



**MENDOCINO COUNTY  
BEHAVIORAL HEALTH ADVISORY BOARD**

**REGULAR MEETING**

**AGENDA**

**February 23, 2022  
10:00 AM – 12:30 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  
Flinda Behringer**

**Secretary  
Jo Bradley**

**Treasurer  
Richard Towle**

**BOS Supervisor  
Mo Mulheren**

|  |  |   |   |  |
|--|--|---|---|--|
| <b>1<sup>ST</sup> DISTRICT:</b><br>DENISE GORNY<br>LOIS LOCKART<br>RICHARD TOWLE | <b>2<sup>ND</sup> DISTRICT:</b><br>MICHELLE RICH<br>SERGIO FUENTES<br>VACANT | <b>3<sup>RD</sup> DISTRICT:</b><br>MILLS MATHESON<br>JEFF SHIPP<br>LARANN HENDERSON | <b>4<sup>TH</sup> DISTRICT:</b><br>JULIA EAGLES<br>VACANT<br>VACANT | <b>5<sup>TH</sup> DISTRICT:</b><br>FLINDA BEHRINGER<br>JO BRADLEY<br>MARTIN MARTINEZ |
|--|--|---|---|--|

**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.”*

|                                      | <b>Agenda Item / Description</b>   | <b>Action</b> |
|--------------------------------------|--|---------------|
| <b>1.</b><br>3 minutes               | <b>Call to Order, Roll Call &amp; Quorum Notice, Approve Agenda:</b>   | Board Action: |
| <b>2.</b><br>2 minutes               | <b>Approval of Minutes from the January 26, 2022 BHAB Regular Meeting: Review and Possible Board Action.</b>   | Board Action: |
| <b>3.</b><br>10 minutes<br>(Maximum) | <b>Public Comments:</b><br><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 <a href="mailto:bhboard@mendocinocounty.org">bhboard@mendocinocounty.org</a>.</i>   | Board Action: |
| <b>4.</b><br>5 minutes               | <b>A. Resolution Authorizing Remote Behavioral Health Advisory Board Meetings: Discussion and Possible Board Action.</b>   | Board Action: |
| <b>5.</b><br>20 minutes              | <b>Board &amp; Committee Reports: Discussion and Possible Board Action.</b><br>A. Chair – Michelle Rich<br>o 2021 BHAB Annual Report<br>o 2022 BHAB Calendar/Meetings<br>B. Vice Chair – Flinda Behringer<br>C. Secretary – Jo Bradley<br>D. Treasurer – Richard Towle | Board Action: |

|                          |  |               |
|--------------------------|--|---------------|
|                          | E. Advocacy & Legislation Committee – <i>Member Bradley, Chair Rich</i><br>F. Appreciation Committee – <i>Member Fuentes &amp; Martinez</i><br>G. Contracts Committee – <i>Member Fuentes, Vice Chair Eagles, Chair Rich</i><br>H. Membership Committee – <i>Member Behringer, Bradley, Eagles, Gorny, &amp; Chair Rich</i><br>I. Site Visit Committee - <i>Member Behringer, Fuentes, Martinez, &amp; Towle</i> |               |
| <b>6.</b><br>15 minutes  | <b>2022 BHAB Ad Hoc Committees:</b> <i>Board Discussion and Possible Action.</i><br>A. Advocacy and Legislation Committee<br>B. Appreciation Committee<br>C. Contracts Committee<br>D. Data Notebook<br>E. Membership Committee<br>F. Site Visit Committee   | Board Action: |
| <b>7.</b><br>20 minutes  | <b>Areas of Interest and Possible Site Visits for 2022:</b> <i>Discussion and Possible Board Action.</i>   | Board Action: |
| <b>8.</b><br>5 minutes   | <b>Mendocino County Report:</b> <i>Jenine Miller, BHRS Director</i><br>A. Director Report Questions  | Board Action: |
| <b>9.</b><br>5 minutes   | <b>RQMC Report:</b> <i>Camille Schraeder, Redwood Quality Management Company</i><br>A. Data Dashboard Questions  | Board Action: |
| <b>10.</b><br>15 minutes | <b>Children’s System of Care:</b> <i>Board Discussion and Possible Action.</i><br>A. Ad Hoc Committee Formation  | Board Action: |
| <b>11.</b><br>15 Minutes | <b>Felony Restoration:</b> <i>Discussion and Possible Board Action.</i>  | Board Action: |
| <b>12.</b><br>15 Minutes | <b>Crisis Update Regarding Out of County Clients:</b> <i>Discussion and Possible Board Action.</i>   | Board Action: |
| <b>13.</b><br>15 Minutes | <b>Follow Up on CalAIM and Services to the Mild to Moderate:</b><br><i>Discussion and Possible Board Action.</i>   | Board Action: |
| <b>14.</b><br>3 Minutes  | <b>Member Comments:</b>  | Board Action: |
| <b>15.</b><br>2 minutes  | <b>Adjournment</b>   |               |

### AMERICANS WITH DISABILITIES ACT (ADA) COMPLIANCE

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### BHAB CONTACT INFORMATION:

**PHONE: (707) 472-2355 | FAX: (707) 472-2788**

EMAIL THE BOARD: [bhboard@mendocinocounty.org](mailto:bhboard@mendocinocounty.org) | WEBSITE: [www.mendocinocounty.org/bhab](http://www.mendocinocounty.org/bhab)



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**REGULAR MEETING**

**MINUTES**

**January 26, 2022  
10:00 AM – 12:00 PM**

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**Webinar ID: 985 5773 7710**

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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."*

|                        | <b>Agenda Item / Description</b>  | <b>Action</b>  |
|------------------------|---|--|
| <b>1.</b><br>3 minutes | <b>Call to Order, Roll Call &amp; Quorum Notice, Approve Agenda:</b> <ul style="list-style-type: none"> <li>○ Chair Rich called the meeting to order at 10:05 AM.</li> <li>○ Members present: Behringer, Bradley, Eagles, Gorny, Henderson, Lockart, Martinez, Towle, and Chair Rich.</li> <li>○ Agenda approved as presented.</li> </ul> | Board Action:<br>Motion made by Member Martinez, seconded by Member Bradley to approve the agenda as presented. Motion passed unanimously. |
| <b>2.</b><br>2 minutes | <b>Approval of Minutes from the November 17, 2021 BHAB Regular Meeting: Review and Possible Board Action.</b> <ul style="list-style-type: none"> <li>○ Minutes approved as presented.</li> </ul>  | Board Action:<br>Motion made by Member Behringer, seconded by Member Towle to approve the 11/17/21 BHAB meeting minutes                    |

|                                      |  |  |
|--------------------------------------|--|--|
|                                      |  | as presented.<br>Motion passed.  |
| <b>3.</b><br>10 minutes<br>(Maximum) | <p><b>Public Comments:</b><br/><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 <a href="mailto:bhboard@mendocinocounty.org">bhboard@mendocinocounty.org</a>.</i></p> <ul style="list-style-type: none"> <li>○ John Wetzler: CA Supreme Court issued a finding in case Steeveti vs Clint Denon. The ruling stated that the holding of defendants in local county jails who have been deemed incompetent to stand trial by Superior Court judges is cruel and unusual punishment. Many of these defendants often spend months in solitary confinement separated from the jail population awaiting a bed in the State Hospital system. How to conform legal system to the needs of our MH system. John suggests an increase in the number of beds in the State Hospital System. This would require a letter to State Senators, Governor, etc. John would also like a support letter from this board, BH Director Jenine Miller, as well as the Sheriff's department. <ul style="list-style-type: none"> <li>- BHRS Director Miller reports that the law did change in 2022 for misdemeanor offenses in regards to competency to stand trial.</li> <li>- Chair Rich asked John to send this Letter to Lili and that this item be included in the next BHAB meeting agenda.</li> </ul> </li> <li>○ Deborah Rogers, Carmen Price: Will be joining BHAB meetings every month along with peers. Deborah and Carmen thanked the board for all of their work.</li> <li>○ Richard Towle: Member Towle reports he found a psychiatrist that accepts Medicare in Mendocino County: Dr. Stephen Vance with Mendocino Hillside Health Clinic.</li> <li>○ Jo Silva: There are very few available private psychiatrists in Mendocino County. It is very difficult to get any type of treatment other than medication treatment. Would like to know if there are better techniques to bring more psychiatrists to Mendocino County.</li> </ul> | Board Action:<br>None.   |
| <b>4.</b><br>5 minutes               | <p><b>A. Resolution Authorizing Remote Behavioral Health Advisory Board Meetings:</b> <i>Discussion and Possible Board Action.</i></p> <ul style="list-style-type: none"> <li>○ The board approved to hold the February BHAB meeting via Zoom.</li> </ul>  | Board Action:<br>Motion made by Member Bradley, seconded by Member Towle to hold the February BHAB meeting via Zoom.<br>Motion passed. |
| <b>5.</b><br>25 minutes              | <p><b>Mendocino County Report:</b> <i>Jenine Miller, BHRS Director</i></p> <p>A. Director Report Questions</p> <ul style="list-style-type: none"> <li>- Director's report included in agenda packet.</li> <li>- BHRS Director Miller reports that there continues to be an increase in LPS conservatorships. Spending more than what was</li> </ul>  | Board Action:<br>None.   |

|                                 |  |                                |
|---------------------------------|--|--------------------------------|
|                                 | <p>projected for this fiscal year. Have spent 1.6 million dollars in LPS costs from July-Dec 2021.</p> <ul style="list-style-type: none"> <li>- NAMI suicide prevention yard signs are available for interested board members.</li> </ul> <p>B. Staffing Update</p> <ul style="list-style-type: none"> <li>- Recruiting and attempting to hire more staff. There is a mental health crisis across the state of California, very difficult to hire mental health professionals currently.</li> <li>- There is proposal to build a consortium in Mendocino County, BHRS Director Miller has been discussing with the Mendocino Hillside Health Clinic and RQMC to try to build the consortium to bring more professionals to Mendocino County.</li> </ul> <p>C. CalAIM</p> <ul style="list-style-type: none"> <li>- CalAIM is an expansion of Medi-Cal. Currently, beneficiaries that have Medicare or private insurance struggle to get mental health services in Mendocino County. The state is currently working on parity requirements across the system of care to create a standard care requirement across the system. With CalAIM, for Medi-Cal it is supposed to provide more services for all levels of care. Mental Health Plans (MHP) only provide Specialty Mental Health (SMH) services to those who meet criteria. The mild to moderate population is served through Beacon and Partnership. CalAIM expands Medi-Cal services, and changes medical necessity so more people can qualify for mental health services. It also adds access criteria for SMH. The state created enhanced care management (ECM) and community supports. PHP is supposed to rule out an ECM and community support model, and are contracting with providers in Mendocino County to serve those individuals that meet the criteria, this is a new benefit that was not offered before.</li> <li>- There will also be documentation changes for the way the county documents and bills for services. The state is currently working to develop a rate structure and counties are hopeful this will allow the opportunity to increase staff salaries and services.</li> <li>- Discussion on how CalAIM impacts a mild to moderate clients.</li> <li>- The county will not know if there are any downsides to CalAIM until it fully rolls out, but will continue to provide more information and updates.</li> <li>-</li> </ul> |                                |
| <p><b>6.</b><br/>10 minutes</p> | <p><b>Psychiatric Health Facility (PHF) Feasibility Study Update:</b> <i>Jenine Miller, BHRS Director</i></p> <p>A. BHRS and partners (county General Services and Facility and Fleet departments, Nacht &amp; Lewis, AECOM, LACO) presented the feasibility study and a recommendation to the BOS yesterday.</p> <p>I. The team looked at 3 options for the feasibility study of Whitmore lane: rehabbing the current building, demolishing and rebuilding the current building, or if a whole different site should be considered. Because of the way the current building is set up, it does not provide the ideal security and oversight for patient care for a PHF. Different rooms are needed for different meeting environments. BHRS also wants to make</p>  | <p>Board Action:<br/>None.</p> |

|                                 |   |                                |
|---------------------------------|---|--------------------------------|
|                                 | <p>sure that NAMI Mendocino can have an office on site so they can connect with individuals and family members from day one to help them get connected to services.</p> <p>II. BHRS Director Miller wants to reduce the impact on Whitmore Lane since it is a small residential lane. The option of demolishing the building has a lot of benefits and allows for the entrance to be situated off of State Street and also allows for the creation of a fence to create more privacy.</p> <p>III. Taking into consideration the overall impacts and best interest long term for the county, the community, and the PHF residents, the team concluded option 2 (demolishing and rebuilding the building) is the best option, and this is the option that was presented to the BOS.</p> <p>IV. The BOS voted to move forward with the recommendation. <ul style="list-style-type: none"> <li>o The projected timeline is 38 months. It will be a super PHF (will meet Medicare and Medi-Cal requirements), and will allow the facility to bill private insurance, Medicare, and Medi-cal. It will be a 16 bed facility.</li> </ul> </p> <p>V. Discussion on the pilot program to create an alert system so law enforcement can notify mental health staff when they run into someone that needs outreach, so that mental health staff or the homeless outreach team can reach out and assist the individual.</p> <p>VI. NAMI has a new Executive Director Lindsey Daughter. She will be invited to speak to the Board once she is settled in to her new position. NAMI plans to take over the Warmline, which was the original plan.</p> <p>VII. Community training in process, NAMI and BHRS are working on de-escalation training. This is a training Supervisor Mulheren requested for the community and will be offered to the entire community.</p> <p>VIII. Jo Silva: Having family be involved is super important for ongoing relationship; this type of connection does not usually happen so it will be very important for NAMI to be at the PHF. Community training is a good idea.</p> |                                |
| <p><b>7.</b><br/>15 minutes</p> | <p><b>Mental Health Services Act Quarterly Update</b> – <i>Karen Lovato, BHRS Senior Program Manager</i></p> <ul style="list-style-type: none"> <li>o MHSA quarterly update present by Karen Lovato.</li> <li>o This update predominantly focuses on Prevention and Early Intervention (PEI) and Community Services and Supports (CSS) data.</li> <li>o Data presented included: <ul style="list-style-type: none"> <li>- Age population (predominantly serving age 26-59)</li> <li>- US census percentage by age</li> <li>- Race</li> <li>- Ethnicity</li> <li>- Gender breakdown (predominantly females in PEI and males in CSS)</li> <li>- Total number of individuals served</li> </ul> </li> </ul> <p>Other:</p>   | <p>Board Action:<br/>None.</p> |

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|                                  | <ul style="list-style-type: none"> <li>○ Karen reports there is a possibility of doing a Performance Improvement Project on how to collect data to be more reflective.</li> <li>○ Subsequent to FY 21 -22 Safe Passage is closing.</li> </ul>   |                        |
| <p><b>8.</b><br/>10 minutes</p>  | <p><b>RQMC Report:</b> <i>Camille Schraeder, Redwood Quality Management Company</i></p> <p>A. Data Dashboard Questions – report included in agenda packet.</p> <p>B. Services Update</p> <ul style="list-style-type: none"> <li>○ Camille commented on the CalAIM discussion from Director Miller’s report. <ul style="list-style-type: none"> <li>- ECM was supposed to be a full integration of the Whole Person Care (WPC) pilot but it is not. Referrals will be sent to PHP, need to be accepted, honor the criteria, and then authorizes a provider to serve. Trying to transition 185 SMI compromised clients that are currently linked to a MH provider and primary care provider, and WPC is filling that gap. RQMC’s goal is to continue that platform even with the reduced rate and increased narrow way in. Will need to make sure to monitor PHP closely. ECM has now extended to anyone who qualifies but a provider is needed and providers need to become ECM providers. RQMC’s focus are SMI clients.</li> <li>- Assertive community treatment (ACT) – Camille reports RQMC is currently working on this.</li> </ul> </li> </ul> <p>C. Staffing Update</p> <ul style="list-style-type: none"> <li>○ Camille reports staffing issues have not improved, and the current COVID surge has impacted all agencies. Camille commented the level of stress and impact this has on providers is the new normal and agencies will have to adapt to the new way to provide care. Daily calls and check-ins between all agencies are very helpful. All client plans can be shared by multiple agencies and can be coordinated at MAC meetings or daily calls. Helps manage workload and provide services.</li> </ul> | Board Action:<br>None. |
| <p><b>9.</b><br/>10 minutes</p>  | <p><b>Children’s System of Care:</b> <i>Board Discussion and Possible Action.</i></p> <p>A. Ad Hoc Committee Formation</p> <ul style="list-style-type: none"> <li>○ Tabled.</li> </ul>  | Board Action:<br>None. |
| <p><b>10.</b><br/>15 minutes</p> | <p><b>2022 BHAB Ad Hoc Committees:</b> <i>Board Discussion and Possible Action.</i></p> <p>A. Advocacy and Legislation Committee</p> <p>B. Appreciation Committee</p> <p>C. Contracts Committee</p> <p>D. Data Notebook</p> <p>E. Membership Committee</p> <p>F. Site Visit Committee</p> <p>Item tabled due to lack of time, will follow up at next month’s meeting.</p>   | Board Action:<br>None. |
| <p><b>11.</b><br/>15 Minutes</p> | <p><b>Board &amp; Committee Reports:</b> <i>Discussion and Possible Board Action.</i></p> <p>A. Chair – <i>Michelle Rich</i></p> <ul style="list-style-type: none"> <li>○ 2021 BHAB Annual Report <ul style="list-style-type: none"> <li>- Tabled.</li> </ul> </li> </ul>   | Board Action:<br>None. |

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|     | <ul style="list-style-type: none"> <li>○ 2022 BHAB Calendar/Meetings <ul style="list-style-type: none"> <li>- The February meeting will be on February 23, 2022 at 10:00 AM – 12:30 PM via Zoom.</li> <li>- Lili will send a Doodle poll to all members of the board to determine the best day/time of the month for the remainder of 2022 BHAB meetings.</li> </ul> </li> <li>B. Vice Chair – <i>Flinda Behringer</i> <ul style="list-style-type: none"> <li>○ No report.</li> </ul> </li> <li>C. Secretary – <i>Jo Bradley</i> <ul style="list-style-type: none"> <li>○ No report.</li> </ul> </li> <li>D. Treasurer – <i>Richard Towle</i> <ul style="list-style-type: none"> <li>○ No report.</li> </ul> </li> <li>E. Advocacy &amp; Legislation Committee – <i>Member Bradley, Chair Rich</i> <ul style="list-style-type: none"> <li>○ No report.</li> </ul> </li> <li>F. Appreciation Committee – <i>Member Fuentes &amp; Martinez</i> <ul style="list-style-type: none"> <li>○ No report.</li> </ul> </li> <li>G. Contracts Committee – <i>Member Fuentes, Vice Chair Eagles, Chair Rich</i> <ul style="list-style-type: none"> <li>○ No report.</li> </ul> </li> <li>H. Membership Committee – <i>Member Behringer, Bradley, Eagles, Gorny, &amp; Chair Rich</i> <ul style="list-style-type: none"> <li>○ No report.</li> </ul> </li> <li>I. Site Visit Committee - <i>Member Behringer, Fuentes, Martinez, &amp; Towle</i> <ul style="list-style-type: none"> <li>○ No report.</li> </ul> </li> </ul> |  |
| 12. | <b>Member Comments:</b> <ul style="list-style-type: none"> <li>○ No member comments</li> </ul>   | Board Action: None.  |
| 13. | <b>Adjournment: 12:05 PM</b>   | Board Action: Motion to adjourn meeting at 12:05 PM. Motion: Julia Eagles, second: Richard Towle, motion passed. |

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## Behavioral Health Advisory Board

### BHRS Director's Report

**February 2022**



#### 1. **Board of Supervisors:**

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##### ○ **Recently passed items or presentations:**

##### i. Mental Health:

- Approval of Retroactive Agreement with A&A Health Services, LLC. to Provide Residential Care to Mendocino County Lanterman-Petris-Short Clients, Effective November 24, 2021 through June 30, 2022.
- Authorization for Behavioral Health and Recovery Services (BHRS) to Submit Application Documents with Redwood Community Services(RCS) on Behalf of Mendocino County for the Non Competitive Allocation Award of \$1,719,462 Under California's No Place Like Home Program to Acquire, Design, Construct, Rehabilitate, or Preserve Permanent Supportive Housing for Persons Who are Chronically Homeless, Homeless, or at Risk of Chronic Homelessness, and Who are in Need of Mental Health Services; Approval to Enter into Agreement with Redwood Community Services (RCS) for the Development and Operation of Permanent Supportive Housing Under the No Place Like Home Program; and Adoption of Resolution Authorizing the Behavioral Health and Recovery Services Director or Designee to Sign the Revenue Agreement, As Agent for Acceptance of Said Allocation Award.
- Ratification of Submission of Grant Application for the Department of Health Care Services' Crisis Care Mobile Units Program Grant; and Authorization for the Director of Behavioral Health and Recovery Services to Sign the Retroactive Grant Agreement When Received, Effective September 15, 2021 to June 30, 2025.
- Approval of Retroactive Agreement with Redwood Community Services to Provide On-Call Drivers to Transport Mendocino County Residents on a 5150 Hold from Mendocino County to Out-of-County Psychiatric Hospitals, Effective August 15, 2021 Through December 31, 2021.

##### ii. Measure B:

- Acceptance of Presentation of the Feasibility Study, on the Usage of County Owned Property Located at 131 Whitmore Lane for Construction of a Psychiatric Health Facility (Estimated Cost \$19,508,059); and Approval for Staff to Proceed with Closing of the Office of Statewide Health Planning and Development (OSHDP) Permit of the Facility as a Skilled Nursing Facility.

##### i. Substance Use Disorders Treatment:

- None.

##### ○ **Future BOS items or presentations:**

- ##### i. Mental Health: To be determined.

- ii. Substance Use Disorders Treatment: To be determined.
- iii. Measure B: Update to Board of Supervisors - May 3, 2022

## 2. **Staffing Updates:**

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- a. New Hires:
  - i. Mental Health: 0
  - ii. Substance Use Disorders Treatment: 0
- b. Promotions:
  - i. Mental Health: 1
  - ii. Substance Use Disorders Treatment: None.
- c. Transfers
  - i. Behavioral Health: 1
- d. Departures:
  - i. Mental Health: 0
  - ii. Substance Use Disorders Treatment: 1

## 3. **Audits/Site Reviews:**

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- a. Completed/Report of Findings:
  - i. Partnership SUDT site review Completed
  - ii. External Quality Review Organization Audit Completed
- b. Upcoming/Scheduled:
  - i. Fort Bragg DMC-ODS Compliance Review is upcoming (TBD by state)
  - ii. BHRS Triennial Audit (April 5&6, 2022)
- c. Site Reviews:
  - i. N/A

## 4. **Grievances/Appeals:**

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

## 5. **Meetings of Interest:**

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- a. Cultural Diversity Committee – Saturday, February 26, 2022 3:30-5:30 PM via zoom: <https://mendocinocounty.zoom.us/j/85371204713>
- b. MHSA Forum/QIC Meeting: TBD

## 6. **Grant Opportunities:**

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- a. Behavioral Health Mentor Internship Program, Grant Due February 18, 2022

## 7. Significant Projects/Brief Status:

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- a. **Assisted Outpatient Treatment (AOT): AB 1421/Laura's Law**  
Melinda Driggers, AOT Coordinator, is accepting and triaging referrals:
  - i. Referrals to Date: 121 (duplicated)
  - ii. Total that did not meet AOT criteria: 100
    - o Total Referrals FY 21/22: 14
    - o Client Connected with Provider/Services: 2
    - o Unable to locate/connect with client: 1
  - iii. Currently in Investigation/Screening/Referral: 2
  - iv. Settlement Agreement/Full AOT FY 21/22: 3
  - v. Other (Pending Assessments to file Petition): 1

## 8. Educational Opportunities:

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- a. Cultural Diversity Committee – Saturday, February 26, 2022 3:30-5:30 PM  
via zoom: <https://mendocinocounty.zoom.us/j/85371204713>

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

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- a. Healthy Living RFP to be released any day.
- b. MHSA Forum/QIC Meeting: TBD

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

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- a. Number of individuals on LPS Conservatorships: 61

## 11. Substance Use Disorders Treatment Services:

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- a. Number of Substance Use Disorders Treatment Clients Served in **December 2021**:
  - i. Total number of clients served: 77
  - ii. Total number of services provided: 325
  - iii. Fort Bragg: 12 clients served for a total of 48 services provided
  - iv. Ukiah: 56 clients served for a total of 252 services provided
  - v. Willits: 9 clients served for a total of 25 services provided
- b. Number of Substance Use Disorder Clients Completion Status
  - i. Completed Treatment/Recovery: 7
  - ii. Left Before Completion: 7
  - iii. Referred: 5
  - iv. Total: 16
  - v. Average Length of Service: 192.38 hours

## 12. New Contracts:

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- o None.

## 13. Capital Facilities Projects:

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- 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. CHFFA Grant extended to early spring due to supply chain impacts of critical construction finalization components. Construction finished with the exception of a few items, most significant fence staining and generator installation. Operator progressing with pre-licensing activities. Grand Opening is on December 16, 2021 2:30 pm - 4:30 pm
- b. Willow Terrace Project:
- i. Vacancies filled through Coordinated Entry process as they come available.
  - ii. Some turnover in tenancy.



# California Association of Local Behavioral Health Boards and Commissions

CALBHB/C Newsletter, February 2022

## Reminders:

- [Hybrid Meeting Guide](#) - Ensure that everyone can hear and be heard!
- [Annual Reports](#) - Please share your annual reports w/CALBHB/C - [cal@calbhbc.com](mailto:cal@calbhbc.com)

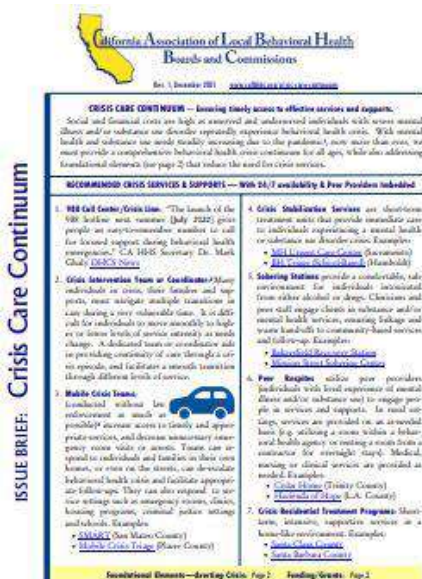
## In this Issue:

- [Grants/Funding](#)
- [Issue Briefs](#)
- [Meetings](#)
- [Reports & Webinars](#)
- [Resources](#)

## CALBHB/C Nominations

Interested in a two-year position on CALBHB/C's 15-member Governing Board? Please complete the short nomination application by March 1st. [Application Link](#)

## CALBHB/C Issue Briefs



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

[Children & Youth:](#)

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

[Crisis Care Continuum](#)

[Criminal Justice](#)

[Disaster Prep/Recovery](#)

[Employment](#)

[LGBTQ+](#)

[Older Adults](#)

[Performance Outcome Data](#)

[Transitional Age Youth](#)

[Suicide Prevention](#)

Full listing of issues (30+) at: [www.calbhbc.org/newsissues](http://www.calbhbc.org/newsissues) Questions: [cal@calbhbc.com](mailto:cal@calbhbc.com)

## Grants/Funding

### COVID

[COVID-19 Mitigation Project](#) for public and private nonprofit organizations for Behavioral Health Systems: up to \$100,000 each to support COVID-19 testing education and access, expand COVID-19 response services, and support the maintenance of healthy environments for behavioral health treatment and recovery service providers. Deadline 2/11/22

### Crisis Care & Infrastructure

[Joint RFAs - BH Continuum Infrastructure Program \(BHCIP\) & Community Care Expansion \(CCE\) Program](#) - Opens 2/15/22  
[Informational Webinar](#): 2/10, 10:30 am

**BHCIP**: Construct, acquire, and expand properties and invest in mobile crisis infrastructure related to behavioral health.

**CCE**: For acquisition, construction, and rehabilitation to preserve and expand adult and senior care facilities.

[BHCIP County and Tribal Planning Grant](#): to support BH facility planning efforts. Up to \$150,000 for behavioral health county agencies and tribal entities. Grant. Deadline 2/28/22

[Investing ARPA Funds in Behavioral Health Crisis Response](#): NACo February 22, 12 pm

### Housing/Homelessness

[Adult & Senior Residential Care Facilities: Community Care Expansion \(CCE\)](#): \$805 million for acquisition, construction, and rehabilitation to preserve and expand adult and senior care facilities. App opens 2/15  
[Informational Webinar](#): 2/10, 10:30 am

[HomeKey Round 2](#) applications are due by Monday, May 2 at 11:59 p.m.

[Homeless Housing, Assistance and Prevention \(HHAP\) Grant Program](#) Round 3 Applications due by June 30, 2022.

### Substance Use Disorder

[For Rural Counties](#): Awards of up to \$500,000 to increase access to prevention, treatment and recovery services. Eligible applicants: public or private, non-profit or for-profit entities. See fact sheet on U.S.. HHS investments to strengthen rural health. Deadline Tuesday, April 19, 2022 at 8:59 PM PST.

[Harm Reduction Grant Program](#). Deadline February 7, 2022. Up to \$9,750,000 per year or \$29,250,000 over three years; 25 awards of up to \$400,000 per award per year. Eligible applicants are states, local, tribal, and territorial governments; non-profit community based organizations; and primary and behavioral health organizations. Support community-based overdose prevention programs, syringe services programs, and other harm reduction services and enhance overdose and other types of prevention activities to help control the spread of infectious diseases and the consequences of such diseases. SAMHSA

[Contingency Management Pilot](#) to expand access to evidence-based treatment for stimulant use disorder, DHCS will pilot Medi-Cal coverage of CM in select DMC-ODS counties. Application deadline: February 15.

### Workforce

[Mentored Internship Program](#): Funding for nonprofits and county-operated behavioral health providers for developing and implementing an in-house mentored internship program. Deadline Friday, February 18, 2022, 5:00 p.m. (PST).

[National Rural Recruitment and Retention Network](#) (3RNet) Recruit and retain health professionals in rural and underserved areas

[SAMHSA Forecasted Grants for 2022](#)

## Meetings (State/National)

### CA Health & Human Services

#### Behavioral Health Task Force Meetings

Mar 8, 2022 10:00 AM  
Jun 14, 2022 10:00 AM  
Sep 13, 2022 10:00 AM  
Dec 13, 2022 10:00 AM

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### CA Behavioral Health Planning Council

Performance Outcomes: 4/29, 2 pm - 5 pm

Executive: April 20, 8:30 am -10:15 am

Patients' Rights Committee: 4/20, 10:30 am

Reducing Disparities: 4/20, 10:30 am

Children & Youth: 4/20, 10:30 am - 12 pm

Workforce and Education: 4/20, 1:30pm

Legislation: 4/20, 1:30 pm - 5 pm

Housing and Homelessness: 4/21, 8:30 am

Systems and Medicaid: 4/21, 8:30 am

General Session: April 21, 1:30 pm - 5 pm

General Session: April 22, 8:30 am-12 pm

### CA Department of Health Care Services

#### Behavioral Health Stakeholder Advisory

Committee Meeting: Approved CalAIM Waivers and Post-Award Forum February 17, 9:30 am - 1:30 pm. [Please register in advance.](#)

CalAIM BH Workgroup: Goal: provide updates on CalAIM implementation progress.

Workgroup members are invited to provide feedback. [Please register in advance.](#) May 4, 2022, at 10:00 a.m

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### Mental Health America

Mapping the Mental Health of Our Communities, Mental Health America, February 16, 2022, 10 am PT

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### Mental Health Services Oversight & Accountability Commission (MHSOAC)

Cultural & Linguistic Competency [2/10](#)

Full Commission Meetings: [2/24 & 3/24](#)

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## Resources for Boards/Commissions

[Best Practices Handbook](#)

[Brown Act Guide](#)

[Public Emergency Allowances](#)

[Conduct](#)

[Cultural Relevance](#)

[Hybrid Meetings](#)

[Member Orientation](#)

[Mental Health Services Act](#)

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

[News/Issues](#)

[Performance Outcome Data](#)

[Templates/Sample Docs](#)

- Annual Reports
- Recommendations
- Recruitment
- Site Visits *And More!*

[Welfare & Institutions Code](#)

Bylaw Requirements

- Duties
- Expenses
- Membership Criteria
- MHSOAC Community Planning

[Training: Modules](#)

- Duties
- Ethics Training
- Mental Health Services Act

[Training: Presentations/Recordings](#)

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

## Reports & Webinars - By Topic

### Children & Youth

[New law on mental health curriculum goes into effect](#), EdSource

[School Mental Health 101: A Primer for Medi-Cal Managed Care Plans \(PDF\)](#), National Center for Youth Law & CA Children's Trust [Related Webinar](#)

[Commentary: What CA can do to improve children's mental health](#), CA Little Hoover Commission [Full Report](#)

[School Work: Harnessing CA's Once in a Generation Opportunity on Youth Behavioral Health Summit](#), CA Alliance Recording

[ANGST: Building Resilience](#), a film based on a mental health support program, endorsed by educators, psychiatrists, and mental health advocates. The film includes Olympic swimmer Michael Phelps, who spoke of his own challenges with anxiety. The program will be provided to all California public middle and high schools during the 2021-2022 academic year.

[Preventing Childhood Toxic Stress: Partnering With Families and Communities to Promote Relational Health](#), American Academy of Pediatrics

[U.S. Surgeon General Issues Advisory on Youth Mental Health Crisis Further Exposed by COVID-19 Pandemic](#), U.S. Health & Human Services

### Criminal Justice

["Bridging the Gaps" Virtual Roundtables and Fact Sheet](#), Kennedy-Satcher Center for Mental Health Equity

[Behavioral Health Equity and Incarceration](#)

Tuesday, 2/15, 8 am - 9:30 am PST

[Trauma-Informed Systems for Justice-Involved Populations](#)

3/15, 8 am - 9:30 am PST

[Re-Entry Programs and Reducing Recidivism](#)

– 4/19, 8 am - 9:30 am

[Housing Access and Environmental Support Systems](#) – Tuesday, 5/17, 8 am - 9:30 am

### Crisis Care

[Investing ARPA Funds in Behavioral Health Crisis Response](#), NACo February 22, 12 pm

[Peer Respite](#) - CAMHPRO Town Hall, February 23, 2022, 5 - 6:30 pm

[CalHope Connect](#) statewide resources in English and Spanish, includes chat and peer support.

### Culture, Race, Ethnicity

[NCAPPS Shorts: Culture and Person-Centered Practices Series of short videos](#), National Center on Advancing Person-Centered Practices and Systems

[Access for Everyone: A Toolkit for Addressing Health Equity and Racial Justice within Integrated Care Settings](#), The National Council for Mental Wellbeing

[Learning About California's Community Health Worker State Plan Amendment](#), CA Health Care Foundation Recording

[Finding Common Ground on Mental Health Podcast](#), Patrick Kennedy and Kevin Dedner



### **Continuum of Care**

[Assessing the Continuum of Care for Behavioral Health Services in California - Data, Stakeholder Perspectives, and Implications](#) Report, DHCS

### **Housing/Homelessness**

[Supportive Housing Models That Work](#)

SAMHSA, Three Events, all at 11:30 am

- Overview of Supportive Housing and Recovery Housing Models, 2/24
- Housing-focused Engagement and Supporting Staff, 3/23
- Promoting Racial Equity in Supportive and/or Recovery Housing Programs, 4/27

### **Peer Provider Programs**

[CAMHPRO Peer Provider Project](#) SB 803 Update Training, February 16, 1 pm - 3 pm

[Moving Toward Diverse Leadership in the Peer Community](#), February 8, 9 and 10 Virtual Event

CalMHSA Advisory Council Meetings (All 1 - 4 pm Feb 11, 25, Mar 11, 25, Apr 8, 22). [webinar links and agendas](#) are found at the bottom of CalMHSA's webpage).

[Peer Respite](#) - CAMHPRO Town Hall, February 23, 2022

[Peer Certification Principles for Implementation](#), CA Alliance, NAMI CA, CASRA

### **Substance Use**

[15-minute survey](#) about barriers to getting in-network mental health and addiction treatment. It's confidential, and available in English or Spanish. Respond on your own behalf or on behalf of someone you know who has needed care, such as a family member, friend, or a patient. NORC / University of Chicago

[Supporting Telehealth and Technology-Assisted Services for People Who Use Drugs](#): The National Council

[Harm Reduction and Saving Lives Podcast](#). Learn about the prevalence of overdose and overdose deaths in the U.S. and a new program initiated by the CDC and administered by the National Council.

[DMC-ODS waiver evaluation reports](#) External Quality Review Organization (EQRO) review of Drug Medi-Cal Organized Delivery System (DMC-ODS) in counties regarding access, timely access, and quality of care.

### **Telehealth**

[Behavioral health and telemedicine: What's in store for 2022](#), Healthcare IT News

### **Trauma-Informed Care**

[ACES \(Adverse Childhood Experiences\) Aware](#) Trainings and Grantee Spotlight (including Tri-City Mental Health and Kings County Dept of Public Health). (Scroll down on [ACES](#) page for recording and slide deck).

### **Evaluate Us!**

CALBHB/C is here to provide resources, support, training, communication and coordinate advocacy for statewide issues as detailed in our [Annual Report](#). 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](mailto:info@calbhbc.com) [www.calbhbc.org](http://www.calbhbc.org)

Follow CALBHB/C: [www.twitter.com/CALBHBC](https://www.twitter.com/CALBHBC) [www.facebook.com/CALBHBC](https://www.facebook.com/CALBHBC)

For ADA compliant or printed copies of CALBHB/C documents and resources, contact [cal@calbhbc.com](mailto: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  
 2/16/2022

| ORG | OBJ    | ACCOUNT DESCRIPTION                          | YR/PER/JNL     | EFF DATE   | AMOUNT          | INVOICE #            | CHECK # | VENDOR NAME   | COMMENT                    |
|-----|--------|--|----------------|------------|-----------------|----------------------|---------|---------------|----------------------------|
| MHB | 862080 | FOOD   |                |            |                 |                      |         |               |                            |
|     |        | <b>FOOD Total</b>                            |                |            | <b>\$0.00</b>   |                      |         |               |                            |
| MHB | 862150 | MEMBERSHIPS                                  | 2022/06/000766 | 12/30/2021 | \$600.00        | MCMH12/16/21BHB DUES | 4350806 | CALBHB/C      | FY21/22CALBHB/C MEMBERSHIP |
|     |        | <b>MEMBERSHIPS TOTAL</b>                     |                |            | <b>\$600.00</b> |                      |         |               |                            |
| MHB | 862170 | OFFICE EXPENSE                               |                |            |                 |                      |         |               |                            |
|     |        | <b>OFFICE EXPENSE Total</b>                  |                |            | <b>\$0.00</b>   |                      |         |               |                            |
|     |        | <b>RNTS &amp; LEASES BLD GRD Total</b>       |                |            | <b>\$0.00</b>   |                      |         |               |                            |
| MHB | 862250 | TRNSPRTATION & TRAVEL                        | 2022/06/000584 | 12/16/2021 | 84.56           | 110421               | 4350689 | TOWLE RICHARD | LOCAL 7/01-10/18/21 FY21/  |
|     |        | <b>TRNSPRTATION &amp; TRAVEL Total</b>       |                |            | <b>\$84.56</b>  |                      |         |               |                            |
|     |        | <b>TRAVEL &amp; TRSP OUT OF COUNTY Total</b> |                |            | <b>\$0.00</b>   |                      |         |               |                            |
|     |        | <b>Grand Total</b>                           |                |            | <b>\$684.56</b> |                      |         |               |                            |

Summary of Budget for FY 21/22

| OBJ    | ACCOUNT DESCRIPTION  | Budget Amount     | YTD Exp         | Remaining Budget  |
|--------|----------------------|-------------------|-----------------|-------------------|
| 862080 | Food                 | 1,000.00          | 0.00            | 1,000.00          |
| 862150 | Memberships          | 600.00            | 600.00          | 0.00              |
| 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          | 84.56           | 2,915.44          |
| 862253 | Out of County Travel | 2,000.00          | 0.00            | 2,000.00          |
|        | <b>Total Budget</b>  | <b>\$7,130.00</b> | <b>\$684.56</b> | <b>\$6,445.44</b> |

Behavioral Health Recovery Services  
Mental Health FY 2021-2022  
Budget Summary  
Year to Date as of **February 14,2022**

|    | Program                                     | FY 21-22<br>Approved<br>Budget | EXPENDITURES           |                        |                  |                 |                        | Total<br>Expenditures | REVENUE      |              |                 |           | Total Revenue | Total Net Cost |
|----|---|--------------------------------|------------------------|------------------------|------------------|-----------------|------------------------|-----------------------|--------------|--------------|-----------------|-----------|---------------|----------------|
|    |   |                                | Salaries &<br>Benefits | Services &<br>Supplies | Other<br>Charges | Fixed<br>Assets | Operating<br>Transfers |                       | 2011 Realign | 1991 Realign | Medi-Cal<br>FFP | Other     |               |                |
| 1  | Mental Health (Overhead)                    | (4,024,268)                    | 50,070                 | 122,428                | 8,421,187        |                 | (51,696)               | 8,541,989             | 605,916      | 1,207,640    | 905,275         | 5,386     | 2,724,216     | 5,817,773      |
| 2  | Administration                              | 737,846                        | 559,885                | 198,887                |                  |                 | (6,965)                | 751,808               |              |              |                 | 39,741    | 39,741        | 712,067        |
| 3  | CalWorks                                    | 38,371                         | 73,572                 | 3,332                  |                  |                 |                        | 76,904                |              |              |                 | 33,279    | 33,279        | 43,625         |
| 4  | Mobile Outreach Program                     | (41,083)                       | 178,644                | 18,784                 |                  |                 | (3,944)                | 193,484               |              |              |                 | 84,292    | 84,292        | 109,193        |
| 5  | Adult Services                              | 240,338                        | 105,063                | 24,163                 |                  |                 | (53,091)               | 76,135                |              |              |                 | 5,515     | 5,515         | 70,620         |
| 6  | Path Grant                                  | 0                              |                        | 8,112                  |                  |                 |                        | 8,112                 | 2,089        |              |                 | 0         | 2,089         | 6,023          |
| 7  | SAMHSA Grant                                | 0                              |                        | 53,343                 |                  |                 |                        | 53,343                | (12,360)     |              |                 |           | (12,360)      | 65,703         |
| 8  | Mental Health Board                         | 7,130                          |                        | 685                    |                  |                 |                        | 685                   |              |              |                 | 17,559    | 17,559        | (16,874)       |
| 9  | Business Services                           | 805,465                        | 351,386                | 52,238                 |                  |                 |                        | 403,624               |              |              |                 |           | 0             | 403,624        |
| 11 | AB109                                       | 1,027                          |                        | 20,919                 |                  |                 |                        | 20,919                | 7,198        |              |                 |           | 7,198         | 13,722         |
| 12 | Conservatorship                             | 1,896,328                      | 135,704                | 72,090                 | 1,395,027        |                 |                        | 1,602,821             |              |              |                 | 43,312    | 43,312        | 1,559,509      |
| 13 | MH CAL-AIM                                  |                                |                        |                        |                  |                 |                        | 0                     |              |              |                 | 250,000   | 250,000       | (250,000)      |
| 14 | QA/QI                                       | 506,229                        | 226,268                | 39,445                 |                  |                 | (1,128)                | 264,585               |              |              |                 | 29,309    | 29,309        | 235,277        |
| a  | <b>Total YTD Expenditures &amp; Revenue</b> |                                | 1,680,592              | 614,426                | 9,816,215        | 0               | (116,823)              | 11,994,409            | 602,842      | 1,207,640    | 905,275         | 508,391   | 3,224,148     | 8,770,261      |
| b  | <b>FY 2021-2022 Adjusted Budget</b>         | 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  | <b>Variance</b>                             |                                | 2,090,705              | 1,053,189              | 8,953,180        | 0               | (41,517)               | 12,055,558            | 5,922,411    | 2,372,215    | 9,699,673       | 2,664,137 | 20,658,436    | (8,602,878)    |

Behavioral Health Recovery Services  
Mental Health Services Act (MHSA) FY 2021-2022 Budget Summary  
Year to Date as of **February 15,2022**

| Program                                     | FY 21-22<br>Approved<br>Budget | Salaries &<br>Benefits | Services &<br>Supplies | Other Charges | Fixed<br>Assets | Operating<br>Transfers | Total<br>Expenditures | Revenue<br>Prop 63 | Other-<br>Revenue | Total Net<br>Cost |
|---|--------------------------------|------------------------|------------------------|---------------|-----------------|------------------------|-----------------------|--------------------|-------------------|-------------------|
| Community Services & Support                | 17,946                         | 225,199                | 212,906                | 674,024       |                 | (4,606)                | 1,107,524             |                    | 1,906,832         | (799,309)         |
| Prevention & Early Intervention             | (52,755)                       | 147,998                | 154,068                | 843           |                 |                        | 302,909               |                    | 515,107           | (212,198)         |
| Innovation                                  | 567,704                        |                        | 24,677                 |               |                 |                        | 24,677                |                    | 122,913           | (98,236)          |
| Workforce Education & Training              | -                              |                        | (150)                  |               |                 |                        | (150)                 |                    |                   | (150)             |
| Capital Facilities & Tech Needs             |                                |                        |                        |               |                 |                        | -                     |                    |                   | -                 |
| <b>Total YTD Expenditures &amp; Revenue</b> |                                | 373,197                | 391,501                | 674,868       | -               | (4,606)                | 1,434,959             | -                  | 2,544,852         | (1,109,893)       |
| <b>FY 2021-2022 Approved Budget</b>         | 532,895                        | 689,526                | 4,415,118              | 1,532,776     | 0               | (4,131)                | 6,633,289             | (6,100,395)        | -                 | 532,894           |
| <b>Variance</b>                             |                                | 316,329                | 4,023,617              | 857,908       | -               | 475                    | 5,198,330             | (6,100,395)        | (2,544,852)       | 1,642,787         |

**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 **February 15, 2022**

|    | 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)              | 24,021              | 12,796                |               |              | (17,544)            | 19,273             | 398,679                   | 46,850         |                | 11,850         | 457,379          | (438,106)        |
| 2  | County Wide Services                        | 1,415,273                | 0                   | 293,502               |               |              |                     | 293,502            |                           |                | 153,212        | (117,973)      | 35,240           | 258,263          |
| 3  | Drug Court Services                         | -                        | 66,907              | 8,362                 |               |              |                     | 75,269             |                           | 11,541         |                | 7,912          | 19,452           | 55,817           |
| 4  | Ukiah Adult Treatment Services              | 8,445                    | 303,093             | 82,470                |               |              | (58,777)            | 326,785            |                           | 2,199          |                | 97,940         | 100,140          | 226,645          |
| 5  | Women In Need of Drug Free Oppourtunities   | (1)                      | 69,257              | 22,418                |               |              | (33,882)            | 57,792             |                           | 8,690          |                |                | 8,690            | 49,102           |
| 6  | Family Drug Court                           | -                        | 131,237             | 24,685                |               |              | (79,197)            | 76,725             |                           |                |                |                | 0                | 76,725           |
| 8  | Friday Night Live                           | -                        | 0                   | 535                   |               |              |                     | 535                |                           |                |                | (5,500)        | (5,500)          | 6,035            |
| 9  | Willits Adult Services                      | -                        | 35,207              | 2,993                 |               |              | (4,167)             | 34,033             |                           |                |                | 70             | 70               | 33,963           |
| 10 | Fort Bragg Adult Services                   | 206,022                  | 158,765             | 9,539                 |               |              | (27,175)            | 141,129            |                           |                |                | 235            | 235              | 140,894          |
| 11 | Administration                              | 824,861                  | 291,736             | 210,044               |               |              | (2,774)             | 499,006            |                           |                |                | 26,196         | 26,196           | 472,811          |
| 12 | Adolescent Services                         | (68,937)                 | 8,000               | 3,325                 |               |              |                     | 11,324             |                           |                |                |                | 0                | 11,324           |
| 13 | Prevention Services                         | 0                        | 52,551              | 4,379                 |               |              | (3,448)             | 53,483             |                           |                |                | 1,781          | 1,781            | 51,702           |
| a  | <b>Total YTD Expenditures &amp; Revenue</b> | <b>88,370</b>            | <b>1,140,772</b>    | <b>675,046</b>        | <b>0</b>      | <b>0</b>     | <b>(226,962)</b>    | <b>1,588,856</b>   | <b>398,679</b>            | <b>22,430</b>  | <b>153,212</b> | <b>22,511</b>  | <b>643,682</b>   | <b>945,174</b>   |
| b  | <b>FY 2021-2022 Budget</b>                  | <b>88,370</b>            | <b>2,284,613</b>    | <b>2,409,905</b>      | <b>0</b>      | <b>0</b>     | <b>(1,037,852)</b>  | <b>3,656,666</b>   | <b>1,675,741</b>          | <b>736,860</b> | <b>440,130</b> | <b>715,565</b> | <b>3,568,296</b> | <b>88,370</b>    |
| c  | <b>Variance</b>                             | <b>0</b>                 | <b>1,143,841</b>    | <b>1,734,859</b>      | <b>0</b>      | <b>0</b>     | <b>(810,890)</b>    | <b>2,067,810</b>   | <b>1,277,062</b>          | <b>714,430</b> | <b>286,918</b> | <b>693,054</b> | <b>2,924,614</b> | <b>(856,804)</b> |

**QI Work Plan - 8.1**

**Report - Appeals, Grievances, Change of Provider - December 2021**

**Provider Appeal (45 days)**

| Receipt Date | Provider Name | Reason | Results | Date Completed | Date Letter sent to Provider |
|--------------|---------------|--------|---------|----------------|------------------------------|
| <b>Total</b> | <b>0</b>      |        |         |                |                              |

**Client Appeal (45 days)**

| Receipt Date | Provider Name | Reason | Results | Date Completed | Date Letter sent to Client |
|--------------|---------------|--------|---------|----------------|----------------------------|
| <b>Total</b> | <b>0</b>      |        |         |                |                            |

**Issue Resolutions (60 Days)**

| Receipt Date | Provider Name | Reason | Results | Date Completed | Date Letter sent to Provider |
|--------------|---------------|--------|---------|----------------|------------------------------|
| <b>Total</b> | <b>0</b>      |        |         |                |                              |

**SUDT Grievance (60 Days)**

| Receipt Date | Provider Name | Reason | Results | Date Completed | Date Letter sent to Provider |
|--------------|---------------|--------|---------|----------------|------------------------------|
| <b>Total</b> | <b>0</b>      |        |         |                |                              |

**Client Grievance (60 Days)**

| Receipt Date | Provider | Reason  | Results   | Date Completed | Date Letter sent to Client |
|--------------|----------|---|---|----------------|----------------------------|
| 12/1/2021    | CalWORKS | Beneficiary reported a confidentiality incident involving a staff member. | Addressed with the appropriate staff, resolved. | 1/31/2022      | 1/31/2022                  |
| <b>Total</b> | <b>1</b> |   |   |                |                            |

**Client Request for Change of Provider (10 Business Days)**

| Receipt Date | Provider | Reason | Results | Date Completed | Date Letter sent to Client |
|--------------|----------|--------|---------|----------------|----------------------------|
| <b>Total</b> | <b>0</b> |        |         |                |                            |

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

**COMMITTEES**

CHAIR: HEALTH  
BUDGET  
INSURANCE  
JOINT LEGISLATIVE AUDIT  
WATER, PARKS, AND WILDLIFE  
BUDGET SUBCOMMITTEE NO. 1 ON HEALTH  
AND HUMAN SERVICES

**SELECT COMMITTEES**

HEALTHCARE ACCESS IN RURAL COMMUNITIES  
CRAFT BREWING AND DISTILLING  
SEA LEVEL RISE IN CALIFORNIA

# Assembly California Legislature



**JIM WOOD**  
ASSEMBLYMEMBER, SECOND DISTRICT

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Dear Mr. Wetzler,

Thank you for contacting me regarding issues related to people who are found incompetent to stand trial (IST) and specifically your daughter, Amica. I appreciate hearing from you and because we have been doing so much work on this and there is so much information on this topic that I thought might interest you, I decided to compile it and put it in writing.

I share your concerns about the plight of some of the most vulnerable people, the mentally ill in California which includes not only IST individuals but those who present as a danger to themselves or others or who are gravely disabled (under the Lanterman-Petris-Short Act).

As chair of the Assembly Health Committee, I co-sponsored with the Assembly Judiciary Committee a full day hearing on the Lanterman-Petris-Short Act (LPS) which while not directly tied to the IST issue, absolutely impacts the availability of IST beds in state hospitals. The lack of sufficient accommodations for both IST and LPS individuals has been ongoing for a number of years, with the numbers of individual incarcerated in county jails who have been designated as incompetent to stand trial increasing each year. As you so correctly pointed out, several lawsuits have been filed and the State is under court orders to improve those conditions or incur penalties. It is not, however, as simple a solution as "building" ourselves out of it.

Like many states, California is home to thousands of vulnerable and ill individuals who, as a result of limited community-based and early intervention treatment, have decompensated to a point where engagement and treatment is difficult. Many of these Californians with the most severe behavioral health conditions, become fixed in a cycle of untreated mental illness, homelessness, and incarceration. Criminal defendants who are unable to understand criminal proceedings or assist counsel in their defense are determined by a court to be IST and if charged with a felony, can be committed to the Department of State Hospitals (DSH) to receive clinical and medical services with the goal of restoring their competency and enabling them to return to court to resume their criminal proceedings. Although the current year's budget proposal and recent prior budget acts make significant investments that will build up behavioral health infrastructure in communities including beds, a current lack of community behavioral health services has led to a rapidly growing number of individuals found IST and referred to DSH.

As you stated, in June 2021, an appellate court affirmed the order in *Stiavetti v. Clendenin* requiring DSH to commence substantive competency restoration services for all IST individuals committed to DSH within 28 days of receipt of the commitment packet from the court. Court orders and penalties regarding ISTs could cost California as much as one billion dollars annually based on the State of Washington's experience. Despite increasing bed capacity, decreasing the average length of stay, and implementing county-based treatment programs, the increasing number of county IST referrals has resulted in long wait times for defendants pending placement to DSH. Furthermore, and as you pointed out, the impacts of the COVID-19 pandemic and necessary infection control measures put in place in DSH facilities resulted in slower admissions and reduced capacity for the treatment of felony ISTs at DSH.





In the fall of 2021, DSH convened an IST Workgroup to identify actionable solutions to address the increasing number of individuals with serious mental illness who are deemed IST on felony charges. Informed by the deliberations of the Workgroup, the Budget reflects spending of \$93 million in 2021-22 and \$571 million in 2022-23 and ongoing. These funds will provide for:

- Early Stabilization and Community Care Coordination to provide immediate solutions to support access to treatment for the nearly 1,700 individuals currently found IST on felony charges and waiting in jail, and to reduce the flow of new incoming referrals. This includes funding for:
  - Early access to medication stabilization teams to encourage substantive treatment in jail settings,
  - Statewide funding for medication support, and
  - DSH case management teams to coordinate IST care with counties and other community providers.
  
- Expand Diversion and Community-Based Restoration Capacity to increase IST treatment alternatives by investing in the community infrastructure required to support the felony IST population. This includes funding for:
  - Infrastructure to increase the number of community residential beds dedicated to DSH Diversion and Community-Based Restoration programs,
  - Augmented funding for counties to expand DSH Diversion and Community-Based Restoration,
  - Supporting county partnerships for entities impacted by felony IST community placements, and
  - Workforce development support for counties and community providers.

These investments support the goal of providing care in the least restrictive, community-based settings while maintaining public safety.

The coordinated behavioral health investments made as part of the 2021 Budget Act will support county efforts to serve individuals at risk of becoming IST upstream, before they become involved in the criminal justice system—including investments in the Behavioral Health Continuum Infrastructure Program and the proposed \$1.5 billion over two years in housing options for those with behavioral health conditions. The Budget also includes authorization to augment DSH's budget by an additional \$350 million for the purposes of implementing solutions identified by the IST Workgroup to address the IST patient waitlist.

It remains to be seen how this unprecedented investment in the treatment, support and care for IST populations will accomplish the goals of increasing community based treatment and diversion, improving access to state hospitals for those truly in need of inpatient care and an overall reduction in the IST waiting list.

This is a lot of information – I hope that it is helpful and if you have questions or comments about it, please do not hesitate to contact me. Please be assured that I will continue my commitment to solving these critical health care problems facing our communities.

Respectfully,



JIM WOOD  
Assemblymember, 2<sup>nd</sup> District

**RESOLUTION OF THE MENDOCINO COUNTY BEHAVIORAL HEALTH ADVISORY BOARD  
AUTHORIZING REMOTE TELECONFERENCE MEETINGS OF THE LEGISLATIVE BODIES  
OF THE BEHAVIORAL HEALTH ADVISORY BOARD  
PURSUANT TO THE RALPH M. BROWN ACT**

WHEREAS, all meetings of the **Behavioral Health Advisory Board** and its legislative bodies are open and public, as required by the Ralph M. Brown Act (Cal. Gov. Code §§ 54950 – 54963), so that any member of the public may attend, participate, and view the legislative bodies conduct their business; and

WHEREAS, the Brown Act, Government Code section 54953(e), makes provisions for remote teleconferencing participation in meetings by members of a legislative body, without compliance with the requirements of Government Code section 54953(b)(3), subject to the existence of certain conditions; and

WHEREAS, on March 4, 2020, Governor Newsom issued a Proclamation of a State of Emergency declaring a state of emergency exists due to the outbreak of respiratory illness due to a novel coronavirus (a disease now known as COVID-19), pursuant to the California Emergency Services Act (Government Code section 8625) and that State of Emergency is still in effect in the State of California; and,

WHEREAS, as of the date of this Resolution, neither the Governor nor the state Legislature have exercised their respective powers pursuant to Government Code section 8629 to lift the state of emergency either by proclamation or by concurrent resolution the state Legislature; and,

WHEREAS, the California Department of Industrial Relations has issued regulations related to COVID-19 Prevention for employees and places of employment. Title 8 of the California Code of Regulations, Section 3205(c)(5)(D) specifically recommends physical (social) distancing as one of the measures to decrease the spread of COVID-19 based on the fact that particles containing the virus can travel more than six feet, especially indoors; and,

WHEREAS, the Mendocino County Public Health Officer continues to recommend teleconferencing during public meetings of all legislative bodies to protect the community's health against the spread of COVID-19; and

WHEREAS, the **Behavioral Health Advisory Board** finds that state or local officials have imposed or recommended measures to promote social distancing based on the Mendocino County Public Health Officer recommendation and the California Department of Industrial Relations' issuance of regulations related to COVID-19 Prevention through Title 8 of the California Code of Regulations, Section 3205(c)(5)(D); and,

WHEREAS, as a consequence, the **Behavioral Health Advisory Board** does hereby find that current conditions meet the circumstances set for in Government Code section 54953(e)(3) to allow this legislative body to conduct its meetings by teleconferencing without compliance with Government Code section 54953 (b)(3), pursuant to Section 54953(e), and that such legislative body shall comply with the requirements to provide the public with access to the meetings as prescribed by Government Code section 54953(e)(2) to ensure the public can safely participate in and observe local government meetings.

NOW, THEREFORE, BE IT RESOLVED BY THE **BEHAVIORAL HEALTH ADVISORY BOARD** as follows:

Section 1. Recitals. All of the above recitals are true and correct and are incorporated into this Resolution by this reference.

Section 2. Current Conditions Authorize Teleconference Public Meetings of Legislative Bodies. Based on the California Governor's continued declaration of a State of Emergency, the Mendocino County Public Health Officer's recommendation to continue teleconferencing, and the regulations issued by the California Department of Industrial Relations, the **Behavioral Health Advisory Board** finds that the conditions continue to exist pursuant to Government Code section 54953(e)(3) to allow legislative bodies to use teleconferencing to hold public meetings in accordance with Government Code section 54953(e)(2) to ensure members of the public have continued access to safely observe and participate in local government meetings.

Section 3. Remote Teleconference Meetings. The **Behavioral Health Advisory Board** is hereby authorized to take all actions necessary to carry out the intent and purpose of this Resolution including, conducting open and public meetings in accordance with Government Code section 54953(e)(2) and other applicable provisions of the Brown Act.

Section 4. Effective Date. This Resolution shall take effect immediately upon its adoption.

The foregoing Resolution introduced by \_\_\_\_\_, seconded by \_\_\_\_\_, and carried this \_\_\_\_ of \_\_\_\_ 2022, by the **Behavioral Health Advisory Board**, by the following vote:

AYES:

NO:

ABSENT:

ABSTAIN:

WHEREUPON, the Chair declared said Resolution adopted and SO ORDERED.