Adult Residential Care Facilities (ARFs) operate with services to meet the needs of adults with chronic and/or serious mental illness (SMI), compared to other adults who have physical or developmental disabilities. In 2020, legislation was signed that requires the collection of data from licensed operators about how many residents have SMI and whether these facilities have services these clients need to support their recovery or transition to other housing.

The Planning Council would like to know about the ARFs and Institutions for Mental Diseases (IMDs)³ located in your county to serve individuals with SMI, and


how many of these individuals (for whom the county has financial responsibility) are served in facilities such as ARFs or IMDs.

³Institution for Mental Diseases (IMD) List:

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

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

Mendocino 

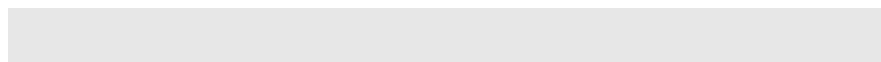
 For how many individuals did your county behavioral health department pay some or all of the costs to reside in a licensed Adult Residential Facility (ARF) during the last fiscal year?

20/21 there were 22 clients in Board and Care/ARF.

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

20/21 there were 8,030 ARF bed days paid for.

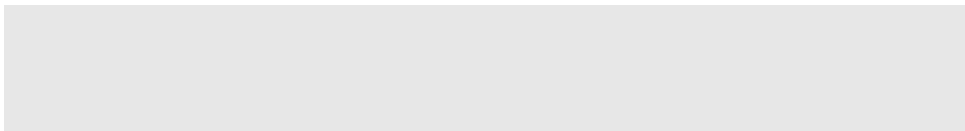
4. Unmet needs: How many individuals served by your county behavioral health department need this type of housing but currently are not living in an ARF?



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

No

Yes (If Yes, how many IMDs?)



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

In-County

0

Out-of-County

29

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

10,585

CBHPC 2021 Data Notebook for California Behavioral Health Boards and Commissions

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

Homelessness: Your County's Programs and Services

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

Studies indicate that approximately only 1 in 3 individuals who are homeless also have serious mental illness and/or a substance use disorder. While the Council does not endorse the idea that homelessness is caused by mental illness nor that the public behavioral health system is responsible to fix homelessness, financially or otherwise, we know that recovery happens when an individual has a safe, stable place to live.

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

8. During the most recent fiscal year (2020-2021), what new programs were implemented, or existing programs were expanded, in your county behavioral health department to serve persons who are both homeless and have severe mental illness? (Mark all that apply)

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

BHRS has been finalizing development of a Crisis Residential Treatment program for temporary emergency shelter for those in a mental health crisis. BHRS also partnered with health and human services in connecting BHRS clients to Emergency Shelter options, Transitional Housing Options, Motel Vouchers, and Rapid Rehousing resources that were expanded through COVID funding. BHRS contractors made adjustments among available MHSAs housing programs to expand supported housing models.

CBHPC 2021 Data Notebook for California Behavioral Health Boards and Commissions

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

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

About 60,000 children, under the age of 18, in California are in foster care. They were removed from their homes because county child welfare departments, in conjunction with juvenile dependency courts, determined that these children could not live safely with their caregiver(s). Most children are placed with a family who receives foster children but a small number of the children need a higher level of care and are placed in a 'Group Home'. California is striving to move away from the use of long-term group homes, and prefers to place all youth in family settings, if possible. California has revised the treatment facilities for children whose needs cannot be safely met initially in a family setting. Group homes are to be transitioned into a new facility type called Short-Term Residential Treatment Program (STRTP). STRTPs will provide short-term, specialized, and intensive treatment individualized to the need of each child in placement.

All of California's counties are working toward closing long-term group homes and are establishing licensed STRTPs. This transition will take time and it is important for your board to talk with your county director about what is happening in your county for children in foster care who are not yet able to be placed in a family setting or who are in a family setting and experience a crisis which requires short-term intensive treatment.

9. Do you think your county is doing enough to serve the children/youth in group care?

Yes

No (If No, what is your recommendation? Please list or describe briefly)

Many counties do not yet have STRTPs and may place children/youth in another county. Recent legislation (AB 1299) directs that the Medi-Cal eligibility of the child be transferred to the receiving county. This means, the county receiving the child now becomes financially responsible for his/her Medi-Cal costs.

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

No

Yes (If Yes, how many?)

7 Presumptive Transfer notices from out of County

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

No

Yes (If Yes, how many?)

18

CBHPC 2021 Data Notebook for California Behavioral Health Boards and Commissions

Part II: Racial/Ethnic Inequities in Behavioral Health

Background and Context

California is one of the most culturally diverse states in the nation regarding race, ethnicity, and language. This diversity is one of the state's greatest assets, but it also comes with a need to provide services in ways that are culturally relevant and respectful of these diverse communities. Health disparities by race and ethnicity are well documented, and there are prominent inequities in behavioral health outcomes and access to services. The state has a responsibility to address these disparities and work towards a mental health system that serves California's cultural and linguistic diversity.

The 2014 Data Notebook touched on some of these issues in a section titled "Access by Unserved and Under-Served Communities." Using data from the External Quality Review Organization (EQRO), the number of individuals eligible for Medi-Cal in the county was compared to the number who were served in county Specialty Mental Health programs in two charts, broken down by race/ethnicity. The counties were then asked 3 questions.

1. Is there a big difference between the race/ethnicity breakdowns on the two charts? Do you feel that the cultural group(s) that needs services in your county is receiving services?
2. What outreach efforts are being made to reach underserved groups in your community?
3. Do you have suggestions for improving outreach to and/or programs for underserved groups?

Since 2014, awareness of inequities in behavioral health has continued to increase. In 2017, Governor Jerry Brown signed AB 470 (Arambula) into law, which requires the tracking and evaluation of Medi-Cal specialty mental health services with the goal of reducing mental health disparities. The California Pan Ethnic Health Network (CPHEN) developed an Advisory Workgroup in 2018 to provide recommendations for the implementation of AB 470. The Department of Health Care Services published the first report of the data in 2019, with an update in 2020. The California Health Care Foundation (CHCF) and CPHEN [released a report](#) in November 2020 with analysis of that data, highlighting some of the findings that the data provides while also providing recommendations for additional

measures focused on quality of care and outcomes. It also called for continued stakeholder engagement to ensure that “performance and disparity reduction measures reflect consumer needs.”

This is just one example of the efforts being made to address behavioral health inequities; there is much more work to be done. The [CBHPC Equity Statement](#) acknowledges the impact of social injustice on the behavioral health system that leads to health inequities, and “supports California in achieving the goals to reduce disparities, rebuild the trust lost from communities that have been historically under/inappropriately served and eliminate social injustice and racial inequities.” As part of the effort to put this into action, the 2021 Data Notebook is returning to this timely topic.

* 12. Based on the data provided for your county, please rate the **access, engagement, and median time to stepdown services** for each of the following racial/ethnic groups in your county.

	Access (At least one mental health services visit in a single fiscal year)	Engagement (Five or more mental health services visits in a single fiscal year)
Alaskan Native / American Indian	Fair	Poor
Asian or Pacific Islander	Fair	Poor
Black	Good	Fair
Hispanic	Poor	Poor
Other	Fair	Good
White	Good	Good

* 13. Which outreach, community engagement, and/or education methods are being used to reach and serve the following racial/ethnic groups in your county? (Please check all that apply. If a given method is not utilized for any group, please select "N/A")

	Alaskan Native / American Indian	Asian or Pacific Islander	Black	Hispanic	Other	White	N/A
Outreach at local community venues and events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	Alaskan Native / American Indian	Asian or Pacific Islander	Black	Hispanic	Other	White	N/A
House visits to underserved individuals/communities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Telehealth services to increase access and engagement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Community stakeholder meetings/events	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Written materials translated into multiple languages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Live or virtual (real-time) interpretation services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Educational classes, workshops, or videos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Providing food/drink at meetings and events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Providing reimbursement or stipends for involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Providing transportation to and from services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other (please describe)

Covid-19 has impacted the normal outreach efforts. For example, pre-covid participation in community events, providing food and drink at meetings and events, and other activities occurred. Once it is safe to do so, it is anticipated that these activities would return in some fashion.

*** 14. Which of the following groups are represented on your mental health board/commission? (Please select all that apply.)**

- Alaskan Native / American Indian
- Asian or Pacific Islander
- Black
- Hispanic
- White
- Other race/ethnicity
- Older adults (65+ years)
- Transition-age youth (16-24 years)

*** 15. Which of the following steps have been taken to develop a culturally diverse behavioral health work force in your county? (Please check all that apply.)**

- Tailoring recruitment efforts (re: professional outreach and job ads) to applicants who are representative of the racial/ethnic populations in your county
- Utilizing behavioral health workforce pipeline programs that value cultural/linguistic diversity among applicants
- Actively cultivating a culturally inclusive workplace environment in which racial/ethnic minority staff are engaged
- Conducting listening sessions or other methods for staff to provide feedback on workplace environment and hiring/promoting practices
- Providing professional development opportunities such as mentorship or continued education and training for behavioral health staff and providers
- Other (please specify)
- None of the above

*** 16. Does your county provide cultural proficiency training for behavioral health staff and providers?**

No

Yes (please describe)

All staff and providers receive training regularly.

*** 17. Which of the following does your county have difficulty with in regard to providing culturally responsive and accessible mental health services? (Please select all that apply.)**

Employing culturally diverse staff and providers

Retaining culturally diverse staff and providers

Translating written materials

Providing live/virtual interpretation services

Providing cultural proficiency training for staff and providers

Outreach to racial/ethnic minority communities

Other (please specify)

Employing and retaining staff is difficult in general for our rural community.

*** 18. What barriers to accessing mental health services do individuals from underserved communities face in your county? (Please select all that apply.)**

- Language barriers
- Lack of culturally diverse/representative staff providers
- Distrust of mental health services
- Community stigma
- Lack of information or awareness of services
- Difficulty securing transportation to or from services
- Difficulty accessing telehealth services
- Other (please specify)

While all of these could factor in at some level, the selected options are the most prevalent barriers at this time. We are in a rural community with limited public transit options and long distances to service providers in some areas of the county. Additionally, we do not have reliable Internet throughout the county, making telehealth challenging for some.

19. Do you feel that the COVID-19 pandemic has increased behavioral health disparities for any of the following groups? (Please select all that apply.)

- Alaskan Native / American Indian
- Asian or Pacific Islander
- Black
- Hispanic
- White
- Other race/ethnicity
- Older adults (65+)
- Transition-age youth (16-21)
- Children (under 16)
- None of the above

* 20. Please rate the impact of the use of telehealth services during Covid-19 for the following groups regarding access and utilization of behavioral health services.

	Very Positive	Somewhat Positive	Neutral	Somewhat Negative	Very Negative
Alaskan Native / American Indian	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asian or Pacific Islander	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Black	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hispanic	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other race/ethnicity	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
White	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 21. Which providers or services have been employed, utilized, or collaborated with to serve the following racial/ethnic populations in your county? (Please select all that apply. If a given provider or service is not utilized for any group, please select "N/A")

	Alaskan Native / American Indian	Asian or Pacific Islander	Black	Hispanic	Other	White	N/A
Community Health Workers / Promotoras	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community-accepted first responders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Peer support specialists	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SUD providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community-based organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local tribal nations / native communities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Alaskan Native / American Indian	Asian or Pacific Islander	Black	Hispanic	Other	White	N/A
Homeless services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Local K-12 schools	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Higher education institutions	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Domestic violence programs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Immigration services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sport/athletic teams or organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Grocery stores or food pantries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other (please specify)

Many members of our community do not identify in the categories provided. The use of these targeted labels does not represent the complex ways that individuals choose to identify. Moreover, it should be noted that for impact related to telehealth, there is not data to support conclusions of impact which is why it is marked neutral for all.

22. Do you have suggestions for improving outreach to and/or programs for underserved groups?

There is a high level of distrust for governmental institutions making it difficult to create programs to reach underserved populations. There needs to be more ways to build natural leadership within the communities.

CBHPC 2021 Data Notebook for California Behavioral Health Boards and Commissions

Post-Survey Questionnaire

Completion of your Data Notebook helps fulfill the board's requirements for reporting to the California Behavioral Health Planning Council. Questions below ask about operations of mental health boards, and behavioral health boards or commissions, etc.

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

- | | |
|---|--|
| <input checked="" type="checkbox"/> MH Board reviewed W.I.C. 5604.2 regarding the reporting roles of mental health boards and commissions | <input checked="" type="checkbox"/> MH board work group or temporary ad hoc committee worked on it |
| <input type="checkbox"/> MH Board completed majority of the Data Notebook | <input checked="" type="checkbox"/> MH board partnered with county staff or director |
| <input checked="" type="checkbox"/> Data Notebook placed on Agenda and discussed at Board meeting | <input checked="" type="checkbox"/> MH board submitted a copy of the Data Notebook to the County Board of Supervisors or other designated body as part of their reporting function |

Other (please specify)

The data notebook will be submitted to the County Board of Supervisors as part of the BHAB's annual report.

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

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

Administrative Secretary

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

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

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

Name	Michelle Rich
County	Mendocino
Email Address	mhboard@mendocinocounty.org
Phone Number	mhboard@mendocinocounty.org

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

The section which required analyzing data on engagement and access was difficult. It was unclear what was expected and how to use the data to provide the responses. Lastly, it should be noted that while access and engagement is not where it should be there have been improvements in the system as a whole. The questions here do not allow enough flexibility to address this nuance.



California Association of Local Behavioral Health Boards and Commissions

CALBHB/C Newsletter, Fall 2021

In this Issue:

[Grants](#)

[Issue Briefs](#)

[On-line Events & Reports](#)

[Legislative Update](#)

[Resources](#)

CALBHB/C Statewide Teleconference

October 22, 12:30 - 2:30 pm

Updates from statewide agencies and organizations with opportunity for local and statewide issue-based discussion.

[Registration](#)

There is no fee to register.

Grants

Crisis Care

[Mental Health Wellness Grant Programs for Children & Youth](#): \$22,584,573 available in capital funding for Crisis Residential Treatment, Crisis Stabilization Unit, and Mobile Crisis Support Team programs and \$1,138,616 in Mobile Crisis Support Team personnel funding. CHFFA, Deadline: October 29.

[Crisis Care Mobile Units](#): \$46 million+ is for:
1) Planning grants up to \$200,000 to assess needs of mobile crisis and non-crisis programs & develop an action plan;
2) Implementation grants up to \$1 million per CCMU team to implement a new, or expand an existing, CCMU program. Must prioritize mobile behavioral health crisis services for individuals age 25 and younger, while also serving the broader population, with encouragement to support justice intervention services. DHCS, Deadline: November 29.

Infrastructure

[Behavioral Health Continuum Infrastructure](#): Grants to construct, acquire, and rehabilitate real estate assets, or invest in mobile crisis infrastructure, w/a portion of funding available for increased infrastructure for children and youth, 25 and younger.

[Project Homekey](#) - \$1.45 billion through the California Comeback Plan.

Provider Relief

[Provider Relief/American Rescue Plan](#), \$25.5 billion, with \$8.5 billion for providers/ organizations who serve rural Medicaid, Children's Health Insurance Program, and/or Medicare beneficiaries. Due: Oct. 26, 9 pm

Workforce

[Loan Repayment, Scholarship or Grant Program](#), Health Care Access and Information (HCAI) (formerly OSHPD)

CALBHB/C Issue Briefs



California Association of Local Behavioral Health Boards and Commissions
October 2018 www.calhbhc.org/CALBHC www.calhbhc.org

EMPLOYMENT – Successful practices for adults with mental illness.

Work helps us feel well. Employment is a major therapeutic tool, improving quality of life and reducing symptoms in those with mild to moderate to severe mental illness. The following items are important for board/commission members to understand and consider as they advocate locally and as they join with CALBHB/C for statewide advocacy.

Individual Placement & Support (IPS) is a successful Employment Practice as implemented in Alameda County, 20+ states and many countries.

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

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

IPS Data

- In CA, only 10% of people in the public mental health system work.
- IPS helps 30% or more of people get jobs.
- People are 2.5 times more likely to get a job with IPS vs. traditional rehab programs.
- People in IPS work longer stints, earn more, and are more likely to become steady workers than people in traditional programs.

See www.calhbhc.org/employment.html

MH Cooperative Programs
CA's Mental Health Cooperative programs are partnerships between County Mental Health agencies and the Department of Rehabilitation. These programs assist consumers find, get, and keep meaningful community employment. Programs serve over 7,000 consumers annually, resulting in over 750 successful closures annually. More than 80% of consumers with a mental health diagnosis receive vocational rehabilitation plan services when participating in the DCR, Mental Health Cooperative programs. More at DCHS.CA.GOV.



Peer Provider Certification
With the passage of SB 803 (Realy), CA will implement a process for certification for peer support specialists (who have lived experience with the process of recovery from mental illness, substance use disorder, or both). This bill requires DEHCS, by July 1, 2022, to establish requirements for counties or their representatives. See www.calhbhc.org/peer-support.html

CALBHB/C A STATEWIDE ORGANIZATION SUPPORTING THE WORK OF CA'S 59 LOCAL MENTAL & BEHAVIORAL HEALTH BOARDS AND COMMISSIONS.

[Board & Care \(ARF or RCFE\)](#)

[Children & Youth:](#)

[Integrated School-Based BH
Transitional Age Youth \(TAY\)](#)

[Criminal Justice](#)

[Disaster Prep/Recovery](#)

[Employment **Updated!**](#)

[LGBTQ+ **New!**](#)

[Older Adults](#)

[Performance Outcome Data](#)

[Transitional Age Youth **New!**](#)

[Suicide Prevention](#)

Full listing of issues (30+) at: www.calhbhc.org/newsissues Questions: cal@calhbhc.com

On-Line Events & Reports: State/National Organizations/Agencies

MHSOAC

CA Mental Health Services Oversight & Accountability Commission:

[Client & Family Leadership Committee](#),
October 19, 1 pm

[Immigrant and Refugee Listening
Session](#), October 21, 4:30 pm

CASRA

CA Association of Social Rehabilitation Agencies (CASRA) Conference: "Making Connections" Conference will focus on how reducing harmful behaviors, being employed and having a sense of belonging all contribute to feelings of connection and worth. 10/19, 10/26 and 11/2, [Registration](#) Fee of \$49.99

CBHPC

CA Behavioral Health Planning Council:

[Performance Outcomes](#) - 10/19, 2-3:30pm

[Executive](#) - 10/20, 8:30 - 10 am

[Patients' Rights](#) - 10/20, 10:30 am-12pm

[Workforce & Education](#) - 10/20, 1:30-3 pm

[Housing & Homelessness](#) - 10/21, 8:30 am

[Systems & Medicaid](#) - 10/21, 10:30 am-12p

[Legislation](#) - 10/21, 1:30-3:15 pm

[General Session](#) - 10/22, 9 am-12 pm

Reminder: The "**Data Notebook**" is due to the CBHPC on November 30, 2021. Contact [Linda Dickerson](#) with questions.

Mental Health America

Mental Health Summit, November 5 - 6
[Streaming Live](#)

On-Line Events & Reports *Continued* - By Topic

CalAIM

[CalAIM Explained: A Five-Year Plan to Transform Medi-Cal, Fact Sheet](#) with examples of what success will look like, CA Health Care Foundation, 2021

Children & Youth

[Teen Mental Health and Substance Use Challenges](#), National Council for Mental Wellbeing, Recording

[Kids, Communities and Schools Convening](#), CA Alliance, MHSOAC and the Children's Partnership, September 2021 Recording

[Keeping Youth Close to Home: Building a Comprehensive Continuum of Care for California's Youth](#), CA Alliance of Child & Family Services Report

[Raising the Bar](#): Building system-and provider-level evidence to drive equitable education and employment outcomes for youth in extended foster care. First Place for Youth Research & Policy Brief

COVID 19

[The impact of complex trauma stemming from the COVID-19 pandemic](#), The Kennedy Forum Recording

[COVID-19 and Children's Mental Health: Addressing the Impact](#), Little Hoover Commission Report

[ER visits for suspected suicide attempts among teen girls rose during pandemic](#), CDC study says, CBS News

Crisis Care

[Launch of the 988 hotline](#) next summer [July 2022] DHCS News Release

Disaster

[First Aid Kit for Your Mind](#) for individuals, family and community members. in seven languages: English, Spanish, Chinese, Filipino, Hmong, Korean and Vietnamese.

Employment

[Vocational Services Integrated with Behavioral Health Care](#), CALBHB/C Recording

Housing/Homelessness

[Fostering Cross-System Collaboration Between Health and Homeless Systems of Care](#) Webinar Series, CA Health Care Foundation

Peer Support

[Peer Certification SB 803 Community Input Sessions](#), Seeking Input on Training/Exams, Grandparenting, and Specializations, Various October Dates, CalMHSA

[Peer Professional Training & Placement On-Line Training Program](#), Mental Health America of CA and Project Return Peer Support Network

Substance Use Disorder

Digital Therapeutics for Substance Use Disorders: Research Priorities and Clinical Validation [Recorded Webinar](#)

Telehealth

[Making Telehealth Work: Key Insights from the CA Safety Net](#), CA Health Care Foundation Webinar

Whole Person Care

[How Fragmented Care Harms People with Both Mental Illness and Substance Use Disorder](#), CA Health Care Foundation

Legislative Update

The following bills were recently signed into law.

Assisted Outpatient Treatment

[AB-507](#) Adjusts statutes related to Laura's Law, adding that a court, when considering an AOT petition:

- 1) Include consideration of a clinical determination that the person is unlikely to survive safely in the community without supervision and that the person's condition is substantially deteriorating, or that assisted outpatient treatment is needed to prevent a relapse or deterioration that would be likely to result in grave disability or serious harm to the person or to others.
- 2) The subject of the petition or the examining mental health professional is allowed to appear before the court for testimony by video conferencing.
- 3) The bill additionally authorizes filing a petition to obtain assisted outpatient treatment under the existing petition procedures for a person if the court makes a prescribed determination, including that the person is an eligible conservatee.

Competence to Stand Trial

[AB-317](#) Repeals provisions re: restoration of competency for a person charged with a misdemeanor, or a violation of probation for a misdemeanor, including provisions regarding administration for antipsychotic medication. A Court is authorized to conduct an inquiry into a defendant's competency, and is authorized, upon finding a defendant incompetent to stand trial, to suspend the proceedings and take actions, including granting diversion not to exceed one year or dismissing the charges. The application of conduct credits are extended to persons confined in a state hospital or other mental health treatment facility pending their return of mental competency.

Homelessness: Housing Projects

[AB-816](#) Prioritizes funding for projects serving people experiencing homelessness. CA's Department of Housing and Community Development is authorized to alter priority for funding to align eligibility for possible benefits (including Medi-Cal) intended to assist people experiencing homelessness.

Meeting Emergency Allowances

[AB-361](#): Exemptions from in-person requirements through Jan. 1, 2024 with specific conditions and requirements. [More Information](#)

Performance Outcome Data

[SB-465](#) Requires the MHSOAC to report to specified legislative committees outcomes for people receiving community mental health services under an MHSA full service partnership model, including any barriers to receiving the data and recommendations to strengthen California's use of full service partnerships to reduce incarceration, hospitalization, and homelessness.

Pupil Health

[SB 14](#)

- 1) An absence due to illness shall include an absence related to a pupil's mental or behavioral health.
- 2) Contingent on appropriation, requires the State Department of Education, on or before January 1, 2023, to recommend best practices & identify evidence-based, evidence-informed training programs for schools to address youth behavioral health, including, but not necessarily limited to, staff and pupil training.

Pupil Instruction

[SB 224](#) Requires:

- 1) School districts, county offices of education, state special schools, and charter schools that offer one or more courses in health education to pupils in middle school or high school to include in those courses instruction in mental health.
- 2) Instruction to include reasonably designed instruction on the overarching themes and core principles of mental health.
- 3) Instruction and related materials to be appropriate for pupils of all races, genders, sexual orientations, and ethnic & cultural backgrounds, pupils with disabilities, and English learners.
- 4) State Department of Education to develop a plan on or before January 1, 2024.

2-Year Bills Under Consideration

Want to join in advocacy? Please view ["Understanding Your Role"](#) below

Crisis Care Continuum

[AB 988](#): Behavioral Health Crisis (Related budget activity: \$20 Million has been allocated by the state to facilitate telecommunications and call center aspects of "988" by the July 2022 federal deadline.) CALBHB/C support for AB 988 is on hold at this time, awaiting amendments that will provide the foundation for CA's local behavioral health agencies to effectively implement 988 along with mental health crisis services and mobile mental health crisis units.

Integrated School-Based BH Partnership

[AB 552](#) - [Sample Letter & Fact Sheet](#)
(Support)

Mental Health Access

HR 432 / S. 828: [Advocacy](#)
(National Council for BH)

Understanding Your Role regarding State and Federal Legislation

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

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.

See CALBHB/C's [legislative advocacy page](#) for more information and updates.

Resources for Boards/Commissions

[Best Practices Handbook](#) **UPDATED!**

[Brown Act Guide](#) **NEW!**

[Public Emergency Allowances](#)

[Conduct](#)

[Cultural Competence](#)

[Hybrid Meetings](#) **NEW!**

[Member Orientation](#)

[Mental Health Services Act](#)

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

[News/Issues](#)

[Performance Outcome Data](#)

[Templates/Sample Docs](#)

- Annual Reports
- Bylaws
- Member Orientation
- Recommendations
- Recruitment
- Site Visits
- *And More!*

[Welfare & Institutions Code](#)

Bylaw Requirements

- Duties
- Expenses
- Membership Criteria
- MHSA Community Planning

[Training: Modules](#)

- Duties
- Ethics Training
- Mental Health Services Act

[Training: Presentations/Recordings](#)

- Chair Training
- Performance Data & Fiscal Info
- Mental Health Board
- MHSA Community Program Planning
- Unconscious Bias

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 Us!

info@calbhbc.com www.calbhbc.org

Follow CALBHB/C: www.twitter.com/CALBHBC www.facebook.com/CALBHBC

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

The CA Association of Local Behavioral Health Boards & Commissions (CALBHB/C) supports the work of CA's 59 local mental and behavioral health boards & commissions.



Mendocino County Behavioral Health and Recovery Services
 Behavioral Health Advisory Board General Ledger
 FY 21/22
 October 19, 2021

ORG	OBJ	ACCOUNT DESCRIPTION	YR/PER/JNL	EFF DATE	AMOUNT	INVOICE #	CHECK #	VENDOR NAME	COMMENT
MHB	862080	FOOD							
		FOOD Total			\$0.00				
		MEMBERSHIPS TOTAL			\$0.00				
MHB	862170	OFFICE EXPENSE							
		OFFICE EXPENSE Total			\$0.00				
		RNTS & LEASES BLD GRD Total			\$0.00				
		TRNSPRTATION & TRAVEL Total			\$0.00				
		TRAVEL & TRSP OUT OF COUNTY Total			\$0.00				
		Grand Total			\$0.00				

Summary of Budget for FY 20/21

OBJ	ACCOUNT DESCRIPTION	Budget Amount	YTD Exp	Remaining Budget
862080	Food	1,000.00	0.00	1,000.00
862150	Memberships	600.00	0.00	600.00
862170	Office Expense	500.00	0.00	500.00
862210	Rents & Leases Bld	30.00	0.00	30.00
862250	In County Travel	3,000.00	0.00	3,000.00
862253	Out of County Travel	2,000.00	0.00	2,000.00
	Total Budget	\$7,130.00	\$0.00	\$7,130.00

Behavioral Health Recovery Services
Mental Health FY 2021-2022
Budget Summary
Year to Date as of **October 19,2021**

	Program	FY 21-22 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)	(4,024,268)	32,119	17,193	1,885,891		(8,718)	1,926,484		307,372	(1,674,042)	(9,242)	(1,375,912)	3,302,396
2	Administration	737,846	198,766	117,028				315,794				515	515	315,280
3	CalWorks	38,371	29,367	341				29,708					0	29,708
4	Mobile Outreach Program	(41,083)	70,642	1,778				72,420				(70,437)	(70,437)	142,857
5	Adult Services	240,338	36,857	5,522			(6,088)	36,291				63	63	36,228
6	Path Grant	0		2,089				2,089				0	0	2,089
7	SAMHSA Grant	0		19,959				19,959	(80,747)				(80,747)	100,706
8	Mental Health Board	7,130						0				5,981	5,981	(5,981)
9	Business Services	805,465	113,113	2,173				115,285					0	115,285
11	AB109	1,027		4,679				4,679					0	4,679
12	Conservatorship	1,896,328	47,188	14,376	525,713			587,277				4,381	4,381	582,896
13	No Place Like Home Grant							0					0	0
14	QA/QI	506,229	99,265	3,617				102,882				2,647	2,647	100,234
a	Total YTD Expenditures & Revenue		627,316	188,754	2,411,604	0	(14,806)	3,212,869	(80,747)	307,372	(1,674,042)	(66,092)	(1,513,509)	4,726,378
b	FY 2021-2022 Adjusted Budget	167,383	3,771,297	1,667,615	18,769,395	0	(158,340)	24,049,967	6,525,253	3,579,855	10,604,948	3,172,528	23,882,584	167,383
c	Variance		3,143,981	1,478,861	16,357,791	0	(143,534)	20,837,098	6,606,000	3,272,483	12,278,990	3,238,620	25,396,093	(4,558,995)

Behavioral Health Recovery Services
Mental Health Services Act (MHSA) FY 2021-2022 Budget Summary
Year to Date as of October 19,2021

Program	FY 21-22 Approved Budget	Salaries & Benefits	Services & Supplies	Other Charges	Fixed Assets	Operating Transfers	Total Expenditures	Revenue Prop 63	Other- Revenue	Total Net Cost
Community Services & Support	17,946	87,724	73,816	238,399		(129)	399,810		13,408	386,402
Prevention & Early Intervention	(52,755)	61,238	6,528				67,766		9,796	57,970
Innovation	567,704		10,194				10,194			10,194
Workforce Education & Training	-		(447)				(447)			(447)
Capital Facilities & Tech Needs							-			-
Total YTD Expenditures & Revenue		148,962	90,090	238,399	-	(129)	477,322	-	23,204	454,118
FY 2021-2022 Approved Budget	532,895	689,526	4,415,118	1,532,776	0	(4,131)	6,633,289	(6,100,395)	-	532,894
Variance		540,564	4,325,028	1,294,377	-	(4,002)	6,155,967	(6,100,395)	(23,204)	78,776

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 2021-2022 Budget Summary
 Year to Date as of **October 19, 2021**

	Program	FY 21-22 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	(2,297,294)	17,653	394				18,047	(2,639)			6,533	3,894	14,153
2	County Wide Services	1,415,273	0	4,728				4,728			33,569	(117,973)	(84,404)	89,131
3	Drug Court Services	-	22,956	894				23,851					0	23,851
4	Ukiah Adult Treatment Services	8,445	86,426	5,896			(3,661)	88,661				565	565	88,097
5	Women In Need of Drug Free Opportunities	(1)	20,327	3,130			(1,701)	21,756					0	21,756
6	Family Drug Court	-	44,356	235				44,591					0	44,591
8	Friday Night Live	-	0	389				389				(5,500)	(5,500)	5,889
9	Willits Adult Services	-	3,333					3,333					0	3,333
10	Fort Bragg Adult Services	206,022	64,531	1,396				65,926				70	70	65,856
11	Administration	824,861	108,013	102,066			(1,177)	208,902				3,428	3,428	205,474
12	Adolescent Services	(68,937)	32	60				92					0	92
13	Prevention Services	0	20,557	2,275			(389)	22,443				1,781	1,781	20,662
a	Total YTD Expenditures & Revenue	88,370	388,184	121,463	0	0	(6,928)	502,719	(2,639)	0	33,569	(111,096)	(80,166)	582,886
b	FY 2021-2022 Budget	88,370	2,284,613	2,409,905	0	0	(1,037,852)	3,656,666	1,675,741	736,860	440,130	715,565	3,568,296	88,370
c	Variance	0	1,896,429	2,288,442	0	0	(1,030,924)	3,153,947	1,678,380	736,860	406,561	826,661	3,648,462	(494,516)