

ANNUAL REPORT 2022

Mendocino County Behavioral Health Advisory Board



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BEHAVIORAL HEALTH ADVISORY BOARD 2022 ANNUAL REPORT

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EXECUTIVE SUMMARY:

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

In total, BHAB held 12 regular meetings with a mix of ZOOM, hybrid-in-person and in-person meetings that dealt with a variety of topics including the following: 1) Staffing and recruitment issues; 2) CalAIM expansion of Medi-Cal and access to mental health insurance coverage; 3) 988 Suicide and Crisis line roll out; 4) Crisis Services Summary; 5) Feasibility study and recommendation to the Board of Supervisors (BOS) of a “super” Psychiatric Health Facility (PHF); 6) Need to increase the number of beds in the state mental health hospital system, primarily to divert more jail inmates with mental health and substance abuse issues from jails to treatment; 7) budget impacts of an increase in conservatorships; 8) Mental Health Services Act Updates; 9) In-Person meetings begun; 10) External Quality Review Organization (EQRO) Mental Health Plan FY2021-22 Report; 11) TeleHealth Services and 12) Tribal Advisory Committee.

1. Staffing and recruitment issues

California is experiencing a mental health crisis. Local agencies and Behavioral Health & Recovery Services (BHRS) are having difficulty recruiting and hiring qualified mental health professionals. The 2022 COVID surge stressed all of the providers. Providers adapted to this new normal by increasing daily calls and check-ins between agencies and confidentially sharing client plans between multiple agencies via a coordinated MAC (Multi-Agency Coalition) meeting process. More clients were returning to in person services by November, 2022 which also indicated a need for increased staffing. Anchor Health Management (AHM) use trainees from local masters programs to staff some positions. Neighboring counties pay more, so people commute outside Mendocino County to earn the extra dollars.

2. CalAIM (California Advancing and Innovating Medi-Cal) expansion of Medi-Cal and access to mental health insurance coverage

CalAIM is a new state program which aims to expand Medi-Cal services by altering medical necessity requirements so more persons can qualify for mental health services. California is working on parity requirements to create a standard of care across the system. Currently, Medi-Cal only serves persons with serious mental illness (SMI) who meet criteria. Persons classified as having mild to moderate mental health issues are served by Beacon, other private insurances or are uninsured.

3. 988 Suicide and Crisis Line roll out

The local crisis agencies and BHRS will continue to inform BHAB on what is happening at the state level and how the 988 Crisis Line will be rolled out. Currently, we have a 24 hour Crisis hot-line and two agencies providing crisis respite beds.

4. Crisis Services Summary

Crisis services meets with jail discharge planners weekly. Crisis is contacted for services when an individual is due to be released from jail in order to connect them to appropriate services and needed medications. Aftercare for released individuals continues to be a barrier to services as these services are voluntary. Mendocino County is seeing about 6 to 8 people/month from Lake County coming to access our services as they do not have the services. This additional load is time consuming for local

hospitals and has a large financial impact on the county. One outcome from the Stepping Up Committee meetings is the beginning of an alert system put together by BHRS, ACT and UPD to assist law enforcement in figuring out where a client should and could go before they end up in jail. Mobile crisis is available seven days a week and can assist in this process. The Crisis Residential Treatment Facility (CRT), “Orchard Project” obtained its license this year and opened its doors in May, 2022. BHAB has been in support of more crises services on the coast. Data Notebook reports an increase in youth receiving services who report significant levels of anxiety and depression and an increase in the use of crisis intervention services for youth. Anchor Health Management (AHM) provided a new 4 bed Crisis Residential Treatment facility for children on Cypress St. in Ft. Bragg in November. AHM provides medication support, hospitality and outpatient services at the facility.

5. Psychiatric Health Facility feasibility study and BOS recommendation

BHRS and partners (County General Services and Facility and Fleet departments, Nacht & Lewis, AECOM, LACO) presented to the BOS three options for the construction of a PHF at the Whitmore facility as follows: rehabilitation of existing structure; demolition and rebuilding, and consideration of a different site. The team concluded that demolition and rebuilding was the best option and the BOS agreed. The projected timeline was 38 months. The PHF will be a “super” PHF in order to meet Medicare and Medi-Cal standards. It will be a 16 bed facility and the plans for demolition are proceeding. As of 12/ 2022 all items have been removed from the Whitmore facility. BHRS insured that NAMI Mendocino will have an office on site as family education and access is critical to the support of persons with serious mental illness who have been hospitalized.

6. Need to increase the number of beds in the state mental health hospital system

In a finding in case Steeveti vs. Clint Denon the California State Supreme Court ruled that holding defendants in local county jails who have been deemed incompetent to stand trial by Superior Court judges is cruel and unusual punishment and unconstitutional. This ruling demonstrated the acute need to increase the number of beds in the State Hospital System to prevent incompetent individuals from spending months incarcerated, often in solitary confinement, while waiting for a bed.

7. Increase in Conservatorships

The increase in the number of conserved persons with severe mental illness has large impacts on the budget according to BHRS Director Miller. Realignment funds are used to cover these costs.

8. MHSA Quarterly Updates

Agencies Manzanita and Tapestry are exploring the idea of merging the agencies in 2022. Staff and clients have been picked up by other agencies. There is a daily ACT meeting of agencies to address the needs of the most acute clients. The Children’s system of care is still of concern compared to previous years. Staffing shortages have led to delays in care, which especially impacted youth. RQMC has addressed Corrective Action Plans (CAPs) and provided corrective plans to address appointment timeliness and timeliness from moment of service request to first offered appointment. MHSA and Quality Improvement (QIC) Stakeholder Forum Schedule for 2022-2023 was published and MHSA Annual Update FY 2022-2023 report was provided to BHAB for input.

9. In Person meetings begun

The first person hybrid meeting began October, 2022. Board members, staff and public members approved and are supportive. The Behavioral Health Regional Training Center opened April 26, 2022 and BHAB held its third in-person hybrid meeting at the Training Center in December 2022.

10. EQRO Mental Health Plan FY 2021-22 Report

Agencies prepared for External Quality Review Organization (EQRO) that reviews County processes, functions, staffing levels and compliance with local mental health laws. Final Mendocino Mental Health Plan (MHP) recommendations included the need to increase bilingual staffing and the development of mentorship programs to increase options for interns in order to develop and retain staff. Re-hospitalization rates for Mendocino County are reported to be below state average levels.

11. TeleHealth Services

The use of Telehealth services has increased. These services worked better for adults than youth, allowing for more staff flexibility in scheduling and contact with clients.

12. Tribal Advisory Committee

Board members discussed the possible creation of a Tribal Advisory Committee to enhance communication regarding the mental health services that Native Americans are provided and to receive feedback from tribes regarding these services. The concept was that the Committee would be appointed by the tribes to speak to and advise the Board quarterly regarding their local mental health needs. Dr. Miller and Chair to discuss the concept with County Council.

ACCOMPLISHMENTS

The following is a list of accomplishments and actions taken by BHAB as well as Presentations to the Board by a variety of community agencies used for Board edification and action:

Flowcharts updated for distribution.

MHSA Plan Updated.

Data Notebook Committee began work on Data Notebook. The focus of the Notebook this year is the impact of the Covid-19 public health emergency on 1) the behavioral health of vulnerable populations and 2) the ability of county behavioral health departments to provide mental health and SUD treatment in 2020 and 2021.

Dr. Miller presented an overview of Mendocino MHP State Audits Results to the Board for review and comment.

September 2022, three applications for BHAB membership were endorsed and sent for approval to the BOS that approved all three.

November 2022, new Executive Committee officers were approved for 2023 as follows: Flinda Behringer, Chair; Michelle Rich, Vice Chair, Jo Bradley, Secretary and Richard Towle, Treasurer.

BHRS staff provided a copy of the ASO/Provider contract to the Contracts Committee and a list of all contracts was to be provided to the committee later in the year.

Presentation made to Board by NAMI. Native Connections group formed with NAMI and tribal members whose purpose is to identify and discuss the gaps in mental health and substance abuse services within the Native American community.

May is Mental Health Summit Presentation by Manzanita.

Per BHAB discussion on the need for deescalation training, BHRS and MHSA provided a training in June on Cultural Responsiveness and Tribal Communities which covered the Native American experience of historical trauma and local experiences of discrimination and institutional distrust and explored clinical ways to improve trust and overcome barriers.

Ford Street funding request to expand services for their social detox was reviewed with BHAB. Their proposal includes a new treatment area and the building of a new 22 bed sober

living dorm for men. Public concerns expressed are that other detox models need to be looked at and that dual diagnosis issues have not been addressed. Suggestion was made that opioid settlement funds might be used instead of Measure B funds, an issue which has not yet been decided. The Grand Jury report does state that Measure B funds are supposed to be used for SUD treatment. BHAB member, Michelle Rich, brought board concerns to the Measure B Committee.

Presentation from New Life clinic which is a new opioid use disorder treatment facility in Ukiah, which also offers MAT (Medication Assisted treatment) services.

Per BHAB request, Dr. Miller provided an overview of the county process regarding certification to obtain a 5150 card. All staff are required to do 5150 training. Sarah Livingston, Director, Redwood Community Crisis Services, followed up the presentation with a discussion of the 5150 process after the county approves and issues the 5150 card to staff.

BHAB Treasurer, Richard Towle attended CALBHB/C quarterly meeting in Chico and reported back to BHAB. He reports attendance was 20 in person and approx 45 via Zoom. He said many other counties are having difficulty recruiting BHAB members.

BHAB Secretary, Jo Bradley, began work on local advertising and possible media campaign to increase membership on BHAB. In August BHAB reviewed and approved a PSA recruitment announcement to air on radio for the coast and inland.

Mendonoma Health Alliance, whose mission is to improve local access to wellness education and prevention services gave a presentation on their anti-stigma campaign which includes videos of personal stories of community members who have overcome addiction. They provide substance use prevention education in the schools. One of their goals is to provide someone with recovery experience to help lead people through their recovery process.

Substance Use Disorder Treatment Youth Prevention was presented by Buffey Bourassa, BHRS Community Wellness Program Administrator. Her main focus is prevention at all levels of substance abuse as well as community outreach which includes: health fairs, farmers markets, Willits High School, Native American Club, Friday Night Live programs and the Arbor Youth Resource Center. A county-wide tribal youth program was created to promote their community wellness programs. Funding sources are the SABG grants and COVID-19 relief funding from the CRRSAA/ARPA grant.

Elevate Youth Prevention Grant was presented by Karen Lovato, BHRS Senior Program Manager. The grant is DHCS via Sierra Health Foundation Center for Health Program Management. The grant award is \$600,000 and it's term is 2/16/2022-11/15/2024. The grant focuses on youth activism via mentoring and Peer to Peer use. The goal is to prevent the occurrence of youth substance use disorder through a policy, systems and environmental change approach. Outcomes include investment in youth empowerment, leadership and development.

Steve Dilley, Executive Director for Veterans Art Project, presented information on the statewide innovation grant which offers pop up art cafes for veterans mental health in 5 different CA counties, one of which is Mendocino. Deena Watson will host a pop up cafe in Mendocino and will keep BHAB informed of their progress.

ABOUT THE BOARD

The Mendocino County Behavioral Health Advisory Board (BHAB) serves as an advisory Board to the Board of Supervisors and the local Behavioral Health & Recovery Services Director. The Board is charged with, among other responsibilities, the duty to review and evaluate the community's public

mental health needs, services, facilities and special problems in any facility within the county or jurisdiction where mental health evaluations or services are provided. The Board may review county agreements and make recommendations regarding concerns identified within these agreements.

BHAB is a 16 member board that represents consumers, family members and the public. One county supervisor sits as a non-voting, ex-officio member. BHAB is committed to consumers, their families, and the public and to the delivery of quality mental health care whose goals are recovery, human dignity and the opportunity for individuals to meet their full potential.

Meetings

12 regular meetings were held in 2022. No special meetings were held in 2022.

Committees

BHAB currently has 7 Ad Hoc committees. Two of these committees (Data Notebook and Public Comment) were added in 2022. The following are the Committees and their members:
 Advocacy and Legislation Committee: Jo Bradley, Secretary and Michelle Rich, Chair
 Appreciation Committee: Sergio Fuentes and Martin Martinez
 Contracts Committee: Julia Eagles, Vice-Chair, Sergio Fuentes, Mills Matheson and Michelle Rich, Chair
 Data Notebook Committee: Flinda Behringer, Vice-Chair, Mills Matheson and Michelle Rich, Chair
 Membership Committee: Flinda Behringer, Vice-Chair, Jo Bradley, Secretary, Julia Eagles, Vice-Chair, Denise Gorny and Michelle Rich, Chair
 Site Visit Committee: Flinda Behringer, Vice-Chair, Sergio Fuentes, Martin Martinez and Richard Towle, Secretary
 Public Comment Follow-Up Committee: Martin Martinez and Jeff Shipp

Board Members

We began the year with three vacancies and are grateful to the members of the community who stepped up this fall to join us in service; Cayo Alba, Perri Kaller and Laura Betts. Three current members resigned this year: Julia Eagles, Mills Matheson and Larann Henderson. We continue our outreach for members, especially from District 4 which contained 3 vacancies for 2022. Current Board members include:

1st District	Term ends	3rd District	Term ends	5th District	Term ends
Denise Gorny	4/1/24	Laura Betts	12/31/23	Flinda Behringer	8/1/25
Lois Lockart	12/31/24	Perri Koller	12/31/25	Jo Bradley	12/31/24
Richard Towle	12/31/25	Jeff Shipp	12/31/25	Martin Martinez	12/31/25
2nd District	Term ends	4th District	Term ends	Officers:	
Cayo Alba	12/31/25	Vacant	2025	Chair: Michelle Riich	
Sergio Fuentes	8/1/24	Vacant	2025	Vice-Chair: Flinda Behringer	
Michelle Rich	12/31/24	Vacant	2025	Secretary: Jo Bradley	
				Treasurer: Richard Towle	
BOS Supervisor: Maureen Mulheren					

Recognition of Service

BHAB would like to recognize the service of the staff members of the Behavioral Health Services, in particular the leadership of Dr. Jenine Miller and Karen Lovato as well as the

administrative support of Lilian Chavoya, Rosanna Santos and Dustin Thompson. Dr. Miller was selected to serve on the National Opioid Leadership Network. This Network is a learning and leadership building community of county officials pursuing innovative and evidence-based solutions with opioid settlement funds. She is the only representative from California. County behavioral staff and contracted agencies throughout the county continue to assist clients and we appreciate their commitment to serving individuals and families in Mendocino County.

BHAB would also like to recognize the guest speakers who took time to educate the Board about needs and services in the county. These include: NAMI, Manzanita, New Life clinic, Mendoma Health Alliance, Buffey Bourassa and Steve Dilley.

Finally, BHAB would like to recognize and thank the Board members who resigned this year. They are: Larann Henderson, Mills Matheson and Julia Eagles. We appreciate and thank them for their service on the board and their service to the community.

THANK YOU!

ISSUES TO WATCH IN 2023

In 2023, the issues that we expect to be important to monitor include: jail services and hold times before transfer to state hospitals; the need to advocate for an increase in State Hospital beds; the development of housing locally; staffing shortages and increased need for college clinical training programs; attention to the children's' system of care and the implementation of CalAIM and the opportunities it may bring for serving the needs of the mild to moderate mental health population.

RECOMMENDATIONS

1. Designate an ad hoc committee to make actionable recommendations for increasing adequately trained mental health professionals. For example, a psych tech program; student loan forgiveness programs; housing incentives for relocating; partnering with a research university to develop a pipeline of appropriate professionals (similar to the Adventist Health Residency program) and encouraging retention of existing employees through incentives and appreciation programs. The county has already provided a student incentive by releasing some MHSAs to pay student debt and Mendocino College is looking at a psych tech program in collaboration with Napa College. These efforts and others require increased board and financial support.
2. We have made progress in providing housing for the seriously mentally ill. We recommend continuing the development of housing options for the seriously mentally ill population and hosting community meetings at the locations of proposed projects to address local community concerns.
3. Continue to monitor the use of Measure B funds through the audit as well as the development of a management plan to increase efficiency and transparency.
4. Address financing issues for the mild to moderate population and become knowledgeable about the systemic changes brought by CalAIM.
5. Focus on the need to increase the provision of SUD treatment and residential services. Overdose deaths increase year after year and there is an increase in Emergency Department visits related to adult alcohol and drug misuse. Since SUD facilities tend to be full, we recommend an increase in these facilities. Mendocino County has social detox programs. We recommend working with the hospitals and agencies to also provide medical detox services.

5. Continue to advocate for broadband needs in Mendocino County. There is an inadequate supply of psychiatrists in Mendocino County and many of their services are provided by Telehealth. As the COVID-19 restrictions are lifted, we are still seeing clients who prefer to obtain services through Telehealth. This trend is increasing as Telehealth worked well for adults and they are likely to continue this preference in the future.

6. Make a sustained effort with the assistance of the BOS to recruit members to the BHAB, including a Veteran member.

ADDENDA

Letter to Broadband Alliance from 2021

Data Notebook