



**MENDOCINO COUNTY
BEHAVIORAL HEALTH ADVISORY BOARD**

REGULAR MEETING

AGENDA

**April 26th, 2023
10:00 AM – 12:00 PM**

Location: Behavioral Health Regional Training Center, 8207 East Rd.,
Redwood Valley and Seaside Conference Room, 778 S Franklin St.,
Fort Bragg

Chairperson
Flinda Behringer

Vice Chair
Vacant

Secretary
Jo Bradley

Treasurer
Richard Towle

BOS Supervisor
Mo Mulheren

1ST DISTRICT: DENISE GORNY LOIS LOCKART RICHARD TOWLE	2ND DISTRICT: VACANT SERGIO FUENTES CAYO ALBA	3RD DISTRICT: JEFF SHIPP PERRI KALLER LAURA BETTS	4TH DISTRICT: VACANT VACANT VACANT	5TH DISTRICT: FLINDA BEHRINGER JO BRADLEY MARTIN MARTINEZ
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OUR MISSION: *To be committed to consumers, their families, and the delivery of quality care with the goals of recovery, human dignity, and the opportunity for individuals to meet their full potential."*

	Agenda Item / Description	Action
1. 3 minutes	Call to Order, Roll Call & Quorum Notice, Approve Agenda: <i>Review and Possible Action.</i>	Board Action:
2. 2 minutes	Approval of Minutes from the March 15th, 2023, BHAB Regular Meeting and March 29th, 2023, BHAB Regular Meeting: <i>Review and Possible Action.</i>	Board Action:
3. 10 minutes (Maximum)	Public Comments: <i>Members of the public wishing to make comments to the BHAB will be recognized at this time. Any additional comments can be provided through email to bhboard@mendocinocounty.org.</i>	Board Action:
4. 10 minutes	Board & Committee Reports: <i>Discussion and Possible Action.</i> A. Chair – <i>Flinda Behringer</i> - 2023 Meeting Schedule - Vice Chair - Report on Meeting with County Counsel B. Vice Chair – <i>Vacant</i> C. Secretary – <i>Jo Bradley</i> D. Treasurer – <i>Richard Towle</i> -Veteran Representative?	Board Action:

	<p>E. Advocacy & Legislation Committee – <i>Member Bradley, Chair Behringer</i></p> <p>F. Appreciation Committee – <i>Member Fuentes & Martinez</i></p> <p>G. Contracts Committee – <i>Member Fuentes, Chair Behringer, Member Kaller</i></p> <p>H. Membership Committee – <i>Chair Behringer, Member Bradley, & Gorny</i></p> <p>I. Public Comment Follow Up Committee – <i>Member Martinez and Shipp</i></p> <p>J. Site Visit Committee - <i>Chair Behringer, Member Fuentes, Martinez, Towle & Kaller</i></p> <p>K. Measure B Update- <i>Member Bradley</i></p> <p>L. CIT Committee – <i>Member Gorny</i></p> <p>M. RFP SUDT Committee – <i>Member Kaller</i></p>	
5. 10 minutes	<p>Nicole Glentzer- Mendocino County Superintendent of Schools</p> <p>A. Report on various issues at the Mendocino County School that relate to behavioral health.</p> <p>B. <i>Discussion and Possible Action</i></p>	Board Action:
6. 10 minutes	Data Notebook: <i>Discussion and Possible Action</i>	Board Action:
7. 15 minutes	<p>Anchor Health Management Report - Camille Schraeder, Anchor Health Management Inc.</p> <p>A. Services Update</p> <p>B. Staffing Update</p>	Board Action:
8. 10 minutes	<p>Mendocino County Report - Jenine Miller, BHRS Director</p> <p>A. Director Report Questions</p> <p>B. Psychiatric Health Facility Update</p> <p>C. Staffing Update</p> <p>D. Survey Planning Results</p>	Board Action:
9. 5 minutes	Update on Microphone/ Audio Set-up: <i>Discussion and Possible Action</i>	Board Action:
10. 10 Minutes	<p>Behavioral Health Advisory Board Outreach: <i>Discussion and Possible Action</i></p> <p>A. Flow Charts Distribution Plan</p> <p>B. Public Service Announcement</p>	Board Action:
11. 5 Minutes	Member Comments:	Board Action:
12. 2 minutes	Adjournment	Board Action:

AMERICANS WITH DISABILITIES ACT (ADA) COMPLIANCE

The Mendocino County Behavioral Health Advisory Board complies with ADA requirements and upon request will attempt to reasonably accommodate individuals with disabilities by making meeting material available in appropriate alternative formats (pursuant to Government Code Section 54953.2). Anyone requiring reasonable accommodations to participate in the meeting should contact the Mendocino County Behavioral Health Administrative Office by calling (707) 472-2355 at least five days prior to the meeting.

BHAB CONTACT INFORMATION:

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

EMAIL THE BOARD: bhboard@mendocinocounty.org | WEBSITE: www.mendocinocounty.org/bhab



**MENDOCINO COUNTY
BEHAVIORAL HEALTH ADVISORY BOARD**

**REGULAR MEETING
MINUTES**

**March 15, 2023
10:00 AM – 12:30 PM**

Location: Behavioral Health & Recovery Services, Conference Room 1,
1120 S Dora St., Ukiah

Chairperson
Flinda Behringer

Vice Chair
Michelle Rich

Secretary
Jo Bradley

Treasurer
Richard Towle

BOS Supervisor
Mo Mulheren

1ST DISTRICT: DENISE GORNY LOIS LOCKART RICHARD TOWLE	2ND DISTRICT: MICHELLE RICH SERGIO FUENTES CAYO ALBA	3RD DISTRICT: JEFF SHIPP PERRI KALLER LAURA BETTS	4TH DISTRICT: VACANT VACANT VACANT	5TH DISTRICT: FLINDA BEHRINGER JO BRADLEY MARTIN MARTINEZ
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OUR MISSION: *"To be committed to consumers, their families, and the delivery of quality care with the goals of recovery, human dignity, and the opportunity for individuals to meet their full potential."*

	Agenda Item / Description	Action
1. 3 minutes	<p>Call to Order, Roll Call & Quorum Notice, Approve Agenda: <i>Review and Possible Board Action.</i></p> <ul style="list-style-type: none"> ○ Chair Behringer called the meeting to order at 10:14 am. ○ Members present: Behringer, Gorny, Kaller, Martinez, and Towle. ○ Not present: Alba, Betts, Fuentes, and Lockart, ○ Vice Chair Rich, Member Bradley & Shipp were excused. ○ Quorum not met. ○ Director Miller to reach out to Supervisor Haschak about 4th District seats on the board. 	Board Action: None.
2. 2 minutes	<p>Approval of Minutes from the February 22, 2023, BHAB Regular Meetings: <i>Review and Possible Board Action.</i></p> <ul style="list-style-type: none"> ○ Tabled until the next meeting. 	Board Action: None.
3. 10 minutes (Maximum)	<p>Public Comments: <i>Members of the public wishing to make comments to the BHAB will be recognized at this time. Any additional comments can be provided through email to bhboard@mendocinocounty.org.</i></p> <ul style="list-style-type: none"> ○ None. 	Board Action: None.

<p>4. 10 minutes</p>	<p>Board & Committee Reports: Discussion and Possible Action.</p> <p>A. Chair – <i>Flinda Behringer</i></p> <ul style="list-style-type: none"> ○ 2023 Meeting Schedule – Tabled until next meeting. ○ Site Visit Committee Agenda – Tabled until next meeting. ○ There are communications with County Counsel about a Tribal Advisory Committee and with the Sheriff’s office for an update on the jail for discussion at a future meeting. ○ Member Bradley was approved for membership on the Measure B committee. <p>B. Vice Chair – <i>Michele Rich</i></p> <ul style="list-style-type: none"> ○ Nothing to report. <p>C. Secretary – <i>Jo Bradley</i></p> <ul style="list-style-type: none"> ○ Nothing to report. <p>D. Treasurer – <i>Richard Towle</i></p> <ul style="list-style-type: none"> ○ Nothing to report. <p>E. Advocacy & Legislation Committee – <i>Member Bradley, Vice Chair Rich</i></p> <ul style="list-style-type: none"> ○ Nothing to report. <p>F. Appreciation Committee – <i>Member Fuentes & Martinez</i></p> <ul style="list-style-type: none"> ○ They plan to set up an appreciation event for staff and youth. <p>G. Contracts Committee – <i>Member Fuentes and Vice Chair Rich</i></p> <ul style="list-style-type: none"> ○ Nothing to report. <p>H. Membership Committee – <i>Chair Behringer, Vice Chair Rich, Bradley, Gorny</i></p> <ul style="list-style-type: none"> ○ Nothing to report. <p>I. Public Comment Follow-Up Committee – <i>Member Martinez and Shipp</i></p> <ul style="list-style-type: none"> ○ Nothing to report. <p>J. Site Visit Committee - <i>Chair Behringer, Fuentes, Martinez, & Towle</i></p> <ul style="list-style-type: none"> ○ Chair Behringer mentioned to board members to invite the community to the board meetings. 	<p>Board Action: None.</p>
<p>5. 10 minutes</p>	<p>Mendocino County Report: Jenine Miller, BHRS Director</p> <p>A. Director Report Questions:</p> <ul style="list-style-type: none"> ○ Report included in the agenda packet. They will be updated with additional information for future reports. ○ There are several upcoming events planned including Alcohol Awareness Month in April and Mental Health Month in May, and they have several events planned throughout the year. ○ NACT requirement 274 monthly ○ They’ve had an increase in LPS referrals and are working with the providers on moving forward with this. ○ They are working on getting more information and education out about methamphetamine drugs and THC side effects to the community. ○ They will be collaborating with the schools about substance use services in and around the county. ○ They have opened Wellness Centers in Ukiah on Dora Street and in Willits at the old Veterans Memorial building on Tuesdays through Thursdays from 10:00 AM to 2:30 PM. with Manzanita Services closing their doors. 	<p>Board Action: None.</p>

	<p>B. Psychiatric Health Facility Update:</p> <ul style="list-style-type: none"> ○ They continue to work on the facility and have a meeting soon about working on solar panels for backup power and plan to have an emergency generator. ○ They are working on the interior of the facility and landscaping that is best for the environment. ○ The proposed open date of October 2025 may be pushed back later. They are looking into additional grant requests. ○ The building has been cleared of all extra furniture and other items. <p>C. Staffing Update: They have hired a new substance abuse counselor and interviewing for a substance abuse counselor on the coast.</p> <p>D. SUDT RFP Update</p> <ul style="list-style-type: none"> ○ The committee met with very good attendance and worked on finalizing the Request for Proposal (RFP). ○ Medical detox is included with Partnership and paid by the hospital to provide the services. ○ They have a NARCAN program that trains and distributes. They have been handed out at numerous events in the County. They will be working with SafeRx to get more information out to the community, partners, and pharmacies. They plan to be at the bigger events happening around the County this year. 	
<p>6. 15 minutes</p>	<p>Anchor Health Management Report: <i>Camille Schraeder, Anchor Health Management Inc.</i></p> <p>A. Services Update:</p> <ul style="list-style-type: none"> ○ Staffing challenges continue. ○ They continue leadership training and support on Mental Health Services Act (MHSA) and Medi-Cal. ○ Medi-Cal services are no longer provided by MCAVHN and Manzanita and are now provided by RCS. <p>B. Staffing Update:</p> <ul style="list-style-type: none"> ○ Continue to recruit. 	Board Action: None.
<p>7. 10 Minutes</p>	<p>Behavioral Health Advisory Board Media Outreach: <i>Discussion and Possible Action</i></p> <p>A. Flow Charts Distribution Plan:</p> <ul style="list-style-type: none"> ○ Tabled until the next meeting. <p>B. Public Service Announcement:</p> <ul style="list-style-type: none"> ○ Tabled until the next meeting. 	Board Action: None.
<p>8. 10 Minutes</p>	<p>Technical Equipment for Meeting Options: <i>Discussion and Possible Action</i></p> <ul style="list-style-type: none"> ○ Member Towle mentioned the board has adequate funding to purchase equipment. ○ Tabled until the next meeting. 	Board Action: None.
<p>9. 10 Minutes</p>	<p>Data Notebook: <i>Discussion and Possible Action</i></p> <ul style="list-style-type: none"> ○ Tabled until the next meeting. 	Board Action: None.
<p>10. 5 Minutes</p>	<p>Member Comments:</p> <ul style="list-style-type: none"> ○ Nothing to report. 	Board Action: None.
<p>11. 2 minutes</p>	<p>Adjournment: 12:28 PM</p>	

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**MENDOCINO COUNTY
BEHAVIORAL HEALTH ADVISORY BOARD**

**REGULAR MEETING
MINUTES**

**March 29, 2023
10:00 AM – 12:00 PM**

Location: Behavioral Health Regional Training Center, 8207 East Rd.,
Ukiah and Seaside Conference Room, 778 S Franklin St., **Fort Bragg**

Chairperson
Flinda Behringer

Vice Chair
Michelle Rich

Secretary
Jo Bradley

Treasurer
Richard Towle

BOS Supervisor
Mo Mulheren

1ST DISTRICT: DENISE GORNY LOIS LOCKART RICHARD TOWLE	2ND DISTRICT: SERGIO FUENTES CAYO ALBA VACANT	3RD DISTRICT: JEFF SHIPP PERRI KALLER LAURA BETTS	4TH DISTRICT: VACANT VACANT VACANT	5TH DISTRICT: FLINDA BEHRINGER JO BRADLEY MARTIN MARTINEZ
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OUR MISSION: *“To be committed to consumers, their families, and the delivery of quality care with the goals of recovery, human dignity, and the opportunity for individuals to meet their full potential.”*

	Agenda Item / Description	Action
1. 3 minutes	<p>Call to Order, Roll Call & Quorum Notice, Approve Agenda: <i>Review and Possible Board Action.</i></p> <ul style="list-style-type: none"> ○ Chair Behringer called the meeting to order at 10:10 am. ○ Members present: Behringer, Bradley, Gorny, Kaller, Martinez, and Towle ○ Not present: Alba, Betts, Fuentes, Lockart, and Shipp. ○ Quorum met. 	Board Action: None.
2. 2 minutes	<p>Approval of Minutes from the February 22, 2023, BHAB Regular Meeting and March 3, 2023, Special Meeting: <i>Review and Possible Board Action.</i></p>	Board Action: Motion made by Member Gorny, seconded by Member Towle to approve the 2/22/23 and 3/3/23 minutes as presented. Motion passes with Member Bradley abstaining.

<p>3. 10 minutes (Maximum)</p>	<p>Public Comments: <i>Members of the public wishing to make comments to the BHAB will be recognized at this time. Any additional comments can be provided through email to bhboard@mendocinocounty.org.</i></p> <ul style="list-style-type: none"> ○ Jacque Williams from Ford Street Project mentioned whom they serve and hopes to expand. <ul style="list-style-type: none"> - Member Martinez mentioned if Ford Street Project has thoughts of applying through Indian Health Services for funding of beds for Indian patients. ○ Josephine Silva spoke on the Mental Health Act funding priorities from the board. She felt the major funding source needs to go to counseling for patients of mental health services and their families. Also, general support for supplements for anxiety and depression. She would like to see these as priorities over transportation. She recommended sending out a survey to those using mental health services. Also, training for high school students to do outreach. 	<p>Board Action: None.</p>
<p>4. 10 minutes</p>	<p>Board & Committee Reports: Discussion and Possible Action.</p> <p>A. Chair – <i>Flinda Behringer</i></p> <ul style="list-style-type: none"> ○ 2023 Meeting Schedule – It was mentioned for a meeting is to be held on the South Coast in August, Fort Bragg in June or July, Willits in the summer, and bi-meetings in November and December. The revised schedule is to be presented at the next meeting. ○ Vice Chair Rich resigned from the board. <p>B. Vice Chair – <i>Vacant</i></p> <ul style="list-style-type: none"> ○ Nothing to report. <p>C. Secretary – <i>Jo Bradley</i></p> <ul style="list-style-type: none"> ○ Member Bradley mentioned they are still looking to fill the 4th District seats. Member Towle, Shipp, and Kaller suggested airing something on the radio station, or newspaper and reaching out to prior members. ○ Public comment from Jacque William suggested contacting the Police Department in Fort Bragg for inputs on the filling seats. <p>D. Treasurer – <i>Richard Towle</i></p> <ul style="list-style-type: none"> ○ Member Towle has reached out to the Veteran’s Services Officer but is waiting to hear back about an advocate to fill a seat on the board. Also, mentioned there is plenty of money in the budget for technical audio equipment for the board meetings. <p>E. Advocacy & Legislation Committee – <i>Member Bradley, Vice Chair Rich</i></p> <ul style="list-style-type: none"> ○ Nothing to report. <p>F. Appreciation Committee – <i>Member Fuentes & Martinez</i></p> <ul style="list-style-type: none"> ○ They are setting up a few events and are waiting to hear back on updates. He also recommended sending a letter of appreciation to Member Rich and possibly a plaque. Member Towle will work with the County to get this done. <p>G. Contracts Committee – <i>Member Fuentes and Vice Chair Rich</i></p> <ul style="list-style-type: none"> ○ Nothing to report. <p>H. Membership Committee – <i>Chair Behringer, Vice Chair Rich, Bradley, Gorny</i></p> <ul style="list-style-type: none"> ○ Nothing to report. 	<p>Board Action: None.</p>

	<p>I. Public Comment Follow-Up Committee – <i>Member Martinez and Shipp</i></p> <ul style="list-style-type: none"> ○ Nothing to report. <p>J. Site Visit Committee - <i>Chair Behringer, Fuentes, Martinez, & Towle</i></p> <ul style="list-style-type: none"> ○ There has been no site visit set up. <p>K. CIT Committee – <i>Member Gorny</i></p> <ul style="list-style-type: none"> ○ Nothing to report. <p>L. RFP SUDT Committee – <i>Member Kaller</i></p> <ul style="list-style-type: none"> ○ The committee is moving along and plans to go to the Board of Supervisors (BOS). She also mentioned she is in favor of having multiple committees and feels that will improve participation on the board. 	
<p>5. 10 minutes</p>	<p>Mendocino County Report: <i>Jenine Miller, BHRS Director</i></p> <p>A. Director Report Questions:</p> <ul style="list-style-type: none"> ○ They planned to go through the report thoroughly and will be adding to the report including more on the legislative committee. ○ There will be MHSA/QIC joint meeting on April 4, 2023, from 2:00 – 4:00 PM for stakeholders, providers, and the public to participate and provide feedback from the community. It was suggested having board members attend the meetings as there is no longer anyone from the board attending for feedback. ○ Member Kaller mentioned she was interested in being on the contracts committee and Chair Behringer suggested and agreed. ○ They have had new audits added along with additional documents. ○ The AOT program has seen a decline in referrals for outpatient clients. <p>B. Psychiatric Health Facility Update:</p> <ul style="list-style-type: none"> ○ They are looking at the demolition of the old building in early May 2023 weather permitting and October 2025 for completion. ○ Their plan for the primary facility is to hold 16 beds. <p>C. Staffing Update:</p> <ul style="list-style-type: none"> ○ They hired a new Substance Abuse Counselor and have lost one employee that promoted to another County department. <p>D. Survey Planning Results:</p> <ul style="list-style-type: none"> ○ The item was tabled until the next meeting to include a copy of the results in the agenda packet. 	<p>Board Action: None.</p>
<p>6. 15 minutes</p>	<p>Anchor Health Management Report: <i>Camille Schraeder, Anchor Health Management Inc.</i></p> <p>A. Services Update:</p> <ul style="list-style-type: none"> ○ They have met with pilot counties on Care Court and have run into a few challenges and issues; including 1) they are voluntary and 2) the County can be held responsible for the failure of clients. ○ They have continued to work on supporting people with housing. ○ They continue to collaborate with the County on services and have weekly meetings with the agencies. ○ Mendocino County Aids Volunteer Network (MCAVHN) is no longer providing specialty mental health services but remains to provide other services. ○ Live Oak family facility caseworkers have been helping. ○ Redwood Community Services (RCS) has done great with Building Bridges. 	<p>Board Action: None.</p>

	<ul style="list-style-type: none"> ○ There has been an increase in stress among teenagers between the ages of 13-14 years old. The services have been the highest ever in December 2022. ○ They have made a lot of progress on housing in collaboration with the County. <p>B. Staffing Update:</p> <ul style="list-style-type: none"> ○ They continue to struggle with the recruitment of clinicians, medical providers, and psychiatrists but is difficult with housing in the area. ○ Member Kaller requested Anchor Health Management report to be on the agenda earlier at the next meeting and asked for more data. 	
7. 10 Minutes	<p>Behavioral Health Advisory Board Media Outreach: <i>Discussion and Possible Action</i></p> <p>A. Flow Charts Distribution Plan:</p> <ul style="list-style-type: none"> ○ Tabled until the next meeting. <p>B. Public Service Announcement:</p> <ul style="list-style-type: none"> ○ Tabled until the next meeting. 	Board Action: None.
8. 10 Minutes	<p>Technical Equipment for Meeting Options: <i>Discussion and Possible Action</i></p>	Board Action: Motion by Towle seconded by Member Kaller to approve the technical equipment to be purchased for meetings. Motion passes with six approvals.
9. 10 Minutes	<p>Data Notebook: <i>Discussion and Possible Action</i></p> <ul style="list-style-type: none"> ○ Tabled until next meeting 	Board Action: None.
10. 5 Minutes	<p>Member Comments:</p> <ul style="list-style-type: none"> ○ Member Bradly mentioned she will be sworn in soon to Measure B and will be representing the board at the next Measure B meeting. ○ Member Gorny mentions writing letters to the governor about the moving of funds. 	Board Action: None.
11. 2 minutes	<p>Adjournment: 12:03 PM</p>	Motion made by Member Martinez seconded by Member Towle to adjourn the meeting.

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**MENDOCINO COUNTY
BEHAVIORAL HEALTH ADVISORY BOARD**

DRAFT

2023 Meeting Schedule

DATE	LOCATION
February 22** 10:00 AM - 12:00 PM	Zoom Webinar
March 3 1:00 PM - 3:00 PM	Behavioral Health & Recovery Services, Conference Room 1 1120 South Dora St., Ukiah & Seaside Conference Room 778 S Franklin St., Fort Bragg
March 15 10:00 AM - 12:30 PM	Behavioral Health & Recovery Services, Conference Room 1 1120 South Dora St., Ukiah
March 29 10:00 AM - 12:30 PM	Behavioral Health Regional Training Center 8207 East Road, Redwood Valley & Seaside Conference Room 778 S Franklin St., Fort Bragg
April 26** 10:00 AM - 12:00 PM	Behavioral Health Regional Training Center 8207 East Road, Redwood Valley & Seaside Conference Room 778 S Franklin St., Fort Bragg
May 24 10:00 AM - 12:30 PM	Seaside Conference Room 778 S Franklin St., Fort Bragg
June 28 10:00 AM - 12:00 PM	472 East Valley Street., Willits
July 26 10:00 AM - 12:30 PM	Round Valley Branch Library, 23925 Howard St., Covelo
August 23** 10:00 AM - 12:00 PM	Behavioral Health Regional Training Center 8207 East Road, Redwood Valley & Seaside Conference Room 778 S Franklin St., Fort Bragg
September 27 10:00 AM - 12:30 PM	Presbyterian Church, 44831 Main St., Mendocino
October 25** 10:00 AM - 12:00 PM	Behavioral Health & Recovery Services, Conference Room 1 1120 South Dora St., Ukiah & Seaside Conference Room 778 S Franklin St., Fort Bragg
November 15 10:00 AM - 12:30 PM	Behavioral Health & Recovery Services, Conference Room 1 1120 South Dora St., Ukiah & Seaside Conference Room 778 S Franklin St., Fort Bragg
December 13 10:00 AM - 12:30 PM	Behavioral Health Regional Training Center, 8207 East Road, Redwood Valley & Seaside Conference Room 778 S Franklin St., Fort Bragg

** = Measure B meeting

*Prepared by the Performance Outcomes Committee of the California Behavioral
Health Planning Council*

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

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

DataNotebook@cbhpc.dhcs.ca.gov (916) 701-8211

**Or, you may contact us by postal mail at: Data Notebook
California Behavioral Health Planning Council
1501 Capitol Avenue, MS 2706
P.O. Box 997413
Sacramento, CA 95899-7413**



Advocacy • Evaluation • Inclusion

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

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

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

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

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

In 2019, we developed a section (Part I) with standard questions that are addressed each year to help us detect any trends in critical areas affecting our most vulnerable populations. These include foster youth, homeless individuals, and those with serious mental illness (SMI) who need housing in adult residential facilities (ARFs) and some other settings. These questions assist in the identification of unmet needs or gaps in services that may occur due to changes in population, resources, or public policy.

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

How the Data Notebook Project Helps You

Understanding data empowers individuals and groups in their advocacy. The Planning Council encourages all members of local behavioral health boards/commissions to participate in developing the responses for the Data Notebook. This is an opportunity for local boards and their county behavioral health departments to work together to identify important issues in their community. This work informs county and state leadership about local behavioral health (BH) programs, needs, and services. Some local boards use their Data Notebook in their annual report to the County Board of Supervisors.

In addition, the Planning Council will provide our annual ‘Overview Report’, which is a compilation of information from all of the local behavioral health boards/commissions who completed their Data Notebooks. These reports feature prominently on the website² of the California Association of Local Mental Health Boards and Commissions. The Planning Council uses this information in their advocacy to the legislature, and to provide input to the state mental health block grant application to SAMHSA³.

²See the annual Overview Reports on the Data Notebook posted at the California Association of Local Mental Health Boards and Commissions, <https://www.CALBHBC.org>.

³SAMHSA: Substance Abuse and Mental Health Services Administration, an agency of the Department of Health and Human Services in the U.S. federal government. For reports, see www.SAMHSA.gov.

Part I: Standard Yearly Data and Questions for Counties and Local Boards

In recent years, changes in data availability permit local boards and other stakeholders to consult some Medi-Cal data online that is provided by the Department of Health Care Services (DHCS). These data include populations that receive Specialty Mental Health Services (SMHS) and Substance Use Disorder (SUD) treatment. Standard data are analyzed each year to evaluate the quality of county programs and those reports can be found at www.CalEQRO.com. Additionally, Mental Health Services Act (MHSA) data are found in the ‘MHSA Transparency Tool’ presented on the Mental Health Services Oversight and Accountability Commission (MHSOAC) website.⁴

The Planning Council would like to examine some county-level data that are not readily available online and for which there is no other public source. Please answer these questions using information for fiscal year (FY) 2021-2022 or the most recent fiscal year for which you have data. Not all counties will have readily available data for some of the questions asked below. In that case, please enter N/A for ‘data not available.’ We acknowledge and appreciate the necessary time and effort provided by local boards and their behavioral health departments to collect and discuss these data.

Adult Residential Care

There is little public data available about who is residing in licensed facilities listed on the website of the Community Care Licensing Division⁵ at the CA Department of Social Services. This lack of data makes it difficult to know how many of the licensed Adult Residential Facilities (ARFs) operate with services to meet the needs of adults with chronic and/or serious mental illness (SMI), compared to other adults who have physical or developmental disabilities. In 2020, legislation was signed that requires collection of data from licensed operators about how many residents have SMI and whether these facilities have services to support client recovery or transition to other housing. The response rate from facility operators does not provide an accurate picture for our work.

The Planning Council wants to understand what types of data are

currently available at the county level regarding ARFs and Institutions for Mental Diseases (IMDs)⁶ available to serve individuals with SMI, and how many of these individuals (for whom the county has financial responsibility) are served in facilities such as ARFs or IMDs. 'Bed day' is defined as an occupancy or treatment slot for one person for one day. One major difference is that IMDs offer mental health treatment services in a psychiatric hospital or certain types of skilled nursing home facilities. In contrast, a non-psychiatric facility such as an ARF is a residential facility that may provide social support services like case management but not psychiatric treatment.

⁴www.mhsoac.ca.gov, see MHSAs Transparency Tool, under 'Data and Reports' ⁵Search for Adult Residential Facilities using the following Department of Social Services link:

<https://www.cclid.dss.ca.gov/carefacilitysearch/>

⁶Institution for Mental Diseases (IMD) List:

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

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

Mendocino

2. 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?

29

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

8145

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

Not Available

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

No

Yes (If Yes, how many IMDs?)

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

In-County

Out-of-County 36

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

7774

Homelessness: Programs and Services in California Counties

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

Studies indicate that only one in three individuals who are homeless also have serious mental illness and/or a substance use disorder. The Planning Council does not endorse the idea that homelessness is caused by mental illness, nor that the public BH system is responsible to fix homelessness, financially or otherwise. However, we do know that recovery happens best when an individual has a safe, stable place to live.

The issue of homelessness is very complex and involves multiple systems and layers of interaction. Therefore, the Council will continue to track and report on the programs and supports offered by counties to assist homeless individuals who have SMI and/or SUD. Causes and contributory factors are complex, and thus our solutions will need to address numerous multidimensional and multi-systemic challenges.

Every year, the states, counties, and many cities perform a “Point-in-Time” count⁷ of the homeless individuals in their counties, usually on a specific date in January. Such data are key to state and federal policy and funding decisions. The pandemic disrupted both the methods and the regular schedule for the count in 2021.

Preliminary data for January, 2021 had been posted in early February 2022, but those only contained data for the individuals in shelters or other temporary housing. There was no data collected for California’s unsheltered population due to Covid-19 protocols. Those preliminary

data were taken down subsequently for further review before re-posting. The count for 2022 took place in many communities during the last week in February. The federal analysis and publication of that data will not be available for at least six to twelve months. Therefore, we are presenting the previous year's data for January 2020 in Table 3 as a baseline reference for comparison to the most recent year's data for 2021 and/or 2022, whenever that data becomes available. (Please refer to your 2022 Data Notebook pdf document for Table 3.)

⁷Link to data for yearly Point-in-Time Count:

[https://www.hudexchange.info/programs/coccoc-homeless-populations- and-subpopulations-reports/?filter Year=2018&filter Scope=CoC&filter State=CA&filter CoC=&program+Coc&group=PopSub](https://www.hudexchange.info/programs/coccoc-homeless-populations-and-subpopulations-reports/?filter Year=2018&filter Scope=CoC&filter State=CA&filter CoC=&program+Coc&group=PopSub)

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

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

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

In California, about 60,000 children under the age of 18 are in foster care. They were removed from their homes because county child welfare departments, in conjunction with juvenile dependency courts, determined that these children could not live safely with their caregiver(s). Most children are placed with a family who receive foster children, but a small number of the children need a higher level of care and are placed in a setting with more sophisticated services.

California is striving to move away from facilities formerly known as long-term group homes, and prefers to place all youth in family settings, if possible. Regulations have revised the treatment facilities for children whose needs cannot be met safely in a family setting. The new facility type is called a Short-Term Residential Treatment Program (STRTP). STRTPs are designed to provide short-term placement that includes intensive behavioral health services.

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

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

Examples of the foster care CDSS data for Q4, 2020, in CA: Total

- . foster youth and children: 53,180**
- Total placed in an STRTP: 2,444 (or 4.6% of foster youth)**
- Total STRTP placed out-of-county: 1174 (or 2.2% of foster youth)**

Total STRTP placed out-of-state: 66 (or 0.12 % of foster youth)

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

Yes

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

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

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

No

Yes (If Yes, how many?) 4

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

No

Yes (If Yes, how many?) 13

Background and Context

The Planning Council selected this year's special topic for the Data Notebook to focus on questions regarding the impact of the Covid-19 public health emergency on the behavioral health system during 2020 through 2021. Our goal for the choice of this topic is to evaluate effects of the pandemic on (1) the behavioral health of vulnerable populations in California, and (2) the impact on county behavioral health departments' ability to provide mental health and substance use disorder (SUD) treatment services in 2020 and 2021.

The major themes are as follows:

- 1. The major effects on behavioral health in the vulnerable populations of adults, children and youth served by California's public mental health system. We will present some national data that describes some of the major effects.**
- 2. The effects of the Covid-19 pandemic on the ability of county behavioral health departments to provide mental health and substance use treatment services.**
- 3. The lessons learned and successes achieved during a time when everyone was challenged to be flexible and to devise new ways to support mental health while implementing Covid-19 public health protocols.**

This 2022 Data Notebook includes questions about effects of the pandemic on BH needs and services for children and youth, adults, and finally, some questions about potential county staffing challenges. To provide background and context for this part, we will discuss some of the limited public health data available thus far. The national data show that reports of serious behavioral health challenges were already trending upward in the two years prior to 2020. Further, the numbers of children, youth, and adults who need BH services appear to have increased further during both 2020 and 2021. Newer reports from California agencies that address similar issues have evaluated data collected in 2020 and 2021. Reports containing analyses of the most recent data are expected sometime in the second half of 2022.

In the strictest sense, we may not be able to establish that any of the changes in 2020-2021 were due to effects of the pandemic itself. Nonetheless, the continuing trends in 2020 and 2021 are cause for concern and attention, regardless of the difficulty of distinguishing cause from correlation and mere chance. Note that in our questions and discussion we often use the shorthand of speaking about the effects of Covid-19 on clients' mental health or on a county system's ability to respond to the larger challenges of the pandemic. We are not speaking in the biologic sense of what this virus does to a person's body, but rather the totality of the pandemic experience as we face this ongoing public health emergency.

We may find from the data we plan to collect through this Data Notebook that the pandemic had significant effects on system capacity to provide quantity, quality, or timeliness in the provision of many types of services, especially during the transition to online and telehealth services. Efforts to maintain Covid-19 protocols, (including social distancing), and limited access to technology may have increased barriers to access and impaired service delivery to our most vulnerable populations and to historically disadvantaged communities.

What were the Behavioral Health Impacts of the Covid-19 Pandemic on Children and Youth?

Behavioral health challenges faced by children and youth have been presented in news stories and medical, pediatric, or psychology journal reports. Most recently, this urgency led the U.S. Surgeon General to issue a special health advisory⁸:

“Mental health challenges in children, adolescents, and young adults are real and widespread. Even before the pandemic, an alarming number of young people struggled with feelings of helplessness, depression, and thoughts of suicide — and rates have increased over the past decade.” said Surgeon General Vivek Murthy. “The COVID-19 pandemic further altered their experiences at home, school, and in the community, and the effect on their mental health has been devastating. The future wellbeing of our country depends on how we support and invest in the next generation. Especially in this moment, as we work to protect the health of Americans in the face of a new variant, we also need to focus on how we can emerge stronger on the other side. This advisory shows us how we can all work together to step up for our children during this dual crisis.”

Before the COVID-19 pandemic, mental health challenges were the leading cause of disability and poor life outcomes in young people, with up to 1 in 5 children ages 3 to 17 in the U.S. having a mental, emotional, developmental, or behavioral disorder. Additionally, from 2009 to 2019, the share of high school students who reported persistent feelings of sadness or hopelessness increased by 40%, to more than 1 in 3 students. Suicidal behaviors among high school students also increased during the decade preceding COVID, with 19% seriously considering attempting suicide, a 36% increase from 2009 to 2019, and about 16% having made a suicide plan in the prior year, a 44% increase from 2009 to 2019. Between 2007 and 2018, suicide rates among youth ages 10-24 in the U.S. increased by 57%, - PDF and early estimates show more than 6,600 suicide deaths - PDF among this age group in 2020.

The pandemic added to the pre-existing challenges that America’s youth faced. It disrupted the lives of children and adolescents, such as in-person schooling, in-person social opportunities with peers and mentors, access to health care and social services, food, housing, and the health of their caregivers. The pandemic’s negative impacts most heavily affected those who were vulnerable to begin with, such as youth with disabilities, racial and ethnic minorities, LGBTQ+ youth, low-income youth, youth in rural areas, youth in immigrant households, youth involved with the child welfare or

juvenile justice systems, and homeless youth. This Fall, a coalition of the nation's leading experts in pediatric health declared a national emergency in child and adolescent mental health.

The Surgeon General's Advisory on Protecting Youth Mental Health outlines a series of recommendations to improve youth mental health across eleven sectors, including young people and their families, educators and schools, and media and technology companies.

8“Protecting Youth Mental Health: The Surgeon General's Advisory”, by Dr. Vivek Murthy, M.D., U.S. Public Health Service, pages 1-53. December 7, 2021. <https://www>

Challenges, Resilience, and Possible Lessons Learned while Addressing Behavioral Health Impacts during the Covid-19 Pandemic

Many agencies of the state have held discussions regarding the challenges and lessons learned from our collective experiences of continuing to provide services or a variety of administrative supports for those involved in provision of direct services. These discussions or assessments are an ongoing process at multiple levels.

In the 2020 Data Notebook, the Planning Council asked questions about the use of telehealth for mental health therapy to adults during early stages of the pandemic. Some service providers and clients encountered problems of access, such as technology issues, lack of home internet, or lack of adequate bandwidth, especially in rural areas. Other issues included the challenges of learning to work with the virtual therapy platform for both providers and clients. Some individuals had disabilities with impaired hearing and/or impaired vision (hard to see keys to type), which led to difficulties in access or to being completely unable to access telehealth. Also, there were language challenges for some individuals.

However, as we saw in the analyses of the responses collected from the 2020 Data Notebook, for clients who were able to overcome any technology barriers to access, they reported a fair degree of success in being able to improve their handling of mental health issues. Some clients were also able to get tele-health appointments for medication evaluation and prescriptions. Tele-health is an example of a rapid system-wide adaptation enabled by rapid policy changes for Medicaid/Medi-Cal at the federal and state levels, and rapid adaptation by local government and care providers.

The Planning Council advocates for a behavioral health system that can meet the needs of vulnerable populations and historically disadvantaged groups. Systemic, economic, or other societal factors that can reduce access to behavioral health services likely overlap with those factors that reduce access to medical care and preventative public health measures.

For example, during the pandemic, the hardest-hit communities for Covid-19 cases, hospitalizations, and deaths were Hispanic/Latino, African-American, and Native-American people.⁹ Some of these individuals were also the most difficult to reach by the public health Covid-19 teams. And due to the prevalence of misinformation, significant numbers were hesitant to get vaccinations, even though many work in 'front-line' positions exposed to the public, and many live in multi-generational households. Thus, any exposure

to Covid-19 put entire families at risk of Covid-19. There are those who distrust governmental agencies for health and social services. Data reported in early 2022 also found problems in access to specialized treatment for “long Covid”¹⁰ symptoms for some African Americans and other persons of color when compared to white people. Numerous cross-cultural challenges affect access to services for both physical and mental health, including better adapting our outreach and messaging.

Next we turn to the discussion questions for Part II regarding the provision of behavioral health services in your community during the Covid-19 pandemic. Two questions ask for optional comments about either services for Children and Youth, or those for Adults. These ‘open comment’ questions could address unique county successes, continuing challenges, or lessons learned to aid future resilience, or any other com

12. Please identify the points of stress on your county's system for children and youth behavioral health services during the pandemic (mark all that apply)

- Increased numbers of youth presenting for services who report thoughts of suicide or other thoughts of self-harm.
- Increased numbers of youth receiving services who reported significant levels of anxiety, with or without severe impairment.
- Increased numbers of youth receiving services who reported significant levels of major depression, with or without severe impairment.
- Increased Emergency Department admissions of youth for episodes of self-harm and/or suicide attempts.
- Increased Emergency Department visits related to misuse of alcohol and drugs among youth.
- Increased need for youth crisis interventions by Behavioral Health crisis teams (and/or use of psychiatric emergency setting or crisis stabilization unit).
- Decreased access/utilization of mental health services for youth. None of the above
- Other (please specify) Staffing shortages caused delays in care.

13. Of the previously identified stressors, which are the top three concerns for your county for children and youth services? (Please select your county's top three points of impact in descending order)

Top concerns for children and youth services

1. Increased numbers of youth receiving services who reported significant levels of anxiety, with or without severe impairment.
2. Increased numbers of youth receiving services who reported significant levels of major depression, with or without severe impairment.
3. Increased need for youth crisis interventions by Behavioral Health crisis teams (and/or use of psychiatric emergency setting or crisis stabilization unit)

14. Do you have any comments or concerns that you would like to share regarding access to, and/or performance of, mental health services for children and youth in your county during the Covid-19 pandemic?

Telehealth for children and youth was ineffective for some clients. Providers were overworked and had limitations on support they were able to offer families due to COVID safety protocols. There was a significant shortage of providers during this period leading to delays in service. It was more difficult to access children as they were not in the school system and parents had difficulty connecting with services.

15. Please identify the points of stress on your county's system for all adult behavioral health services during the pandemic (mark all that apply)

- Increased numbers of adults presenting for services who report thoughts of suicide or other thoughts of self-harm.
- Increased numbers of adults receiving services who reported significant levels of anxiety, with or without severe impairment.
- Increased numbers of adults receiving services who reported significant levels of major depression, with or without severe impairment.
- Increased Emergency Department admissions for episodes of self-harm and suicide attempts among adults.
- Increased Emergency Department visits related to misuse of alcohol and drugs among adults.
- Increased need for crisis interventions by BH crisis teams (and/or use of psychiatric emergency rooms).
- Decreased access/utilization of mental health services for adults.
- None of the above
- Other (please specify)
Telehealth worked better for adults than children and overall adults seemed to have better access during the pandemic. The exception was access to med-management due to psych provider access. There was also a notable increase in substance use including overdoses.

16. Of the previously identified stressors, which are the top three concerns for your county for all adults services? (Please select your county's top three points of impact in descending order)

- Increased numbers of adults receiving services who reported significant levels of anxiety, with or without severe impairment.
- Increased numbers of adults receiving services who reported significant levels of major depression, with or without severe impairment.
- Increased Emergency Department visits related to misuse of alcohol and drugs among adults.

17. Do you have any comments or concerns that you would like to share regarding access to, and/or performance of, behavioral health programs for all adults in your county during the Covid-19 pandemic?

Behavioral Health Staff and Contracted Providers are to be commended for continuing to provide services, adapt quickly, and put themselves on the front lines to help people during this difficult time.

18. Since 2020, has your county increased the use of telehealth for all adult behavioral health therapy and supportive services?

Yes No

19. Since 2020, has your county increased the use of telehealth for psychiatric medication management for all adults?

Yes No

20. Does your county have tele-health appointments for evaluation and prescription of medication-assisted treatment (MAT) for substance use disorders?

Yes No

Not applicable (if your board does not oversee SUD along with mental health)

21. Many or most MAT programs rely on in-person visits by necessity in order to get certified to provide these services. [Some of these medications include buprenorphine, methadone, suboxone, emergency use Narcan]. As part of SUD treatment services, are you able to coordinate routine drug testing with clinics near the client?

Yes No

Not Applicable (if your board does not oversee SUD along with mental health)

If Yes, how has this been useful in promoting successful outcomes? If No, do you have alternatives to help clients succeed?

Drug testing is done onsite

22. Have any of the following factors impacted your county's ability to provide crisis intervention services? (Check all that apply)

Increase in funding for crisis services

Decrease in funding for crisis services

Issues with staffing and/or scheduling

Difficulty providing services via telehealth

Difficulty implementing Covid safety protocols

- None of the above
- Other (please specify)

23. Did your county experience negative impacts on staffing as a result of the pandemic? (Please select your county's top points of impact from the dropdown menus, all in descending order of importance)

Staff out to quarantine for self. 1

Staff out to care/quarantine due to family member's contracting of COVID-19. 2

Staff re-directed or re-assigned to support the COVID-19 teams. 3

Staff unable to obtain daycare or childcare. 4

24. Has your county used any of the following methods to meet staffing needs during the pandemic? (please mark all that apply)

- Utilizing telework practices
- Allowing flexible work hours
- Bringing back retired staff
- Facilitating access to childcare or daycare for worker
- Hiring new staff
- Increased use of various types of peer support staff and/or volunteers
- None of the above
- Other (please specify)

25. Consider how the pandemic may have affected your county's ability to reach and serve the behavioral health needs of clients from diverse backgrounds. Has the pandemic adversely affected your county's ability to reach and serve clients and families from the following racial/ethnic communities? (Check all that apply.)

- Asian American / Pacific Islander
- Black / African American
- Latino/ Hispanic
- Middle Eastern & North African
- Native American/Alaska Native
- Two or more races
- None of the above
- Other (please specify)

26. Based on your experience in your county, has the pandemic adversely impacted your county's ability to reach and serve behavioral health clients and families from the following communities and backgrounds? (Check all that apply.)

- Children & Youth
- Foster Youth
- Immigrants & Refugees
- LGBTQ+ people
- Homeless individuals
- Persons with disabilities Seniors (65+)
- Veterans
- None of the above
- Other (please specify)

27. Which of the following pandemic-related challenges have presented significant barriers to providing behavioral health services in your county? (Please check all that apply.)

- Difficulty with or inability to utilize telehealth services
- Concerns over Covid-19 safety for in-person services
- Inadequate staffing to provide services for all clients
- Lack of transportation to and from services
- Client or family member illness due to Covid-19
- Client disability impairs or prevents access
- Mistrust of medical and/or government services
- Language barriers (including ASL for hard-of-hearing)
- None of the above
- Other (please specify)

Post-Survey Questionnaire

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

28. 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
- MH Board completed majority of the Data Notebook
- 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)

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

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

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

Name Rosanna Santos
County Mendocino
Email Address santosr@mendocinocounty.org
Phone Number (707) 472-2706

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

Name Flinda Beringer
County Mendocino
Email Address mhboard@mendocino.com
Phone Number (707) 472-2310

32. Do you have any feedback or recommendations to improve the Data Notebook for next year? Questions seemed on point this year. Please make the font bigger

on the form. It was very hard to read/work with.



Behavioral Health Advisory Board

BHRS Director's Report

April 2023



1. Board of Supervisors:

○ **Recently passed items or presentations:**

○ Mental Health:

- Authorization for the Director of Behavioral Health and Recovery Services to execute the forthcoming California Department of Health Care Services, Behavioral Health Continuum Program Grant Revenue Agreement, if awarded up to \$9,368,147 for the anticipated project period of upon award through June 2027.

- Approved

○ Substance Use Disorders Treatment:

- None

○ **Future BOS items or presentations:**

- None

2. Staffing Updates:

○ New Hires:

- Mental Health: 0

- Substance Use Disorder Treatment: 0

○ Promotions:

- Mental Health: 0

- Substance Use Disorder Treatment: 0

○ Transfers

- Mental Health: 0

- Substance Use Disorder Treatment: 0

○ Departures:

- Mental Health: 1

- Substance Use Disorder Treatment: 0

3. Audits/Site Reviews:

○ Completed/Report of Findings:

- FY 2022/23 Annual County Monitoring Activities (ACMA) for MHP and DMC-ODS: Completed, results pending

- EQRO Review: Completed, results pending.

○ Upcoming/Scheduled:

- 6/13/2023: Drug Medi-Cal Organized Delivery System (DMC-ODS) Annual Monitoring Review

- 6/13/2023: Substance Abuse Block Grant (SABG) Annual Monitoring Review

○ Upcoming Site Reviews:

- MCBHRS Fort Bragg Clinic: Completed

- Tapestry Family Services: Completed
- RCS Crisis-Fort Bragg: Due 5/19/2023

4. Grievances/Appeals:

January 2023

- MHP Grievances: 0
- SUDT Grievances: 0
- MHSA Issue Resolutions: 0
- Second Opinions: 0
- Change of Provider Requests: 0
- Provider Appeals: 0
- Consumer Appeals: 0

5. Meetings of Interest:

- Joint MHSA Forum and QIC Meeting: Thursday June 1, 2023, 1:00 pm – 3:00 pm at the Fort Bragg Hospitality Center 101 N. Franklin Street 95437 and via Zoom <https://mendocinocounty.zoom.us/j/82382668548>

6. Grant Opportunities:

- N/A

7. Significant Projects/Brief Status:

- **Assisted Outpatient Treatment (AOT): AB 1421/Laura's Law February 2023**
Melinda Driggers, AOT Coordinator, is accepting and triaging referrals:
 - Referrals to Date: 138 (duplicated)
 - Total that did not meet AOT criteria: 113
 - Total Referrals FY 22/23: 13
 - Client Connected with Provider/Services: 0
 - Unable to locate/connect with client: 3 (investigation report still completed in case another agency has contact with clients)
 - Currently in Investigation/Screening/Referral: 0
 - Settlement Agreement/Full AOT FY 22/23: 0
 - Other (Pending Assessments to file Petition): 3

Notes: There is going to be discrepancies with number of clients referred and clients that did not meet criteria. Just because someone was not ordered into AOT does not mean they did not meet criteria. There are times when the County files a petition and the client did not show up to court, a higher level of care was needed, client chose to participate in BHC instead, they were incarcerated, client left the area, etc.

Most of the referrals AOT receives are from service providers which means the client is already connected to services. When the county AOT Coordinator can contact a client, she assists in connecting them with services they are interested in.

Unable to locate/connect with client: - even if unable to contact the client the AOT Coordinator does a record review and notifies mobile crisis, mobile outreach, crisis, and the jail discharge planner letting them know we have a referral and need to touch-

base with client. If it looks like the client likely meets criteria, the AOT Coordinator will put together an investigation report and send it for an assessment just in case they do have contact with the client.

8. Educational Opportunities:

- April is Alcohol Awareness Month Events Calendar of four events throughout the month at various Farmer's Markets and community events: calendar available on the BHRS Website
- May is Mental Health Month Events Calendar of five events throughout the month at various Farmer's Markets and community events calendar coming soon to the BHRS Website

9. Mental Health Services Act (MHSA):

- **Joint MHSA Forum and QIC Meeting:** Thursday June 1, 2023, 1:00 pm – 3:00 pm at the Fort Bragg Hospitality Center 101 N. Franklin Street 95437 and via Zoom <https://mendocinocounty.zoom.us/j/82382668548>

10. Lanterman Petris Short Conservatorships (LPS):

- Number of individuals on LPS Conservatorships: **59**

11. Substance Use Disorders Treatment Services:

Number of Substance Use Disorders Treatment Clients Served in **February 2023:**

- Total number of clients served: 87
- Total number of services provided: 355
- Fort Bragg: 20 clients served for a total of 89 services provided
- Ukiah: 53 clients served for a total of 215 services provided
- Willits: 14 clients served for a total of 51 services provided

Number of Substance Use Disorder Clients Completion Status

- Completed Treatment/Recovery: 4
- Left Before Completion: 7
- Lost Contact/Service Unavailable: 2
- Referred: 4
- Total: 13
- Average Length of Service: 151.15 hours

12. New Contracts:

- None.

13. Capital Facilities Projects:

- **Willow Terrace Project:**
 - No change to Capital Facilities. MHSA Innovation Healthy Living Community groups have begun; these include a walking group, healthy meals from a Food Bank box, and other activities.
- **Orr Creek Commons Phase 2:**
 - Vacancies filled through the Coordinated Entry and Providers screening applications.

QI Work Plan - 8.1

Report - Appeals, Grievances, Change of Provider - February 2023

Provider Appeal (45 days)

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

Client Appeal (45 days)

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

Issue Resolutions (60 Days)

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

SUDT Grievance (60 Days)

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

Client Grievance (60 Days)

Receipt Date	Provider	Reason	Results	Date Completed	Date Letter sent to Client
1/25/2023	Tapestry	Beneficiary complaint against therapist at Tapestry.	Grievance under investigation.	Pending	n/a
1/26/2023	Redwood Quality Management Company	Beneficiary complaint regarding concerns with medication prescribed by provider.	Grievance under investigation.	Pending	n/a
Total	2				

Client Request for Change of Provider (10 Business Days)

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

0 Provider Appeals
0 Client Appeals
0 Issue Resolutions
0 SUDT Grievances
2 Grievances
0 Requests for Change of Provider



Mendocino County Behavioral Health and Recovery Services
 Behavioral Health Advisory Board General Ledger
 FY 22/23
 4/20/2023

ORG	OBJ	ACCOUNT DESCRIPTION	YR/PER/JNL	EFF DATE	AMOUNT	INVOICE #	CHECK #	VENDOR NAME	COMMENT
MHB	862080	FOOD							
		FOOD Total			\$0.00				
MHB	862150	MEMBERSHIPS	2023/08/000050	02/02/2023	600.00	MCMH1/24/23BHBDUES	405912036	CALBHB/C	CALBHB/C MEMBERSHIP DUES FY2223
		MEMBERSHIPS TOTAL			\$600.00				
MHB	862170	OFFICE EXPENSE							
		OFFICE EXPENSE Total			\$0.00				
MHB	862190	PUBL & LEGAL NOTICES							
		PUBL & LEGAL NOTICES Total			\$0.00				
MHB	862210	RNTS & LEASES BLD GRD							
		RNTS & LEASES BLD GRD Total			\$0.00				
MHB	862250	TRNSPRTATION & TRAVEL	2023/03/000229	9/1/2022	76.25		8/23/2022	4362485 Behinger, Flinda	Local 8/23/22 FY22/23
MHB	862250	TRNSPRTATION & TRAVEL	2023/03/000930	9/22/2022	42.28		12/16/21-6/24/22	4363621 Towle Richard	Local FY22/23
MHB	862250	TRNSPRTATION & TRAVEL	2023/10/000366	04/13/2023	131.00	3/2/23 - 3/29/23	405912334	BEHRINGER FLINDA	3/2/23 - 3/29/23 LOCAL TRAVEL
		TRNSPRTATION & TRAVEL Total			\$249.53				
		TRAVEL & TRSP OUT OF COUNTY Total			\$0.00				
		Grand Total			\$849.53				

Summary of Budget for FY 22/23

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
862190	Publ & Legal Notices	0.00	0.00	0.00
862210	Rents & Leases Bld	30.00	0.00	30.00
862250	In County Travel	3,000.00	249.53	2,750.47
862253	Out of County Travel	2,000.00	0.00	2,000.00
	Total Budget	\$7,130.00	\$849.53	\$6,280.47

Behavioral Health Recovery Services
Mental Health FY 2022-2023
Budget Summary
Year to Date as of **April 20, 2023**

		EXPENDITURES						REVENUE						
	Program	FY 22-23 Approved Budget	Salaries & Benefits	Services & Supplies	Other Charges	Fixed Assets	Operating Transfers	Total Expenditures	2011 Realign	1991 Realign	Medi-Cal FFP	Other	Total Revenue	Total Net Cost
1	Mental Health (Overhead)	(4,024,268)	84,193	142,311	13,055,560	80,498	(65,666)	13,296,895	(2,904,363)	(2,773,192)	(6,267,670)	(814,947)	(12,760,172)	26,057,067
2	Administration - MHAD75	737,846	1,116,364	363,944			(114,652)	1,365,656				(207,512)	(207,512)	1,573,169
3	Mental Health Block Grant ARPA	0		262				262				0	0	262
4	CalWorks - MHAS32	38,371	36,960	9,943				46,903				(8,191)	(8,191)	55,094
5	Mobile Outreach Program - MHAS33	(41,083)	369,086	7,396			(144,898)	231,585				(309,599)	(309,599)	541,184
6	Adult Services - MHAS75	240,338		14,359				14,359					0	14,359
7	Path Grant - MHAS91	0		14,075				14,075	(9,422)				(9,422)	23,497
8	SAMHSA Grant - MHAS92	0		110,347				110,347	(79,815)				(79,815)	190,162
9	Mental Health Board - MHB	7,130		850				850					0	850
10	CCMU - BCHIP	0		16,774				16,774				(857,294)	(857,294)	874,068
11	Business Services - MHBS75	805,465	679,287	31,125			(36,954)	673,457				(36,389)	(36,389)	709,846
12	CCMU-CRRSAA Grant - MHCCMU	0		172,204				172,204				(676,123)	(676,123)	848,327
13	Mental Health Block Grant CRRSAA	0		23,128				23,128				(31,399)	(31,399)	54,527
14	MH Grant (Other)	0		104,315				104,315				(288,042)	(288,042)	392,357
15	MAT Grant - MHMAT	0		50,963				50,963					0	50,963
16	AB109 - MHMS70	1,027	104,980	6,367				111,347	(72,450)				(72,450)	183,796
17	Conservatorship - MHMS75	1,896,328	313,760	155,854	2,220,306		(22,540)	2,667,380				(61,647)	(61,647)	2,729,027
18	MH CAL-AIM - MHCALA			15,920				15,920				(169,682)	(169,682)	185,602
19	QA/QI - MHQA99	506,229	277,187	49,083			(5,919)	320,351				(37,297)	(37,297)	357,648
a	Total YTD Expenditures & Revenue		2,981,816	1,289,222	15,275,866	80,498	(390,630)	19,236,772	(3,066,049)	(2,773,192)	(6,267,670)	(3,498,121)	(15,605,033)	34,841,805

Behavioral Health Recovery Services
Mental Health FY 2022-2023
Budget Summary
Year to Date as of **April 20, 2023**

b	FY 2022-2023 Adjusted Budget	167,383	3,771,297	1,667,615	18,769,395	0	(158,340)	24,049,967	6,525,253	3,579,855	10,604,948	3,172,528	23,882,584	167,383
c	Variance		789,481	378,393	3,493,529	(80,498)	232,290	4,813,195	9,591,302	6,353,047	16,872,618	6,670,649	39,487,617	(34,674,422)

Behavioral Health Recovery Services
Mental Health Services Act (MHSA) FY 2022-2023 Budget Summary
Year to Date as of **April 20, 2023**

Program	FY 22-23 Approved Budget	Salaries & Benefits	Services & Supplies	Other Charges	Fixed Assets	Operating Transfers	Total Expenditures	Revenue Prop 63	Other- Revenue	Total Net Cost
Community Services & Support	17,946	404,205	394,259	524,562		(23,806)	1,299,220	(2,102,663)	(84,376)	3,486,259
Prevention & Early Intervention	(52,755)	131,288	296,581			(220)	427,649	(513,923)	(2,441)	944,013
Innovation - MAINN	567,704	14,994	4,401				19,395	(137,715)		157,110
Workforce Education & Training	-						-			-
Capital Facilities & Tech Needs							-			-
Total YTD Expenditures & Revenue		550,487	695,241	524,562	-	(24,026)	1,746,264	(2,754,301)	(86,816)	4,587,381
FY 2022-2023 Approved Budget	532,895	689,526	4,415,118	1,532,776	0	(4,131)	6,633,289	(6,100,395)	-	532,894
Variance		139,039	3,719,877	1,008,214	-	19,895	4,887,025	(3,346,094)	86,816	(4,054,487)

Prudent Reserve Balance **1,018,338**

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 2022-2023 Budget Summary
Year to Date as of **April 20, 2023**

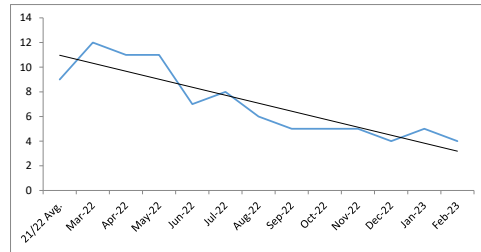
	Program	FY 22-23 Approved Budget	EXPENDITURES					Total Expenditures	REVENUE				Total Revenue	Total Net Cost
			Salaries & Benefits	Services and Supplies	Other Charges	Fixed Assets	Operating Transfers		SAPT Block Grant and FDMC	2011 Realign	Medi-Cal FFP	Other		
1	SUDT Overhead	(2,297,294)	21,301	(24,653)			(17,206)	(20,558)	(1,058,745)	(211,626)	(93,787)	153,998	(1,210,160)	1,189,602
2	County Wide Services - DD0035	1,415,273		755,310				755,310					0	755,310
3	Elevate Youth - DD00EY	-		27,451				27,451				(115,258)	(115,258)	142,709
4	Drug Court Services - DD0105	-	98,881	38,282			(11,815)	125,348		(54,981)		(32,966)	(87,947)	213,295
5	Ukiah Adult Treatment Services - DD0100	8,445	287,618	71,416			(113,035)	245,999		(6,850)		(35,852)	(42,702)	288,701
6	Women In Need of Drug Free Opportunties - DD0125	(1)	58,356	47,156			(22,943)	82,568		(54,933)			(54,933)	137,502
7	Family Drug Court - DD0127	-	102,132	10,958			(83,038)	30,051					0	30,051
8	Friday Night Live - DD0158	-		23,488				23,488					0	23,488
9	Willits Adult Services - DD0200	-	76,549	14,322			(65,668)	25,203					0	25,203
10	Fort Bragg Adult Services - DD0300	206,022	99,388	20,889			(20,888)	99,388				(167)	(167)	99,555
11	DDMIP	-		23,607				23,607				(172,240)	(172,240)	195,846
11	Administration	824,861	395,173	373,418			(68,909)	699,682				(220,461)	(220,461)	920,143
12	Adolescent Services	(68,937)	87,437	3,059			(19,603)	70,893	2,702			(21,669)	(18,967)	89,860
13	SABG ARPA	-		14,066				14,066				20,403	20,403	(6,337)
14	COSSAAP	-		59,186				59,186				32,194	32,194	26,992
15	SABG CRRSAA	-		221,330				221,330				32,193	32,193	189,137
16	DDMATX	-		55,072				55,072				(8,000)	(8,000)	63,072
17	DDGRNT	-		17,082				17,082				(17,084)	(17,084)	34,166
18	Prevention Services	0	147,607	12,527			(72,142)	87,992					0	87,992
a	Total YTD Expenditures & Revenue	88,370	1,374,440	1,763,966	0	0	(495,248)	2,643,158	(1,056,043)	(116,765)	0	(384,909)	(1,863,130)	4,506,287
b	FY 2022-2023 Budget	88,370	2,284,613	2,409,905	0	0	(1,037,852)	3,656,666	1,675,741	736,860	440,130	715,565	3,568,296	88,370
c	Variance	0	910,173	645,939	0	0	(542,604)	1,013,508	2,731,784	853,625	440,130	1,100,474	5,431,426	(4,417,917)

Timeliness Charts and Graphs

1.

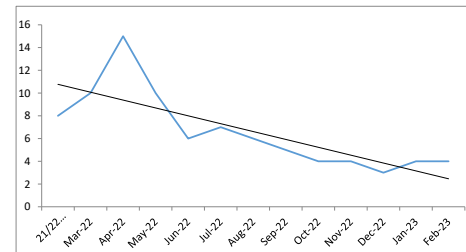
QI Work Plan 2.1

Length of Time from Initial Request to first offered Appt. - Mean BPSA - MHP Standard or Goal - 10 Business Days - 90%				
	All Services	Adult Services	Children's Services	Foster Care
21/22 Avg.	9	9	10	6
Mar-22	12	11	12	3
Apr-22	11	17	17	n/a
May-22	11	9	13	2
Jun-22	7	7	7	6
Jul-22	8	8	8	10
Aug-22	6	7	6	7
Sep-22	5	4	5	1
Oct-22	5	5	5	4
Nov-22	5	5	5	7
Dec-22	4	4	3	4
Jan-23	5	6	3	2
Feb-23	4	6	3	3
12 Mo. Avg.	7	7	7	4

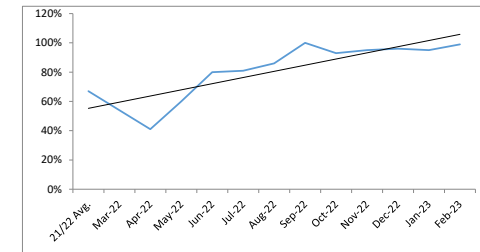


Graphs of "All Services"

Length of Time from Initial Request to first offered Appt. - Median BPSA - MHP Standard or Goal - 10 Business Days - 90%				
	All Services	Adult Services	Children's Services	Foster Care
21/22 Avg.	8	8	9	6
Mar-22	10	10	10	3
Apr-22	15	10	16	n/a
May-22	10	7	13	2
Jun-22	6	8	6	5
Jul-22	7	4	8	10
Aug-22	6	7	6	6
Sep-22	5	4	6	1
Oct-22	4	5	3	3
Nov-22	4	4	4	7
Dec-22	3	3	2	3
Jan-23	4	7	3	2
Feb-23	4	6	0	0
12 Mo. Avg.	7	6	6	4



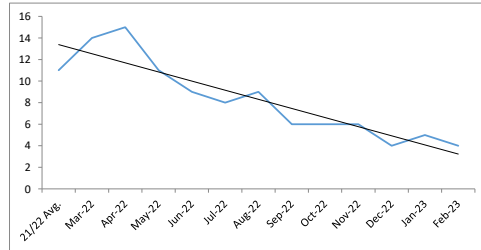
Length of Time from Initial Request to first offered Appt. BPSA - MHP Standard or Goal - 10 Business Days - 90%				
	All Services	Adult Services	Children's Services	Foster Care
21/22 Avg.	67%	70%	64%	85%
Mar-22	54%	55%	54%	100%
Apr-22	41%	53%	32%	n/a
May-22	60%	78%	47%	100%
Jun-22	80%	85%	79%	100%
Jul-22	81%	76%	83%	100%
Aug-22	86%	84%	89%	100%
Sep-22	100%	100%	100%	100%
Oct-22	93%	97%	90%	100%
Nov-22	95%	96%	95%	100%
Dec-22	96%	95%	98%	100%
Jan-23	95%	91%	100%	100%
Feb-23	99%	97%	100%	100%
12 Mo. Avg.	82%	84%	81%	100%



2.

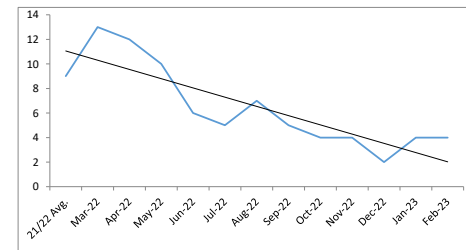
QI Work Plan 2.2

Length of Time from Initial Request to first kept Appt. - Mean MHP Standard or Goal - 10 Business Days - 90%				
	All Services	Adult Services	Children's Services	Foster Care
21/22 Avg.	11	10	11	8
Mar-22	14	13	15	3
Apr-22	15	13	16	n/a
May-22	11	10	12	2
Jun-22	9	8	9	6
Jul-22	8	6	8	10
Aug-22	9	8	10	8
Sep-22	6	5	7	1
Oct-22	6	6	6	4
Nov-22	6	5	6	8
Dec-22	4	5	3	2
Jan-23	5	6	3	2
Feb-23	4	6	2	n/a
12 Mo. Avg.	8	8	8	5

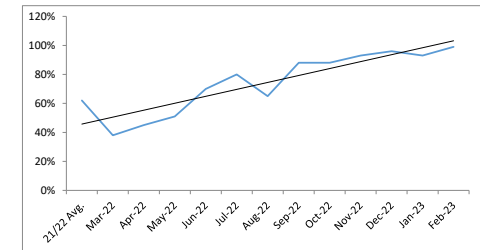


Graphs of "All Services"

Length of Time from Initial Request to first kept Appt. - Median MHP Standard or Goal - 10 Business Days - 90%				
	All Services	Adult Services	Children's Services	Foster Care
21/22 Avg.	9	9	10	8
Mar-22	13	13	14	3
Apr-22	12	9	15	n/a
May-22	10	7	13	2
Jun-22	6	10	6	5
Jul-22	5	3	7	10
Aug-22	7	7	7	7
Sep-22	5	4	7	1
Oct-22	4	4	4	3
Nov-22	4	5	4	8
Dec-22	2	4	2	1
Jan-23	4	6	3	2
Feb-23	4	6	0	n/a
12 Mo. Avg.	6	7	7	4



Length of Time from Initial Request to first kept Appt. - MHP Standard or Goal - 10 Business Days - 90%				
	All Services	Adult Services	Children's Services	Foster Care
21/22 Avg.	62%	68%	57%	69%
Mar-22	38%	42%	36%	100%
Apr-22	45%	64%	33%	n/a
May-22	51%	71%	38%	100%
Jun-22	70%	82%	67%	100%
Jul-22	80%	75%	82%	100%
Aug-22	65%	70%	59%	75%
Sep-22	88%	91%	85%	100%
Oct-22	88%	93%	85%	100%
Nov-22	93%	97%	88%	100%
Dec-22	96%	95%	97%	100%
Jan-23	93%	91%	97%	100%
Feb-23	99%	97%	100%	n/a
12 Mo. Avg.	76%	81%	72%	98%



3.

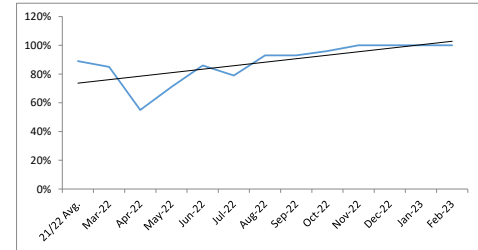
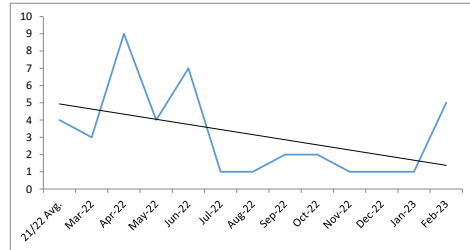
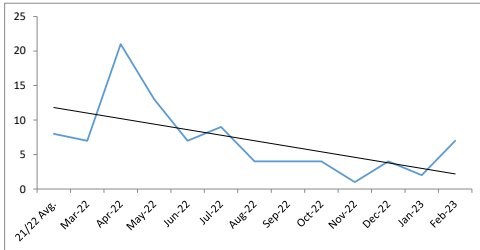
QI Work Plan 2.3

Length of Time from Initial Request to first offered Psychiatry appt. - Mean MHP Standard or Goal - 15 Business Days - 90%				
	All Services	Adult Services	Children's Services	Foster Care
21/22 Avg.	8	6	10	12
Mar-22	7	4	9	21
Apr-22	21	13	30	n/a
May-22	13	12	15	n/a
Jun-22	7	6	10	n/a
Jul-22	9	4	22	0
Aug-22	4	4	6	0
Sep-22	4	2	10	0
Oct-22	4	4	6	0
Nov-22	1	2	1	0
Dec-22	4	3	6	n/a
Jan-23	2	2	2	2
Feb-23	7	5	11	14
12 Mo. Avg.	7	5	11	5

Length of Time from Initial Request to first offered Psychiatry Appt. - Median MHP Standard or Goal - 15 Business Days - 90%				
	All Services	Adult Services	Children's Services	Foster Care
21/22 Avg.	4	3	10	11
Mar-22	3	1	9	21
Apr-22	9	8	36	n/a
May-22	4	4	15	n/a
Jun-22	7	5	10	n/a
Jul-22	1	1	26	0
Aug-22	1	1	5	0
Sep-22	2	2	6	0
Oct-22	2	2	2	0
Nov-22	1	1	1	0
Dec-22	1	1	5	n/a
Jan-23	1	1	1	2
Feb-23	5	2	12	14
12 Mo. Avg.	3	2	11	5

Length of Time from Initial Request to first offered Psychiatry Appt. - MHP Standard or Goal - 15 Business Days - 90%				
	All Services	Adult Services	Children's Services	Foster Care
21/22 Avg.	89%	90%	89%	67%
Mar-22	85%	92%	80%	0%
Apr-22	55%	70%	40%	n/a
May-22	71%	67%	100%	n/a
Jun-22	86%	87%	80%	n/a
Jul-22	79%	93%	40%	n/a
Aug-22	93%	90%	100%	n/a
Sep-22	93%	100%	67%	n/a
Oct-22	96%	100%	83%	n/a
Nov-22	100%	100%	100%	n/a
Dec-22	100%	100%	100%	n/a
Jan-23	100%	100%	100%	100%
Feb-23	100%	100%	100%	100%
12 Mo. Avg.	88%	92%	83%	67%

Graphs of "All Services"



4.

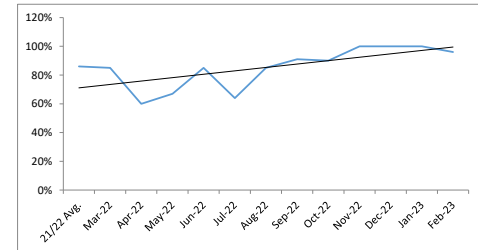
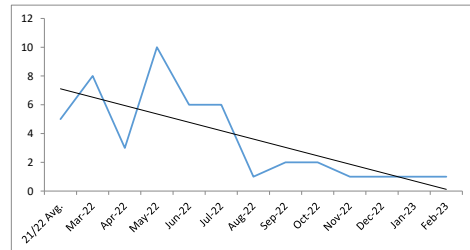
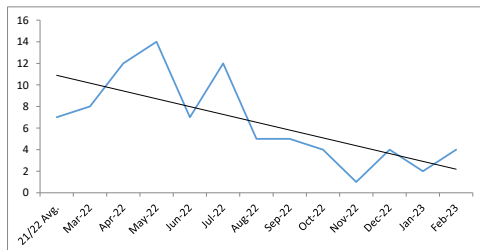
QI Work Plan 2.4

Length of Time from Initial Request to first kept Psychiatry appt. - Mean MHP Standard or Goal - 15 Business Days - 90%				
	All Services	Adult Services	Children's Services	Foster Care
21/22 Avg.	7	7	9	13
Mar-22	8	6	9	23
Apr-22	12	17	5	N/A
May-22	14	14	15	N/A
Jun-22	7	6	10	N/A
Jul-22	12	5	25	N/A
Aug-22	5	4	7	N/A
Sep-22	5	3	10	N/A
Oct-22	4	4	5	N/A
Nov-22	1	2	1	N/A
Dec-22	4	3	6	N/A
Jan-23	2	2	1	2
Feb-23	4	5	4	N/A
12 Mo. Avg.	7	6	8	13

Length of Time from Initial Request to first kept Psychiatry Appt. - Median MHP Standard or Goal - 15 Business Days - 90%				
	All Services	Adult Services	Children's Services	Foster Care
21/22 Avg.	5	3	7	13
Mar-22	8	1	9	23
Apr-22	3	7	1	N/A
May-22	10	4	15	N/A
Jun-22	6	4	11	N/A
Jul-22	6	1	26	N/A
Aug-22	1	1	5	N/A
Sep-22	2	2	6	N/A
Oct-22	2	2	2	N/A
Nov-22	1	1	1	N/A
Dec-22	1	1	5	N/A
Jan-23	1	1	1	2
Feb-23	1	1	1	N/A
12 Mo. Avg.	4	2	7	13

Length of Time from Initial Request to first kept Psychiatry Appt. - MHP Standard or Goal - 15 Business Days - 90%				
	All Services	Adult Services	Children's Services	Foster Care
21/22 Avg.	86%	86%	85%	63%
Mar-22	85%	83%	86%	N/A
Apr-22	60%	40%	80%	N/A
May-22	67%	60%	100%	N/A
Jun-22	85%	87%	75%	N/A
Jul-22	64%	89%	20%	N/A
Aug-22	85%	89%	75%	N/A
Sep-22	91%	100%	67%	N/A
Oct-22	90%	94%	75%	N/A
Nov-22	100%	100%	100%	N/A
Dec-22	100%	100%	100%	N/A
Jan-23	100%	100%	100%	100%
Feb-23	96%	93%	100%	N/A
12 Mo. Avg.	85%	86%	82%	100%

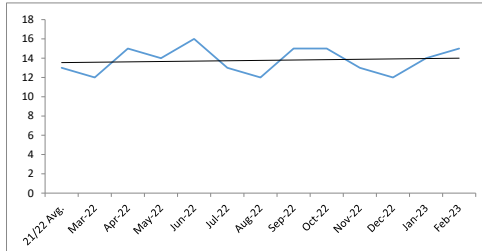
Graphs of "All Services"



5.

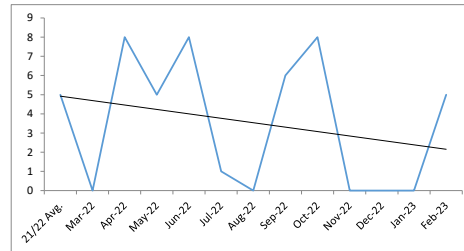
QI Work Plan 2.5
Combined Bus & After Hrs

Length of Time from Service Request for urgent Appt. to Actual Encounter Mean - MHP Standard or Goal - 95% (Minutes)				
	All Services	Adult Services	Children's Services	Foster Care
21/22 Avg.	13	13	14	14
Mar-22	12	12	12	15
Apr-22	15	14	22	22
May-22	14	15	13	16
Jun-22	16	16	18	20
Jul-22	13	13	15	19
Aug-22	12	13	10	0
Sep-22	15	15	12	11
Oct-22	15	16	10	22
Nov-22	13	12	18	13
Dec-22	12	12	9	n/a
Jan-23	14	14	15	24
Feb-23	15	15	12	14
12 Mo. Avg.	14	14	14	16

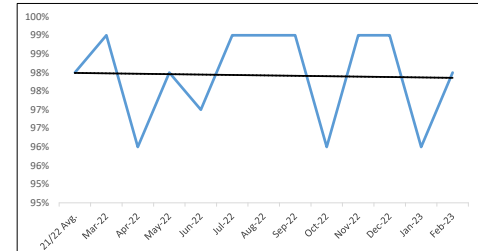


Graphs of "All Services"

Length of Time from Service Request for urgent Appt. to Actual Encounter Median - MHP Standard or Goal - 95% (Minutes)				
	All Services	Adult Services	Children's Services	Foster Care
21/22 Avg.	5	4	4	8
Mar-22	0	0	0	15
Apr-22	8	2	10	10
May-22	5	5	7	16
Jun-22	8	5	15	15
Jul-22	1	0	12	19
Aug-22	0	0	0	19
Sep-22	6	8	0	11
Oct-22	8	8	0	22
Nov-22	0	0	13	13
Dec-22	0	0	0	n/a
Jan-23	0	0	12	24
Feb-23	5	8	0	11
12 Mo. Avg.	3	3	6	16



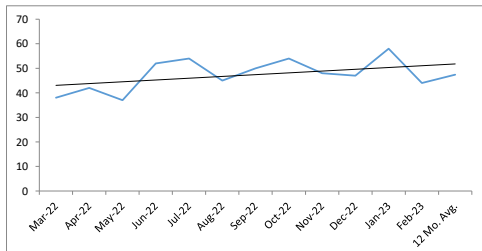
Length of Time from Service Request for urgent Appt. to Actual Encounter Percent of CIC that meet MHP Goal: 95% w/in 1 Hr, 2 Hr (for After-Hrs)				
	All Services	Adult Services	Children's Services	Foster Care
21/22 Avg.	98%	98%	97%	98%
Mar-22	99%	98%	100%	100%
Apr-22	96%	98%	86%	100%
May-22	98%	98%	98%	100%
Jun-22	97%	96%	100%	100%
Jul-22	99%	99%	100%	100%
Aug-22	99%	99%	100%	100%
Sep-22	99%	99%	100%	100%
Oct-22	96%	95%	100%	100%
Nov-22	99%	99%	100%	100%
Dec-22	99%	99%	100%	n/a
Jan-23	96%	95%	98%	100%
Feb-23	98%	99%	97%	100%
12 Mo. Avg.	98%	98%	98%	100%



6.

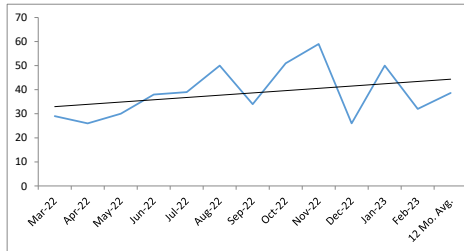
QI Work Plan 2.F
QI Work Plan 2.6

Total Number of Hospital Admissions				
	All Services	Adult Services	Children's Services	Foster Care
Mar-22	38	33	5	0
Apr-22	42	32	10	2
May-22	37	30	7	0
Jun-22	52	40	12	0
Jul-22	54	46	8	0
Aug-22	45	32	13	0
Sep-22	50	44	6	0
Oct-22	54	47	7	0
Nov-22	48	41	7	0
Dec-22	47	45	2	0
Jan-23	58	49	9	0
Feb-23	44	35	9	0
12 Mo. Avg.	47	40	8	0
Total	569	474	95	2

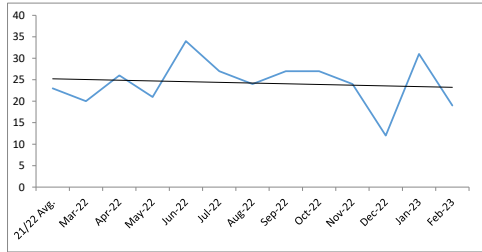


Graphs of "All Services"

Total Number of Hospital Discharges				
	All Services	Adult Services	Children's Services	Foster Care
Mar-22	29	25	4	0
Apr-22	26	21	5	1
May-22	30	24	6	1
Jun-22	38	29	9	0
Jul-22	39	31	8	0
Aug-22	50	42	8	0
Sep-22	34	27	7	0
Oct-22	51	44	7	0
Nov-22	59	50	9	0
Dec-22	26	24	2	0
Jan-23	50	44	6	0
Feb-23	32	24	8	0
12 Mo. Avg.	39	32	7	0
Total	464	385	79	2

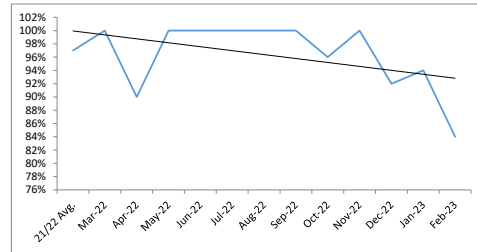


Timeliness of follow-up encounters post psychiatric inpatient discharge Total number of Medi-Cal payor follow-up appointments				
	All Services	Adult Services	Children's Services	Foster Care
21/22 Avg.	23	19	4	0
Mar-22	20	16	4	0
Apr-22	26	21	5	0
May-22	21	16	5	1
Jun-22	34	26	8	0
Jul-22	27	26	1	0
Aug-22	24	19	5	0
Sep-22	27	23	4	0
Oct-22	27	24	3	0
Nov-22	24	22	2	0
Dec-22	12	11	1	0
Jan-23	31	27	4	0
Feb-23	19	16	3	0
12 Mo. Avg.	24	21	4	0
Total	292	247	45	1



Graphs of "All Services"

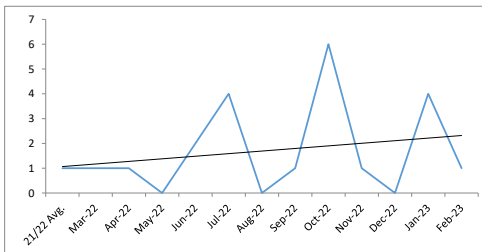
Timeliness of follow-up encounters post psychiatric inpatient discharge Percent of appointments meeting the within 7 day standard - Goal is 95%				
	All Services	Adult Services	Children's Services	Foster Care
21/22 Avg.	97%	99%	93%	100%
Mar-22	100%	100%	100%	N/A
Apr-22	90%	95%	100%	N/A
May-22	100%	100%	100%	100%
Jun-22	100%	100%	100%	N/A
Jul-22	100%	100%	100%	N/A
Aug-22	100%	100%	100%	N/A
Sep-22	100%	100%	100%	N/A
Oct-22	96%	100%	67%	N/A
Nov-22	100%	100%	100%	N/A
Dec-22	92%	91%	100%	N/A
Jan-23	94%	100%	50%	N/A
Feb-23	84%	100%	0%	N/A
12 Mo. Avg.	96%	99%	85%	100%



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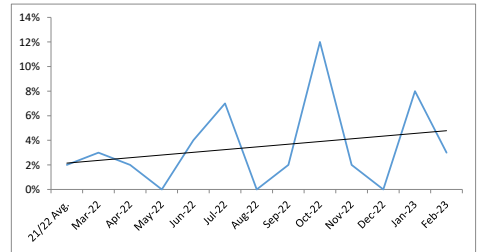
Q1 Work Plan 2.7

Psychiatric Inpatient Readmission rates within 7 days Total number of readmissions within 7 days of discharge				
	All Services	Adult Services	Children's Services	Foster Care
21/22 Avg.	1	1	0	0
Mar-22	1	1	0	0
Apr-22	1	1	0	0
May-22	0	0	0	0
Jun-22	2	2	0	0
Jul-22	4	3	1	0
Aug-22	0	0	0	0
Sep-22	1	1	0	0
Oct-22	6	6	0	0
Nov-22	1	1	0	0
Dec-22	0	0	0	n/a
Jan-23	4	4	0	0
Feb-23	1	1	0	0
12 Mo. Avg.	2	2	0	0
Total	21	20	1	0

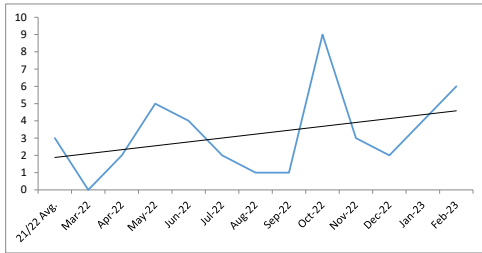


Graphs of "All Services"

Psychiatric Inpatient Readmission rates within 7 days Readmission Rate - Goal is 10% or less within 7 days				
	All Services	Adult Services	Children's Services	Foster Care
21/22 Avg.	2%	3%	0%	0%
Mar-22	3%	3%	0%	n/a
Apr-22	2%	3%	0%	0%
May-22	0%	0%	0%	0%
Jun-22	4%	5%	0%	0%
Jul-22	7%	7%	13%	0%
Aug-22	0%	0%	0%	0%
Sep-22	2%	2%	0%	0%
Oct-22	12%	14%	0%	0%
Nov-22	2%	2%	0%	0%
Dec-22	0%	0%	0%	n/a
Jan-23	8%	9%	0%	n/a
Feb-23	3%	4%	0%	n/a
12 Mo. Avg.	4%	4%	1%	0%

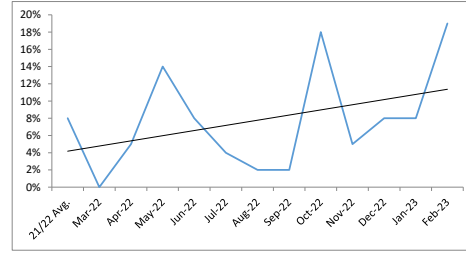


Psychiatric Inpatient Readmission rates within 8-30 days				
Total number of readmissions within 8-30 days				
	All Services	Adult Services	Children's Services	Foster Care
21/22 Avg:	3	2	1	0
Mar-22	0	0	0	0
Apr-22	2	2	0	0
May-22	5	4	1	0
Jun-22	4	2	2	0
Jul-22	2	1	1	0
Aug-22	1	0	1	0
Sep-22	1	0	1	0
Oct-22	9	8	1	0
Nov-22	3	3	0	0
Dec-22	2	2	0	0
Jan-23	4	4	0	0
Feb-23	6	5	1	0
12 Mo. Avg:	3	3	1	0
Total	39	31	8	0



Graphs of "All Services"

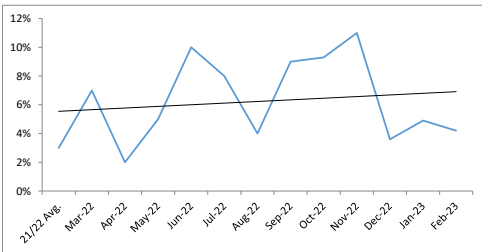
Psychiatric Inpatient Readmission rates within 8-30 days				
Readmission Rate - Goal is 10% or less within 8-30 days				
	All Services	Adult Services	Children's Services	Foster Care
21/22 Avg:	8%	8%	11%	25%
Mar-22	0%	0%	N/A	N/A
Apr-22	5%	6%	N/A	N/A
May-22	14%	13%	14%	N/A
Jun-22	8%	5%	17%	N/A
Jul-22	4%	2%	2%	N/A
Aug-22	2%	0%	8%	N/A
Sep-22	2%	0%	17%	N/A
Oct-22	18%	18%	14%	N/A
Nov-22	5%	6%	N/A	N/A
Dec-22	8%	8%	0%	N/A
Jan-23	8%	9%	0%	N/A
Feb-23	19%	21%	13%	N/A
12 Mo. Avg:	0	0	0	#DIV/0!



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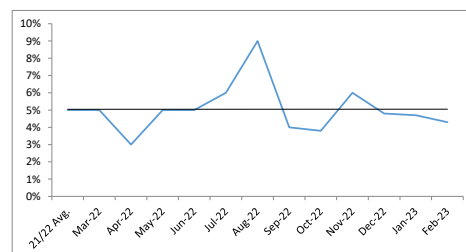
Q1 Work Plan 3.1

Average Psychiatric Patient No-Show Rates				
MHP Standard for Psychiatrists - No Higher than 10%				
	All Services	Adult Services	Children's Services	Foster Care
21/22 Avg:	3%	4%	2%	3%
Mar-22	7%	7%	6%	15%
Apr-22	2%	3%	2%	0%
May-22	5%	5%	3%	6%
Jun-22	10%	11%	5%	0%
Jul-22	8%	9%	7%	25%
Aug-22	4%	5%	4%	0%
Sep-22	9%	10%	4%	17%
Oct-22	9%	10%	7%	0%
Nov-22	11%	11%	11%	0%
Dec-22	4%	3%	5%	13%
Jan-23	5%	5%	3%	0%
Feb-23	4%	3%	9%	0%
12 Mo. Avg:	7%	7%	6%	6%



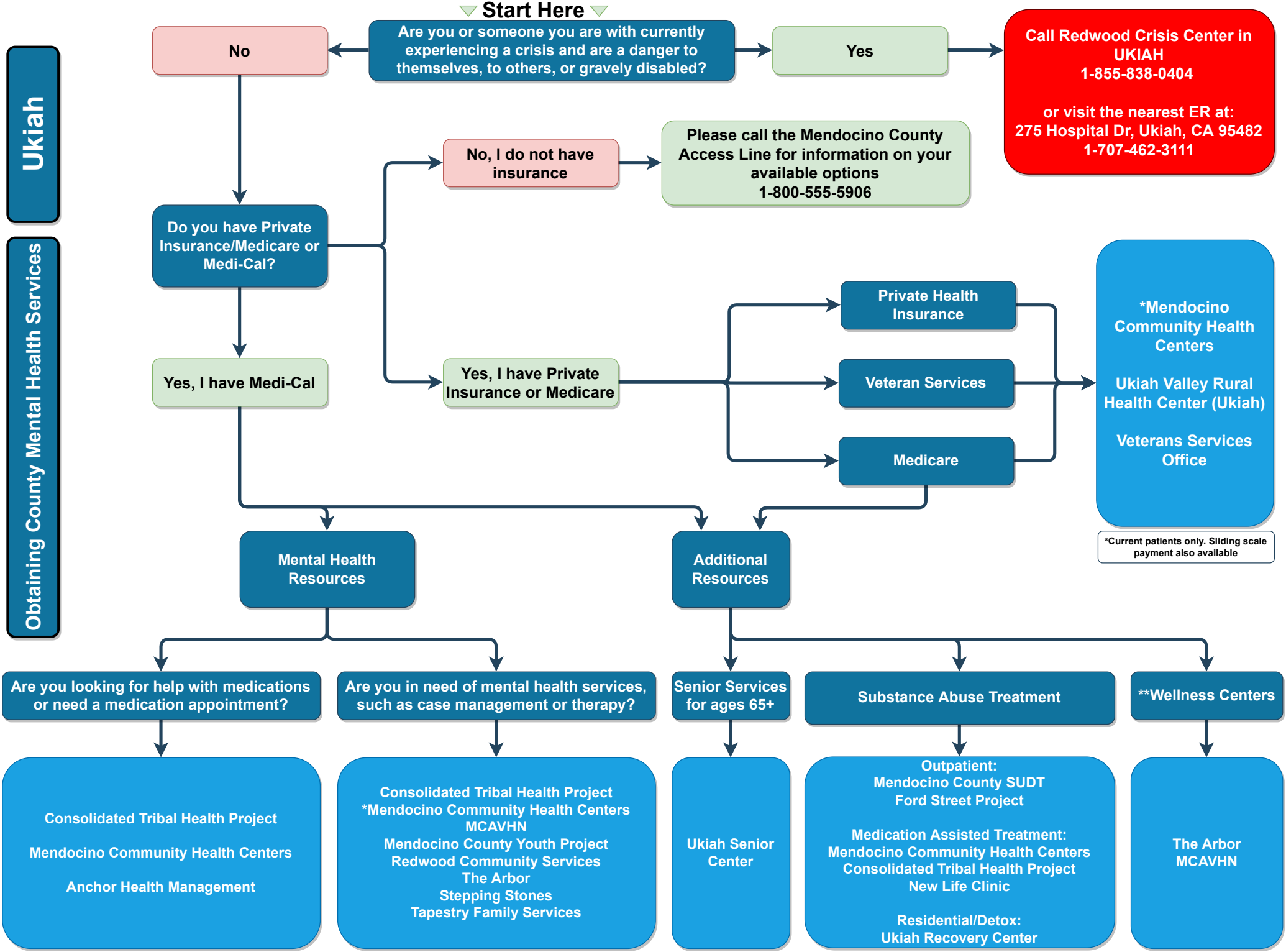
Graphs of "All Services"

Average Clinicians other than Psychiatrists Patient No-Show Rates				
MHP Standard for Clinicians other than Psychiatrists - No Higher than 10%				
	All Services	Adult Services	Children's Services	Foster Care
21/22 Avg:	5%	5%	5%	1%
Mar-22	5%	5%	4%	2%
Apr-22	3%	5%	5%	2%
May-22	5%	4%	5%	3%
Jun-22	5%	4%	5%	1%
Jul-22	6%	5%	8%	2%
Aug-22	9%	10%	4%	1%
Sep-22	4%	3%	4%	1%
Oct-22	4%	3%	4%	1%
Nov-22	6%	5%	7%	2%
Dec-22	5%	4%	6%	3%
Jan-23	5%	5%	5%	3%
Feb-23	4%	5%	4%	0%
12 Mo. Avg:	5%	5%	5%	2%



Ukiah

Obtaining County Mental Health Services



*Current patients only. Sliding scale payment also available

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

Mendocino County Youth Project

776 South State Street #107
 Ukiah, CA 95482
 1-707-456-9600

Redwood Community Services

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

The Arbor Youth Resource Center

810 North State Street
 Ukiah, CA 95482
 1-707-462-7267

Stepping Stones

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

Tapestry Family Services

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

Ukiah Senior Center

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

Ukiah Valley Rural Health Center

260 Hospital Drive
 Ukiah, CA 95482
 1-707-463-8000

Veteran Services Office

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

Ukiah Recovery Center

139 Ford Street
 Ukiah, CA 95482
 1-707-462-6290

Anchor Health Management

350 East Gobbi Street
 Ukiah, CA 95482
 1-707-472-0350

**Mendocino County
 Substance Use Disorders Treatment**

1120 South Dora Street
 Ukiah, CA 95482
 1-707-472-2637

Consolidated Tribal Health Project

6991 North State Street
 Redwood Valley, CA 95470
 1-707-485-5115

MCAVHN

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

New Life Clinic

280 East Standley Street
 Ukiah, CA 95482
 1-707-466-0001

Mendocino Community Health Centers:**Little Lake Health Center**

45 Hazel Street
 Willits, CA 95490
 1-707-456-9600

Dora Street Health Center

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

Hillside Health Center

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

**Obtaining Mental
 Health Services in
 Mendocino County**

Ukiah

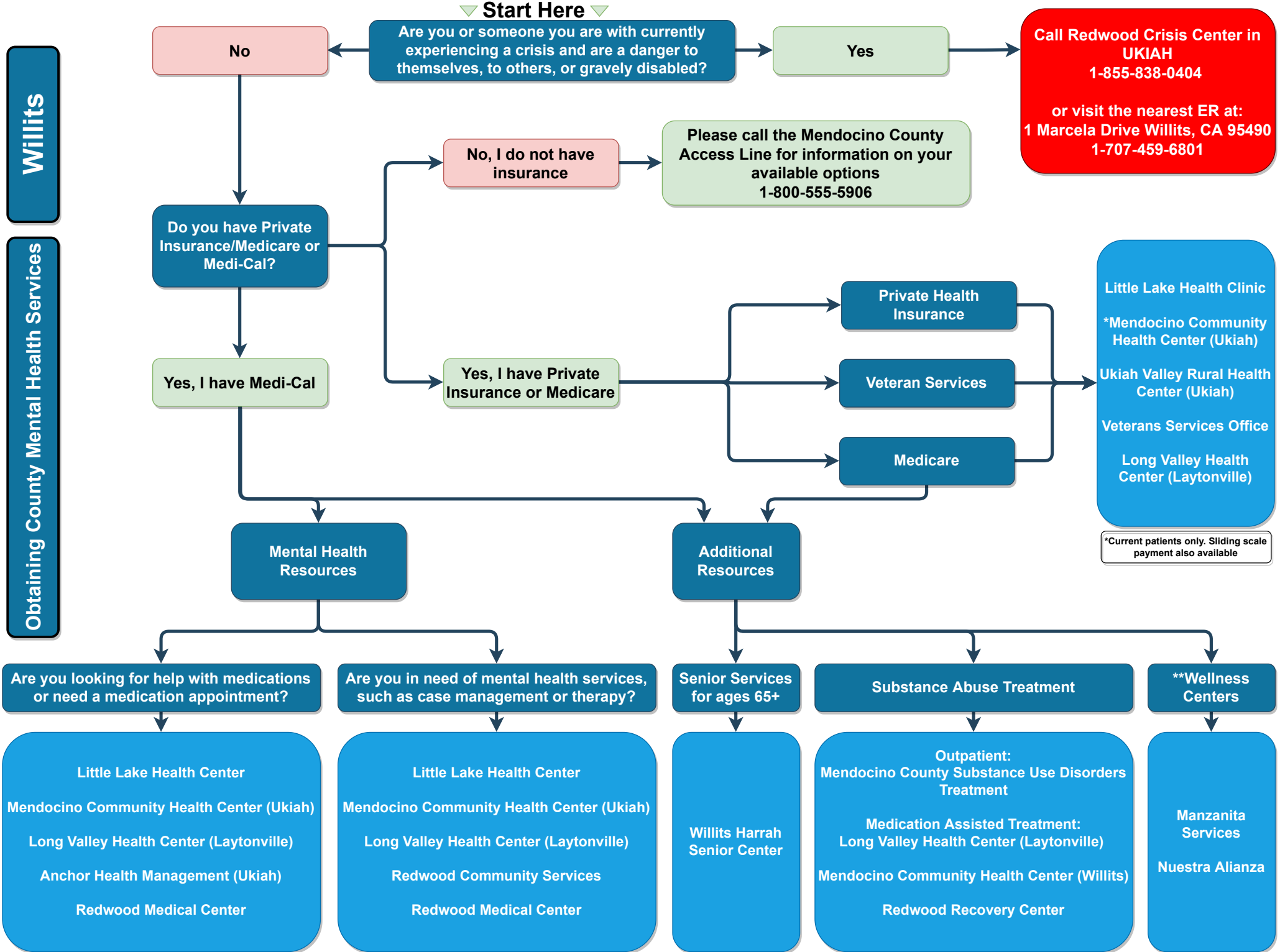


**Mental Health Crisis Line:
 1-855-838-0404**

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

Willits

Obtaining County Mental Health Services



*Current patients only. Sliding scale payment also available

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

**Mendocino County
Substance Use Disorders Treatment**

472 E. Valley Street
Willits, CA 95490
1-707-456-3850

Nuestra Alianza de Willits

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

Willits Harrah Senior Center

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

Long Valley Health Center

50 Branscomb Road
Laytonville, CA 95454
1-707-984-6131

Mendocino Community Health Centers:

Little Lake Health Center

45 Hazel Street
Willits, CA 95490
1-707-456-9600

Dora Street Health Center

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

Hillside Health Center

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

**Mendocino County
Veterans Services**

189 North Main Street
Willits, CA 95490
1-707-456-3792

Redwood Medical Center

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

Redwood Community Services

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

Anchor Health Management

350 E. Gobbi Street
Ukiah, CA 95482
1-707-472-0350

Redwood Medical Clinic

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

Community Resources:

National Alliance on Mental Illness (NAMI)

P.O. Box 1945
Ukiah, CA 95482
1-707-391-6867

Redwood Coast Regional Center

270 Chestnut Street
Fort Bragg, CA 95437
1-707-964-6387

**Obtaining Mental
Health Services in
Mendocino
County**

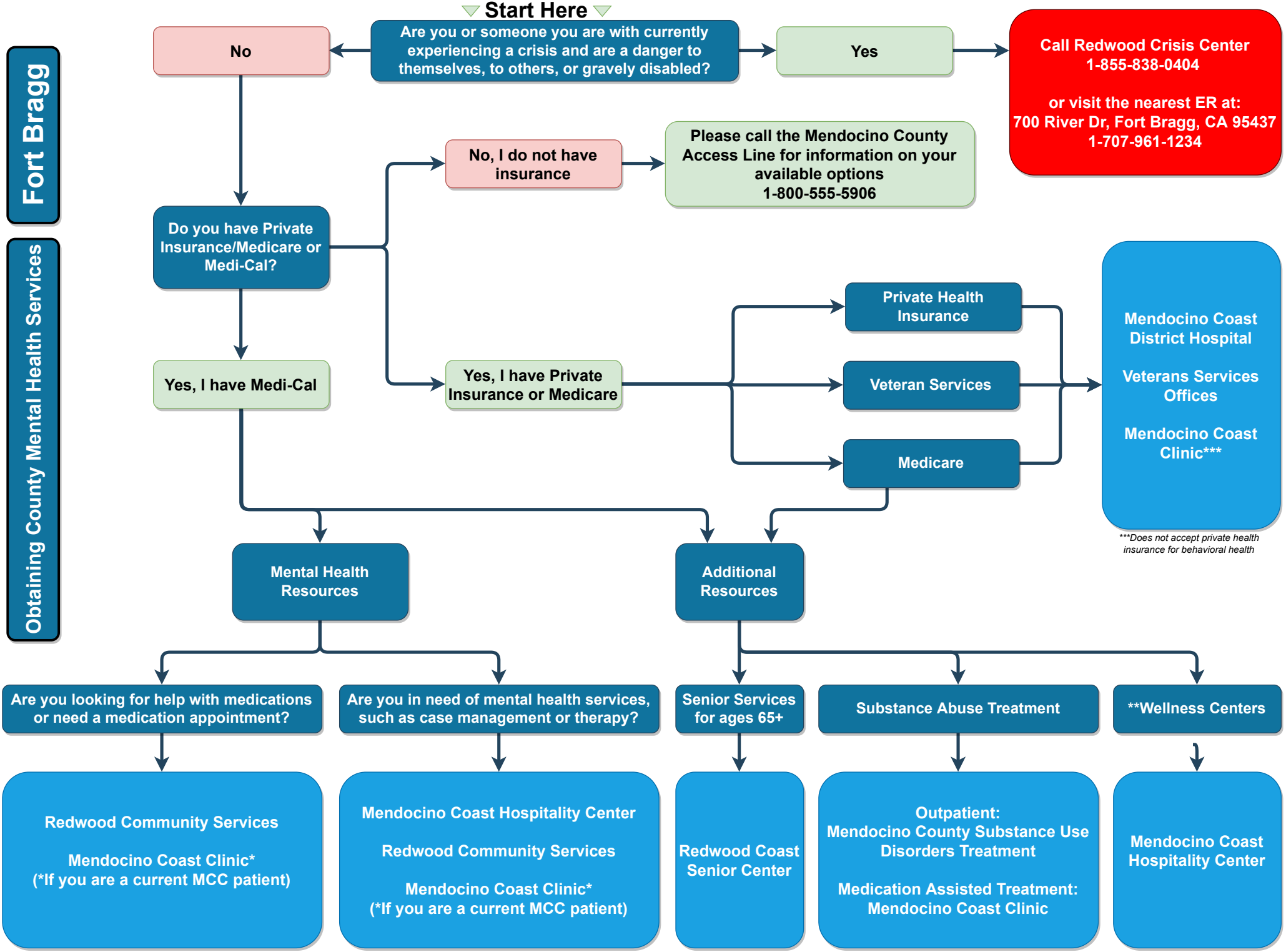
Willits



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

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

Fort Bragg
Obtaining County Mental Health Services



***Does not accept private health insurance for behavioral health

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

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

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

**Obtaining Mental
Health Services in
Mendocino County**

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

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

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

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

**Fort
Bragg**

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

Community Resources:

Mendocino Community Health Centers:

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

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

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

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

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



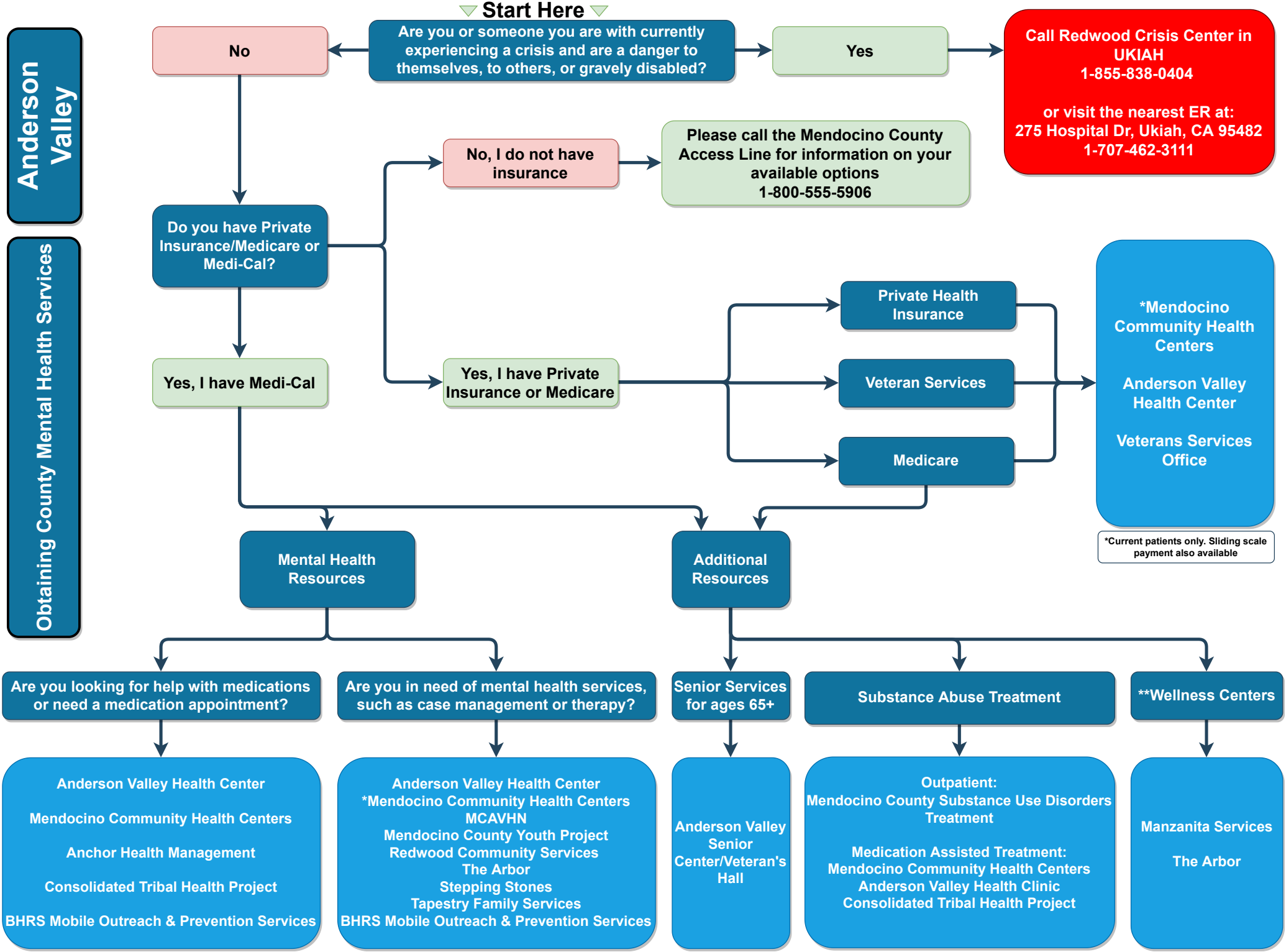
Hillside Health Center
333 Laws Avenue
Ukiah, CA 95482
1-707-468-1010

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

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

Anderson Valley

Obtaining County Mental Health Services



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

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

Anchor Health Management
350 East Gobbi Street
Ukiah, CA 95482
1-707-472-0350

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

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

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

Mendocino Community Health Centers:

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

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

Mendocino County Youth Project
776 South State Street #107
Ukiah, CA 95482
1-707-456-3792

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

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

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

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

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

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

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

**Obtaining Mental
Health Services in
Mendocino County**

Anderson Valley



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

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