MENDOCINO COUNTY

MENTAL HEALTH ADVISORY BOARD

2015
ANNUAL REPORT

Fiscal Year 2014-2015
Mendocino County
Mental Health Advisory Board Annual Report

To the Attention of the Mendocino County Board of Supervisors:

We are a California State mandated Board, made up of lay people, consumers of mental health services, family members of consumers, and interested public individuals (CA WIC Code #5600-5623.5), all working toward the common goal: ongoing and persistent improvement in the delivery of services provided to those in our County suffering from the effects of mental illnesses. Our Mendocino County Mental Health Board succeeds when it feeds on easily accessed information. The specific kind of care given to our consumers and their clinical information is understood to be of no concern or business of ours. However most to all of the operations, mechanisms and financial information regarding the delivery of mental health services by the County program to these individuals is our primary concern and our business. The following report addresses our success in achieving the understanding of this multimillion dollar complex of the Mendocino County Mental Health Plan, MHSA 3 Year Plan, and delivery of state and county funded services to those who need them.

I begin with heartfelt thanks to retiring volunteer members: Vonna Kindred-Myers (10 years); Jim Bassler (3 years); Jane McCabe and Debra Ponton. These members have all contributed countless hours of driving, meetings, deliberation both personal and public, to make an improvement in the lives of those who are affected by mental illness who are living in this County. Thank you all very much.

ACCOMPLISHMENTS OF THE MENDOCINO COUNTY MENTAL HEALTH PROGRAM

The transition from a county services provided mental health system to a private administrative service organization is nearly completed, after 22 months of successes, conflicts, trainings, misunderstandings, learnings, hirings, firings, arguments, meetings and persistence. I am sure that both this County and Ortner Management Group have been transformed in ways they never imagined. We, as a group, deal mainly with perceptions. I would state as Chair that after these many months our Board sees improvement in the delivery of mental health services to our clients.

A County as geographically large and diverse as ours has not yet seen the equal pressure applied to the delivery of State required mental health services. Few counties if any are meeting the State requirements. It will always be an expressed goal of our Board to provide balanced and robust services to all of our patients.

1. The extension of our County's 11:00 Court Calendar to the coast, if as successful as our Ukiah Valley Court, will be a well received addition to serve our seriously mentally ill patients who have come into contact with the criminal justice system. The power of the Court to bring together mental health providers with clients has been exceedingly successful. Without extracting figures or data from this program, which are sorely needed, I believe that by now more than 100 Mendocino County residents are not in jail and are receiving MHSA funded Full Service Partnerships. This is a good example of County collaboration, persistence and money well spent.

2. The improvements and trainings of the medical billing protocols administered by Ortner Management Group (OMG) can be nothing but an improvement over the past billing practices. Hopefully future audits won't shake the foundations of the Mental Health Program with withering deficits coming from 7 year old reconciliations. Unfortunately we won't know the answer to this question for another couple of years.

3. The MHB would like to thank Mark Montgomery of OMG for the training and open offer to conduct classes for Board members regarding "what it takes to become a good Board member". Much valuable give and take and a conversational style made these classes very helpful for all concerned. We now need one or two more on the coast.

4. The MHB would like to acknowledge the invitation from Mental Health Director Tom Pinizzotto for our Board to become involved with the California Association of Local Mental Health Boards and Commissions. Collaboration with our County and the other counties big and small throughout the State has proved to be an invaluable experience, to see the State mental health system from a different vantage point. The completion and submittal of the County's "Data Handbook" was an important achievement for both entities. Information is power.

5. LPS Conservatorships are ranging between the 50 to 60 mark as the months go by. These are court ordered by the WIC Code and put a financial burden on the County to provide these services. Are the hopes of these FSP recipients being realized? Do we have the capacity to do these beneficiaries justice?

6. Jay Holden's Restoration Program is up and running. This program works with misdemeanants who are assessed as unable to understand their Court proceedings. The goal is to restore these individuals who are languishing in jail without mental health services to competency. At this point, the mental health patients can proceed with their Justice Department requirements and receive a disposition. Rates of success will come after evaluation.

7. The MHSA Loan Assumption Program will be distributing funds to 5 applicants based on their cultural background and bilingual ability. The deserving applicants will receive around $5000 stipends to be announced later.

8. AB1929 has been passed by the legislature, and will release $1.3 million to create permanent housing for the Seriously Mentally Ill.

9. An intergovernmental transfer funding of $165,000 will be combined with the Wellness Program Grant of $40,000 to provide funds to create an outreach mobile program to outlying areas of the County. County mental health worker Joy Kinion will partner with law enforcement to ride together into outlying areas to provide mental health services, out of a Sheriff-provided vehicle. This program is near fruition.

10. On December 10, 2014 the Mendocino County Board of Supervisors voted 5-0 in favor of implementation of AB1421 or Laura's Law. Rollout was expected by July 1, 2015.

11. County Mental Health has hired a new Patients' Rights Advocate, Barbie Svendsen. This is a half time position.

12. The County Contracts Office has issued an RFQ (Request for Qualifications) to a list of public works contractors, to gather bids to provide for permanent housing for the SMI on the coast and inland. $800,000 is a small sum, given the demand, but at least a start on a long awaited project. These funds may be able to provide as many as 8 permanent housing units for the County's SMI.

13. Adam Brumm continues to work on an integrated, uniform system for the electronic reporting of medical records: providing quality and timely information to staff, ASOs, hospitals and medication suppliers.

ACCOMPLISHMENTS OF MHB/FISCAL YEAR 2014-2015

Guidelines and Goals determined as the fiscal year began, through the present

A. To increase level of MHB membership to full complement. (Our August meeting barely had a quorum.)

B. Create a strong, compliant ad hoc committee structure, reflecting our interests, to better understand the County's mental health system. An informed Board can be an asset to the County.

C. Provide Board of Supervisors with information and support to adopt AB1421.

D. Ask for a mental health fiscal team member to attend all MHB meetings.

E. Standardize data reporting to Board from ASOs and County Program.

F. Expressed concerns over closure of Buddy Eller Center.

G. Asked for a Memo of Understanding (MOU) (or change of policy) regarding suicidal ideation between Sheriff's Department and the Mental Health Program. Sheriff Deputies will always notify Mental Health Program of suicidal ideation communicated to Deputies by subject.

H. Invited Luisa Acosta from Nuestra Casa to address Board regarding cultural competency provided by Mental Health Program. Follow up meeting with Director Tom Pinizzotto.

I. Requested from County Mental Health Fiscal that quarterly fiscal reports be delivered to MHB in a timely fashion.

J. Requested from County Mental Health Fiscal or MHSA Program an accounting of individual FSP costs on a monthly basis.

K. Set up, with collaboration from Adam Brumm, a "data dashboard" to present to ASOs, to facilitate monthly data submittals to MHB from ASOs.

L. Supported an MOU and new contract between OMG and Redwood Quality Management Corporation (RQMC), regarding the care and responsibility of 18 to 24 year olds.

M. Attended many MHSA, MHSA Forum and financial meetings throughout the County.

N. Approaching a full complement of 15 with a waiting list of MHB Board members approved after being interviewed by the Mental Health Board.

O. Committee work and in depth ad hoc committee reports are at an all time high. All Board members participated in this comprehensive study of our County's mental health system.

P. MHB received word from Executive Office that implementation of AB1421 will be delayed until further notice. State audit shows Mendocino County was overpaid during time period of 2007-2010. At March MHB meeting, we were informed that Mental Health Program would not be affected. Health and Human Services, along with contribution of funds from HHSA administrative reserves, would slowly pay this debt off. Therefore questions arise about the delay of implementation of AB1421.

BARRIERS AND DISAPPOINTMENTS

1. Lack of communication with County Executive Office

We've never had the Director of Health and Human Services or the CEO make a presentation to our Board or come for questions and answers. The Board should be familiar with members of the financial department and the contracts office. The smarter the Board is, the better we can serve the BOS and the County mental health system. It is always our intention to be of positive service to the County regarding mental health concerns. As we are the sounding board for the public to the County Mental Health Program, our job is to inform the members of the public and ensure credible information is dispensed, and misinformation is corrected.

2. The delay of implementation of AB1421, the Assisted Outpatient Treatment Program, is a serious blow to the improvement of County services to the Seriously Mentally Ill and their families. This does not reflect well on the County's commitment to the Mental Health Board's mission statement:

"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."

3. It is in both our Board's and the County Mental Health Program's interests to fully collaborate in the collection of critical and public information. An informed Mental Health Board is a valuable asset to the Board of Supervisors and the County Program. We are an Advisory Board, and we take our mandate from the State very seriously.

4. One of my first questions upon meeting the new team leadership from Ortner Management Group was: "What about signage?" Why are our main mental health providers' signs in Ft. Bragg and Ukiah the size that they are, and why is the message so cryptic? May a discussion ensue?

5. We as the Mendocino County Mental Health Board are a State mandated body. We are part and parcel of the mental health system in this County. It was intimated at our January meeting that we as a Board had no direct access to information regarding our two administrative service organizations, and that all of our questions regarding finance, policy, personnel, organization and decision making would have to go through one single person, that being the Assistant Director-Health Services Behavioral Health and Recovery Services, Tom Pinizzotto. I think I speak for the Board that this fell on deaf ears. An Advisory Board receiving all of its information from one source is a self-cancelling phrase. I'm happy to say that since January's meeting our communications with the members of the County Mental Health Program have been open and refreshing.

6. The individualization of costs, diagnosis and duration of Full Service Partnerships remains an outstanding question, never answered. We wish to make sure that this benchmark program is thriving and fully supported. We are aware of the difficulties in retrieving this data.

7. 30% of Mendocino County's population is of Latino descent, and they are being ignored by the mental health program in this County. This is evident in an analysis of the adult system of care provided by OMG, that renders mental health services to less than 1% per month of the Latino population. The MHSA does not provide funding for any of the local agencies that provide 100% of the bilingual/bicultural services.

PERCEPTIONS, THE FUTURE AND CONCLUSIONS

PERCEPTIONS

We as a Board look to an increase in the demand for mental health services. This is a neighborhood, city, county, state and national public observation, and a cancer eating away at our resources and our community. We hear that our system of care is too complex, too top heavy, populated by meeting goers, where the concerns of finance trump clinical care.

We hear: What is being done every day to personally support the most fragile among us? Are mental health services considered a priority, a burden, or a compelling necessity? We hear: The system is in place, but underutilized. Where are the highly trained professionals, psychiatrists, psychologists, LCSWs, case managers and peer counselors? We hear: Why is medication support so much more important than follow-up therapy and the education that all SMIs need to come to terms with their illness, then understand how to recognize and control their symptoms? We hear: Does Medi-Cal pay for therapy?

FUTURE

This report from the Chair of the Mental Health Board is nothing but a general overview of the past year. The true grit from the people who populate our Board is found in the framework of understanding created by our new ad hoc committee reports. In these reports the Board has found a way to begin the explanation of our complex system. **These reports must be read.**

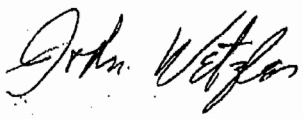
It will be our intention to reformulate and invigorate this ad hoc committee system into the core work of the Board in the coming years. We will also take a close look at our Bylaws, and consider some strategic updates.

Support for the efforts of Hospitality House in Ft. Bragg and the opportunity to create a viable mental health respite center in Willits serving the entire County at the old Howard Hospital site will be on our monthly agendas. Both will take political will from the County to reach fruition.

CONCLUSIONS

Our Board intends to continue to be a strong partner with our mental health system. We need transparency, collaboration and a free flow of information from all levels of our Mental Health Program to become that partner.

Respectfully submitted,



John G. Wetzler
Chair of Mendocino County Mental Health Board

Fiscal Year 2014-2015
Adult Services Ad Hoc Committee Annual Report

Background

Chair: Sharon Wolbach Member: Jill McCaughna

Focus: The Ad Hoc Adult Service Committee's focus this year was to: Review and evaluate contracts and subcontracts between ASO' and the County Mental Health Program and their providers respectively. Report findings and make recommendations to the Mental Health Advisory board by April 22, 2015.

Membership: Jill McCaughna was appointed to be a member of this Committee earlier in 2014. Sharon Wolbach was appointed as a member of the Committee in December 2014.

History: Prior to 2013, a decision was made to privatize the Adult Mental Health Services in Mendocino County. In 2013, the Ortner Management Group was selected to be the primary contractor for the provision of Adult Mental Health Services.

The contract between the Ortner Management Group and the County of Mendocino was signed on 1/11/2013, amended on 6/4/2014 and again on 7/9/2014. The term of this contract is stated to be "from July 1, 2013 through June 30, 2019." The total compensation payable to the Ortner Mgmt Group shall not exceed $6,743,340 for the first fiscal year. During the initial time frame of 6/1/13 to 6/30/13, $79,754 was awarded to the Ortner Management Group.

Contract language seems to be all-inclusive in regard to compliance with the law, the scope of work, the payment of terms, non-discrimination issues, cultural competency, insurance and licensing requirements and many other expectations. From the money provided to the Ortner Management Group, they have subcontracted with service providers assigning each subcontractor a sum designed to meet their contractual obligations. The Orntner Group has built a wide ranging system of subcontractors to provide mental health care and care management for adults residing in Mendocino County. Gaps continue to be identified and adjustments made.

Subcontracts between the Ortner Management Group and other Service Providers:

Although the Ortner Management Group has many contracts, this Ad Hoc Committee reviewed the contracts listed below. Contractual language appears to be standard between all of the providers. Examination of the contracts listed below show a detailed and comprehensive contract. For example: services must be timely, the subcontractor's staff qualified, with non-discrimination laws and that that they comply with the scope of services listed in the contracts.

The contracts allow The Ortner Management Group the right to provide training, provide needed oversight of services in terms of quality, effectiveness, compliance and other issues specified in the contracts.

The following contracts have been evaluated:

Integrated Care management Solutions (ACCESS/Crisis Centers) in Fort Bragg and Ukiah

Manzanita Services, Ukiah and Willits

Mendocino Coast Hospitality Center, Fort Bragg

Ukiah Senior Center, Peer Counseling

Redwood Coast Seniors, Peer Counseling, Coast

Redwood Quality Management Group

South Coast Seniors, Peer Counseling, Point Arena

Discussion:

Integrated Care Management Solutions (ACCESS/Crisis Centers) in Fort Bragg and Ukiah

The ACCESS centers are designed to be the entry point for services in Mendocino County. They provide mental health services and intervention for patients including those with suicidal ideation. Staff is on hand 24-hours a day. Staff answers eight hundred to nine hundred calls each month. When indicated, staff arranges for 5150's including transportation to a Psychiatric Hospital for appropriate treatment

Concerns have been voiced, that the 24 hour Access line is answered by a voicemail machine. In January 2015, this Committee was assured by Dr. Mark Montgomery that there no answering machines attached to the ACCESS/Crisis line. He stated that the voice mail charge was a misunderstanding dating from the time when the County provided services and used an answering machine.. The ACCESS centers have protocol that the crisis line be answered by staff on a 24 hour basis.

Concerns have been raised about appointment delays. On a Monthly basis, written reports are presented to the Mental Health Board regarding the activity of the ACCESS centers. In the reports are measures of Access Response time, Psychiatry Response time, Crisis Intervention Response time, a Hospitalization report, and appointment timeliness. Timeliness continues to improve based on the reports. Dr. Montgomery has presented informative training groups to the Board Members. He has also introduced ACCESS staff at our meetings.

Redwood Quality Management Company

In August 2014, the Ortner Management Group signed a contract with Redwood Quality Management Company allowing them to begin serving the mental health needs of youth up to age 25. This transition went smoothly and was done in the service of continuity of care and housing issues of youth. The Redwood Quality Management Company serves many foster youth who now are able to receive services up to age 25. Each month, Tim Schraeder, MFT kept the MHB up to date on the progress of the transition. Monthly, he also attends the MHB meetings to present a written report on quality measures of the clients they serve.

Manzanita Services, Ukiah and Willits

On 12/17/14, Susan Wynd Novotny, Executive Director of Manzanita Services gave a presentation to the Board with a focus on the activity at their centers. They provide WRAP, Resources, education, life skills, and Peer Support. Their services are available to individuals and families living with mental illness. A monthly calendar of activities is available as a visual reminder to their clients. The calendar also allows them to see the choices open to them. Manzanita Services appears to be meeting and often exceeding their contractual obligations.

Mendocino Coast Hospitality Center, Fort Bragg

Anna Shaw, the executive Director, has made several presentations to the Board. Recently, she discussed their hope to open a larger center using the old Coast Hotel in Fort Bragg. This will allow them to serve the mentally ill and the homeless population with more privacy than they currently have. Ms. Shaw insured the MHB that funding streams are kept separate to avoid a co-mingling of funds designed to serve the Homeless vs. funds designed to serve those struggling with Mental Illness.

On May 28, 2015, the Hospitality Center is sponsoring a full day program entitled "Mental Health First Aid" Completion of this program will allow attendees to become certified MHFA trainers.

Peer Counseling thru the Ukiah Senior Center serving Ukiah and Willits & the Redwood Coast Seniors serving Fort Bragg.

Once adequate funding is established, the South Coast Seniors Center will have a Peer counseling in Point Arena. On December 17 and again on April 15, 2015, Susan Bridge-Mount, LMFT, made presentations to the Mental Health Board regarding their Peer Counseling programs and training opportunities. The Senior Peer programs are designed to provide in-home peer counseling to under-served Seniors in Willits, Ukiah and in Fort Bragg. Their trained volunteers have donated over 900 hours in the past 3 years. They continue to encourage Seniors to become peer counselors. Point Arena is an area which needs a Peer to Peer program. They are meeting their contractual obligations.

Psychiatric Hospitals

The Ortner Management Group has contracted with several Psychiatric Hospitals in order to meet the needs of patients who require a higher level of care. On a monthly basis; they report results to the Mental Health Board. Given the fact that Psychiatric Hospitals are licensed and have oversight from various agencies, this Ad Hoc Committee has not evaluated their contracts with the Ortner Management Group. The Ortner group presents a Hospitalization Report to the MHB on a monthly basis. This report measures the total admissions, average length of stay, average Daily Census, patient days, re-admissions within 30 days, insurance coverage and the average length of stay in days.

Actions by the County

On 1/21/2015, Mr. Pinizzoto, Assistant Director introduced Joy Kinion as the Mental Health Rehabilitation specialist, Barbie Svendsen as the Patient Rights Advocate and Robin Meloche as the MHSA Coordinator. Since their appointment, they have focused on remote, underserved areas in Mendocino County. In partnership with the Mendocino County Book Mobile, information on Behavioral Health programs and resources are disseminated. In February, the mobile team went to Comptche, Philo and Boonville. In April, the mobile team went to Pinoleville, Hopland, Redwood Valley, and Potter Valley. A stakeholder Forum was held in Point Arena on April 8. The Outreach team has sponsored events in Gualala. The MHSA Coordinator held an Applied Suicide Intervention Skills Training in Point Arena on April 17 and 18. A Mental Health Awareness Event in Fort Bragg is being planned for May.

Although encouraged to discuss concerns with their provider, a 24 hour Access line is provided if the patient wishes to make a Request for a Change of Provider or to make a Request for a Second Opinion. An Appeal/Grievance Request and a brochure on Patient Rights are readily available to patients and are openly placed in the Access Centers.

Tom Pinizzotto, HHSA Assistant Director, keeps careful tabs on potential grants which may benefit our County. He has been successful in obtaining grant funding for many of our programs and is a valuable resource.

Service Gaps/Challenges

1. Many who suffer from Mental Illness also use illegal substances or use Alcohol in excess. Despite a previous mental health diagnosis, most psychiatric hospitals will not admit patients in acute stages of drug or alcohol abuse. Families frequently demand a solution and want the patient to be sent to a psychiatric hospital. When informed that the patient is not ready for treatment but, instead needs de-tox or substance abuse treatment

first, many families become angry. Often, they believe that the system has let them down. Voices are raised, blaming complaints are made.

This puts the ACCESS centers in an impossible situation. When overdosed, the patient is not accessible for psychiatric treatment. Because of privacy concerns, providers are unable to explain the primary issues to the public. The Service Gap involves the lack of de-tox facility. The only de-tox center in Mendocino County is the Ford Street center. They do NOT accept any insurance, require a minimum of a 3 day stay with a cost rate of $108 per day. Most of our clients do not have the funds to pay this cost. Without an affordable de-tox center in Mendocino Cty, treatment for mental health patients who overdose on illegal substances is non-existent. The lack of a de-tox center is a major service gap.

2. The importance of Peer to Peer counseling cannot be over-estimated. This is the only mental health program in the county designated to serve frail, isolated, often depressed Seniors.
   Currently, the Point Arena area does not have sufficient funding to enable them to provide a program. This Service Gap could easily be filled once funding is in place. On 2/27.2015, Senator Mark Leno introduced SB614 which establishes a Peer Support Specialist Certification to be administered by the Dept. of Health Care Services. "SB614 authorizes DHCS to amend the State's Medicaid Plan to add peer support providers as a provider type within the Medi-Cal Program, and seek any federal waivers or state plan amendments as necessary." Given our tight financial resources, this is an area which deserves to be explored as a way of filling this service gap.

3. NIMBY issues and a determined contingent of the population have slowed the progress toward the purchase of the Coast Hotel in Fort Bragg. If they are successful, Hospitality House will have to continue their search for appropriate facilities.
   Even if Hospitality House is able to convert the Coast Hotel into a larger facility, their proposal to blend the homeless population and the mentally ill is rife with potential problems. Privacy issues, competition for scarce resources, a different set of social skills may come forward. This is a challenge which deserves to be watched.

Recommendations

1. Establishment of a de-tox Center may alleviate public anger and allow more effective service to the mentally ill who often use drugs/alcohol to excess.
2. Look for more funding to enable Peer Counseling in the Point Arena area.
3. Hospitality House staff is working hard for the existence of a larger facility. The MHB needs to monitor the progress toward the conversion of the Coast Hotel.
4. Focus on the needs of the under-served populations next year, for example the Tribal Community as well as the Hispanic Community.

FISCAL YEAR 2014 - 2015
CRISIS CARE AD HOC COMMITTEE ANNUAL REPORT

Background

Crisis Care Ad-Hoc Committee Members: Nancy Sutherland, Chair, Kate Gaston, Jan McGourty, William Russell, Tammy Lowe and John McCowen.

Information Sources: Committee members interviewed and reviewed documentation provided by the following agencies:

- Redwood Quality Management Company (RQMC) and their subcontractor RQ^3
- Ortner Management Services (OMG) and their subcontractors Integrated Crisis Management Solutions (iCMS and Manzanita
- Mendocino County Behavioral Health and Recovery Services (BHRS)
- Ukiah Valley Medical Center (UVMC)Mendocino Community Health Center
- The names and affiliations of the individuals we spoke to are listed on at the end of this report.

The Crisis Care Committee's review consisted of three specific areas:

- The State mandated services set forth in the California Welfare and Institutions Code Section 56004.4
- The County's Mental Health Plan (MHP) responsibilities, and specific pre-crisis and crisis services provided by the contractors, (OMG) and RQMC.
- Identifying specific gaps in services and unmet needs and/or areas of improvement.

1. MANDATED AND CONTRACTED SERVICES

The California Welfare and Institution Code WIC 5600.4, identifies state mandated crisis services as follows: Immediate response to individuals in Pre-Crisis and Crisis and to the members of the individual's support system, on a 24-hour, 7 day a week basis. These services may be provided through mobile services. The focus is to offer ideas and strategies to improve the person's situation and help access what is needed to avoid crisis. The focus of crisis service is stabilization and crisis resolution, assessment of precipitating and attending factors, and recommendations for meeting identified needs.

Medi-Cal Requirements and the Mental Health Plan:

Mendocino County contracts with the State of California to provide certain Mental Health Services to the severely mentally ill (SMI) in order to receive Medi-Cal funding. This contract is referred to as the Mental Health Plan (MHP.) Per the MHP, the the County has agreed to provide the following crisis services: crisis services available 24/7, crisis residential treatment service 24/7, crisis intervention and crisis stabilization, crisis and acute inpatient hospitalization, and mental health services 24/7 to treat urgent conditions when emergency room professionals decide there is a psychiatric emergency. In a crisis, qualified medical professionals make the decision about what is needed: voluntary admissions, crisis counseling and/or medication

services, The County agrees to provide access to mental health services, maintain sufficient medical providers to meet patient needs and work with patients to ensure quality mental health services.

BHRS contracts with Administrative Service Organizations (ASOs). OMG, and RQMC to administer the MHP, and to achieve certain goals, including; reduced crisis response time, improved coordination with, and reduction of law enforcement time and manpower associated with crisis care. Pre-crisis and crisis services are provided for all ages. RQ^3 provides crisis services to children and youth, through age 24, regardless of their ability to pay or Medi-Cal eligibility. It also provides both aftercare and follow-up for up to 60 days. iCMS provides adult (25 years and above) crisis and follow-up services.

Recommendations Concerning Mandated and Contracted Services: It is the Committee's opinion that each of these obligations has been addressed; and each can be substantially improved. In the year and a half since privatization Mendocino County has established a workable structure on which to build. The Committee recommends the Committee convene under a new charge in 2015-2016, to more completely identify the specific challenges as well as best options and resolutions to issues noted in this report. As OMG and RQMC work with two separate age groups, it is important that the MHB spend the time to assess and support recommendations to the County for both groups and their specific needs, particularly around pre- and post crisis response and care, crisis interventions and working with families.

2. GAPS IN SERVICES, UNMET NEEDS AND ENHANCEMENTS TO EXISTING SERVICES

Concerns Identified by the MHB. Community and Consumers.

- **Delay of AB 1421 Implementation.** One of the MHB's primary goals and accomplishments was obtaining Board of Supervisors' approval for the implementation of AB 1421 (Laura's Law). Unfortunately, although the implementation of Laura's Law (Assisted Outpatient Treatment) approved by the Board of Supervisors earlier this year, it has been postponed from July 1, 2015 to an unspecified time in the future. This unanticipated delay eliminates for the time being an important link in the continuum of pre and post crisis care services. The MHB has strongly supported Laura's Law and was expecting it to be implemented for the benefit of individuals and family members who voiced a clear need for this support.
- The following **unmet community needs** were identified in the County's current pre-crisis and crisis services:
  - **Local Crisis Residential Treatment Center** allowing up to 30-day stays
  - **A Robust and Accessible Substance Abuse Treatment Program** with a strong co-occurring disorder component, crisis support and residential treatment options
  - **A Fully Operational, State of the Art Electronic Medical Records Program,** that efficiently connects State, BHRS the emergency room and health clinics
  - **Consistently applied Crisis Services, 5150 Rescission Procedures, and Follow Through at all service locations.** Multiple sources reported that Law Enforcement may deem

individuals 5150 prior to being sent to the ER, only to have the 51/50 lifted by Mental Health iCMS or RQ^3 with few or inconsistent follow up or safety measures.

Pre-Crisis and Crisis Services Overview

In Mendocino County, iCMS and RQ^3 are responsible for providing crisis care services for the severely mentally ill (SMI). These subcontractors are directly responsible for the provision of assessment and intervention, and follow up services as well as hospital placements. Other subcontractors provide outpatient services that may be considered pre-crisis services, these include Manzanita Services, Mendocino County Aids Hepatitis Network (MCAVHN), Hospitality House, Redwood Children Services, The Youth Project, Tapestry, and The Arbor. Many of the outpatient programs addressing these needs are funded by the Mental Health Services Act (MHSA). Intensive wrap-around services, Full Service Partnership (FSP) is an important MHSA funded program in the continuum of care.

Also critical to pre-crisis care for those not assessed as SMI are the behavioral health services provided by the health clinics, family physicians and local behavioral health professionals. PartnershipHealthPlan, the Medi-Cal manager for Mendocino County, has contracted with Beacon Health Strategies/College Health CIPA, to manage Medi-Cal billable behavioral health services in Mendocino County. The Affordable Care Act (ACA) Medi-Cal expansion has made behavioral health services available to a greater number of individuals many who do not qualify as (SMI) under the MHP, adding additional stress to all behavioral health services.

Accessible, responsive medication services are an essential component of pre and post crisis services. Until recently, medication services were provided by County Mental Health Services. During this fiscal year the process of transitioning to iCMS and RQ^3 began. It is 100% complete for inland clients and nearing completion on the coast.

New Services , Programs and Innovations

The BHRS is currently supporting, managing, implementing or procuring funding for the following programs:

- **Mobile Outreach Engagement and Triage Services**, a collaboration between the Sheriff's office and BHRS, creates a mobile unit to be staffed by a mental health outreach worker and a Mendocino County Sheriff's Office (MCSO) Sheriff service technician. This team provides rural and remote county areas with support and engagement and prevention in the rural communities, both North Sector and Coastal Sector, including South Coast. Unfortunately, although signed in February 2015, as of the date of this report, neither the vehicle nor the Sheriff's employee has been provided.
- **11 O'Clock Calendar** (similar to the former Mental Health Court), has been in operation for more than a year. The program requires individuals as part of the conditions of their probation to attend court regularly and compliance with his/her care plan. This is a collaboration between Probation, Superior Court and Mental Health, as well as OMG and MCAVHN. It is up and running and all indications are that it is successfully supporting positive change for the participants.

- The BHRS is also working on a program to provide peer – supported **outreach services to Point Arena and Covelo,** funded by Mental Health Services Act (MHSA) Innovation Funds. Both areas are remote with a significant Native American population. This program is in its early stages and requires State approval to proceed.
- **Welfare Check Policy.** Recently the Mental Health Board received a copy of a new policy signed by Director Pinnizotto. It provides that Sheriff's deputies responding to a request for a welfare check, will provide the individual with an Access Center referral card, and notify the Access Center regarding the occurrence of the welfare check. Law enforcement will provide information on the subject of the welfare check for follow up by county mental health service providers.
- **AB1421,** Laura's Law although approved and funded through the MHSA, appears to be at risk of becoming a missed opportunity to provide pre-crisis intervention benefits of Assisted Outpatient Treatment to MH consumers and their families.
- **The Wellness Grant.** BRHS is in the process of applying for a $500,000 Wellness Grant that, if awarded, may be used for a **Crisis Residential Treatment Center,** possibly at the old Howard Hospital site, or a similar facility that will provide desperately needed short term respite and treatment.
- **The Coast Hotel Project.** Hospitality House the City of Fort Bragg are working together to establish a facility to provide outpatient services and transitional housing. The MHB supports this project and hopes that it may in time become a model for other community based projects. It is extremely controversial in Fort Bragg.
- **The Levine House.** RQ^3 has reported that the addition of the Levine House transitional housing facility, operated by the Youth Project subcontractor, has helped fill a challenging unmet need. There are 3 beds available for youth ages 18-24 who need short term support that is not hospitalization

Enhancements to Current Programs

The privatization startup was slower than expected, due in part to Medi-Cal certification and training for subcontracting providers. Medi-Cal is an essential funding source. Improvement in the utilization and competency in Medi-Cal billing together with effective use of MHSA funds and peer support are essential for a strong, supportive pre-crisis and crisis care management. Expanding and strengthening pre-crisis and post crisis services is the most effective way to reduce mental health care costs, reduce hospitalizations, incarcerations and support consumers and families in dealing with the daily challenges of mental illness. The following is a list of urgently needed enhancements to pre-crisis mental health care:

- **Primary Health Screening and greater collaboration between primary care providers and MH service providers**; establishing an efficient and collaborative bi-directional referral system and an operational and connected Electronic Medical Records system to fully utilize and optimize the County's current behavioral health services, and a **working data reporting system** that enables the County to provide meaningful data on the mental health services and there outcomes.
- Easier direct **access to Medical Prescribers** regarding medication issues and adjustments. This includes jail medication services especially at booking and release.

- Improved, more hands-on **outreach services for Full Service Partnership** clients
- More **self-help support groups** for consumers and families ;including various education groups for consumers and families
- Improved **signage** and directions to the Ukiah iCMS Access Center, including words indicating "Behavioral Health Services" are provided at this site.
- BRHS and the ASOs do not currently serve non Medi-Cal clients. Efforts should be put in place to **effectively bill private insurance**. Mendocino is a rural and remote county with few private, licensed mental health care professionals available to fill this unmet need.

3. COMMITTEE COMMENTS AND OBSERVATIONS

Twenty-four hour crisis telephone lines are up and operating. There have been some reports of glitches with answering the phones, but iCMS has been amenable to working through and correcting the problems. The phones are answered 24/7 and an initial assessment/referral may be made at the time of the call. Despite reports that it is sometimes difficult to reach a live person, call back response time may take too long to be effective and most alarmingly that occasionally the mailbox is "full"; the 24/7 crisis line is a measurable improvement to pre-privatization mental health services.

A critical component of crisis response is the timing between the initial call/contact and arrival on-site of a mental health crisis worker. Response time appears to have improved. Both iCMS and RQ^3 have provided the MHB with data indicating they are meeting contracted response time goals. Current data is attached to this report.

Once again, a primary unmet need is a Crisis Residential Treatment Center (CRTC) or similar facility in a location reasonably accessible to both the coast and inland communities. CRTCs can be instrumental in reducing hospitalizations, which often involve a long wait in the ER waiting room or jail. According to ER Staff, the ER has experienced a significant increase in all ER encounters in the past year. There are ER 14 beds available, and it is estimated that typically two of those are occupied by someone presenting with a mental health crisis. These patients are often waiting for a placement at an out of county mental health facility or drug detoxification. Being held for up to 72 hours in the ER. The Committee strongly supports BHRS's efforts to obtain the Wellness Grant and continuing efforts to procure additional funding.

The Committee strongly recommends that the County move forward with the implementation of Laura's Law, specifically the formalization of policies and procedures and the recruitment and hiring of a Licensed Clinical Social Worker.

The Board heard several anecdotal concerns about medication management. These include: (1) consumers taken off medications they found effective with minimal side effects, then placed on replacement medications that were not as effective, or with more negative side effects. With no other explanation, this is often perceived as a cost saving effort; (2) the ER does not have a record of the consumer's medication when he/she was there in a crisis, mental health or other; (3) The ER does not have a psychiatrist on staff (5) consumers are experiencing difficulty receiving injectable medications, even when clinically indicated, possibly another cost-saving

effort; and (5) since privatization it is more difficult to have direct contact with the consumer's mental health medication provider regarding medication concerns or adjustment. This delay or lack of access to medical providers can be risky to consumers and their families, and may result to unnecessary visits to the ER while waiting for an appointment with the medication provider. The MHB does not follow up on these claims, but includes them as indicator of possible unmet needs.

The RQMC managers reported experiencing an increase in young adults, transitional aged youth (TAY) experiencing psychic breaks or severe disorders that are related to street drugs; with RQMC these cases are treated with mental health crisis care rather than judicial involvement. Drug related crises are causing unexpected additional stress on their system of care. We recommend the hiring of more staff with drug and alcohol certification and co-occurring disorder treatment experience.

Level of professional licensing, certification or experience of crisis workers, and case managers and high turn over rates remain a concern. We have concerns about the quantity and quality of crisis workers and case managers. Anecdotal information seems to indicate a high rate of turn over for ASO and subcontractor employees. Low salary and benefits as well as a tendency to use part-time and per diem providers may contribute to this problem. It is recommended that Mendocino County adopt higher academic and experience standards, pay competitive wages and benefits. We also encourage aggressive recruitment of bi-lingual, bi-cultural crisis workers and case managers; including, extra pay incentives.

Many consumers and family member continue to complain about the quantity and quality of Mental Health Services. We encourage community members to work with their providers, contact the new Patient's Rights Advocate and use the state mandated grievance process. The County needs to assure the Advocate has sufficient training, outreach materials and time to provide this vital State mandated service. We encourage the BHRS and the ASOs and their subcontractors to listen and respond to the community voices. Attached are several interviews conducted by Committee Member Tammy Lowe. These are raw, heartfelt stories told by real people and represent an important component of our report. Committee member William Russell describes a possible alternative to the current approach to MH services with a focus on outreach and intensive care management. A copy is attached to this report.

CONCLUSION

The ASO's contracted with County Mental Health in 2013. The transition to privatized services is this major shift of responsibilities and has created stress throughout both the provider and consumer communities. This ongoing process appears to have resulted in small but steady improvements. Increased hospitalizations and a suicide rate more than twice the State average are two indicators of the need for improved mental health services in Mendocino County. There appears to be an effort to improve networking and begin building a cohesive continuum of care within the ASO/subcontractor model. This effort is effective and appears to be steadily improving the mental health network and safety net. Much remains to be done.

SUPPLEMENTAL INFORMATION

Attachments

1. Observations of Committee Member Tammy Lowe based on recent interviews with homeless and/or mentally ill individuals in Fort Bragg
2. Proposal for a mental health outreach and care management model
3. Brief reports on tours of the iCMS and Fort Bragg Access Centers
4. Most recent (March, 2015) monthly crisis data from iCMS
5. Most recent (March, 2015) month crisis data from RQ3
6. Photograph of current iCMS/signage from Dora St. and on the doors of adjacent suites.

Interviews

The Crisis Care Ad Hoc Committee spoke with the following individuals regarding Mendocino County Crisis Care Services:

1. Tom Pinizzotto, Director, Mendocino County Behavioral Health Recovery Services (BHRS)
2. Mark Montgomery, iCMS
3. Todd Harris, iCMS
4. Dan Anderson, RQMC
5. Chandra Gonsalves, RQMC
6. Marvin Trotter, MD, Ukiah Valley Medical CENTER , Emergency Room
7. Frank Montgomery, LCSW Hillside Clinic, Ukiah
8. Sheriff Tom Allman failed to respond to multiple requests for in interview

Documents Reviewed
(Available Upon Request)

1. California Welfare and Institution Code, sections 5600-6523.5
2. Current County Mental Health Plan
3. Mendocino County 5150 Policy # P/P No. III.B-1
4. Mendocino County Crisis Policy #P/P No.III.B-2
5. Adult hospitalization data
6. Trending crisis encounter data
7. Suicide rate through 2012 indicating Mendocino County's rate as more than 50% higher than the State average.
8. Web site information regarding Beacon
9. Memorandum of Understanding between BHRS and the Mendocino County Sheriff
10. New policy regarding Sheriff's welfare check procedures
11. Wellness Grant
12. Preliminary outline of the MHSA innovation funded outreach project

From: **Tammy Bagley** [redacted]
Subject: My crisis report for 2014/2015 (sorry I do not have a word program on my computer
Date: April 16, 2015 at 7:46 PM
To: Nancy Sutherland [redacted]

Interviews with People who are Homeless for Mental Health Board by Tammy Lowe April 2015

I have been talking to the homeless or lost on the streets. They are here because the weather is good for camping and the churches offer good food. I recently talked with a Black woman whose face, neck, and arms were all painted in silver sparkle paint and covered in little square child photo type stickers. She had the stickers on her legs also and pulled a large cart loaded with her stuff. I said, "Hi, how are you." She said, "Good, I just bought some lotto tickets; now I'm waiting for Tuesday so I can check the numbers." I said, "Cool I hope you win!" She said, "Yeah I can check them on Tuesday to see if I won. I just bought them. Then she said, "I am also playing publishers clearing house on my cell phone." I said, "Awesome, where will they find you if you win." She paused and said, "I don't know, depends on where I am when I win." I said, "Ok, where are you from?" She said, "Chicago, Vegas, Sacramento." I said, "Oh, can I ask how you got here?" She said, "A couple friends I met brought me here; but now they are off doing their own thing and I'm probably going to leave back to Vegas because there are places in Vegas I can rent for $500 a month." "This town is bad because they don't have no houses in it to rent to people. I just bought my lotto tickets. I can check the numbers on Tuesday to see if I won." I said, Well, good luck to you on your travels." It's all so sad out there and I believe it's going to get worse all over this country.

Chris is a homeless man I talked with near the post office. He said he is here because he wanted to move into the Coast Hotel but then he found out people won't be living there. He thought it was a big hotel for homeless people. He doesn't want to go to Hospitality House because they have too many rules, and he doesn't want to clean toilets and stuff just to have a place to sleep. He is camping and says we have good camping weather. I noticed a hospital band on his wrist and asked if he was ill. He said he has a bad leg and foot, and can't breathe too good anymore so he had been to the Emergency Room a few times since he has been here. He had a sign that read "Anything helps thank you". He said, "Well I got to go, it's going to rain today and I need to find a shelter place for the rain time."

A woman said she would talk to me but did not want to give her name because she is afraid. She claims that one night while at the Hospitality House, she witnessed a young disabled man being abused at the House. She did not see it, but she and several other women could hear the abuse happening through the wall. A young man was being raped by a couple of other men in the room and he was crying and begging them to stop and to leave him alone. She claims that she went to the House Night Manager and told him what was happening and that he did not do anything about it. She said that was the last night she ever stayed at the Hospitality House and that she will never go back there. She spoke to the young man later and he told her he was raped there.

Leon [redacted] has been homeless on the streets of Fort Bragg for many years. I tried to talk to Leon the other day and asked him how he was doing. He just shook his head and kept walking, mumbling to himself as usual. I believe he sleeps mostly at the Fort Bragg post office as I see him there some nights when it's cold or raining. I've heard there is an order that states he cannot be in the Post Office sleeping. He has a long history of walking in front of vehicles on Hwy 20. On March 23rd I saw him doing this on Hwy 20 near the Wild Wood Campground. I hope Leon is not hit by a vehicle someday.

A woman and two adult children are living in their car. They came to Fort Bragg because they heard that the old Coast Hotel was going to be made into an apartment building for the homeless. They are seeking housing and want to remain anonymous out of fear of repercussions from sharing details of their experiences with homeless services. She said housing rules are so strict that she did not think they would be able to complete the required program to get help. Her kids had problems doing the chores perfectly. She claims if they are not done perfectly, they are belittled in front of other residents and it's embarrassing. You are given pink slips for rule violations and three slips gets you kicked out of the program. You are given a list of things you must do in order to be allowed back into the program." She was going to stay in the car until warm weather arrived and then camp out in the woods or maybe move back to the neighboring County where they originally lived. She claims Anna is very demanding and difficult to deal with, and that her staff is rude and uncaring.

On a personal note, My son is currently is crisis as he has become homeless he was given access to Hospitality house with a referral to a mental health bed of which I believe their are two available at that location. He also has a FSP worker who has been trying to stay in contact with him. I am not sure what the out come

will be all I know is I can no longer fight this endless hopeless battle I pray my son learns with help from his FSP partner his own life direction. and or that he has healing as OMG has stated that people heal from mental illness I would one day like to meet someone who has multiple mental health diagnosis and have them say I was once manic depressive bi polar schizophrenic but HEY I am all healed now no meds and life is good.

DRAFT Mental Health Board Crisis Committee Coast Report 11-19-14

Tammy Lowe, Kate Gaston, Malcolm Macdonald, Sonya Nesch visited the Fort Bragg iCMS Access Center at 544B South Main Street. John Wiser MFT, full-time iCMS employee gave us a tour and then talked with us, answering our questions. We also met Catherine MFT who works there 16 hours/week doing Non-Crisis Assessments. Rob Henderson, Rehabilitation Specialist is a third employee. Non-Crisis Assessments, and 5150 Crisis Assessments are done there. They have a County car and are able to transport people to hospital when necessary. Law Enforcement may bring someone in a couple of times a week. On Sunday, Monday and Tuesday, an employee named Annette answers after hours phone calls. The rest of the time, after hours phone calls are answered at the Ukiah iCMS Access Center. The majority of adult patients seen at the iCMS Access Center are homeless.

Standard Procedure is to have people in crisis sign a Release of Information so the Crisis Worker can talk to the family/friends when necessary.

If a 5150 hospitalization is required, information is faxed to Jessica Riley R.N. at the Yuba City Ortner campus. She has the final say and can admit them to North Valley Behavioral Health (Ortner Yuba City facility) or if that is full, find another hospital. Two Ortner physicians, Dr. John Riley and Dr. Foster are involved somehow.

If a Mental Health patient needs to talk to their doctor – John Garrett MD or Tim Jackinsky NP, they call Melinda Driggers at County Mental Health who can make an appointment with one of them. A patient cannot just call their physician. In the event of a new patient, it can take 3 to 4 weeks to see a physician for a one-half hour appointment.

The annual one-half day Crisis Training for licensed and unlicensed Crisis Workers is done by Jenine Miller PsyD/Asst. Director of Mental Health/Public Guardian/Katie A. Supervisor. Part of this training involves teaching people that patients/clients who are psychotic and suicidal can pull it together for a short time and appear to be normal and this time should not be used to say "You seem fine to me, you can go." after family members/law enforcement/ medical providers say that the person is a "danger to self or others or gravely disabled.

Law Enforcement Officers can 5150 a person in crisis by State law and it seems even in Mendocino County now, although Department of Mental Health can and does rescind these.

Ortner's Todd Harris PhD/MFT trains subcontractors in billable minutes to get MediCal money. For a Non-Crisis Assessment (WIC 5600.4), 240 minutes are billable. To develop a "Client Plan" 120 minutes are billable. On the Coast, he trains, homeless shelter/center workers to write the right words to claim money for Ortner from MediCal billable minutes.

Walking in we could smell a toxin that permeates the facility. It may be formaldehyde used in composite wood/pressed-wood products of the new walls. It is not welcoming and could and does make people sick. Can the County: increase ventilation, encapsulate the offending materials, use absorptive substances, or find a new office to reduce employee and mental health patient exposure levels to toxins?

MCDH has had to hold a 5150 person up to 3 days when no psychiatric bed can be found. There are no special dedicated rooms for psychiatric patients.

The Assessing Crisis Worker must consult with an On-Call Crisis Supervisor (Jessica Riley) or psychiatrist (John Riley M.D.)

Q -- Who are the licensed people with 5150 Cards?
Q -- Who are the unlicensed people with 5150 Cards?

"The crisis intervention/assessment should be conducted in person, so in the case where a client calls by phone and appears to meet crisis criteria, they should be invited in for a face-to-face assessment."

Q -- What happens if the person lives far away, has no car, is too impaired by the crisis to safely drive?

"Clients requiring crisis intervention will be required to complete and be offered the Opening paperwork packet. (See Clinical Document Policy)" "Crisis Intervention Contacts are billable under S9484 codes, and can be conducted by MH Rehab specialist or higher level staff."

Q -- What if person is too disturbed, disoriented, psychotic, focused on suicide or ... ?

San Francisco Co. 5150 Manual

Only licensed mental health staffs who work outside of mental health programs, e.g., substance abuse, social services or primary care are eligible for 5150 authorization.

Santa Clara Co. – Discretionary 5150 Authorization for unlicensed individuals

Exceptions to licensed staff only for ability to initiate 5150s will be made for experienced unlicensed individuals working at programs or sites where no licensed staff is readily available to initiate 5150s when needed. Such exceptions apply to staff who currently have 5150 cards in Santa Clara County, and who have been responsible for evaluation of the need for a 5150, and the initiation of needed 5150s. Newly hired and un-experienced unlicensed staff are not eligible for this exception. Exceptions are to be justified in writing by the Agency director and will be granted on an individual basis by the Medical Director.

Professionals who do not provide direct services to Santa Clara County Mental Health Department or to any agency or organization that has a contract with Santa Clara County Mental Health Department, may not receive a 5150 Authorization Card unless their agency/ employer has a specific, written agreement with the Santa Clara County Mental Health Department regarding appropriate supervision of the card holder by the agency/employer. Supervision shall include necessary education in the areas of liability and pertinent changes made to the WIC.

John Wetzler and I met Todd Harris at the ICMS access center at 4:00 pm for our scheduled tour. We both noticed the small sign and somewhat unclear directions to the Center's location.

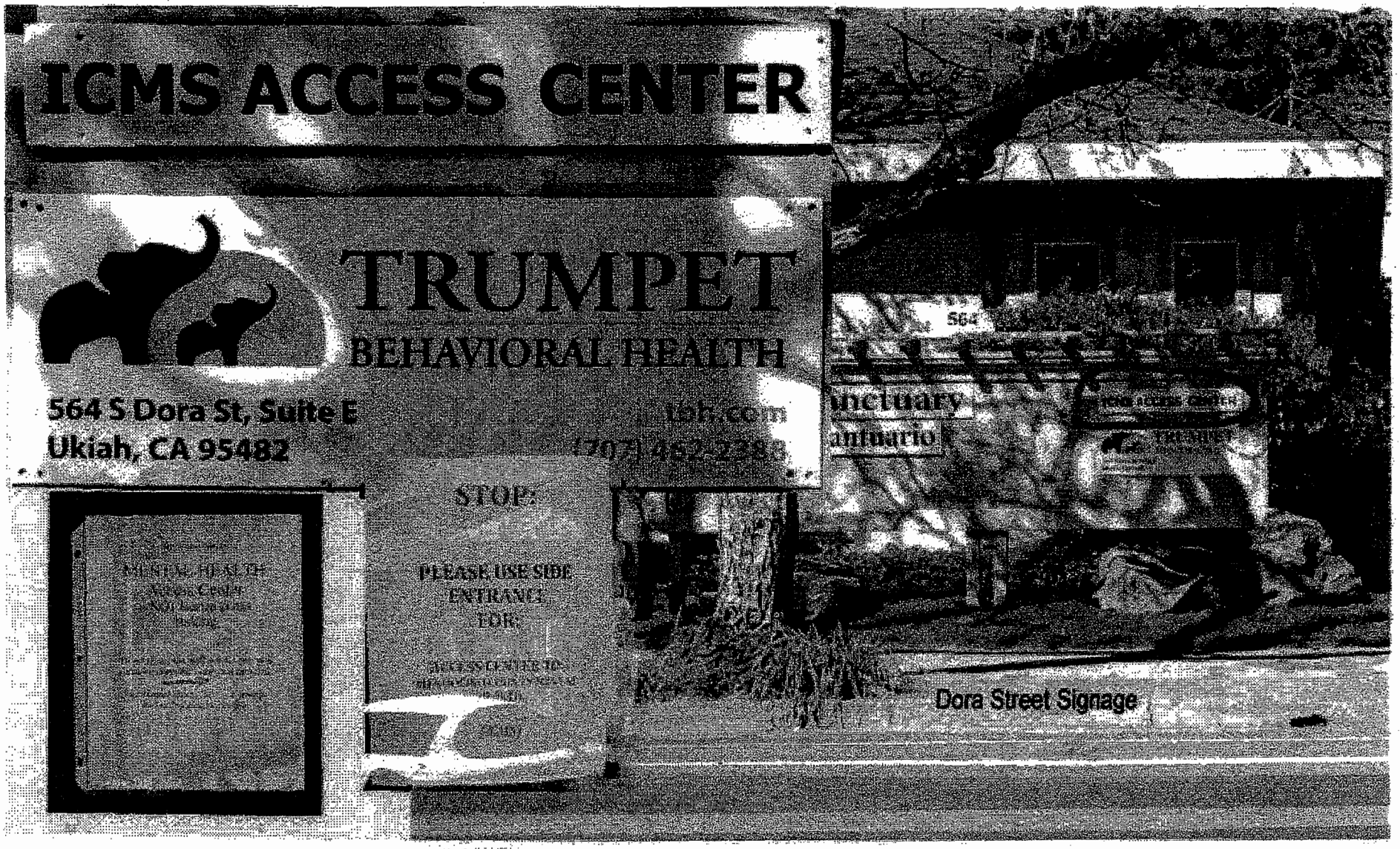
When we arrived Todd informed us that there was a crisis occurring at the hospital and he may be interrupted or called away. We continued with our tour of the site. The premises are clean, spacious, tidy and new looking. The furniture is dark with black leather-like upholstery and off-white painted walls. It has a large waiting and reception area. There did not appear to be anyone waiting while we toured. We were introduced to some of the staff and spoke for some time with Dr. Riley, one of ICMS's psychiatrists. Everyone we met was friendly and courteous. One office was closed for an interview in process.

We looked into several offices and the respite rooms. Several offices appeared to have no current occupant. The respite rooms, like the rest of the facility are unadorned and have a somewhat sterile feeling. This may be appropriate for this type of center. The atmosphere seemed calm, quiet and able to meet the need of clients receiving services there.

Due to the ongoing crisis at the ER and time limitations we only had a brief time to discuss the crisis center's policies and procedures. I left a copy of some questions I had written up with Mr. Harris. He said he would respond promptly. As of the date of this report I have not received a response. I was late providing him an email copy of the questions and together the holidays, this may account for the delay.

Nancy Sutherland

December 1, 2014


ICMS ACCESS CENTER
TRUMPET
BEHAVIORAL HEALTH
564 S Dora St, Suite E
Ukiah, CA 95482
tbh.com
(707) 462-2383
STOP!
PLEASE USE SIDE ENTRANCE FOR:
Dora Street Signage

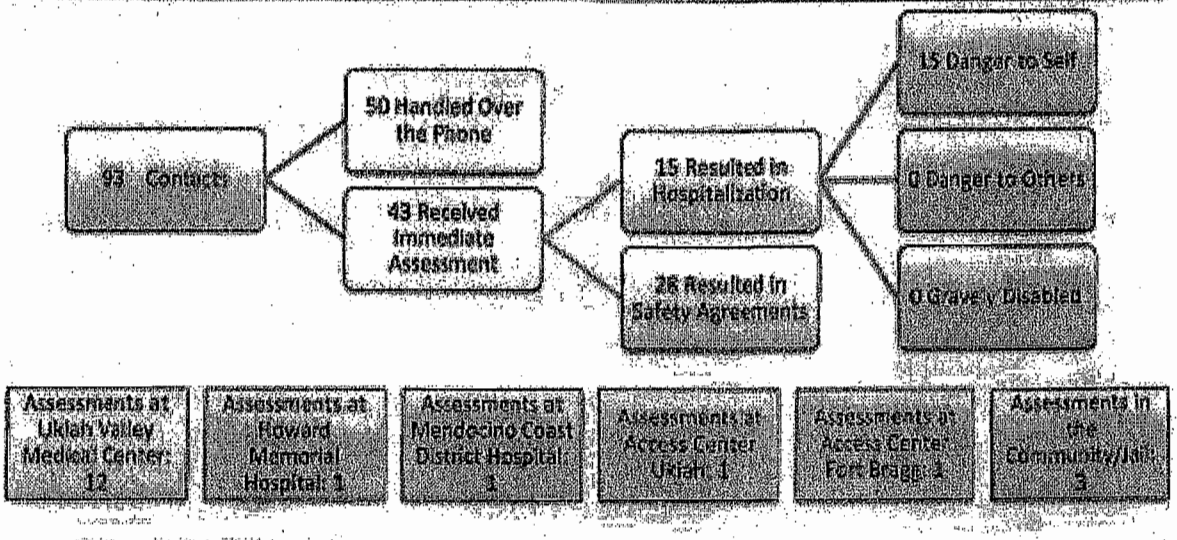
January 2014-December 2014 Inpatient details								
Age	Total number of individual hospitalized	Total of inpatient days	Total of inpatient days average	Sex		Crisis calls		
				Male	Female	OMG	RQMC	Total
All Age	256	2487	10	123	133	1613	599	2212
18 and over	219	2141	10	107	112			
18-24	73	713	10	48	25			
25 and over	146	1428	10	59	87			

Redwood Children's Crisis Center RC³

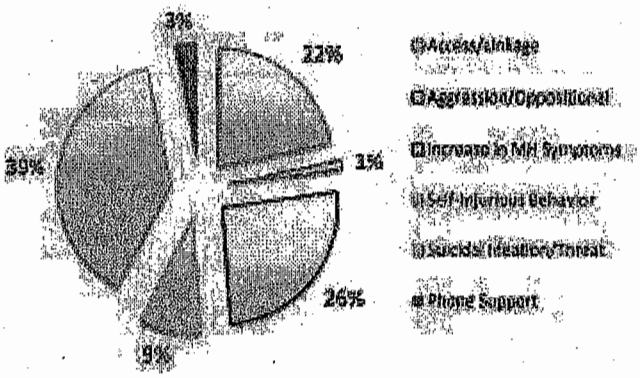
Redwood Children's Crisis Center

March 2015 Data Report

Prepared by Chandra Gonsales, MS



Reason For Call/Walk-In



Average Response Time

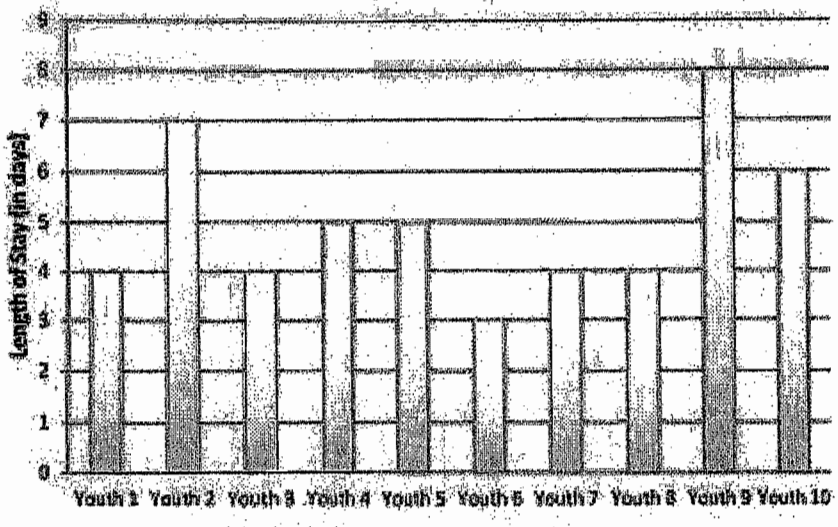
Ukiah ER	Willits ER	Fort Bragg ER
•21 Min	•35 Min	•26 Min

Overall Average is 20 Minutes

Hospitalization Data

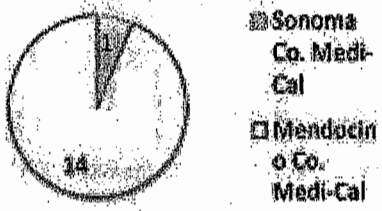
Readmissions within 30 days: 2	Average Stay: 5 Days

Inpatient Stay



5 Youth Still In Placement at Month End

Insurance Type



Redwood Quality Management Company

Redwood Quality Management Company

March 2015 Data Report

Prepared by David Harrington

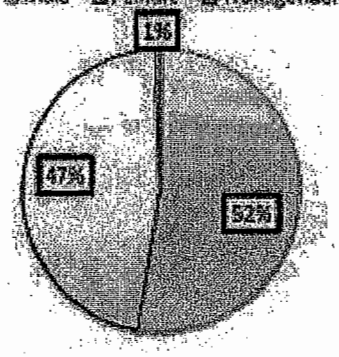
Referrals
•109

Admissions
•98

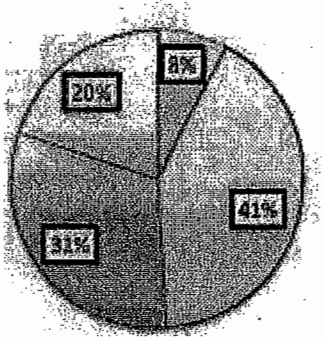
Discharges
•56

Total Youth Served
•810 / 744 Undup

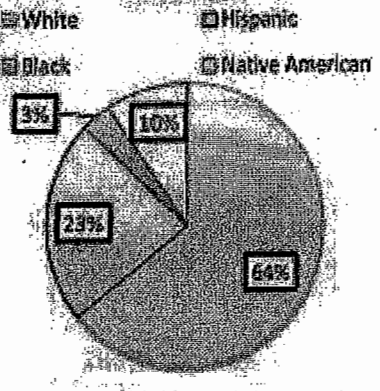
Gender



Age



Ethnicity



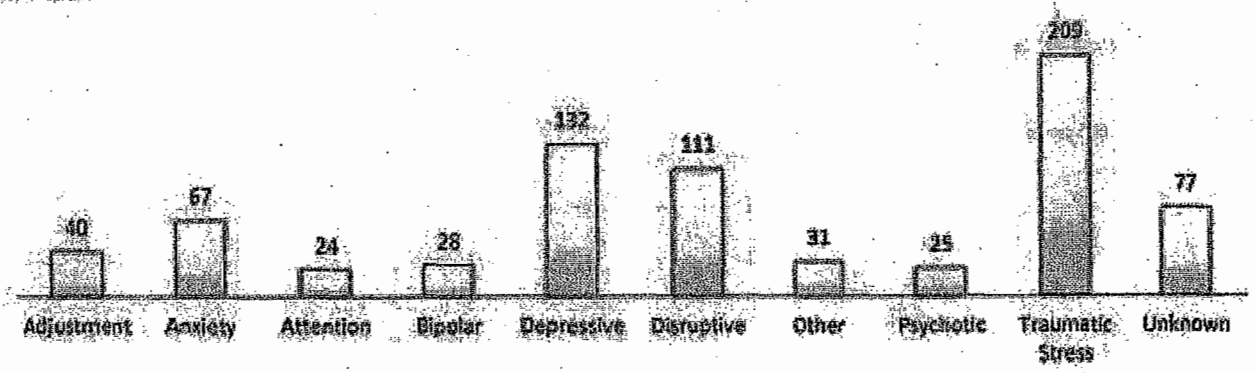
City of Residence

Out of County 19	Philo 2	Point Arena 9	Potter Valley 4	Redwood Valley 35
Talmage 1	Ukiah 581	Unknown 36	Westport 4	Willits 97
Yorkville 2	Albion 3	Boonville 7	Covelo 6	Fort Bragg 105
Hopland 8	Laytonville 6	Little River 1	Manchester 2	Mendocino 6

2014/15 MAC Subcontractors

Redwood Children's Services	Tapestry Family Services
Mendocino County Youth Project	MCAVHP
Manzanita Services	Mendocino Coast Hospitality Center
Child Welfare	Mendocino Community Health Clinic

Diagnosis



Diagnoses are based on current diagnosis status. Unknown will include youth who are in the assessment process.

ACCESS CENTER

March 2015

Access / Crisis Response

Total	Crisis	Access	
880 (total calls)	150	379	Number of crisis / access calls & walk-in
2			Number of clients served in Spanish
803			Number of clients served in English

Total	Crisis	Access	
79	57	22	Billable clinical assessments: CIC / BPSA
	0:32	5 days	Average response time (time from referral to face to face)
	04:12	36 days	High response time (from referral to face to face)
	00:00	0.00 days	Low response time (from referral to face to face)

Total	Within goal	Over goal	Goal Met Percentage	Crisis – Crisis Intervention Contact Response Time
57	51	6	89%	Total Response
35	30	5	86%	Regular clinic hours, between hours of 0900-1700 Goal = within 1 hour
22	21	1	95%	After hours, between 1700-0900; Goal = within 2 hours.

Total	Within goal	Over goal	Goal Met Percentage	Access (BPSA) Response Time
22	18	4*	82%	Goal: Monitor timeliness of appointments. Reduce appointment timeline from 23 days to 14 days. A minimum of 75% will meet the timeline.

Total	Within goal	Over goal	Goal Met Percentage	Psychiatry Response Time
9	7	2**	78%	Goal: Monitor timeliness of routine (initial) medication appointments. The goal is to provide the initial medical appointment within 30 calendar days from first request. A minimum of 75% will meet this timeline.

Data source: Access / Crisis Log

Crisis:
CIC: # [illegible]: 1
[illegible]: 18
[illegible] found: 23#
[illegible]

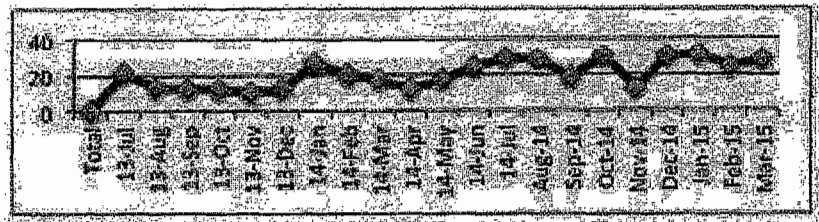
CIC Ft. Bragg: 7
CIC Willits: 7
CIC Ukiah: 45

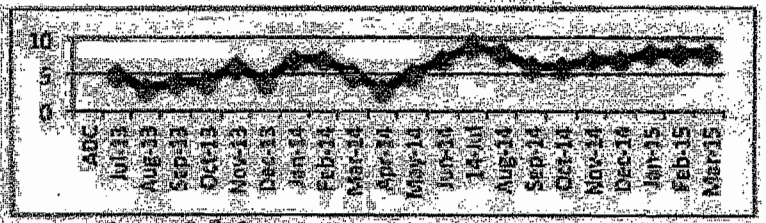
BPSA:
*17d, 17d, 23d, 36d
Psychiatry:
**42d, 58d

4.7.15

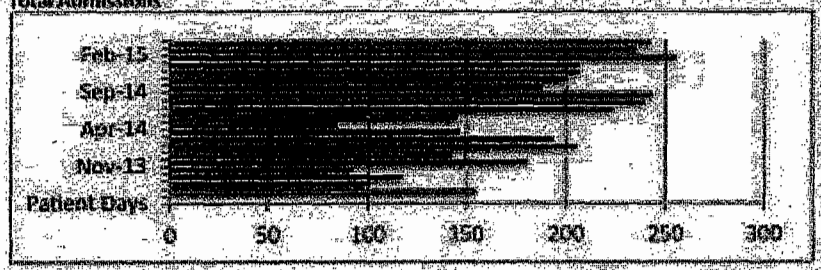
Ortner Management Group

Hospitalization Report
July 2013 - March 2015

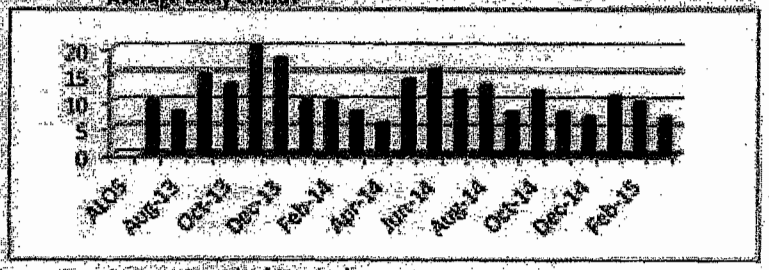




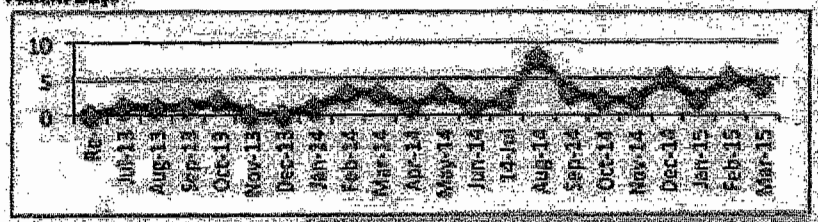
Total Admissions



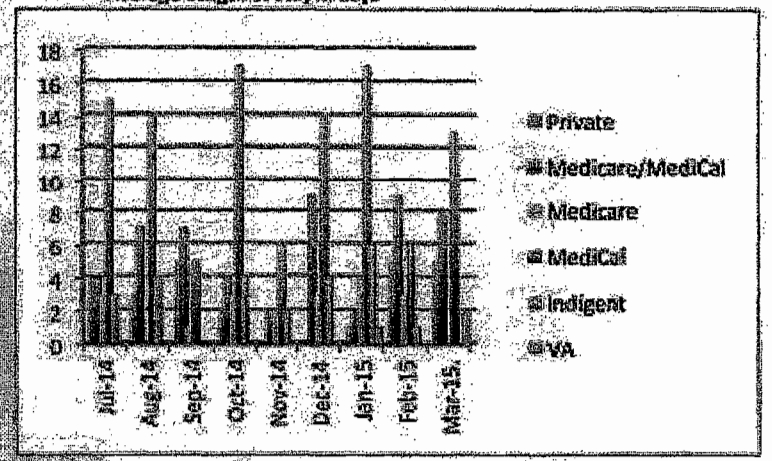
Average Daily Census



Patient Days



Average Length of Stay in days



Payer Source

Re-admits in 30d

Gender:	
Female	16
Male	12
Ethnicity:	
Caucasian	24
Asian	3
Hispanic	1

Hospitals:	
NVBH	11
Aurora	6
St. Helena	4
Westpark	2
VA	2
Marin General	1
Heritage Oaks	1
Stanford Hosp	1

Residence:	
Ukiah	11
Willits	5
Ft. Bragg	2
Redwood Valley	1
Albion	1
San Ramon	1
San Andreas	1
Homeless Ukiah	5
Homeless FB	1

4.9.15

Ortner Management Group

Hospitalization Report
July 2013 - March 2015

Total Admissions		ADC		Patient Days		ALOS		Re-admits 30d	
13-Jul	21	Jul-13	5	Jul-13	155	Jul-13	10	Jul-13	1
13-Aug	13	Aug-13	3	Aug-13	99	Aug-13	8	Aug-13	0
13-Sep	17	Sep-13	4	Sep-13	117	Sep-13	15	Sep-13	0
13-Oct	12	Oct-13	3	Oct-13	92	Oct-13	13	Oct-13	1
13-Nov	18	Nov-13	6	Nov-13	181	Nov-13	20	Nov-13	0
13-Dec	12	Dec-13	4	Dec-13	142	Dec-13	19	Dec-13	0
14-Jan	25	Jan-14	7	Jan-14	205	Jan-14	10	Jan-14	1
14-Feb	20	Feb-14	7	Feb-14	195	Feb-14	10	Feb-14	3
14-Mar	13	Mar-14	3	Mar-14	146	Mar-14	8	Mar-14	3
14-Apr	12	Apr-14	3	Apr-14	84	Apr-14	6	Apr-14	1
14-May	17	May-14	5	May-14	146	May-14	14	May-14	3
14-Jun	24	Jun-14	7	Jun-14	223	Jun-14	16	Jun-14	1
14-Jul	23	14-Jul	8	14-Jul	232	14-Jul	22	14-Jul	2
Aug-14	28	Aug-14	8	Aug-14	242	Aug-14	13	Aug-14	5
Sep-14	19	Sep-14	6	Sep-14	188	Sep-14	8	Sep-14	3
Oct-14	30	Oct-14	8	Oct-14	209	Oct-14	12	Oct-14	2
Nov-14	22	Nov-14	7	Nov-14	206	Nov-14	8	Nov-14	2
Dec-14	26	Dec-14	7	Dec-14	186	Dec-14	7	Dec-14	5
Jan-15	31	Jan-15	8	Jan-15	255	Jan-15	11	Jan-15	2
Feb-15	28	Feb-15	9	Feb-15	235	Feb-15	10	Feb-15	5
Mar-15	28	Mar-15	8	Mar-15	202	Mar-15	7	Mar-15	4

Payer Source	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Private	4	3	5	5	3	0	3	1	1
Medicare/Medicaid	5	7	2	5	3	3	2	6	4
Workers	3	0	1	1	2	0	0	1	0
Medical	15	14	8	17	6	13	17	7	11
Indigent	1	4	0	1	2	1	3	1	0
VA								0	2

4.9.15

FISCAL YEAR 2014 - 2015
CULTURAL COMPETENCE PLAN AD HOC COMMITTEE ANNUAL REPORT

Chair: Dina Ortiz Members: Maureen O'Sullivan

Report

The most current Cultural Competence Plan for the Mendocino County Mental Health Branch of the Health and Human Services Agency was written in July of 2011. A new plan for the branch needs to be completed and submitted to the State by July of 2015.

California had required 8 criterions for the county to address in the cultural competency plan.

These criterions were the following:

1. Commitment to Cultural Competence

2. Updated assessment of service needs

3. Strategies and efforts for reducing racial ethnic, cultural and linguistic mental health disparities

4. Client/family member/community committee: integration of the committee within the county mental health system

5. Culturally competent training activities

6. County commitment to growing a multicultural workforce: hiring and retaining culturally and linguistically competent staff

7. Language capacity

8 Adaptations of services

Criterion 1. Commitment to cultural competence

Mendocino County's Cultural Competency plan states that there is a telephone line that can be used to interpret, that there is stakeholders meeting that include the community and that these meeting are rotated within the county.

The plan continues to describe that funds are given to agencies to provide trainings, outreach and engagement. These funds have been given to Consolidated Tribal health, Round Valley Health Center and Parent Partners.

Tapestry, a contractor, was given $20,000 to provide services to Native American and Latinos children/families. Action Network was given $12, 950 to provide services on the coast to Native American and Latino children and families.

Consolidated Tribal Health was given $50,000 for a therapist.

Criterion 2. Updated assessment of service Needs

The CC plan states that in the calendar year of 2009, Medi-cal Approval Claim's Data from APS Health Care, Mendocino County had an average of 22, 688 Medi-cal eligible person per month.

The race/ethnicity of the above were:

Whites 56%, Hispanic 31%, African American 1%, Asian Pacific Islander 1% Native American 8% other 3%.

The percent that used mental health services were as followed

White 11.78%, Hispanic 2.94%,, African American 19.05%, Asian Pacific Islander 4.79%, Native American 7% and other 13.97%

Spanish speaking beneficiaries penetration rate was 2%.

Based on these percentages the Hispanic population received a minimal amount of mental health service.

Criterion 3 strategies and efforts for reducing racial, ethnic, cultural and linguistic mental health disparities.

The outcome measures were for individuals and systems.

Hispanics were mention 3 times in the outcome measures/results.

The following are the 3:

Peer support groups are established in every region and among them are those that focus on culturally appropriate and effective approaches for American Indians and Latinos, older adults, children, and their parents, and individuals with co-occurring substance abuse disorders (page 43)

More American Indian and Latino children and parents are aware of the causes of all kinds of mental illness and ways to avoid or treat these conditions. (page 45)

More resources to prevent and address mental health issues are available, accessible and effective for American Indians and Latinos in the two target school districts.(page 45)

Criterion 4 Client/family members/community committee integration of the committee within the county mental health system.

The plan states that Health and Human Services Agency has interagency cultural competency committee and the mental health branch has a sub-committee within the Quality Assurance unit. Three members of the Cultural Competency Committee also participate in the planning process and review of the MHSA plan. One member serves on the Mental Health Board, another is the analyst for the MHSA and the third is the director for Mental Health Children and Family System of Care.

No mention of a client or family member is mention in the above.

Criterion 5 Culturally Competency Training Activities

The county provided 4 Website training that were produced by the state of California.

Criterion 6 County's commitment to growing a multicultural workforce: hiring and Retaining culturally and linguistically competent staff.

The county uses the WET component of the plan to increase it's cultural and linguistically competent staff. However, the people who have benefit from the scholarship and loan assistance have not been persons of color nor have they been bilingual.

Criterion 7 Language capacity

The WET funds were to provide funding for a 2 staff members who would serve as liaison between the mental health providers and the partners who provide services to Native Americans and Latinos.

To my knowledge this was never done. However, the MHSA coordinator did visit the Nuestra Casa Board twice.

Criterion 8 Adaptation of Services

Manzanita Services is used in this section to demonstrate how the county is addressing the adaption of services. As is Tribal Health and Action Network except their focus is providing cultural competent Mental Health services.

Recommendations

1. The Mental Health Board needs to be a strong advocate for mental health services for people of color and non-English speaking people. Many minorities in this county have been and continue to be traumatized based on discrimination, acculturation, poverty and humiliation. The family unit needs support and education about mental illness needs to be available.

2. The culture of poverty needs to be included in the cultural competency plan. Our county does have folks who are stressed about their financial situation and also suffer from

discrimination and are humiliated. It is not uncommon for this group to be taken advantage of by financial institutions. Add to a family who is suffering from financial hardship, a family member who suffers from a mental illness. This can create a long lasting negative effective on a family and can even dissolve a family.

3. The cultural of the mental health consumers needs to be addressed and recognized. Consumers are the most minimized group in our community. They suffer from discrimination, poverty, most suffer from loneliness, isolation, lack of knowledge about mental illness, poor health and lack of social support.

4. The county's law enforcement staff needs to be included as a partner in the county's cultural competence plan. Trainings should include them along with regular communication between the mental health providers and law enforcement.

5. Mental health providers need to speak the language of the people they are providing services for, providers need to be bicultural and they need ongoing trainings about the cultural of the people they are working for.

FISCAL YEAR 2014 – 2015
FINANCIAL DATA AD HOC COMMITTEE ANNUAL REPORT

BACKGROUND

Committee: Nancy Sutherland: Chair. Dina Ortiz and Jan McGourtey

The Committee began its work in the Fall of 2014. Our primary goals were to educate ourselves about Mental Health Financing; Federal, State and Local, to create a "benchmark" year financial summary (2013-2014), and prepare a brief report for the use of future MHB members explaining what we have learned about Mental Health Services, MHSA and ASO financing, budgeting and challenges for comparison with future budgets and actual revenues and expenditures.

We did not find the process easy going. We persevered and by the end of December we had completed the following:

- Attended a stakeholder training presented by Manny Orozco
- Requested Documents from Mental Heath
- Met with Finance Manager Manny Orozco
- Reviewed the documents we received and asked follow up questions. Followed up with requests for documents not yet received.
- Requested Manny Orozco to present the Quarterly Report Information at a monthly MHAB meeting.
- Attended the monthly MHSA program/financial meetings at BHRS
- Planned to attend the Department Head's semi-annual presentation to the BOS regarding budgeting and finance.
- Received ASO contracts and Amendments.
- Received most recent CAEQRO data (not current)
- Scheduled an additional meeting with Tom Pinizzotto and Manny Orozco to follow up on outstanding questions and present new questions. (Cancelled by BHRS)
- Met with Auditor-Controller Lloyd Weer
- Scheduled a meeting with DCEO Heidi Dunham (February) --subsequently cancelled by the CEO's office.

In January 2015 we requested the following and prepared follow up questions.

- OMG and RQMC Budgets (2014-15) **Not Received**
- Review the current State mandated Annual Cost Report—**Request Denied**
- A list of current ASO sub-contracts with a summary of the services provided and the dollar amount of each contract. **Received copies of actual documents.**
- We requested a copy of the most recent Quarterly Report --- **Not Received**
- We requested the State mandated Administrative Cost/Services Ratios for BHRS, the ASOs and subcontractors. – **Not Received**

- An explanation of how subcontractors compensated for billable and non-billable services and administrative expenses -- **Still unclear**
- Obtain responses from MH and ASOs regarding benefits of privatization compared with actual first year results. – **Not Received**

We were able to meet twice with Director Tom Pinizzotto, BRHS staff and a consultant. These meetings were beneficial and some helpful data was provided. The ASOs did not participate in these meetings.

This report was originally conceived to include financial and service provision data. Instead the following reports summarizes what the Committee learned.

1. The Department and the ASOs were reluctant to release any financial information other than as presented in the County Budget, which was not adequate for our needs.
2. To say the electronic data collecting and reporting programs are in adequate, is an understatement. The mismanagement in previous years compounds the ability to obtain accurate, timely data in a usable format and places a burden on the BHRS staff.
3. Delays with the State's auditing and reimbursement is a systemic statewide problem. The State DCHS is in the process of transition which when combined with the County's transition to privatization of services compounds reporting, auditing and reimbursement problem.
4. We were unable to obtain annual budget information for OMG and RQMC. All requests for information from the ASOs had to go through Director Pinizzotto. This policy hampered our ability to work directly with the ASO management.
5. Our attempt at developing a "benchmark year" was futile, due primarily to lack of access to current data (State and Local), a confusing, and vague budget process The State's delays mentioned above and other "red tape" create significant problems and limit the lay person's ability to fully understand the process.
6. In March 2015, the Mid-Year County Budget reported that Mental Health Services (BU 4050) was projecting a $4.6 million dollar deficit.

FINDINGS AND RECOMMENDATIONS

The remainder of the report will address these issues and make recommendations for improving the ability of the public and the MHB to understand mental health financing and the effects of privatization on revenues and the expenditure of funds on mental health services and administration. The County has two budget units associated with mental health services; Mental Health Services #4050 and Mental Health Services Act #4051. Each Unit has a fund associated with it that manages the revenue and expenses separately from the County's General Fund.

1. Early on it was the Ad Hoc Committee's perception that BHRS did not want to cooperate fully with us. Emails were not responded to, documents not provided, questions not answered and critical information withheld. This lack of cooperation began to improve but the committee and the MHB still remain untutored and uninformed about serious financial issues. **We recommend the BHRS work cooperatively with the MHB regarding financial issues, educate rather than prevaricate, and make substantial efforts to improve current systems**

to support transparency and accountably at all levels of mental health finance. Also the MHB is encouraged to work with BHRS by participating in meetings. It is especially important to attend training and especially to practice better ways communicate their requests without disrupting the day to day business of the Department and the ASOs.

2. Time and time again we were told the data is not available. We were unable to obtain the most basic reports, specifically a Quarterly Financial Report or the Cost Report. When a Mid-Year Budget was published in March, it contained the news that the County Mental Health was $4.6 million over budget. This was never mentioned, much less explained to the Finance Committee or the MHB. We are aware that the County is making effort to improve its electronic reporting systems to accommodate the State standards and facilitate timely reporting and Medi-Cal reimbursement. However, this project has been under consideration for many years and is still not implemented. Outdated ineffective systems are a waste of time and money and lead to unintended consequences. **Without accurate accessible data the MHB and the public has no way to know how much mental health is billing Medi-Cal and for what services. We recommend increased staff and financial resources be allocated to the completion of this project by year end. If MH or MHSA funding is not sufficient e the County General Fund should provide the funds.**

3. The problems with Medi-Cal reimbursement and other State funding are not entirely a County issue. State is also several years behind on it Cost Report auditing, placing the County in a position not being able to know for certain what its actual Medi-Cal reimbursement will be for a given year. This was demonstrated clearly by the impact on this year's project $4.6 million dollar shortfall. The impact on current services is under study and is not yet known. **It is our recommendation that the County/BHRS maintain open communications with the MHB regarding the repayment, focusing on the impact consumer services. In order to support non-Medi-Cal billable service we recommend that the CEOs office fully cooperate with Department in seeking grant funding by providing match dollars and other support. Also efforts should be made to enable privately insured consumers to access County mental health services. The Department should work diligently to receive whatever payment is available to serve these individual as there are few other services in Mendocino County for them to access.**

4. On May 21, 2013 contracts were award to Ortner Management Group (OMG) and Redwood Quality Management Company (RQMC) a total of $15,582,282 to manage the Children and Adult mental health services program in compliance with State law and the County/State Mental Health Plan. It should be noted that the FY 2014-2015 Budget allocated $13,045,148 (Line item 3280 Contr to Other Agencies). The difference of $2,507134 between the contract amounts and the budget amounts is not explained in the HHSA Director's Notes to the Budget. Access to the ASO's budgets would increase transparency regarding the amounts allocated to direct services through subcontractors and administrative and overhead costs. **Lack of access to ASO budgets and actual expenditures compounds the lack of transparency and accountability. The public has no way to know how the mental health dollars are being spent. We recommend the ASO budgets be provided to the MHB annually, and updated mid-year. Also we request that all ASO contracts, addendums and amendments be presented to the MHB for review prior to approval. For subcontractors a brief summary**

of each subcontract's scope of work, renewals, amendments or addendums should be presented to the MHB prior to renewal or modification.

5. Despite our efforts to establish a benchmark year. **We recommend the MHB and the community study the County Budgeting Process, specifically Schedule 9 for Budget Units 4050 and 4051 and advocate for improvement.** Schedule 9 provides 2 past year's budget/actuals and the current year budget. This is far from a perfect solution. Category headings are unclear and may be misleading. It is impossible in many cases to know what costs are included in which accounts, or if costs are moved around from year to year. The Mental Health accounts in the Final Approved Budget 2014-2015, only covered the 11 months. No data was available for June 2014. Although this was noted in small letters on Schedule 9, June is apparently a big month since the Final-Final Budget (Provided in December 2014) contained significant changes. The fact that data is incomplete should be noted in the Director's Notes. The Director's Notes that proceed Schedule 9 lack concrete data, dates or specific information on strategies to achieve goals and objectives. The Summary of Major Accounts does not explain discrepancies between budgeted and actual revenues and expenditures. Nowhere did it discuss the anticipated audit repayment and how it would affect the budget. Information regarding the Mental Health Services and Mental Health Services Act Funds is located in a completely different section of the Budget report. We found the Fund information informative and would like its location noted in the Budget narrative. **Schedule 9 is <u>the</u> document provided to the public. It should be easy to understand, accurate, and reviewed from the stand point of a citizen. We recommend notes and a narrative that fills in the blanks, explains discrepancies and provides specific information about accomplishment and goals and objectives. We also recommend, that it not be published as "Final" until the previous year's data is complete. We suggest that the CEO and others that are interested review the Nevada Budget. It appears to be more informative and easier to understand.**

6. On March 3, 2015 the Board of Supervisors approved the 2014-2015 Mid-Year Budget. Mental Health Budget Unit 4050 is projected to **be $4,665,056** over budget due to a variety of issues. Lower than anticipated revenues due to the inability to fill salaried positions with qualified candidates to provide billable services was mentioned. **We recommend both the BHRS and the ASOs reevaluate that salary and benefit structure and recruiting practices to attract fully qualified candidates, including a psychiatrist, to fully staff the program.** The Affordable Care Act increased access to services, "housing setbacks" for mental health clients and delayed electronic records technology are also given as reasons for approximately $702,398 of the entire shortfall. However, audit settlement charges of $3,962,658 for fiscal years 2007 through 2010 account for the balance. According to the Mid-Year budget notes, these costs will be claimed by the State, reducing local revenue to Mental Health. It is anticipated that the HHSA will cover these costs with savings in other budget units within HHSA. In fact, the Social Service Administration Mid-Year Budget shows a $4,665,056 Operating Transfer Out to MH-BU 4050. We have also been notified that some funds may be taken from the MHSA reserve fund to offset the costs, although according to the report this shortage only affects BU 4050. Although this is not a new experience for Mendocino County Mental Health, getting hit with 3 years of audit settlement charges as well as $702,398 in other costs presents a significant impact on Mental Health Services and apparently Social Services Administration. In the Social Services Administration note it states that significant staff

resources are being applied to analysis of mental health related cost overages and audit findings. Additional detail will be presented as part of the 3rd Quarter Report. **We recommend that the MHB be fully apprised of the analysis findings, proposals for mitigation and the impact on future services. We also recommend that the Mid-Year Budget be published on the County Budget Web Page.** We regret that the MHB only heard the good news and was never informed of the major financial cloud hanging over Mental Health Services.

UNANSWERED QUESTIONS AND FUTURE AREAS OF INQUIREY

Although the current audit costs do not reflect on the ASOs, we wonder about years immediately preceding privatization when billable services and billing were cut to the bare minimum and there was a lack of employees providing billable services. What will those audit results reveal? What will be the impact on services going forward? Why after more than a year after privatization and despite salary savings, is the Department $702,398 dollars over budget. It appears that only the future will tell. Is the relationship between the County and OMG providing more services of better quality within the restraints of the County's Mental Health Budget? Now that the County has sufficient reserves, will they contribute to supportive mental health services such as shelter and housing? What is causing the increase in out-of-county hospitalizations and is it sustainable?. Is using the jail or the ER as an uncertified mental health holding facilities the most viable financial option to support public health and public safety? We recommend the Ad Hoc Finance Committee reconvene and continue to work collaboratively with BHRS and the ASOs as well as mental health clients and families to answer these questions and make recommendation to the Director and the Board of Supervisors. Also, we continue to think the "benchmark" is a good idea and hope that our work will help move that goal forward.

Fiscal Year 2014-2015
Housing Ad Hoc Committee Annual Report

Chair: Denise Gorny Members: Roger Schwartz and Tammy Lowe

Report

Mendocino County, California is about to spend $1.3 million to create the first permanent housing for mentally ill people in the county. The Mental Health Services Act, or MHSA, passed Proposition 63 in November 2004. It raises about $1 billion statewide annually, which provides funding to counties for programs, services and buildings. MHSA imposes a one percent income tax on personal income in excess of $1 million in CA and these funds provide funding to counties for programs, services and buildings.

The largest number of homeless people in CA lives in Los Angeles, but homelessness affects most counties, even small and rural counties. Mendocino County, for example, has the second highest rate of homelessness per resident in the country, despite a population of under 100,000. And, whereas 77% of homeless people nationwide find shelter, only 30% of homeless Californians are sheltered. However, California has experienced an even more dramatic increase in homelessness than other parts of the nation. Our homeless population increased by 3.4% between 2008 and 2009. Our chronically homeless population, during this same period, grew by an alarming 10.8%, when chronic homelessness increased very slightly during this time across the country, and actually decreased over the two-year period of 2007 to 2009.14 Researchers blame California's increased unemployment, poverty, and foreclosure rates, as well as continuing high rental housing cost burdens, for this trend.

Mendocino county population is 87,841 with 36,065 being renters. Fair market rents are $811 for a studio, $869 for a one bedroom, $1,147 for a two bedroom. Currently according to rental data there is only 545 vacant rentals with an overall vacancy rate of 3.9% for all units in the county. The maximum SSI/SSP grant for an individual effective January 1, 2015 is $889 per month minus $811 for a studio leaves only $78 remaining for food, etc. Without housing assistance who could afford to live here? Currently there are 1,067 federally assisted affordable rental housing units in Mendocino County financed through a variety of funding sources and managed by The Rural Community Housing and Development Commission (RCHDC) and there is a huge wait list for these units. Ukiah has 15 properties with 649 units, Fort Bragg has 5 properties with 228 units, Willits has 5 properties with 164 units and Point Arena has 1 property with 26 units.

The Community Development Commission (CDC) has a total of 141 units, 43 units of family housing in Fort Bragg, 36 units in Ukiah and 60 units in Willits. CDC currently has 130 clients receiving rental assistance. Many Indian Reservations have housing units and some also provide emergency vouchers for housing assistance. Through rental assistance funds Northern Circle Indian Housing Authority will pay a portion of the monthly rent based on housing income to assist tribal members in renting decent, safe and standard rental housing and to meet the housing needs of a greater number of tribal

members by maximizing the resources available under NAHASDA. (Internet search for Affordable Housing and Housing Authorities in Mendocino County, Ca).

In Mendocino county 28% or 9,545 households face severe housing problems, at least 1 of 4 housing problems they face are overcrowding, high housing costs or lack of kitchen or plumbing facilities. There is general agreement that the people living in Mendocino County below the poverty line, including the homeless population, are suffering a drastic shortage of housing available to them. The County's population is fairly stable (though the demographics have been changing in ways that are significant and the ongoing increase in the percentage of families living below the poverty level is obviously a relevant factor and that has minimized the pressure for both new home and apartment construction. New housing is minimal and there are long waiting lists for rental units at the bottom of the market. The high cost of housing relative to average income means that most low-wage workers cannot find minimally acceptable shelter for themselves and their families. 60.3% of renters in the County spend more than 30% of their income on rent according to HealthyMendocino.org.

While all people experiencing homelessness need shelter and stability, the path to get there looks different for each of these populations. An array of services and approaches is needed to solve the housing problem. This includes transitional housing models like those being rolled out at the Buddy Eller Center, which will have 22 beds for sober, able bodied individuals who are working towards employment. Families need secure, stable environments as quickly as possible for optimal development of their children. Combined shelter models which place potentially unstable adults in the same shelters with families are not the ideal situation for those children. According to the Point in Time Count in 2013, of the 1,344 homeless people in Mendocino County, 1,169 of these were unsheltered, 230 were severely mentally ill, 261 had chronic substance abuse issues, 63 were veterans, and 59 were victims of domestic violence. There were 178 homeless people in households with children under 18 and 4.2 percent of public school students were homeless in 2013. The Point in Time Count in 2015 has recently been completed and it will probably show an increase in the homeless population due to closures of some of our emergency housing facilities.

Veterans and people with disabilities are overrepresented among people experiencing homelessness. There are currently 85 Veterans receiving vouchers through CDC. Forty percent of adults experiencing chronic homelessness, in fact, are disabled. Veterans have high rates of homelessness as well; even more significantly, homeless veterans are almost two times more likely to be "chronically homeless"—disabled and homeless for at least a year or at least four months.

For people who are chronically homeless or have other significant barriers to housing stability, creating more permanent supportive housing is the only means of ending homelessness. Financing supportive housing requires the "three legs of the stool:"
• Capital funding to build, rehabilitate, and/or acquire housing;
• Operating funding to operate and maintain the building, over and above the rents from tenants with very and extremely low incomes; and

• Services funding to pay for services offered to the tenants.
The bulk of funding targeted to addressing homelessness on a national level has been for capital.

Currently there are minimal funds available for housing support of any kind, including vouchers. (Vouchers, government-provided housing subsidies given to those in need, can be used to offset housing costs.) The Rural Community Housing and Development Commission (RCHDC) and the Community Development Commission (CDC), both based in Ukiah are non-profits in our County that have as their mission addressing all aspects of the problem. In the past, these agencies, have teamed up with the City of Ukiah and Fort Bragg to fund the construction of a number of affordable housing units. When the Governor, with the legislature's approval, closed down Redevelopment Agencies (RDA) statewide, that funding source dried up. Attempts to renew state-supplied funding have failed, most recently due to the Governor's veto.

Long-term solutions are not going to happen overnight, however. Housing issues are complicated and multifaceted, and funding for many federal assistance programs has declined since 2001.Ongoing housing support may be needed for people whose medical conditions, mental health, and chronic substance abuse create housing and employment barriers. As Libby Guthrie, Executive Director of Mendocino County AIDS/Viral Hepatitis Network, said, there is a "medically and mentally vulnerable population" who need assistance finding safe shelter, and they "aren't just people who don't want to do anything with their lives." For this vulnerable population in particular, there are not enough single bedroom units that accept housing vouchers and other forms of assistance.

The loss of RDA funds is the single most significant factor, but other government funding has shrunk. Also, until recently, income tax credits made available to agencies such as the RCHDC and the CDC were a significant source of money that could go toward construction costs. Market shifts have made these credits much less valuable, and they have been largely unused in recent years. Most multi-unit projects do require a portion of affordable housing in the development, but the region has seen no such large-scale projects in recent years. Funding even for self-help (aka sweat equity) housing is no longer available. There are also specific subsidies for housing earmarked for targeted groups such as veterans and the mentally ill, but those funds also are less available now. National market factors work against housing development in our County specifically. Until there are major shifts at the national level, supply and demand will not promote more construction of affordable housing in our county. Our data clearly shows there is a demand for affordable housing but no corresponding increase in the capacity for those in need of it to pay for it. Their solution, has been to crowd into existing units, e.g., multiple families in one- or two-bedroom apartments. For affordable housing, the economics are even more prohibitive, only in part because government subsidies are gone.

The most pressing issue for many people is where to go once winter begins. With the recent adoption of a stricter camping ordinance in Ukiah, the options for homeless individuals are decreasing. There are reports of a wide array of a combination of couch surfing, motel stays, co-living situations, and other creative solutions. With the closure of

the Buddy Eller emergency shelter in June 2014, many individuals and organizations have stepped up to try and find solutions for the immediate needs of people needing a place to sleep. The Mendocino County Homeless Services Planning Group has convened an ad hoc committee to address the immediate needs for emergency shelter space.

Mendocino County, California is about to spend $1.3 million, $400,000 of this is for providing and managing services and maintenance to create the first permanent housing for mentally ill people in the county. An RFP is due back to the County in May. The Mental Health Board hopes this money is spent wisely and that units will be built in both Ukiah and Fort Bragg. Clearly, based on the data above, we are in a crisis for affordable housing for our low income families but especially for our mentally ill and disabled youth and adults.

Attached is a chart showing the housing available for the disabled, mentally ill and SMI youth and adults for emergency and transitional housing in Mendocino County.

MENDOCINO COUNTY BEHAVIORAL HEALTH AND RECOVERY SERVICES HOUSING MATRIX			
TYPE	**Coast**	**Inland**	**Both**
Emergency Shelter (Homeless)	**-Hospitality House** 24 (2 SMI Respite bed) **-Coast Winter Shelter** 20 beds (November-March)	**Buddy Eller Center**	
Transitional Housing (Homeless-disabled)	**Hospitality Center** 15 beds -10 adults, 5 children	**-Ford Street Project** HUD SHP (Supportive Housing Program) 6 beds	
Transitional Housing (Transition Aged Youth-TAY)		**Redwood Children's Services** 14 TAY beds (6 Foster Care-8 FSP)	
Transitional Housing-adults 18-21		**Mendocino County Youth Project- 10 beds** (closing end of May-lost funding)	
Transitional Housing (Severely Mentally Ill-SMI)		**Redwood Creek** Proposed 4 Studio Apartments-minimum 4 maximum 8 beds	
Permanent Housing (SMI)		**Rural Communities Housing Development Corporation** 24 units	Holden =8 Gibson=16
Permanent Housing (SMI)		Landlord Negotiated 9 units	Oak=9
Permanent Housing Vouchers HUD Shelter + Care (Homeless-disabled)		**Ford Street Project** 16 SRA (Sponsor based rental units)	**Community Development Corporation** 130 TRA Vouchers (Tenant based

			rental units)
Permanent Housing Vouchers HUD VASH (homeless-disabled)			**Community Development Corporation** 80 units
Adult Residential Facilities (SMI)		**Redwood Creek** 16 beds Proposed 4 units	

*Ford Street Project- after BEC closes 7/1/14, it will (probably) be 18 beds for homeless single individuals who are clean and sober, and accommodations for 3-5 homeless families for a projected total of 32-34 homeless served. We expect it will take 2 months to re-open shelter services, and all prospective clients will have to go to UCC to complete drug test and intake before being able to move into our shelter. Also, all shelter quests will be expected to participate in vocational activities, and be able to stay on site 24/7. No more exiting property at 8 am in the morning. Jacque

Redwood Children's Services Mendocino County Housing Resource List

Housing Level/Type	Description	Eligibility Requirements	Access to Housing	Funding Source/s	Support Services
Emergency Shelter					
RCS, Mendocino Co. Children's Center (MCCC), **WILLITS**	Emergency Shelter and Assessment Facility for children and youth. Capactiy - 6 coed beds	Seriously Mentally Ill and/or Seriously Emotionally Disturbed youth ages	Through RCS Crisis, DSS and/or Placement Services, Kate Buxbaum (4672010 or 467-2000)	County Contract/AFDC and EPSDT	Intensive Case Management
Hospitality Center, **COAST**, Fort Bragg	Emerency Shelter for adults, 24 beds, one family unit, 1 respite for SMI	Homeless per HUD Definition and meets income level.	Contact Hospitality Center at 961-1150 or go to 237 N McPherson in Fort Bragg at 4 pm.	HUD	
Transitional Housing	**Cap on length of stay, usually 1 - 2 years**				
Ukiah Community Center (UCC) Supportive Housing Program (SHP) - UKIAH	Transitional Housing for individuals: 2 two bedroom apartments, shared rooms, 4 male, 4 female	Homeless per HUD Definition and meets income level.	Apply to UCC, SHP Sherry Silva 707 462-8879 x106, 1 year maximum	HUD	
UCC SHP -UKIAH	Transitional housing for families: 4 two bedroom apartments,	Homeless per HUD Definition and meets income level.	Apply to UCC, SHP Sherry Silva 707 462-8879 x106, 1 year maximum	HUD	
RQMC Gibson Street House, Ukiah Transitional Supportive Housing	Congregate living for up to 5 TAY youth, WRAP model	SMI conservatees or foster youth	Apply through RCS Transitions and Stepping Stone Programs, Sierra Vonfeldt, 468-5536	Tay Wellness, Client rent, SSI.	Intensive Case Management, IHSS

Hospitality Center, Supportive Housing Program (SHP) - **COAST**	Fort Bragg Harrison House, 11 individual and 1 family unit	Homeless per HUD Definition and meets income level.	Apply to Hospitality Center, Paul	HUD	
Permanent Supportive Housing	**Usually without time limits**				
RCS - Housing Washington Court, UKIAH	11 Beds, one for "Resident Advisor", some 1BR and 2BRs (Sharon Govern contact 467-2010)	RCS TAY client with SED and/or SMI	Through RCS Transitions Program, Sage Wolf, 468-5536	TAY Wellnes, portion of rent from "program fees". One unit is Supportive Transitional Housing through EHAP	IHSS*, Intensive case management
RCHDC - Holden Street Apartments, UKIAH	8 units of subsidized housing through RCHDC. Case management provided through OMG and/or RQM	SMI Adults	Through RCHDC, 707 463-1975	RCHDC Federal subsidy	IHSS*, Intensive Case management
Community Development Commission (CDC) - Shelter Plus Care, COUNTYWIDE	130 total certificates, Heather Blough contact (707 463-5462)	Disabled and homeless per HUD definition	Apply to Community Development Commission Directly, or through UCC/ COC.	HUD, housing certificates	IHSS*, Intensive case management
RCHDC-Gibson Court Apartments, 148 Gibson, UKIAH	16 units of subsidized housing through RCHDC. Case management provided through OMG or RQM.	SMI Adults	Through RCHDC, 707 463-1975	RCHDC Federal subsidy and other subsidized housing such as CDC	IHSS*, Intensive Case management

Claire Holmes - Oak Street House, 8405 Oak Street, UKIAH	9 units of housing through private owner. Case management through OMG and/or RQM.	SMI Adults	Privately owned and managed residence, 707 489-7792	Housing subsidy or resident's SSI	IHSS*, Intensive case management
Permanent Housing	**Usually without time limits, may or may not have "supportive component"**				
CDC - Housing Choice Voucher, COUNTYWIDE	Subsidized housing. Allocation cap. Time limited stay, 1 year with options to extend	Income based, does not require disability.	Apply Directly to Community Development Commission in Ukiah. Clients must apply when the list is open.	HUD, housing certificates, client pays portion of rent determined by CDC	IHSS*
CDC - Project Based Housing, COUNTYWIDE	Subsidized housing. Allocation cap. Time limited, 1 year with options to extend	Income based, does not require disability.	Apply Directly to Community Development Commission in Ukiah. Clients must apply when the list is open.		IHSS*
CDC/UCC -UKIAH Sponsor-based rental (SRA), 135 Ford Street	Funding through CDC, operated by UCC, Time limited rentals, 1 year. 4 two bedroom units, 4 families	At least one adult must have had D & A problem within past year. Family Reunification families	Apply through UCC	HUD	IHSS*
UCC -UKIAH "HOME" Program, Garden Court Apartments, S State Street	10 units, 3 two bedroom and 7 one bedroom	Income based, does not require disability, however preference given to mentally ill and homeless	Apply through UCC	HCD, State Funding	IHSS*

Ortner Management Group (OMG), 300 N. Harrison St, Fort Bragg, **COAST**	5-6 units for mentally ill adults		Through OMG Access/Intake services		IHSS*
Residential Treatment	**Mental Health Treatment facility, licensed by CCL. Certified by Mendo County MH to provide MH services**				No IHSS at this level of care.
RCS, Mendocino House, Group Home, UKIAH	Ages 12-18 years, capacity 9 coed beds. Individual & family therapy, case management, rehab services.	SMI or SED children and youth	Through RCS Crisis, DSS and/or Placement Services, Kate Buxbaum (467-2010 or 467-2000)	AFDC	No IHSS at this level of care.
Transitional Housing	**CCL Licensed facility, provides 24 hour nonmedical care, ages 18-59**				No IHSS at this level of care.
OMG, Adult Residential Facility (ARF), **WILLITS**	Redwood Creek Care Center, Social Rehabilitation Services: 16 beds at ARF	Age and compatibility requirements, will need medical statement verifying need, TB test	Through OMG Access/Intake services	SSI, Medi-Cal	No IHSS at this level of care.

* Must have individual assessment in the home, income eligibility and need for service must be established to be eligible.

Fiscal Year 2014 - 2015
Inmate Services Ad-Hoc Committee Annual Report
Report Ending April 28, 2015

MHAB Ad-Hoc Committee: Kate Gaston, Chair, Jan McGourty, and Maureen O'Sullivan.
Charge to Committee: Assess the delivery of mental health services to jail inmates. Report and make recommendations to the Mental Health Board, for their annual report to the BOS.

Outcomes: Overall, the ad-hoc committee found the leadership, contractors and staff at the Mendocino County Jail highly committed to keeping inmates with mental illnesses, safe, secure, with the intent to make their lives stable while they are being detained, often for months or years. There is consistency in training, meeting standards, addressing specific needs, and dealing with situations that are very uncomfortable, with apparent professional attitude and actions.

Note: There are multiple areas where we felt the community could provide support that would increase outcomes for everyone involved, particularly inmates with mental illnesses. As the State Standards dictate the intent to develop pre-release planning, such efforts could lead to slowing down the revolving door. In addition, the disconnect between mental health services and alcohol/other drugs treatment services in the County leads to larger problems in the Jail.

Activities of Committee Members prior to developing report:
- Met with former MHB board members, Committee Chairman Jim Bassler and Perry Tripp.
- Met with Captain Tim Pearce, Lieutenant John Bednar, and Claire Teske, RN of California Forensic Medical Group (CFMG), contractor delivering mental health/health services in the Jail, to discuss processes, challenges, services and concerns, and toured Jail with staff.
- Met with Vicki Phillips-Stout, the Jail's Inmate Services Coordinator to discuss programs provided to inmates. Such programs are funded by non-County dollars, through contracted phone and concessions services with private companies.
- Attended Mental Health 101 class at the jail for jail officers and staff, taught by Claire Teske, RN, Teresa Brassfield, RN, and Robert Hurley, RN, all with CFMG, and who've worked at the Jail for several years. Jay Holden, PhD, Clinical Psychologist, spoke on the "restoration to competency" training he has designed and which has been successful for the past year.
- Had follow-up meetings with staff on specific issues on service delivery and availability.
- Observed Friday Night (April 24th) Intake from 8-10 pm, questions and answers with staff.
- Reviewed Mendocino County Mental Health Department's 2009 Policies and Procedures for Mental Health Jail Services; aligned them with CFMG's 2012 Mendocino County Adult Facility Policy and Procedure Manual. Review of such policies and procedures is helpful in assessing how the Jail is able to meet the care and needs of inmates with mental disorders, and what we as a community support group initiate with other organizations to provide additional services, funding and responsiveness to such care. The Jail was built to detain suspected and convicted misdemeanants and felons, ensuring both security and safe housing; i.e. how do you secure detainees and provide for punishment, in as safe a setting as humanely possible, provide housing, food, clothing, shelter, services and medical care?

- Review was made of Title 15 of the California Code of Regulations, Subchapter 4, "Minimum Standards for Local Detention Facilities." The Minimum Standards underscored the concerns

voiced by staff at our Jail. In particular, this is in reference to the ability of the Jail to obtain consistent psychiatric outside services, to transfer an inmate to a mental health treatment facility or to a hospital, and to have a strong working relationship to services outside the Jail to ensure that pre-release and post-release support continues, slowing the revolving door. The Board of Corrections comments on the State Standards in this way:

Dealing with seriously mentally disordered inmates is becoming an increasingly acute problem for facility administrators, as community resources disappear. The experience in many communities is that there are no suitable facilities to which inmates can be transferred. Facility administrators are being asked to expand the mental health services available in jails even though the Board of Corrections, mental health personnel and facility administrators across the state agree that it is best to get seriously mentally disordered people out of jails. Administrators must work cooperatively with mental health officials and others in the community to improve mental health services outside the jail in lieu of using the jail as the mental health service provider of last resort.

- Short review of requirements of AB109 Implementation Plans, suggested process of the Alameda County, where multiple outside organizations came together to build the implementation plan. *(See attached flyer for Alameda's response to AB109)*
- Short question list answered by Jail administration on oversight "team" of Jail, review process of cases and release of inmates, the role of the Board of State and Community Corrections, and the appeals process for inmates.

Specific Challenges and/or Concerns Identified During this Review:

- **The Community is not involved in supporting the Jail as it deals with an increasing population experiencing mild to severe mental illness.** The Jail staff reported feeling isolated from the service providers in our communities, and there is little, if any, crossover training or support. From what we could determine, County Mental Health/Behavioral Health has no responsibility for the mental health outcomes or services for citizens and community members in the Jail. Once the mental health services contract was taken over by CFMG, it appears County Mental Health's involvement was withdrawn; there is no reported connection to OMG. **A community support committee could build bridges between various county and state efforts, to ensure a cohesion between community-jail-community. Such a group can work to bring about after-care and prerelease connections, as well as community support for inmates in the Jail, support that increases the ability of the staff at the jail to do their jobs effectively.**

- **April 2015 saw 21% of inmates having an identified mental health disability/illness**; the normal average is 15%, as shared by staff leadership. Currently there are approximately 327 inmates; 21% translates into 70 inmates in our target population. The jail continues to be overpopulated, particularly among women inmates whose living quarters are severely overcrowded. This was identified as an ongoing outcome of AB109, addressing less severe offenders.

- For individuals entering the jail who are assessed/identified with mental illness, **medication is the primary first stage of support, if not the only treatment other than compassion by**

staff. The theory is to get the individual stabilized, first; rehab for this population is a murky area, other than educational programs, and visits by AA/NA, and religious groups. Medication is a significant cost to the jail, at up to $37,000 per quarter, with many inmates receiving medication to help them sleep. **An inmate's Medi-Cal is suspended while incarcerated, leaving all medical and mental health costs to be covered by the County Sheriff's budget.**

- **Clinical mental health therapy is non-existent** at the Jail. Mentally ill individuals who are not effectively treated often end up arrested and enmeshed in the criminal justice system. Mendocino County has a lack of full time psychiatric clinicians, and the Jail suffers as much if not more from this as any other program or housing site. Research has proven medication is only one step to recovering stability; cognitive behavior therapy is necessary to address and treat the majority of life debilitating mental illnesses. As noted by the American Psychiatric Academy (*cited in the Jail Training Manual*): *"For people with serious mental illnesses and complex disabling conditions, criminal justice involvement is an expectation, not an exception, despite the efforts of states, counties, providers, clinicians, and advocates, the system is organized for failure with jail as the ultimate safety net."*

- **Inmates** currently, at assessment and when requesting mental health support, **have their clinical session through telemedicine, i.e. a "doc in a box"**; staff report this ensures accessibility and rapid response, at least. Staff recognize level of overall mental health at Jail is probably low for a much higher percentage than those identified as SMI.

- As stated multiple times by Jail personnel and leadership, "a detention center is made to keep individuals secure at multiple levels, with limited short term programs, and is punishment for behavior." **When individuals with mental illness languish in such an environment, often in a housing unit that is not minimum security, they cannot avail themselves of programs outside their jail block, and "their health deteriorates, often rapidly."** For those housed due to their illness or behavior in isolation cells, staff report seeing rapid decompensation.

- **Inmates who are found to be in danger in a housing unit, can be confined to 23 hours isolation,** which can lead to them declining quickly. It was suggested that if "doctors at the hospital were aware of what Jail **safe rooms/cells** looked like, they would not send mentally ill individuals back to jail." Suggestion was that hospital staff and doctors come tour the Jail.

- **"No One From The Jail is Ever 5150'd."** Anyone who is sent to the hospital on their way to jail, held on a 5150, has that rescinded, and they come to/back to jail, without treatment. Staff report that inmates with a mental illness are in a constant "catch-22". The Jail is unable to get them into a hospital bed, so inmates continue to languish, lose opportunity to recover, live through their time somehow at the Jail; treatment is medication for the most part. **There is a perception here that the County contractor rescinds all 5150's for inmates.**

- Prior to this year, **individuals charged with misdemeanors who were found incompetent to stand trial, lived in the "catch-22", waiting for the elusive bed at a psychiatric hospital,** to either return them to competency or determine they could not. It was reported that some pre-trial inmates waited months, if not over a year, for a bed to open up somewhere in the state. For those facing a felony charge, this has taken even longer. Through a contract with the Jail,

Dr. Jay Holden has provided a return to competency training, within the Jail. **Valuable outcomes: 5 individuals were returned to competency to stand trial, for misdemeanor charges; program saved the tax payers $80,000.** Dr. Holden stressed the need to expand this program to felons, which is currently disallowed by state regulations.

- **Minimum and some medium security inmates can take advantage of the Jail classroom program. Most inmates with mental illnesses are not housed in units that have this access,** due to the lack of security staff required to be in the classroom for higher classifications. Yet research and best practices have shown it is this very type of activity that is central to recovery. The program staff **does** circulate through the Jail and provide other program supports or materials to those who cannot attend main programs, but providing an officer in each class room, would allow inmates with a mental illness/disability to participate.

- **The 11 O'Clock Court, our community's mental health court is now operational.** It is recommended the MHB have a representative on this Court's admin committee; the role of the MHB may be the bridge between justice, jail, services and community support. There was some lapse in connection between Jail and 11 O'Clock Court this past year, but the Jail medical staff are now attending the court meetings and therefore have solidified this critical connection.

- **The Jail provides Mental Health 101 training to their staff,** such that leadership voiced their belief that officers know more than most first responders on working with people with mental illnesses. This is to be commended. MHB members participated in part of the training and reviewed the manual. **Training could be enriched by having mental health peers present.**

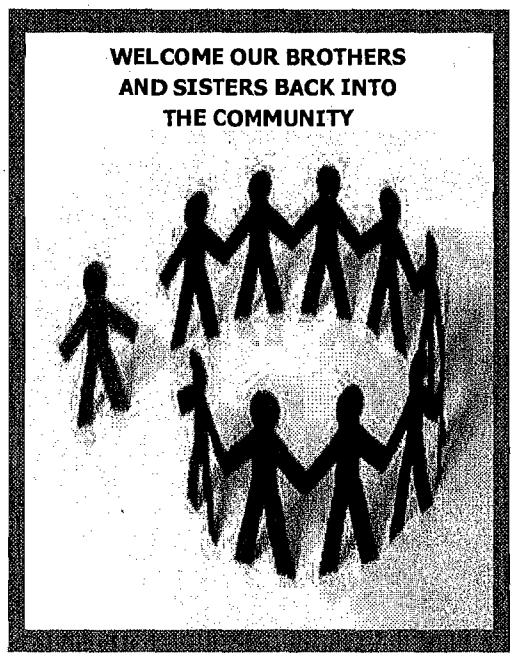
- **Jail personnel made the request that Crisis Intervention Training be provided to their staff,** in order to continue to support both individuals and Jail staff towards healthier outcomes. We view this as both a welcome suggestion and a critical next step for the County to support.

- **We see the benefits for the Jail and inmates of an outside "friends of the jail" or "friends outside" program/committee,** to coordinate and expand supports needed for individuals with mental illness/disability. This could prove helpful to their new program to develop prerelease programs and connections to outside resources for soon to be released inmates.

Respectfully Submitted, Kate C Gaston, Ad-hoc Chair and committee members.

ALAMEDA COUNTY COALITION FOR CRIMINAL JUSTICE REFORM

Community Meeting on Prison Realignment (AB 109) and the proposed Community Advisory Board



Wednesday, September 25

5:30 to 7:30

Westminster Hills Outreach Center

27287 Patrick Avenue, Hayward, CA

on the # 37 bus line to BART

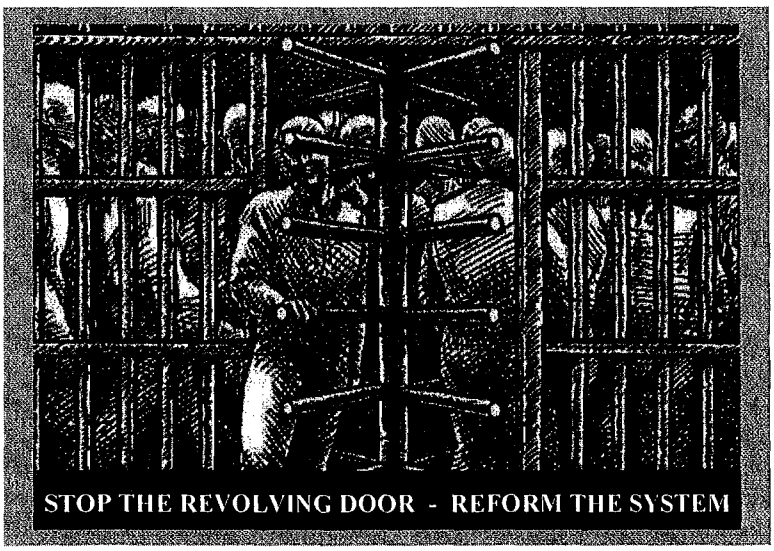
light refreshments served

You are invited to provide input to help the county effectively plan for a Community Advisory Board related to prison realignment and prison reentry.

All members of the community are welcome, including formerly incarcerated individuals and families impacted by the jail and prison systems.

The evening will include:

- A brief presentation on AB 109, the prison realignment bill,
- Models for Community Advisory Boards in other counties and Probation's proposal for our board,
- Small groups to discuss recommendations for creating a Community Advisory Board in Alameda County.



Sponsored by: The Alameda County Coalition for Criminal Justice Reform, Oakland Community Organizations (OCO), Congregations Organizing for Renewal (COR), Urban Strategies Council, Ella Baker Center, East Bay Community Law Center, Glad Tidings Church of God in Christ, Eden I&R, Communities United for Restorative Justice (CURYJ) & All of Us or None.

We thank Alameda County Supervisor Richard Valle and his staff and the Alameda County Probation Department and Office of the District Attorney for their support in planning this event.

Going to jail

By Jane Futcher

Posted: 12/31/69, 4:00 PM PST | Updated: on 04/13/2013

Comments

I don't want to be an inmate in the Mendocino County Jail.?

I visited there a week ago with five of my classmates from Leadership Mendocino, the non-profit educational group that teaches about 30 aspiring leaders every year about the county where we live.

My stomach knotted the moment we walked through the fenced breezeway linking administration to the main housing unit, with its dingy concrete halls, one-way monitors and picnic tables bolted to the floor.

The jail was built in 1985; it is cramped and depressing. Maybe all jails are that way. The only other facility I've visited is San Quentin, back when I worked for a newspaper in Marin. San Quentin was definitely a place you hoped never to call home.

Our guide, Mendocino County Sheriff's Sgt. Steve Studer, led us through the intake area, where a deputy was searching the pockets of a weather-beaten new arrival, his hands cuffed behind him, his head pressed against a cushioned wall. Eventually, we wound up in the detox tank -- a long, graffiti-scratched rectangle with a drain in the floor for relieving yourself. Goddess help the person who needs to do something more. Although a nurse checks the inmate's vitals once an hour, they know they're not at the Hilton when that door locks behind them.

The isolation cell across the hall, used to subdue unruly new arrests, was even scarier. It was hard to imagine anyone being tossed in that claustrophobic, windowless vault, let alone someone who's out of their mind on drugs, alcohol, psychosis or all three.

"I was pretty overwhelmed with what I saw at the jail," said my Leadership Mendocino classmate Helen Sizemore, HR Administrator at North Coast Opportunities.?"It seemed like there was a lot of energy there that wasn't being used."

Sizemore was shocked there were more jobs and training opportunities for inmates, who only win coveted work assignments -- men in the kitchen, women in the laundry -- if they are on good behavior.

"The county jail has many functions," Studer explained. "Education. Restaurant. Law enforcement. Intelligence. Security. A lot of moving pieces."

Studer should know. He's worked there for more than two decades.

The population of the jail, located on Low Gap Road in Ukiah near the county administration building, has gone from 210 to 281 inmates since 2011. That's when the U.S. Supreme Court ordered California to reduce the population of its 33 overcrowded adult prisons. The state complied by passing AB 109, which requires counties to take some state prisoners in their jails.

Many sheriffs would like to return their long-term inmates to the state because county jails aren't equipped with the services, staffing and space it takes to handle them.

"They're living in conditions that they're not designed to stay in for this long," Nick Warner, legislative director of the California State Sheriffs' Association, told the Associated Press last month.

About 20 percent of Mendocino County inmates are held from 48 to 72 hours, when the judge releases them at their first court date.

"Our population is up 141 percent of what it was pre-109," Studer said. "But on the plus side, AB109 has allowed us to hire six new deputies."

Studer surprised us with an odd bit of county jail history.

For years, he said, when the logging industry was in high gear, a regular group of loggers checked into jail as if it were their winter residence.

"They worked all summer and made their money and were out in the woods and didn't ever make their court dates. When the rainy season started, they'd turn themselves in and pay their fines and spend three to six months here in jail. They'd be out in spring and go back to work."

The county jail's busiest times are the same as the busy times in the ER, the sergeant said. That often means weekends, holidays, full moons and pot harvest season.

Studer led us outside and along another wire-clad walkway to a newer housing unit, where we watched inmates through one-way glass from a second-floor security monitoring room. It was an eerie feeling to be looking, almost like reality TV, into inmates' lives as they read newspapers in a common room, slept upstairs in dorm rooms, their bodies and faces covered in white sheets to block out the light. Three guys in striped suits were shooting the breeze below us near a small, walled outdoor yard, while, in a separate section, a sex offender ? they're almost as hated as snitches -- was being escorted to his cell in protective custody.

"There's no real right to privacy in jail," Studer said. "Unless you're with your attorney. We don't record in the attorney room." Visitor phone calls are also taped. Mail to and from jail is opened and read.

One piece of good news, Studer noted, is PREA, the Prison Rape Elimination Act, a new federal law giving inmates legal recourse if they are sexually harassed or assaulted by staff or other inmates. And the jail does have a new grief counseling program and classrooms for inmates earning their GEDs.

Still, our jail feels like a dingy dead-end for anyone who ends up there.

I think it's time Mendocino County built a new jail. I know the life of an inmate isn't supposed to be cushy. But perps are people too.? And the vibe at that place is nasty.

Studer said there's talk of a new jail going in next to a new courthouse. If, when and where is anybody's guess.

"We've adapted to what we have," the sergeant said.

"A new jail would cost about $60 million, and Mendocino County is broke," Sheriff Tom Allman told our Leadership Mendocino class last Friday. "But I have a jail that's falling apart. We have a trailer park for a jail. A smart build would mean fewer employees to do less work. And we've got to have a percentage of it dedicated to mental health facilities. There are no locked facilities for the mentally ill person in this county. . .In the next seven years the Board of Supervisors will have to make a decision."

What about it, Mendocino County? Our jail is one sad place.?

Jane Futcher is a Longvale resident.

FISCAL YEAR 2014 - 2015
MENTAL HEALTH SERVICES ACT STANDING COMMITTEE

Chair: Dina Ortiz Members: John Wetzler and Roger Schwartz

Report

1. History

The passage of Proposition 63 (now known as the Mental Health Services Act or MHSA) in November 2004, provides the first opportunity in many years for the California Department of Mental Health (DMH) to provide increased funding, personnel and other resources to support county mental health programs and monitor progress toward statewide goals for children, transition age youth, adults, older adults and families. The Act addresses a broad continuum of prevention, early intervention and service needs and the necessary infrastructure, technology and training elements that will effectively support this system.

2. Funding

The Act is funded through an annual 1% tax on income in excess of $1 million in California

3. Purpose and Intent

a) Mental illness is a condition that deserves priority attention, including prevention, early intervention, medical and supportive care.

b) To reduce the long term negative effects of untreated mental illness on the individual, families, and the state and local budgets

c) To provide and expand innovative services which include outreach, integrated medical care and psychiatric services that are all culturally and linguistically competent to the underserved population.

d) To provide state and local funding to meet the needs of individuals who qualify and agreed to be enrolled in these programs. These funds should not be used in programs that are funded federally or by other insurance programs.

e) That these funds are used in the most cost effective manner and services are provided with best practices. Oversight will be done by local and the state to ensure accountability.

4. Prevention and early intervention programs:

a) Programs will emphasizes timely access to services for underserved population

b) The program should include the following:

1. Outreach education of early signs of potentially severe and disabling mental illness

2. Access and linkages to medical care
3. Reduction in stigma

4. Reduction in discrimination

5. The program should have strategies to reduce the following:

Suicide, incarcerations, school failures, unemployment, prolonged suffering, homelessness and removal of children from their homes.

5. Children Services

Severely mental ill children means minor under the age of 18 and who meet the criteria.

a) Services are intended for severely mentally ill children. These services need to be accountable and developed in partnership with youth and their families, culturally competent, and individualized to the strengths and needs of each child and their families.

b) Consent of a parent and/or legal guardian is required.

a) MHSA funds will be used when services are inadequate or the services are not available.

b) Funding shall be used to provide for each child services necessary to fulfill the treatment plan of the child, including services to prevent out of home placement

c) c. State will contract with the counties for these services.

6. The State

a) Will seek funding from the Federal government so that the maximum of number of children can be served

b) Funds will be available to the state for technical support and administrative cost

7. Adults and Seniors

Services shall be available to adults and seniors with severe mental illness.

a) This includes medically necessary mental health services, medications and supportive services.

b) MHSA funds should only be used when cost of services cannot be paid by other funds, i.e. Medi-Cal, private insurance, etc.

c) The services shall be Recovery Orientated;

1. Shall promote recovery for individuals based on hope, empowerment, respect, social support, responsibility of self and self determination

2. Consumer operated services

3. Reflect the cultural, ethnic and racial diversity of consumers

d) Provide services that are similar to Offenders Crime Reduction Grant. MHSA funds cannot be used to provide services to persons incarcerated in a state prison or on parole

8. Human Resources

Increase the work force

9. Innovative services shall have the following purposes

a) To increase access to underserved groups

b) To increase better outcomes

c) Collaboration

d) To increase access to services.

10. Oversight and Accountability see section 5848

Goals meet this year by Mendocino County Mental Health

a) Families Service Centers, a new FSC opened on the the South side of Ukiah

b) TAY- in the process of opening a Wellness center in Fort Bragg

c) Parent partners is growing

d) Adults –MCAVHN increased to 11 full service partners with the 11 o'clock court and 11 o'clock court service is now on the Coast

e) Older adults will be opening up Peer counseling on the South Coast.

f) Laytonville and Point Arena clinics will be able to provide more services, for their funding has increased.
g) The state has provided 4 Web Site training on Cultural Competency that the county has used for its cultural competency training.

Community requests

a. The communities has been requesting for years to have a Mobile Crisis team that is present thru out the county.

b. People have been requesting a Crisis stabilization unit for years this would decrease hospitalization.

c. People want housing and employment services, this also decreases hospitalizations

d. Bilingual and bicultural services need to be available.

e. More programs for adults and seniors to prevent hospitalizations

f. Club Houses Models need to be implemented thru out the county. This type of program is run by consumers, provides housing and employment services. It is not a "hang out place".

g. Senior Peer counseling needs to bill Medi-cal and Medicare or private insurances.

h. Mental Health Board needs to have quarterly financial statements from the contractors and the from mental health department, so that we can meet our state mandates.

i. A dual diagnosis tract needs to be implemented

j. Outreach services for homeless mental ill persons needs to be developed. We need peers and clinicians on the streets engaging with people who are suffering from a mental illness.

k. In -reach services for the people in our jails, who are suffering from a mental illness.

l. Adult services needs to address that there are no programs that target the Latino population.

m. Stigma and discrimination needs to be addressed.

n. Provide the support to have the Buddy Elder Homeless Shelter stay open 12 months a year.

o. The community had been advocating for Laura's Law for the past three years. This year, the Board of Supervisor voted to implement Laura's Law, in the next fiscal year. The county's Administrators, Mental Health Director and contractors are now stating that Laura's Law cannot be implemented due to lack of funding and that it is forced treatment.

The Mental Health Board

. 1. Mental Health Board needs to have more information on the Full Service Partners, i.e. diagnosis, the break down on the cost of each partner, are they being housed, are they involved in employment services, the location of these partners, the age, gender ethnicity and other services they are receiving. We need to know the recidivism rates for hospitalization and incarcerations. MHB needs to know if the children partners are placed in treatment center out of county, are they placed in residential treatment facilities, are they from Mendocino County, and are they improving and what services are they receiving. We need to know the ethnic breakdown and the gender.

2. The Mental Health Board needs to educate the Administrative Management, the Mental Health Director and the contractors to the following: March 2015: SUMMARY OF 2 IMPORTANT LAURA'S LAW BILLS THAT PASSED MENTAL HEATLH COMMITTEE 4/15/2015 (Text: AB 59 Waldron & AB 1193 Eggman) and SB664

Laura's Law allows courts--after extensive due process, to order a small subset of people with serious mental illness who meet very narrowly defined criteria to accept treatment as a condition of living in the community. It also allows courts to order the recalcitrant mental health system to provide treatment. Counties have the option to implement Laura's Law and most have not. By failing to use Laura's Law, county mental health directors transfer the seriously ill to jails, prisons, shelters and morgues. Nevada County implemented Laura's Law and found:

* Hospitalization was reduced 46%;

* Incarceration reduced 65%;

* Homelessness reduced 61%;

* Emergency Contacts reduced 44%;

* Saved of $1.81-$2.52 for every dollar spent as result of reducing incarceration, arrest, and hospitalization. Studies Show Laura's Law Works. (PDF) Studies Show AOT always saves money. (PDF) Voluntary Services are not a substitute for Laura's Law (PDF) Consumers who experience AOT (Laura's Law) support it. (PDF) Regulation 3900: Counties cannot postpone

implication by claiming more planning and funding is needed thereby discriminating against mentally ill.

3. MHB has to seek the avenues needed to have financial actuarial reports from the Mental Health Service Act by the Mental Health Department, Ortner and Redwood Quality Management. MHB is mandated by the state to provide advocacy for mental health consumers and for the community along with providing information to the management and the BOS. We request the financial information so that we can do our jobs. The MHB has requested this information for several years, we recently have been slowly given this information.

The MENTAL HEALTH SERVICE ACT was passed by the people of California for people like Steve and Rene.

This is for Steve, who died in Jail and Rene who died in her car.

Steve and Rene lived on the streets. They heard voices and would scream at them day and night in the middle of the street, at a local park, while they were eating, it did not concern them about what others thought of them for they were so focused on these voices. Their clothing was usually dirty and it was not uncommon to see them wearing heavy jackets in 90 degree weather. Their families could not help them for it was too heart breaking, frightening and to consuming. After many months of talking to Rene and Steve on the streets, in 2004 they both agreed to become partners in the Mental Health Service Act. Both thrived when they became partners, they had their own apartment, they held down jobs and they were attending committee activities. Both of them were reconnected to their families and they even were developing relationships with others.

Several years later the county was reducing the mental health staff, Rene was evicted as was Steve from their apartments. They were evicted because of their symptoms of mental illness; they were screaming at their voices, they were not keeping their apartments clean and they were bringing home people who were "highly questionable". Both were no longer receiving mental health services for they were no longer partners.

Steve and Rene were homeless again with no support, no job and very entwisted with their voices. Eventuality Rene and Steve died, both of them in their forties.

Rene was sleeping in her car that was parked all the time; it was in the winter in the dark that she died alone.

Steve was arrested in the summer and was in jail alone when he died.

There are many stories like these, and there are many more stories of people not receiving help.

Fiscal Year 2014-2015
Youth Services Ad Hoc Committee Annual Report

Chair: Denise Gorny Members: Maureen O'Sullivan

Report

The California Department of Health Care Services (DHCS) released an All County Information Notice (ACIN) on May 19, 2014 reaffirming the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) entitlement for youth in California living with mental illness.

ACIN No. 14-017 confirms that Realignment legislation has not limited or "capped" Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) entitlement, including services provided under the *Katie A. v. Bonta* settlement agreement and **that** *all* **Medi-Cal eligible young people** *must be provided full access* **to necessary mental health care.**

The settlement obligates the County to a number of comprehensive reforms, including better identification of mental health needs, enhancement of permanency planning; and prompt provision of individualized services designed to promote stability and ensure quality care for children in custody. Counties must offer family-based wraparound services to children with mental, emotional, or behavioral issues with the aim of facilitating family reunification and reducing multiple and arbitrary placements. The settlement mandated the immediate closure of the MacLaren Children's Center and the rerouting of its funding to **family- and community-based programs.** California is required to provide wraparound and Therapeutic Foster Care (TFC) as Medicaid services. In addition, the court acknowledged compelling evidence that wraparound services and (TFC) are medically necessary for many children and that, without them, these children would face grave harm from unnecessary institutionalization.

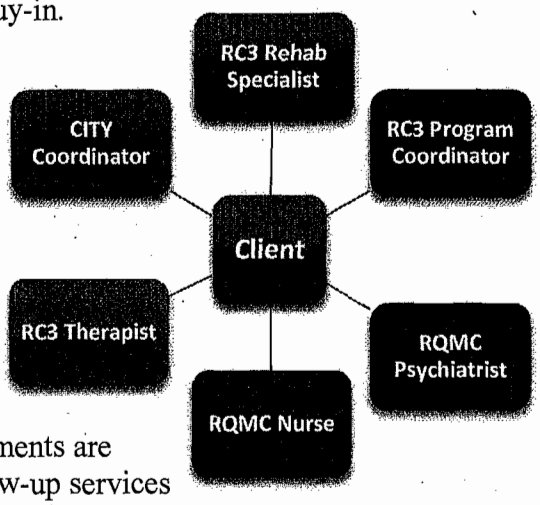
> *"2011 Realignment did not in any way abrogate or diminish the requirement that a County Mental Health Plan (MHP) provide, or arrange for the provision of, Medi-Cal specialty mental health services, including EPSDT services, for Medi-Cal beneficiaries. The EPSDT benefit, mandated under the Medi-Cal program pursuant to federal law, requires MHPs to provide, or arrange the provision of, specialty mental health services to beneficiaries under age 21 who meet medical necessity criteria for those services and are eligible for the full scope of Medi-Cal services."*

Medical necessity is defined as having a mental disorder that meets DSM-IV diagnostic criteria, as well as at least one of the following: (a) a significant impairment in an important area of life functioning, (b) a probability of significant deterioration in an important area of life functioning, (c) a probability that the child will not progress developmentally as individually appropriate, or (d) a condition as a result of the mental disorder that the specialty mental health services can correct or ameliorate.

Specialty Mental Health Services include Assessment, Plan Development, Therapy (Individual, Group, and Family), Rehabilitation (Individual and Group), Collateral, Case Management, Crisis Intervention, Therapeutic Behavioral Services (TBS), Medication Support, In-Home Behavioral Support (IHBS), Intensive Care Coordination (ICC), and Day Treatment Intensive/Rehabilitation.

RC^3 has implemented much of the Assertive Community Treatment (ACT) modality within the scope of its aftercare/follow-up services. These services are available to high need SMI clients, up to their 25th birthday, who have identified safety concerns and are in need of more intensive support. Services could also be available to those clients who have been mandated through Laura's Law.

RC^3 can be accessed 24/7 for emergency crisis support and evaluation and client's involved in the ACT modality of treatment have 24/7 access to a team member. RC^3 believes that swift and immediate access to a team member is a key element in successful recovery and treatment buy-in.



RC^3 provides services as a multi-disciplinary team. A therapist, rehabilitation specialist, and program coordinator work closely with RQMC's nurse and psychiatrist as well as other community supports (such as Wellness Centers, Primary Care, 11:00 Court, and primary therapeutic supports) to surround the client and provide individualized services based on need. All roles within RC^3 are interchangeable, and staff is cross-trained within the team in order to ensure no loss in service provision due to potential staff turnover. All members of the RC^3 team, regardless of role, have 5150 privileges.
RC^3 provides service both in and out of the office. Initial crisis assessments are generally provided in the community at local emergency rooms. Follow-up services are provided in the home, community, or clinic setting based on client need and identified linkages. When necessary, our warm office environment is designed to make clients feel comfortable and at ease. There are snacks and a sleeping area available to those clients who need it. This has been particularly useful in working with homeless clients who don't have a home to take services to. In addition to a mobile service delivery, RC^3 staff also provides and/or arrange transportation for client to and from psychiatric hospitals, community psychiatric appointments, primary care visits, Youth Resource Center, and to explore other community linkages. This not only ensures client follow through, it models this behavior for clients and allows for in-the-moment coaching as needed.

All services are highly individualized with treatment focusing on the needs of the client and family. There is no "one size fits all" model when approaching mental health. Although the team may focus on safety with each client, the approach is tailored to suit the client's level of understanding. The staff is trained to think outside-of-the-box and modify interventions as needed. Team members take an assertive approach when working with clients. Clients are encouraged to be independent and pro-active in their own treatment and decision making.

RC^3 follow-up services are intensive and short-term, with focus on the linkage and support to long-term services. Although the services itself are not intended to last longer than 60 days, certain team members will remain with the client in the transition to long-term services. For instance, the psychiatrist on the team may continue treating them and providing psychiatric support or the community members involved at the Wellness Centers will continue to be involved with the client in the transition. The goal is to create a collaborative map of connections the client can access as needed. RC^3 will always be available to the client, up to the 25th birthday, should future needs arise.

The team encourages safety, independence, linkage to resources, and vocational expectations. Clients are encouraged towards employment or the learning of skills to work towards future employment. Vocational services, as well as psycho-educational and substance abuse support, are provided through the Youth Resource Center and Wellness Centers.

RC^3 team members utilize natural supports when developing the clients plan. The client will develop a resource tree and will identify and create new supports throughout the linkage process. Through community integration, the client and family will begin to develop a support system and learn how to access appropriate resources, and to build the internal and external capacity to support themselves.

When examining prevalence data (from Partnership Health Plan and EQRO), Mendocino County has approximately 33,000 total eligible beneficiaries. Of that, up to 49% are anticipated to fall within the age criteria for Redwood Quality Management Company. It can be expected that between 10-20% of those RQMC eligibles would exhibit mental health symptoms and meet Medical Necessity criteria.

Data for Youth Services July 2014-April 2015

- The Per Beneficiary costs for beneficiaries 0-21 have been reduced by over 40% over the last five years
- The Penetration rate for beneficiaries 0-21 in calendar year 2014: **7%**
- Total beneficiaries 0-20 served in Calendar Year 2014: **1,163**
- Total beneficiaries Unduplicated 21-24 served in Calendar Year 2014: **54**
- Total number of beneficiaries 0-21 discharged in Calendar Year 2014: **1,047**
- Unduplicated 21-24 Year Olds Admitted to Services: **107***
- *All 107 received Outpatient Mental Health services and meet DSM eligibility criteria for Severely Mentally Ill (SMI)
- Number of Emergency Mental Health Assessments Provided to 21-24 Year Olds by Crisis: **72***

- *This number will include duplicate clients if they received more than one emergency assessment
- Approximately **11** hours of crisis and aftercare service were provided to each client.
- Services last up to 60 days- until client is linked to a provider for care or chooses to exit the program.

It is therefore suggested that more of the MHSA funds be directed to youth serves providers in Mendocino County. Pursue new funding through SAMSHA or other grant resources. Pursue collaborations with local HUD providers to increase housing options for our transitional youth. Our contractors have created a delivery system that works and are providing access to services in our outlying areas. We are far from reaching the numbers of children that need to be served. As a former foster parent of 34 years of children with SMI and other disabilities I can attest to the improvement of the quality and quality of services now being provided to our children and youth by Redwood Quality Management Company, RC^3*, their staff and their Contractors. Our children will have a much more successful and full life* from *receiving these services and will help to prevent a lifelong struggle of misery, poverty and homelessness. The future financial gain to the county will be reimbursed by not draining the county coffers through hospitalization and institutionalization, criminal activity and jail time, and the result for us all is healthier families and community.*

Thank you, Denise Gorny

Reports prepared with assistance from Chandra D. Gonsales, MS, Redwood Children's Crisis Center (RC^3) and Dan Anderson MFT, Clinical Director, Redwood Community Services