



**MENDOCINO COUNTY
BEHAVIORAL HEALTH
ADVISORY BOARD**

REGULAR MEETING

MINUTES

**March 27, 2024
1:00 PM – 3:30 PM**

Location: Behavioral Health Regional Training Center, 8207 East Road,
Redwood Valley

**Chairperson
Vacant**

**Vice Chair
Perri Kaller**

**Secretary/Treasurer
Jo Bradley**

**BOS Supervisor
Mo Mulheren**

**1ST DISTRICT:
DENISE GORNY
LOIS LOCKART
VACANT**

**2ND DISTRICT:
MARK DONEGAN
VACANT
VACANT**

**3RD DISTRICT:
JEFF SHIPP
PERRI KALLER
VACANT**

**4TH DISTRICT:
VACANT
VACANT
VACANT**

**5TH DISTRICT:
FLINDA BEHRINGER
JO BRADLEY
MARTIN MARTINEZ**

OUR MISSION: *To be committed to consumers, their families, and the delivery of quality care with the goals of recovery, human dignity, and the opportunity for individuals to meet their full potential."*

	Agenda Item / Description	Action
1. 3 minutes	<p>Call to Order, Roll Call & Quorum Notice, Approve Agenda: <i>Review and Possible Action.</i></p> <ul style="list-style-type: none"> • Vice Chair Kaller called the meeting to order at 1:06pm • Members Present Gorny, Donegan, Lockart, Kaller, Bradley • Supervisor Mulheren was present 	<p>Board Action: Motion made by Member Gorny, seconded by Member Donegan to approve the March 27, 2024 Agenda. Motion passes.</p>
2. 2 minutes	<p>Approval of Minutes from the February 28 2024, BHAB Regular Meetings: <i>Review and Possible Action.</i></p>	<p>Board Action: Motion made by Member Gorny seconded by Member Donegan to approve the previous meeting minutes. Motion passes.</p>
3. 10 minutes (Maximum)	<p>Public Comments: <i>Members of the public wishing to comment on the BHAB will be recognized now. Any additional comments can be provided through email to bhboard@mendocinocounty.org.</i></p>	<p>Board Action: None</p>

	<ul style="list-style-type: none"> • Member Lockart discussed if the board could possibly have a front page article or something that discusses the BHAB funds and what the board is doing. • Member Gorny stated that there is a Point in Time County that is now available and might be helpful to review to see who is homeless. • Supervisor Mulheren discussed that homeless in the community has reduced by around 23%. • There is a lot of confusion around BHRS only serving Specialty Mental Health/Severe Mental Illness and that not all of those individuals that are homeless in the community fall into those categories. • Vice Chair Kaller said that it would be a good idea to have a website of resource and a map to them. 	
<p style="text-align: center;">4. 30 minutes</p>	<p>Board & Committee Reports: Discussion and Possible Action.</p> <p>A. Vice Chair – <i>Perri Kaller</i></p> <ul style="list-style-type: none"> - AB 817 Updates: Nothing from AB817 yet. Nothing to report <p>B. Chair – <i>Vacant</i></p> <ul style="list-style-type: none"> - N/A <p>C. Secretary/Treasurer – <i>Jo Bradley</i></p> <ul style="list-style-type: none"> - Measure B Update – Nothing to report. No Measure B meeting happened to report on. Member Bradley stated that she is concerned about the impact of Prop 1 on Measure B and BHAB. - No Measure B funds have been expended to fund the jail as of yet, but the Executive Office is putting together information on the interest cost for the loan. <p>D. Appreciation Committee – <i>Member Martinez</i></p> <ul style="list-style-type: none"> - Nothing to report 	<p>Board Action: None</p>
	<p>E. Contracts Committee – <i>Vice Chair Kaller, Member Behringer</i></p> <ul style="list-style-type: none"> - Nothing to report <p>F. Membership Committee – <i>Vice Chair Kaller, Member Behringer</i></p> <ul style="list-style-type: none"> - Nothing to report <p>G. Public Comment Follow-Up Committee – <i>Member Martinez and Shipp</i></p> <ul style="list-style-type: none"> - Nothing to report <p>H. Site Visit Committee – <i>Chair Kaller, Member Behringer & Martinez</i></p> <ul style="list-style-type: none"> - Nothing to report <p>I. CIT Committee – <i>Member Gorny</i></p> <ul style="list-style-type: none"> - The Committee met, but are having trouble getting officers to attend. The Regional Center was invited to attend and they had some suggestions for trainers for CIT Training. - There was a discussion on the current state of the committee and the current state of the training. <p>J. Tribal Advisory Committee – <i>Member Martinez</i></p> <ul style="list-style-type: none"> - Nothing to report <p>K. Nomination Committee – <i>Member Gorny</i></p> <ul style="list-style-type: none"> - Nothing to report 	
<p style="text-align: center;">5. 20 minutes</p>	<p>Data Book- <i>Vice Chair Kaller, Member Behringer</i></p>	<p>Board Action: Motion made by Member Donegan seconded by Vice</p>

		<p>Chair Kaller to approve the Data Notebook to be submitted to the State as it was presented and to have if brought back next BHAB meeting to review more in depth. Motion approved.</p>
<p>6. 25 minutes</p>	<p>Crisis Assessment with Regional Center Clients – Sarah Livingston Redwood Community Services Crisis Services Director</p> <ul style="list-style-type: none"> - Sarah Livingston: There is a concern about RCRC population and how they are being served, every crisis intervention is the same and unique from one another, it is the same process for every client, but circumstances will be different. People worry how long and complicated it will be, as well as how much case management there will be. These are often lengthy interventions, these clients may already be connected to RCRC and may have never had a diagnosis, working those things out can take time. - The first year they served 174 people. Now serving about 2200 crisis interventions per year. Over 11 years have had over 18,000 crisis interventions. The most complicated people obviously need more support. There is a lot of Case Management getting reconnected to services. It is all voluntary, if they are not on 5150, they will decide if they will be involved and may decide they do not want support. - Question: If you have someone who is not currently receiving RCRC services, where someone has left that system, something has lapsed, a parent has died, or the client does not have continuity of care, how does that work going forward? <ul style="list-style-type: none"> o Those situations are very complicated. Our crisis model is exciting because we have up to 60 days of follow up and we now have 3 houses (20 beds). o If someone has lost housing and needs additional support and if we have the ability, we will house them, do respite and residential treatment, and then transition to other levels of care. o 60 days gives a nice buffer to get them connected to services, 60 days starts after the Crisis Intervention. They have to be able to benefit from treatment, but they can be declined by acute psych hospital while on a 5150, that is where we have to work really hard to find them care. - Question: Is there a way this is broken out for tracking for how often people are seen with special needs – <ul style="list-style-type: none"> o That is not a typical scenario and is not currently tracked, but we are looking into a new EHR that does have more tracking capabilities. If we see that someone has special needs and needs additional support, we are following through and making sure they get what they need. The 	<p>Board Action:</p>

	<p>problem arises when those people don't meet the criteria, but they are still worked with to get them to a place of safety. We want to make sure everyone is getting the best services from the best place. Everyone that goes through these houses are tracked. If someone is 5150 and 5250, then Crisis takes over services once they get out of the Acute Psychiatric Hospital, making sure all medications are dealt with and that they are getting psychiatric appointments setup.</p> <ul style="list-style-type: none"> - Question: Does your office have contact with people in crisis management that have emotional trauma where just medication does not help? <ul style="list-style-type: none"> o We provide case management, therapy, and rehab, they help them work through that and make sure they are getting connected to services and getting what they need. - Question: For crisis patients, how much time are they allotted for therapy? <ul style="list-style-type: none"> o An hour a week, but also there is Case Management, Rehab, and adjust as needed. 	
<p>7. 20 minutes</p>	<p>Innovation project: Pinoleville Native Warm Line- <i>Karen Lovato Acting Deputy Director.</i></p> <ul style="list-style-type: none"> - Rena Ford, MHSA SSA – Innovation projects are a way for us to take something the community says they may want or need and make it a reality. If successful, it can be shared with other communities. - Allows us to customize services to our county specifically. 5% of the MHSA budget is for Innovation Projects. - The funds that we are talking about today are funds that we have already received, we bank it prior so that we know what we have for the project and don't run into any funding issues. - Why a Native Warmline? – The Native populations are an underserved population, they have a higher suicide rate, historic trauma, and stigma. - Native communities do not use crisis as much as other groups. Native Americans make up 7% of the county population and through MHSA 10% of the people that received services were Native American. - Demographic data does not always show in the reporting, there is no way to distinguish those coming through multiple times vs being seen only once. - The suicide rates in CA is 11.2 out of every 100,000, Mendocino average is 20.8, and among Native American is almost 29%. - The stigma remains high, most people wanted the help, but do not like to refer to it as Mental Health, most would accept services, but only if they are not called that. - Some additional reasons for not using the services are transportation issues, financial impacts, being removed from support structures, and being removed from responsibilities that exist in their community. - With the native warmline we saw there was a gap in services. There is a crisis line and DV line dedicated to Native Americans, the current Warm line and Access Lines are not Native Specific, 	<p>Board Action: Motion made by Member Gorny seconded by Vice Chair Kaller to approve the presentation and project. Motion passes.</p>

	<p>while it can be used, you are not as likely to speak with people with similar lived experiences or cultural backgrounds.</p> <ul style="list-style-type: none"> - We are trying to learn why Native Americans are not seeking help for Mental Health issues, how to provide better access to needed Mental Health services and what are the barriers they are experiencing. - The warmline seeks to create a tip sheet on how to best help with a low barrier and provides a place to answer questions that maybe generational. - The warmline would be staffed by people with lived experiences and makes it more culturally approachable. Project was put together by Pinoleville and would be staffed by them also and would have other tribal partners. The budget would consist of Personnel, operating costs, nonrecurring costs (equipment), other expenditures (Admin costs). - Will be trained to also provide linkages to services or crisis if needed. - The hope is that the warm line will provide the resources needed to keep clients from having to go to a higher level of care. - The total budget set aside for this is \$1,001,395. - Next steps are this presentation and approval, a 30-day comment period, MHS OAC Approval, and BOS approval, the project would likely start next year, if it is approved. - 	
<p>8. 20 minutes</p>	<p>Mendocino County Report – Jenine Miller, BHRS Director</p> <ul style="list-style-type: none"> A. Director Report Questions B. Psychiatric Health Facility Update <ul style="list-style-type: none"> a. Bid documents set to go out end of April or early May. C. Staffing Update <ul style="list-style-type: none"> a. Hiring freeze; continue to recruit mandated positions. D. Care Court <ul style="list-style-type: none"> a. Starts in December 2024. It will cover ages 18 and above with schizophrenia, psychiatric disorder, or severe mental illness and not receiving ongoing treatment, it really reduces the amount of population that we originally thought it would serve. b. BH Court seems to be working fantastically, all agencies are involved and meeting every few months and they all come to the table, the judges are very passionate about doing the work. 	<p>Board Action:</p>
<p>9. 10 minutes</p>	<p>Anchor Health Management Report – Anchor Health Management Inc.</p> <ul style="list-style-type: none"> A. Services Update – N/A B. Staffing Update – N/A 	<p>Board Action:</p>
<p>10. 3 Minutes</p>	<p>Member Comments:</p> <ul style="list-style-type: none"> • No member comments 	<p>Board Action:</p>
<p>11. 2 minutes</p>	<p>Adjournment</p>	<p>Board Action: Motion made by Member Lockart seconded by Member Gorny to adjourn the</p>

		meeting. Motion passes; meeting adjourned 3:34pm
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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.gov | WEBSITE: www.mendocinocounty.gov/bhab