



ANNUAL REPORT 2021

Mendocino County Behavioral Health Advisory Board



Compiled by Michelle Rich, MA, Board Chairperson

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Executive Summary

Despite another year of the COVID-19 pandemic and all the uncertainty that accompanied it, the Mendocino County Behavioral Health Advisory Board (BHAB) continued to meet to oversee and advocate for behavioral health services in Mendocino County.

In total, BHAB conducted two special meetings and ten regular meetings over the course of the year. We had a robust calendar of topics including reports from Behavioral Health Staff on Mental Health Student Service Act, services at the Jail, LPS Conservatorships, Mental Health Services Act, the Cultural Diversity Committee, and North County Services, outreach and stigma reduction, local training opportunities for law enforcement interactions with individuals experiencing mental health symptoms, housing programs, and Assisted Outpatient Treatment.

BHAB continued our oversight responsibilities by taking a deeper dive into the cost report state audit as well as behavioral health service funding and budget. The results of the External Quality Review Organization Audit were also reviewed with strong results indicating that in the time assessed there were no major findings.

In terms of our duty to ensure transparency with use of Mental Health Service Act Funds, we held public hearing for the Mental Health Services Act Three Year Plan. We also completed both the 2020 and 20201 data notebooks, conducted site visits and participated in contract selection and oversight.

We also advocated for mental health needs through presentations to the Board of Supervisors and the HHS Advisory Board. We helped increase transparency by facilitating increased data regarding mental health on the Healthy Mendocino website and regularly reviewing provider data. Additionally, we advocated for the needs regarding broadband for telehealth services by writing a letter to the Mendocino County Broadband Alliance.

As we conclude the year, there are still many difficult challenges with the behavioral health system of care. Staffing remains a critical concern, as does the increased demand for children's services, lack of psychiatric care, and timeliness of access to services. There is also hope for increased options for care through the opening of the crisis residential treatment center, the training center, and the development of a psychiatric health facility on Whitmore Lane in Ukiah.

BHAB continues to build its own capacity by filling vacancies and persisting in meeting despite the pandemic challenges. We look forward to 2022 and the hopes of meeting in-person and continuing to advocate for the needs of those in our community experiencing serious mental illness and helping to build a system that meets the needs of our whole community.

About the Board

The Mendocino County Behavioral Health Advisory Board (BHAB) serves as an advisory board to the Board of Supervisors and the Behavioral Health & Recovery Services Director.

Mandated by state law, BHAB consists of 15 board members who represent consumers, family members, and the public. Additionally, one county supervisor sits as a non-voting, ex-

officio member. As our mission states, BHAB is committed to consumers, their families, and the delivery of quality care with the goals of recovery, human dignity, and the opportunity for individuals to meet their full potential.

Meetings

We held 10 regular meetings and two special meetings in 2021. All meetings were held by Zoom.

Committees

Membership: Member Bradley, Vice Chair Eagles, Member Gorny, and Chair Rich

Appreciation: Member Fuentes and Member Martinez

Site Visits: Member Behringer, Member Fuentes, Member Martinez, and Member Towle

Contracts: Vice Chair Eagles, Member Fuentes, and Chair Rich

Data Notebook: Member Matheson and Chair Rich

Advocacy and Legislation: Member Bradley and Chair Rich

Board Members

We started the year with six vacancies. We are grateful to the new members who have stepped up to join us in service: Mills Matheson, Jeff Shipp, and Larann Henderson. It should be noted that despite advertising and outreach, one vacancy remains in the second district and two vacancies in the fourth district. Current board members include:

1st District:

Denise Gorny
Lois Lockart
Richard Towle

2nd District:

Michelle Rich
Sergio Fuentes

3rd District:

Mills Matheson
Jeff Shipp
Larann Henderson

4th District:

Julia eagles

5th District:

Martin Martinez
Flinda Behringer
Jo Bradley

Officers:

Chair: Michelle Rich
Vice-Chair: Julia Eagles
Secretary: Jo Bradley
Treasurer: Richard Towle

BOS Supervisor Maureen Mulheren

Recognition of Service

The Behavioral Health Board would like to recognize the service of the staff members of the Behavioral Health Services department in particular the leadership of Dr. Jenine Miller, Karen Lovato as well as the administrative support of Lilian Chavoya and Dustin Thompson. Behavioral health staff at the county and contracted agencies throughout the county have continued to go above and beyond during the extended COVID-19 crisis. Their ability to find creative ways to make it work for clients is remarkable and we are deeply grateful for their commitment to serving individuals and families in Mendocino County. Thank you!



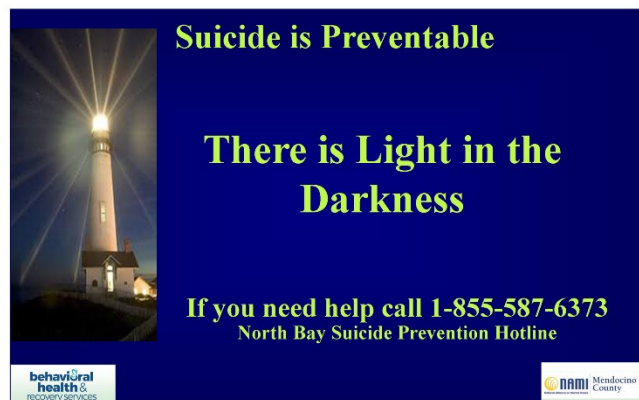
2021 Highlights

Education and Stigma Reduction

Last year, we noted the strong need for additional outreach to the public to increase education and reduce stigma for seeking services. We are pleased that this concept was funded through Measure B and are excited to see NAMI provide this much needed programming throughout our County. As mentioned last year, education for the mild and moderate population in this capacity would go a long way to reducing the need for higher levels of care in the future. Thank you to the Measure B Committee and the Board of Supervisors for recognizing this need and providing funding to help bring awareness to this much needed topic.

Suicide Prevention Campaign

While suicide and overdose numbers were high in 2021, the Behavioral Health Department is to be commended for engaging in a public suicide prevention campaign. We hope to see these efforts continue through 2022 as it continues to be a challenging environment for mental wellbeing.



Crisis Residential Treatment Facility

The Crisis Residential Treatment Facility construction concluded, and a grant opening was held in December 2021. The Crisis Residential Treatment Facility (CRT) is short-term mental health facility designed to serve individuals who are experiencing acute psychiatric crisis and whose adaptive functioning is moderately impaired. CRTs provide short-term, intensive, and supportive services in a home-like environment through an active social rehabilitation program. We are looking forward to the additional capacity that this facility will bring to those in need of extra support during a crisis.



The Crisis Residential Treatment Facility grand opening was held on Thursday, December 16, 2021.

Mental Health Treatment Act Citizens Oversight Committee (Measure B Committee)

There was exciting movement with Measure B projects in 2021. Many of the recommendations made by BHAB in 2020 were funded and the contracting process moved forward in 2021 to provide additional facilities and services through Measure B dollars. Most exciting is the development of the Psychiatric Health Facility. An operator was selected, a location identified, and plans underway to build a new facility. Updates on Measure B projects can now be found on the county website. Currently Measure B is funding the following: the Crisis Residential Treatment Facility; the Assessment and Psychiatric Hospitalization Aftercare; the Mobile Crisis Response Team Pilot; the Community Education, Awareness, and Support program; the Crisis Residential Treatment Facility; and the development of the a psychiatric health facility. Lastly, a firm was selected to conduct an audit on use of Measure B funds with results expected in 2022.

Areas of Challenge

As we look forward to the next year, three key issues seem most critical: staffing, housing, and the Children's System of Care. While staffing for services has long been a concern in our rural area, the issue is now at a crisis point with the lack of providers impacting access to services and timeliness of services provided. While the agencies providing services continue to work on hiring, given the lack of providers at a statewide level, our relatively low wages and lack of housing, staffing is likely to remain a critical concern for the future. Creative solutions to growing our own

providers, thinking outside of traditional service models, and continuing to address available funding for wages will all be critical in the coming years.

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

The children's system of care has been stable for many years with providers able to meet need and provide timely services. However, since the pandemic the needs for more serious mental health interventions has increased dramatically. At the same time, the staffing shortage makes it difficult to meet this increased need. Compounding the problem is that some of the COVID-19 adaptations using telehealth are simply not effective or appropriate for children. As things open up, the concerns around telehealth will ease, but if there is not a change in the way in which children are being served there will continue to be kids who fall through the cracks.



What to Watch in 2022

In 2022, issues that we expect will be of importance to monitor include jail services and hold times before transfer to state hospitals, housing, staffing, the implementation of CALAIM and the opportunities that will bring for the mild to moderate population. CALAIM is a program of the California Department of Health Care Services that aims to offer coordinated and equitable access to care for the whole person throughout the spectrum of their lives. We also recommend continuing to monitor the use of Measure B funds through the audit as well as development of a management plan. Both of which were specifically identified in the measure and have not been implemented to date.

As we move into 2022, BHAB submits the following three recommendations:

1. Designate an ad hoc committee to make actionable recommendations for increasing adequately trained professionals, for example, a psych tech program, student loan forgiveness programs, housing incentives for relocating, partnering with a research university to develop a pipeline of appropriate professionals (similar to the Adventist Health Residency program), and encouraging retention of existing employees through incentives and appreciation programs.
2. Continue to develop housing options at all levels for the seriously mentally ill population and host community meetings at the locations of proposed projects to address concerns about NIMBY-ism.
3. Develop a management plan for Measure B to increase efficiency and transparency.
4. Address financing issues for the mild to moderate population especially as related to changes brought by CALAIM.

Addenda

- Calendar of Topics
- Data Notebook
- Letter to Broadband Alliance
- Site Visit Report

BHAB 2021 Calender of Activities

Michelle Rich | February 16, 2021

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

BHAB 2021 Calendar of Activities

Michelle Rich | February 16, 2021

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

#21

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Sunday, October 10, 2021 9:18:36 AM
Last Modified: Friday, November 05, 2021 5:10:33 PM
Time Spent: Over a week
IP Address: 50.1.55.110

Page 3: Part I: Standard Annual Questions for Counties and Local Advisory Boards

Q1 **Mendocino**

Please identify your County / Local Board or Commission.

Q2

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?

22

Q3

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

8030

Q4 **Respondent skipped this question**

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?

Q5 **No**

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

Q6

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

Q7

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

Page 4: Part I: Standard Annual Questions for Counties and Local Advisory Boards (Continued)

Q8

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,**
- Rapid re-housing,**

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 MHSA housing programs to expand supported housing models.

Page 5: Part I: Standard Annual Questions for Counties and Local Advisory Boards (Continued)

Q9

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

Yes

Q10

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

Yes (If Yes, how many?):

7 Presumptive Transfer notices from out of County

Q11

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

Yes (If Yes, how many?):

18

Page 6: Part II: Racial/Ethnic Inequities in Behavioral Health

Q12

Based on the data provided for your county, please rate the access and engagement 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	N/A	N/A
Asian or Pacific Islander	N/A	N/A
Black	N/A	N/A
Hispanic	N/A	N/A
Other	N/A	N/A
White	N/A	N/A

Q13

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")

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

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.

Q14

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

Alaskan Native / American Indian,
Hispanic,
White,
Older adults (65+ years)

Q15

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.)

Actively cultivating a culturally inclusive workplace environment in which racial/ethnic minority staff are engaged
 ,
Providing professional development opportunities such as mentorship or continued education and training for behavioral health staff and providers

Q16

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

Yes (please describe):
 All staff and providers receive training regularly.

Q17

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,
Outreach to racial/ethnic minority communities,
 Other (please specify):
 Employing and retaining staff is difficult in general for our rural community.

Q18

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

Distrust of mental health 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.

Q19

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,
Hispanic,
Children (under 16)

Q20

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.

Alaskan Native / American Indian	Neutral
Asian or Pacific Islander	Neutral
Black	Neutral
Hispanic	Neutral
Other race/ethnicity	Neutral
White	Neutral

Q21

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")

Community Health Workers / Promotoras	Hispanic, Alaskan Native / American Indian
Community-accepted first responders	N/A
Peer support specialists	Black, Hispanic, Other, White, Asian or Pacific Islander , Alaskan Native / American Indian
SUD providers	Alaskan Native / American Indian, Hispanic
Community-based organizations	Hispanic
Local tribal nations / native communities	Alaskan Native / American Indian
Homeless services	Alaskan Native / American Indian, Asian or Pacific Islander , Black, Hispanic, Other, White
Local K-12 schools	Alaskan Native / American Indian, Asian or Pacific Islander , Black, Hispanic, Other, White
Higher education institutions	Alaskan Native / American Indian, Asian or Pacific Islander , Black, Hispanic, Other, White
Domestic violence programs	Alaskan Native / American Indian, Hispanic
Immigration services	N/A
Sport/athletic teams or organizations	N/A
Grocery stores or food pantries	N/A

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.

Q22

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.

Page 7: Post-Survey Questionnaire

Q23

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

MH Board reviewed W.I.C. 5604.2 regarding the reporting roles of mental health boards and commissions

,

Data Notebook placed on Agenda and discussed at Board meeting

,

MH board work group or temporary ad hoc committee worked on it

,

MH board partnered with county staff or director,

MH board submitted a copy of the Data Notebook to the County Board of Supervisors or other designated body as part of their reporting function

,

Other (please specify):

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

Q24

Does your board have designated staff to support your activities?

Yes (if Yes, please provide their job classification):
Administrative Secretary

Q25

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

Q26

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

Name	Michelle Rich
County	Mendocino
Email Address	mhboard@mendocino.com
Phone Number	mhboard@mendocino.com

Q27

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. As a result, we marked the question as not applicable. 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.

February 24, 2021

BHAB Advisory Board
1120 South Dora Street
Ukiah, CA 95482

Broadband Alliance
204 S. Oak Street
Ukiah, CA 95482

Dear Broadband Alliance Members:

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

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

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

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

Thank you for your consideration.

Sincerely,



Michelle Rich

Chair of the Behavioral Health Advisory Board

MENDOCINO COAST HOSPITALITY CENTER REPORT
FROM SITE VISIT 10/18/21

1. What behavioral health and other services do you provide?
PROVIDES MENTAL HEALTH CLINIC SERVICES FOR MEDI-CAL ELIGIBLE, STAFFED BY 2 LCSW'S DAILY FROM 8:30AM-12PM/1PM-3PM. ONE PERSON CARE PROVIDED. ASSISTANCE PROVIDED FOR MEDI-CAL APPLICATIONS.

PROVIDES REFERRAL/RESOURCES/MAIL SERVICES TO THE COMMUNITY, MOSTLY TO HOMELESS INDIVIDUALS.

PROVIDES LIFE SKILLS, AA/NA MEETINGS, JOB APPLICATION ASSISTANCE, GARDENING, ANGER MANAGEMENT, ART, GRIEF AND LOSS AND MINDFULNESS GROUPS.

PROVIDES STREET MEDICINE CLINIC WEDNESDAYS 9AM-11:30AM ON WALK-IN BASIS. PROVIDES REFERRAL TO COMMUNITY PROVIDERS. IS STAFFED BY MD AND NURSE FROM MENDOCINO COAST CLINICS. KATHY PERKINS IS CASE MANAGER FOR SPECIALY MENTAL HEALTH AND COODINATES STREET MEDICINE PROGRAM.

PROVIDES 9 TRANSITIONAL HOUSING BEDS AT HOSPITALITY CENTER. NO SHELTER BEDS AT CENTER. CLIENTS LEAVE AT 9AM.

PROVIDES 24 SHELTER HOUSING BEDS AT HOSPITALITY HOUSE ON MCPHERSON ST. AND 5 BEDS FOR FAMILIES AT HARRISON STREET. HARRISON HOUSE HAS ADA COMPLIANT ROOM.

SHOWERS, LAUNDRY, CLOTHING, SUPPORTIVE HOUSING SERVICES, VOCATIONAL TRAINING SERVICES AND ONE FREE MEAL DAILY PROVIDED AT HOSPITALITY HOUSE ON 237 N. MCPHERSON STREET. MEAL PREP DONE BY CLIENTS.
2. What insurance do you take?
MEDI-CAL
MHSA SERVICES
RAPID REHOUSING FUNDS
SAMSA FUNDS FOR VOCATIONAL SERVICES, JOB APPLICATIONS, RESUMES AND CLOTHING
PAUL WRITES GRANTS FOR HOUSING NEEDS, ETC,
3. Do you handle Crisis?
NO CRISIS SERVICES ON SITE; CLIENTS REFERRED TO ER AND/OR RQMC. PETER ATTENDS MAC MEETINGS WEEKLY WHICH IS A MEETING OF ALL DIRECTORS OF PROGRAMS.
4. Do you see patients post-crisis?
YES, THEY COORDINATE WITH CRISIS AND ACCEPT REFERRALS.
5. Are you fully staffed?

NO, THEY ARE HIRING FOR A CARE MANAGER AND THERAPIST. CAN USE STUDENTS WHO ARE WORKING FOR LICENSURE.

6. Who is on your staff:
 - a. Psychiatrist? NO. CLIENTS REFERRED TO RQMC FOR INTAKE AND MEDICATION MANAGEMENT. CLIENTS REPORT THEY DO NOT LIKE TELEMEDICINE.
 - b. LCSW? YES, 2 IN MENTAL HEALTH CLINIC.
 - c. Psych RN? NO
 - d. Other: PETER BURTIS, CLINICAL DIRECTOR, LMFT
PAUL DAVIS, EXECUTIVE DIRECTOR
AYANNA LAMBERT, DIRECTOR OF PROGRAMS
TABITHA PROVIDES SUPPORT TO FILL OUT APPLICATIONS
2 STAFF PROVIDE CARE MANAGEMENT
1 STAFF PROVIDES VOCATIONAL SERVICES
TOTAL NUMBER OF STAFF: 12. THEY CONTRACT WITH ONE CLINICAL STAFF FOR ASSESSMENTS
7. Do you have bilingual/bicultural staff?
HAVE 1 BILINGUAL STAFF WHO IS THE VOCATIONAL SERVICES MANAGER.
8. Have staff had cultural competency training or attended a county cultural comp. training?
YES, CLINICAL STAFF HAVE RECEIVED TRAINING WHICH IS REQUIRED BY COUNTY EVERY 2 YEARS. THEY ALSO USE ON-LINE TRAINING CALLED RELIAS.
9. Do you use trauma-informed practices? YES
10. Do you address historical trauma? YES
11. What's working well?
HAVING ALL THEIR SERVICES WITHIN A 4 BLOCK RADIUS MEANS THAT CLIENTS DO NOT HAVE TO GO FAR FOR SERVICES.

GOOD RANGE OF CONTRACTS AND SERVICES AVAILABLE TO ALL TO MEET CLIENT NEEDS.

HOMELESS SERVICES CASE MANAGERS STATIONED NEAR THE GROUPS.

COMMITTED STAFF WORK FOR LOW PAY.

USING SERVICES OF RQMC AND MOPS (WILL RILEY).

ALL GROUP MEMBERS ARE EXPECTED TO HAVE SOME MENTAL HEALTH TIE.

MONTHLY COORDINATION WITH COAST CLINICS.

RAPID REHOUSING HELPS CLIENTS GET VOUCHERS.

FREE MEALS ARE PROVIDED AND CLIENTS LEARN TO PREPARE MEALS.

12. What are the challenges?

NUMBER OF LATINX SERVED IS LOW.

LACK OF HOUSING.

GROUP PARTICIPATION IS LOW DUE TO COVID. USED TO HAVE OPEN HOUSES BEFORE COVID. LOOKING TO HAVE THEM IN FUTURE.

NEED FOR CLINICAL STAFF CONTINUES SINCE STAFF LEAVE DUE TO HOUSING ISSUES AND STUDENTS FINISH SCHOOL AND LEAVE.

HOUSE MANAGEMENT STAFF LOSS AT SHELTER IS A CONTANT NEED.

HAD COVID OUTBREAK LAST MONTH; OPEN HOUSING STRUCTURE PROBLEMATIC.

SHELTER CONTINUES TO HAVE PROBEMS WITH PARKING AND NEIGHBOR ISSUES.

PAY SCALES ARE NOT COMPETITIVE.

FUNDING CONSTRAINTS; FUNDERS ARE SILOED.

NEED TO SCHEDULE INTAKES WITHIN 2 WEEKS- LACK OF STAFF.

FACILITIES MANAGEMENT-HALF THE BUILDING NEEDS TO BE REFRAMED; ROOF SECTIONS NEED REPAIR; HAVE 3 PROPERTIES THAT NEED CONTINUAL MAINTENANCE.

13. What are the barriers do you see for referrals and warm hand-offs?

LACK OF STAFFING AND HOUSING ARE KEY

14. What can the BHAB do to help you?

ALWAYS KEEP THE HOUSING CRISIS ON THE COAST FRONT AND CENTER

15. What can the BHRS Dept do to help you?

THE EXECUTIVE DIRECTOR REPORTS A SENSE THAT THERE IS A DISCONNECT IN THE COUNTY BETWEEN THREE RELAED ISSUES: HOMELESSNESS, MENTAL HEALTH AND ADDICTION SERVICES. IN TREATMENT PRACTICE THEY ARE NOT COMBINED AND THERE IS A LACK OF ADDICTION SERVICES. HE WOULD LIKE TO SEE THIS PROBLEM ADDRESSED BY ALL COUNTY DEPARTMENTS.

ADDITIONAL INFORMATION ON HOSPITALITY CENTER: IN OCTOBER, 2021 THE BOARD OF SUPERVISORS APPROVED AN AGREEMENT WITH HOSPITALITY CENTER TO PROVDE INTENSIVE CARE MANAGEMENT AND DEVELOPMENT OF INTEGRATED

INDIVIDUAL SERVICE PLANS TO SUPPORT THE FINDING HOME GRANT, 9.2021 TO 9/2022.
HOSPITALITY CENTER'S WEBSITE HAS INFORMATION ABOUT ALL THEIR PROGRAMS AND SERVICES.

QUESTIONS FOR HOUSING:

1. How many housing units do you manage?
3 – HOSPITALITY CENTER (9); HARRISON STREET (5); HOSPITALITY HOUSE (10)
2. How many beds? 24
3. What is the age of the residents (i.e., child, TAY, adult, elder)?
18 AND ABOVE EXCEPT FOR HARRISON STREET WHICH HAS BEDS FOR FAMILIES
4. What services are provided?
SEE ABOVE
5. How is it funded?
SEE ABOVE