

Mendocino County Behavioral Health Advisory Board



2016-2017 Annual Report

Prepared by Jan McGourty, Board Chairman, MPA

**Mendocino County Behavioral Health Advisory Board
2016-2017 Annual Report**

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Mendocino County Behavioral Health Advisory Board 2016-2017 Annual Report

November 2017

Executive Summary

This has been a year of constant motion for all of Mendocino County. The loss and replacement of a Supervisor, the settling in of new HHSA and BHRS leadership, the institution of cannabis legislation and finally the northern California fires, has kept county leadership challenged. Our board also went through changes with new chairmen and new members. In 2016 the name of our board was changed from the Mental Health Board to the Behavioral Health Advisory Board. A significant milestone occurred in 2017 when we voted to include substance abuse into our mission as a co-occurring disorder with mental illness. Consequently, putting together an annual report was challenging because in the past, the fiscal year ending in June has been used. This annual report covers July 2016 through December 2017. We have worked hard in this time to understand the mental health system and to promote positive change.

Our meetings are held all over the county. Finding volunteers with the time and resources to attend our meetings and work on committees is challenging. Many of our members are retired and aging. We lost several people this year because of health issues. However, all vacancies but one have been filled, and we will be planning easier accessibility for the future.

This year has seen an effort at collaboration. In September of 2016 we held a joint meeting with our beloved Supervisors which was quite productive in promoting a new spirit of respect. Also, I have been meeting the Director of BHRS, Dr. Jenine Miller, monthly to keep in touch and prepare the BHAB agenda. In conjunction with their committee work, some members have attended like-minded groups. They participate in the Healthy Mendocino CHIP committees for Mental Health and Housing. Some members have attended regional meetings of the California Association of Local Behavioral Health Boards & Commissions (CALBHBC) and state meetings of the No Place Like Home Advisory Board and MHSA Oversight & Accountability Committee (OAC). Reporting back from participating in these meetings broadens our Board's knowledge and understanding of mental health issues. In addition, we often hear the first-hand life experiences of people suffering from mental illness. These stories of friends and family are what keep us engaged in this challenging work.

One of our primary jobs, as stated in the Mental Health Services Act, is to advise the Board of Supervisors on issues and concerns regarding mental health in our county. We have achieved this by submitting letters of support and helping shape Measure B, the ordinance that has successfully passed. We look forward to developing an even greater relationship with those who share the desire to make life better for those suffering from mental illnesses and co-occurring disorders, and educating the community on the work that needs to be done.

Submitted by Jan McGourty
BHAB Chairperson 2017

Status of the Behavioral Health Advisory Board

Chair:

The role of BHAB Chair was flexible during 2016. John Wetzler, who had served as Chair for several years, resigned in March, 2016. The Vice-Chair, Nancy Sutherland, took over from April until she left the area in October. At that time Mr. Wetzler resumed the duties of the Chair for the remainder of the 2016 calendar year. Jan was elected Chairperson for 2017 and remains at present.

Membership:

At the close of the 2016-17 fiscal year in June, membership on the BHAB consisted of 12 members. Two of the three members on the coast who resigned have subsequently been replaced, and there has been one more resignation from District 3 which has yet to be filled. Distance and aging are always a challenge for individuals who have the time to give our board.

Members leaving this year include: John Wetzler, Roger Schwartz, Jill McCaughna, and Maureen O'Sullivan. We thank them for their contributions to our board. Three members joined the board this year. An ad hoc committee was appointed to interview candidates and submit their recommendation to the board. Accepted as new board members are: Flinda Behringer, Meeka Ferretta, and Martin Martinez. We are happy to have them joining us. For current board members, see the following table.

Board Member	District	Category	Term Ends
Jan McGourty	1	Consumer	12/31/19
Denise Gorny	1	Family Member	12/31/19
Lois Lockart	1	Public Interest	12/31/18
Dina Ortiz	2	Public Interest	12/31/19
Cathy Harpe,	2	Consumer	12/31/17
Kate Gaston	2	Family Member	12/31/18
Margie Handley	3	Public Interest	12/31/17
Meeka Ferretta	3	Family Member	12/31/19
Emily Strachan	4	Family Member	12/31/17
Tammy Lowe Bagley	4	Consumer	12/31/19
Patrick Pekin	5	Family Member	12/31/18
Martin Martinez	5	Public Interest	12/31/19
Flinda Behringer	5	Consumer	12/31/17
OPEN	3	Consumer	12/31/18
OPEN	4	Public Interest	12/31/17

Meetings:

Regular BHAB meetings were held the 3rd Wednesday of each month. The May 2017 meeting was cancelled due to a lack of quorum. Board members traveled from Gualala to Covelo and met at least once in all supervisorial districts. Notice of all regular and special meetings were made public, and agendas and minutes are available on the County website. Three Special Meetings were held during the 18 month period of this report:

- ▶ August 23, 2016. A meeting of the BHAB Finance Committee was held to explain the complexity of mental health finances¹. Presenting were HHSA Director Tammy Moss-Chandler, BHRS Director Jenine Miller, CFO Doug Gherkin, and RQMC Chief Financial Officer Camille Schraeder.
- ▶ January 13, 2016. The new Chairperson McGourty called a special meeting to create a vision of what quality mental health care should look like in Mendocino County.
- ▶ September 8, 2017. A special meeting was held to review the new MHSA 3-Year Plan. This meeting was held by video conference that included inland (Ukiah) and the north coast (Fort Bragg). The video conference was very well received and shall be scheduled more in the future.

Goals and Vision:

Chairman Sutherland established some ambitious goals for the BHAB when she was seated. Although those goals were never adopted by the board, some of them have been achieved in 2017. (This shall be noted in this report.) The Sutherland goals were:

1. Increase member participation & public awareness
2. Appoint more short term ad hoc committees, transition committee
3. Support the finance standing committee
4. Endeavor to have members leave meetings feeling they've learned something new or understand something better
5. Build our relationship with subcontractors and MHSA Funded services and encourage client/consumer participation
6. Monitor the stabilization and RFP
7. Establish an ad hoc committee to monitor and prepare the Annual report, so it will be a work in progress less redundant and more professional
8. Work on developing mutual respect between BOS/BHRS and the BHAB
9. Update and revise policies and procedures
10. More advisory letters (drafted for BHAB approval by ad Hoc committees)
11. CALBHB/C training
12. Ethics training
13. MH Finance training
14. W&I Code Sec. 5604.2.(a)... “the board shall assess the impact of the realignment of services from the state to the county, on services delivered to clients and on the local community.”

¹ Sutherland Goal #13

When Chairman McGourty began her service in January of 2017, she called a special meeting to create a vision of what quality care should look like in Mendocino County. From that brainstorming session, the board established four ad hoc committees² to focus members' energies for the year. Each committee created a purpose and established goals.

2017 Committees (*lead member):

1. **Housing:** Denise Gorny* & Lois Lockart
 - a. Purpose: Advocate the need for affordable housing, support agencies that are actively working to obtain it, and fight against Not In My Backyard (NIMBY) stigma.
 - b. Goal: Join Healthy Mendocino Community Health Improvement Project (CHIP) Housing Action Team.
2. **Site Visits:** Cathy Harpe* & Kate Gaston
 - a. Purpose: Connect the Mental Health Board with current sites through visitations.
 - b. Goal: Create a formal process for site visitation by developing protocols and reporting materials. Compile a list of the different categories of psych facilities.
3. **Crisis:** Emily Strachan*, Patrick Pekin* & Margie Handley
 - a. Purpose: Support grant for jail addition to serve mentally ill inmates and creation of public mental health facility.
 - b. Goal: Create a status report with recommendations on the possibility of creating a mental health facility at the old Howard Hospital in Willits.
4. **Finance:** Jan McGourty*, Dina, Cathy, & Emily
 - a. Goal: Create a user-friendly budget

² Sutherland Goal #2

Accomplishments

Housing: Goal met.

Housing Committee members regularly attended the CHIP Housing Action Team which includes agency representatives and community members around Mendocino County advocating for affordable housing. Our BHAB members also attended the first meeting of the No Place Like Home State Advisory Committee which is using MHSA funds to grant money for housing mentally ill citizens. Mendocino County has applied for these funds.

Site Visits: Goal met.

A *Site Visit Checklist* has been created to use for future site visits. Committee members Kate Gaston and Cathy Harpe visited the following sites³:

- ▶ Hospitality House in Fort Bragg
- ▶ Ukiah Access Center
- ▶ Round Valley Indian Health Center
- ▶ Manzanita Services in Ukiah
- ▶ Manzanita Services in Willits
- ▶ Hospitality Center in Fort Bragg

Crisis: Purpose met.

1. A letter of support was written to attach to the grant for a jail addition to serve mentally ill inmates.
2. The BHAB voted to support Measure B, a ballot initiative to raise money for a facility for serving the mentally ill. In addition, Board Chair McGourty served on the committee that wrote the initiative.
3. A study considering the possibility of creating a mental health facility at the old Howard Hospital in Willits is still in progress.

Finance⁴: Goal met.

With the generous help of County staff, including Bekkie Emory, Mary Alice Willeford and Venus Hoaglen, a one-page template was created for the two Mental Health funding sources that is comprehensive and easy to read.

Data Notebook: Completed.

The Data Notebook is a tool developed by the California Mental Health Planning Council (CMHPC) to gather, compile, and communicate information among the counties/local jurisdictions to the state of California. Each year a topic is chosen for review in each county. In 2016 the topic chosen was “behavioral health services for children, youth, and transition age youth (TAY).” Kate Gaston completed the preparation of the Data Notebook with the help of

³ Sutherland Goal #5

⁴ Sutherland Goal #3

staff from the Behavioral Health, Juvenile Justice Probation departments, and staff from contracted service providers of Redwood Community Services⁵.

Stepping-Up Initiative: Keeping it Alive

The California Summit for this national effort was held in January. Several county staff attended as well as BHAB Chair McGourty. However, subsequent efforts to take action were dropped because of County personnel issues. BHAB members have not lost sight of the objective, which is to prevent mentally-ill people from being incarcerated, and have pushed to keep it current.

Advisement

One of our primary jobs, as stated in the Mental Health Services Act, is to advise⁶ our Board of Supervisors (BOS) on issues and concerns regarding mental health in our county. We have attempted this in several ways:

- Some of us hold monthly meetings with our appointing Supervisor.
- We have submitted letters of support for the County Innovation Plan, the RCHDC project, and the grant application for the jail addition.
- We provided input to Measure B, The Mendocino County Mental Health Treatment Act, the initiative on the November ballot.

With this responsibility in mind, we submit the following recommendations for BOS review and consideration to adopt.

⁵ Sutherland Goal #5

⁶ Sutherland Goal #10

BHAB Recommendations to the BOS

1. Housing: Establish a credit clearing site through social services for rental applications.

One of the hardships that poorer people endure is the cost of applying for a place to live. Each property management company requires a credit search fee with the application for each residence, and sometimes for each individual to be living in that residence. These fees are not refundable, do not guarantee acceptance, and quickly add up and impose upon people's limited income.

2. Crisis: Install prefabricated units for 5150 holds in coordination with the hospitals.

With the passage of Measure B, funds will be available for a permanent mental health facility, but this will take significant time for implementation. Smaller temporary units such as those utilized by Grass Valley could be installed in Fort Bragg, Willits and Ukiah with less funding and would provide immediate care while the long-term solution is being implemented. An added benefit would be that each of the three major population centers with hospitals would see emergency room relief and the County would have the opportunity to experience the stresses and needs of a longer-term facility in terms of staffing and usage.

3. Crisis: Create and clarify a process for individuals returning from a 5150 hold at an out-of-county psychiatric facility that will be followed up by receiving staff.

There is often confusion when an individual returns from a psychiatric facility regarding transportation, medications, and case management. Sometimes people will be dropped off on street corners with no medication and no contact with mental health professionals regarding follow-up care. All patients should be released with documentation, medication, and a destination with waiting mental health care.

Meet the Board Members

Jan McGourty: Joined the Mental Health Board in 2014 after retiring from teaching. She is an active NAMI member, serving on the NAMI Mendocino Board and as a Family-to-Family Facilitator. Ms. McGourty holds a Master's degree in public administration and frequently attends the MHSA Oversight and Accountability Commission meetings.

Emily Strachan: Emily Strachan worked as an Information Systems Manager and has extensive experience managing large organizations. She holds an MA in Political Science and worked overseas in business. She is an active volunteer on the coast, serving on the board of the Mendocino Volunteer Fire District, and also volunteers as a crisis worker for Project Sanctuary.

Marge Handley: Margie Handley is a recognized Northern California business and community leader with an impressive background in transportation, small business, agriculture, and real estate. For the past 45 years, Ms. Handley has served in advisory roles on business issues at the local, state and nationwide levels. She currently serves as President and Director of the Frank R. Howard Foundation, owners of the Frank R. Howard Memorial Hospital in Willits, California

Dina Ortiz: Dina Ortiz was appointed to the Mental Health Board in 2014. Ms. Ortiz is a Licensed Clinical Social Worker with a specialty in nephrology mental health. She has been working in the mental health field for over 30 years. She is currently employed at the Dialysis Clinic where she educates and supports patients and their families. Besides serving on the BHAB, Ms. Ortiz volunteers at Plowshares and Red Cross as a mental health provider.

Patrick Pekin: Patrick Pekin is an attorney who currently practices Criminal Defense. He often runs into mental health issues while serving his clients. Mr. Pekin has worked overseas as an English teacher, and is a volunteer firefighter with the Mendocino Volunteer Fire District. He joined the BHAB in 2016.

Cathy Harpe: Cathy Harpe was appointed to the Mental Health Board in 2015. She named serving on the Mental Health Board as her interest upon graduating from Leadership Mendocino Class of XXII. Ms. Harpe is a lifelong resident of Mendocino County and has 27 years of service with the County. As a survivor of The Peoples Temple, Cathy brings deep commitment and empathy to her work with the Board.

Flinda Behringer: Flinda Behringer is one our newest board members who was seated in September, 2017. Ms. Behringer comes to us from the east coast, where she holds a MPA and a MS in Social Work. She is a LCSW and has worked as a SUDT and VA counselor, has supervised primary care for the VA, and has developed educational programs for a variety of mental health venues. She volunteers with the Littleriver Environmental Action Group and the Mendocino Community Library, and previously volunteered as president of the board of directors for Hospice Care in New Hartford, New York.

Kate Gaston: Ms. Gaston was appointed to the BHAB in 2013. She has extensive history as an administrator and advocate, particularly in mental health. Ms. Gaston did graduate work in juvenile justice and currently serves on the Mendocino County Juvenile Justice and Delinquency Prevention Commission. She has designed and presented workshops at regional and national conferences on asset mapping, organizational structure, and board development and leadership. Currently she is owner and chief strategist at OpenSky-wi.net, an online business working to build tools and quick start activities for grassroots organizations around the country.

Lois Lockart: Ms. Lockart, a.k.a. *Redwood Flower*, is a First Nations tribal elder. A retired cosmetologist and administrator, she holds an associate degree in business administration and is informed in all tribal government issues. In addition to served as a tribal administrator and a member of a tribal council, Ms. Lockart has collaborated with federal, state and local governments on such issues as education, housing, transportation, law enforcement, and all aspects of health and welfare. She is a knowledgeable parliamentarian in Roberts Rules of Order and has served several terms on the Mendocino County Grand Jury. As *Redwood Flower*, Lois is particularly conscious of the spiritual and environmental components of our community and worries about the state of the world for following generations.

Martin Martinez: Mr. Martinez also joined the BHAB in 2017. He is currently the administrator of the Redwood Valley Rancheria and has served in many tribal positions. He holds an associate degree in Alcohol & Drug Program and has served in various local and state committees representing his community and creating policy in mental health and substance abuse. He is recognized as a spiritual advisor, facilitates the Red Road program for sobriety and is active in preserving many Pomo traditions. Mr. Martinez speaks the central Pomo language.

Denise Gorny: Ms. Gorny has been a member of the BHAB for five years. From her early childhood experience with a mother periodically institutionalized for mental illness, and her experiences both a single mother and foster parent, she developed a passion for advocating for the mentally ill, the disabled and the disadvantaged. She has done this professionally by serving at both state and local organizations. Currently she works for the State Council on Developmental Disabilities and continues to advocate for disabled rights, services and systemic change.

ADDENDA

BRAINSTORMING THROUGH THE STAGES OF MENTAL ILLNESS

MHAB Strategic Planning Session 1/13/17 - Creating a Vision

<p>1. Early Intervention - Now</p> <ul style="list-style-type: none"> • Call 911 • See psychiatrist • Get medication • See primary Care physician - may or may not get referral to psychiatrist • Talk to someone: teacher, counselor, therapist, family member • Go to the Emergency Room • Educate oneself • Family clueless - often justifies or denies odd behavior • Self-medicate with drugs or alcohol • Trauma 	<p>1. Early Intervention - Vision</p> <ul style="list-style-type: none"> ● Education of society on Mental Illness** ● Overcome stigma, i.e. discrimination** ● Education of family to ask questions & recognize signs of mental illness** ● Educate individuals for healthy life to prevent mental illness ● Educate through K-12 schools (SB 330)* ● Recognize addictive habits ● Housing* ● Employment* ● Therapy ● Psychiatrists ● Dietician ● Psych nurses ● Street Mental Health workers* ● Communication ● 24/7 de-escalation center and stabilization assessment
<p>2. Crisis - Now</p> <ul style="list-style-type: none"> ● Call 911 ● Call the Crisis Line ● Call the Suicide Hot Line ● Call the Access Line ● Walk into the Crisis Center ● Go to the Emergency Room ● Law enforcement engaged ● Not get help 	<p>2. Crisis - Vision</p> <ul style="list-style-type: none"> ● Licensed and mobile crisis worker available all over county 24/7*** ● Mental Health response*** ● CIT team in place to respond ● Local psychiatric hospital ● De-escalation training for Law Enforcement* ● De-escalation training for First Responders ● Access to Psychiatrists** ● Access to Dietician ● Evaluation of medical issues ● Communication between family and agencies

* Indicates prioritization during brainstorming session.

<p>3. Crisis Outcome - Now</p> <ul style="list-style-type: none"> ● Hospital ● Psychiatrist ● Medication ● Jail ● Conservatorship ● Board & Care ● Mental Health Court ● Homeless ● Morgue 	<p>3. Crisis Outcome - Vision</p> <ul style="list-style-type: none"> ● Psychiatrist oversight on medication* ● Dietician and exercise* ● Wellness Center with peer support** ● Case management daily or once/week*** ● Alternative medicine e.g. acupuncture
<p>Recovery - Now</p> <ul style="list-style-type: none"> ● Wellness Center ● Family ● Talk therapy with licensed clinician ● Inpatient services ● Board & Care ● Medication ● Case management ● Peer support ● Psychiatrist 	<p>Recovery - Vision</p> <ul style="list-style-type: none"> ● Housing & Support Services***** ● Monetary help to obtain housing ● Employment services ● Flexible, educated employers ● Friends & social activities* ● Exercise** ● Case manager ● Accompaniment ● Psychiatrist - therapy ● Cognitive therapy ● Medication management* ● Dietary oversight ● Understanding of limitations
<p>Maintenance - Now</p> <ul style="list-style-type: none"> ● Wellness Center ● Peer support ● Psychiatrist oversight for appropriate medication ● Housing ● Employment ● Homeless ● Addiction to prescribed inappropriate medication ● Self-medicate with drugs/alcohol ● Smoking ● Music 	<p>Maintenance - Vision</p> <ul style="list-style-type: none"> ● Case Manager ● Psychiatrist ● Narcotics Anonymous/Alcohol Anonymous ● Housing** ● Employment ● Social connections** ● Community & family support ● Spiritual community** ● Opportunity to give back ● Manage symptoms

CRISIS SUBCOMMITTEE REPORT

INTERIM COUNTY MENTAL HEALTH FACILITIES

RECOMMENDATION

The Mendocino County per capita violent crime rate is 5.8 per 1,000 persons.⁷ Of the 58 counties in California, that ties Mendocino with Madera County as the sixth most violent county in the state per capita. Mendocino has a low population density, is large geographically and has the 14th lowest per capita income.⁸ While these estimates are a few years old, they are the most recent available. The homeless per capita rate in Mendocino is 140 per 10,000, one of the higher rates in the state.⁹ Of that population, 41% self-reported mental illness.¹⁰ Homeless populations are roughly consistent with the County population, meaning that roughly a third are on the Coast and the two thirds Inland.

Mendocino County currently has no lock-down treatment facility. Mental health services are provided through an interrelated and sometimes byzantine system of therapies, services, out-patient assistance and day centers. Redwood Community Services and Mendocino County Health and Human Services provide oversight. When 5150 management is required, patients are sent to beds available in other counties. However, domestic services for 5150 cases are ostensibly returning. The State recently granted funds for a mental health wing at the County Jail. The Behavioral Health Board supports the collaborative effort of Measure B which proposes secure local tax funds to establish, and thereafter pay for, the operation of a secure, non-penal, mental health facility.

On the Coast, the primary service available for the homeless is the Hospitality House on 237 North McPherson Street. Hospitality Center offers homeless resources and vocational programs for people living with mental health challenges. Homeless resources include case management intakes, low income housing lists, advice and information, resource guides, and information about food and shelter. The Coast has no dedicated facility for 5150 patients; the Coast District Hospital is the sole resource for this purpose apart from transportation inland. Access to services can be challenging to those living far from the county core.¹¹

In July of 2017, the Fort Bragg City Counsel heard complaints of violations regarding the use permit and the creation of nuisance conditions at Hospitality House.¹² Public Hearings detailed a comprehensive list of difficulties at Hospitality House including: 187 calls for service to the Police Department to the Hospitality House block to address a variety of issues, including, but not limited to (1) disturbance of the peace, (2) assault, (3) battery, (4) fighting, (5) verbal threats, (6) suspicious people/vehicle, trespass. Other public disturbances included: (1) urination, feces, vomit, dog feces on public and private property; (2) aggressive panhandling, loitering, shouting, arguing, cursing in the public right of way; (3) littering and obstruction of

United States Department of Justice, Federal Bureau of Investigation. Crime in the United States, 2014, Table 5. Retrieved 2016-08-13.

⁸ U.S. Census Bureau. American Community Survey, 2010-2014 American Community Survey 5-Year Estimates, Table B19301.

Presented to the Mendocino County BOS June 20, 2017 Homelessness in Mendocino County, a Collaborative Approach.

¹⁰ See 3, Reported by the Department of Housing and Urban Development.

¹¹ MHSA Three Year Plan

¹² See July 26, 2017 FBCC Agenda.

CRISIS SUBCOMMITTEE REPORT

INTERIM COUNTY MENTAL HEALTH FACILITIES

RECOMMENDATION

sidewalks and alleys with personal property. Public drinking and intoxication were also reported as were vandalism and theft.¹³

When a patient on the Coast requires 5150 services, they are taken to the Mendocino Coast District Hospital and are checked in to the emergency room. A crisis worker should be alerted. Frequently a patient is medicated and/or secured to a bed. During this time, staff must personally supervise a patient. This status can continue for a day or longer while placement in a facility out of the area is secured. Because receiving facilities frequently prefer a non-medicated baseline for incoming patients, it is often requested that a 5150 patient not be medicated prior to reception. This increases risks to staff.

The emergency room at the Coast District Hospital has eight beds. In August and September of this year, for example, a "Code Triage" was called because of a scarcity of beds created by 5150 occupancies. What this means is that due to the large number of 5150 patients, typically outpatient portions of the hospital had to be repurposed to ER functions to compensate. Staff resources were correspondingly moved, creating pressure on other portions of the Hospital. This problem is persistent and prevalent throughout the county for some time.¹⁴

A Case Study in Crisis

Redwood Quality Management Company (RQMC) assumed the responsibility for mental health services in Mendocino County in 2016. Redwood Community Crisis Center (RC3) is the organization within RQMC that handles the mentally ill in crisis. RC3 seems to be, on the Coast, the sole organization responsible for crisis. All the other providers of mental health services, subcontracting to RQMC support: assessment, case management, referrals, and other like services.

¹³ NOTICE OF POTENTIAL TYPE IV MUNICIPAL CODE VIOLATION (V20-17)
Violation of Use Permit & Creation of Nuisance Conditions. July 7, 2017.

¹⁴ See Mendocino Beacon Feb. 18, 2016 "5150's costly to the county."

CRISIS SUBCOMMITTEE REPORT

INTERIM COUNTY MENTAL HEALTH FACILITIES

RECOMMENDATION

CASE STUDY

Sometime late this summer the Patient exhibited very unstable behavior. The Mendocino Coast Clinics referred the Patient to Crisis (RC3). Around the same time, a private citizen made a call to the County psychiatrist and secured an appointment for the Patient the first part of September.

Sometime during the last week in August, the Patient sustained a head injury caused by erratic driving. A Sheriff observed the incident and interceded. The Patient is taken to a hospital and held on a 5150. The Patient is transported to Rest Padd in Redding/Red Bluff.

The Patient's recollection of the amount of time spent in Redding/Red Bluff is rather vague. Suffice it to say it was for 2 to 3 days. On the Friday afternoon before the Labor Day weekend the Patient is transported back to Fort Bragg and dropped at the Chevron Station. Whether this drop off point was at the Patient's request is unknown. At the time of the drop off, Patient is not aware of or in procession of medical history from the hospital.

Sometime during the Labor Day weekend the Patient takes an over dose of pills in a suicide attempt. The Sheriff is called and the Patient is transported to the Coast District Hospital. The Patient spent most of the day in the hospital and tested positive for Meth. The Patient is held on a 5150 and transported back to Redding/Red Bluff.

The Tuesday after Labor Day a private citizen and friend of the Patient's family called RC3 in an attempt to locate Patient. RC3 stated it had no record of the Patient in their system.

On Friday September 8th the Patient is transported from Redding/Red Bluff to the RC3 Access Center in Fort Bragg where she is met by staff and a safety plan constructed (see attached).

This case study highlights only one crisis incident and may or may not be indicative of standard operating procedures. This case study has not been reviewed by RC3 or any of the other Providers involved. The support of Seriously Mentally Ill patients is a heavy lift. The case study highlights some areas that should be examined for improvement:

- Is the issuer of a 5150 responsible for ensuring a case manager is notified and/or assigned?
 - Why are representatives of psych facilities allowed to drop patients off on Friday afternoons when access to support services are the most difficult to obtain?
 - How does a patient end up being released without documentation and treatment information?
 - Should RC3 have records of all patients receiving 5150s?
 - Could any of the above be ameliorated with dedicated 5150 units in County?
-

CRISIS SUBCOMMITTEE REPORT

INTERIM COUNTY MENTAL HEALTH FACILITIES

RECOMMENDATION

Conclusion

The County needs secure facilities to address these challenges. Permanent facilities will likely take significant time to be implemented. The requirements for a permanent design, location, personnel, and logistics are really just estimates at this stage.

Other counties have addressed this problem using prefabricated 5150 units at reasonable cost.¹⁵ Grass Valley operates a small, four-bed, crisis stabilization unit at a cost of \$500,000 per structure. Like Grass Valley, the Coast Hospital's small ER is frequently overburdened with 5150 cases placing staff and patients at risk. It is our understanding that all County hospitals shoulder this burden.

Should Measure B pass, and this sub-committee supports its passage, funds will be available to build and or renovate a building for a secure mental health facility. Smaller temporary units such as those utilized by Grass Valley and installed in Fort Bragg, Willits and Ukiah would provide immediate care while the long-term solution is being implemented. An added benefit would be that each of the three major population centers with hospitals would see emergency room relief and the County would have the opportunity to experience the real-world stresses and needs of a longer-term facility in terms of staffing and usage.

###

¹⁵ See Attached, The Union February 13, 2015 "New Nevada County mental health crisis unit gets green light."

**CRISIS SUBCOMMITTEE REPORT
INTERIM COUNTY MENTAL HEALTH FACILITIES
RECOMMENDATION**

**Redwood
Community
Crisis Center**

Safety Agreement

Redwood Community Services, Inc.

DOB: _____ Phone #: _____

Address: homeless

I agree that: ☒ I will not hurt myself ☒ I will not hurt others or damage property
☒ I will meet my own basic needs for the next 10 hours/days.

If I feel that I might, I will do the following:

1. I will call the Crisis Hotline at 1-855-838-0404
2. Dr Garrett 11th @ 238m
3. Secure Housing & Job
4. Bike riding
5. walking
6. Peep apps & take med

My next appointment is at 4:00 AM/PM on 9/11/17

☐ My School

☐ Other

a day, 7 days a week to assist me as needed.

I understand that Redwood Community Crisis Center staff will contact me or my legal guardian Self on 9/9/17 by 500 if I have not made contact with them.

I understand that this document may be shared with my current healthcare providers

Parent/Guardian Signature: _____ Date: ____/____/____

24/7 Crisis Line: 1-855-838-0404 | Ukiah Business Line: 707-467-9065 | Fort Bragg Business Line: 707-961-0308

9/18/2017

New Nevada County mental health crisis unit gets green light | TheUnion.com

(<http://www.theunion.com/news/the-union-now-live-streaming-from-the-newsroom-2/>)

New Nevada County mental health crisis unit gets green light

Keri BrennerStaff Writer

February 13, 2015

A four-bed unit separated from the hospital emergency room will be built for people in mental health crises, Nevada County Supervisors decided Tuesday.

Supervisors voted unanimously to partner with Sierra Nevada Memorial Hospital to operate the small mental health facility, known as a crisis stabilization unit, on the grounds of Dignity Health Sierra Nevada Memorial Hospital in Grass Valley. The facility, staffed by a registered nurse, psychiatric technician or licensed vocational nurse and a full-time mental health professional, will be open 24 hours a day, seven days a week, to temporarily house people in mental health crises (<http://www.theunion.com/news/11813834-113/health-county-nevada-unit>) who need counseling and support or who are on involuntary hold — also known as a "5150 hold" — for evaluation of possible commitment to an in-patient psychiatric facility.

"Not only is it best for the mental health patients, it is better for the (hospital) staff who are not prepared to work with mental health patients and who are sometimes frightened," said Nancy Ramsey, chairwoman of the Nevada County Mental Health Board. "It's also better for the medically ill and injured patients who need a bed as well as a safe place, without undue noise and police presence."

Lael Walz, president of the local chapter of the National Alliance on Mental Illness (NAMI), said her group supported the move.

"We have been advocating for the creation of a mental health urgent care center, as we call it, for over 15 years," Walz told the county board. "We agree that this is one piece in the continuum of care necessary to help our citizens who are suffering."

Rebecca Slade, interim director of the county's Behavioral Health Department, said the new facility will not only open up space in the hospital's emergency room, but will separate people who are in a mental health crisis from those in the ER with medical emergencies, such as a broken arm.

Although most big cities in the state have a crisis unit at their hospitals, Nevada County will be one of the few smaller counties statewide to have its own crisis unit, officials said.

"We've wanted to have a CSU for 10 years or more," Dr. Brian Evans, chief medical officer for Sierra Nevada Memorial Hospital, told the county supervisors. "In the last five years, we've seen a 60 percent increase in people coming into the emergency room for mental health evaluations."

Evans said the hospital's emergency room was "tiny and overcrowded" and "if a patient comes in with a significant psychiatric problem, it's probably not a healing environment for the patients themselves." Before entering the CSU, a patient would undergo a brief medical clearance in the emergency room, he said.

The unit will be designed to offer up to 23 hours of care per patient. Three of the four beds will be reserved for patients who are medically cleared and referred from the hospital's emergency room. The fourth bed would be available for patients who come in from other hospitals or in other scenarios.

Money to build and lease space for the new facility, which will be a 4,900-square-foot modular unit installed about 70 feet away from the hospital's ER, will come from a \$500,000 grant authorized through state Senate Bill 82, the Investment in Mental Health Wellness Act of 2013, according to Michael Heggarty, interim director of Nevada County Health & Human Services Agency. (<http://www.mynevadacounty.com/nc/hhsa/Pages/Home.aspx>) County supervisors on Tuesday approved a ground lease at the hospital campus, effective immediately.

In addition, the state also is granting the county nearly \$2.5 million over three years for staffing, Heggarty said. The exact terms of staffing, which Heggarty said "are not tied to the CSU," are spelled out in a detailed joint operational agreement between the county and the hospital that was also approved by supervisors on Tuesday.

"This will have no impact on the (county's) general fund," Heggarty told the board.

Supervisor Hank Weston said he was concerned about the sustainability of the project.

"What happens after three years when the grant runs out?" Weston said.

Heggarty said the worst case would be to "revert back" to what exists currently, but he said he hoped to avoid that scenario.

"I think we need a strong crisis presence," he said. "If we have to, we can make adjustments in our budget in three years."

A request for proposals for a vendor to operate the CSU will be sent out shortly, Heggarty said.

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Site Visit Committee Report

Kate Gaston & Cathy Harpe

BACKGROUND

The Mendocino County Behavioral Health Advisory Board is charged by the County Board of Supervisors and the State of California, through the Welfare Institutions Code, to:

- Review and evaluate the community's mental health needs, services, facilities, and special problems;
- Review any county agreements entered into pursuant to Section 5650 (specifically to assure that the local mental health advisory board has reviewed and approved procedures ensuring citizen and professional involvement in all stages of the planning process); and
- Advise the governing body and the local mental health director as to any aspect of the local mental health programs.

2017 UPDATED REVIEW PROCESS

This year the new Site Visit/Review Committee was charged with developing a form and process for visiting service sites and facilities under their change of review and evaluation. It is anticipated it will be another twelve months before this process will be established and accessible to all members and contracted services and sites. Steps to complete over this year include:

- Conduct several site visits in order for team to become comfortable with meeting with staff and leaders at service organizations. While these were prior to the final development of the site review form and formalizing the process, visits to Fort Bragg's Hospitality House, Ukiah's Access Center, Round Valley Indian Health Center, and Manzanita-Ukiah, were extremely helpful. The BHAB committee members found staff committed and sites accessible and meaningful.
- Begin conducting site visits using the Site Review Form. Initial visit was conducted with peer staff at Manzanita-Willits, using the first draft of the form. This was very helpful, both for ensuring that all the areas which we felt needed to be questioned or investigated, were - they were requiring a mark on the form, and giving a structure to the visit - not a wondering, wandering chat.

- As a result of the above bullets, the form was revised and is attached to this report. The form will be used at the next site visit, scheduled for September 26, 2017, with peer staff at the Hospitality Center in Fort Bragg

FORMALIZING 2018

- We will begin scheduling visits throughout the fall and winter, hopefully to coincide whenever possible at the end of a BHAB's meeting in the same community.
- Policies and Procedures are being developed prior to the October 18 BHAB monthly meeting. Recommendations for P&Ps should include a short "training" for board members interested in conducting a site review, an orientation to include confidentiality, what to expect, how to manage discussions, what to share, and responsibility afterwards to reporting and responding.
- It is recommended team members view their role as partners in building better access, services and outcomes, and we should be aware of how our advocacy or our critique can be as helpful to the organization as it is to the peer, consumer or family members.
- It is recommended we conduct a minimum of six site visits each year, and a maximum of 10, to include both adult and juvenile programs.

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Behavioral Health Recovery Services
Mental Health Services Act (MHSA) FY 2017-2018 Budget Summary
Year to Date as of **November 30, 2017**

	Program	FY 17/18 Approved Budget	Salaries & Benefits	Services & Supplies	Other Charges	Fixed Assets	Operating Transfers	Total Expenditures	Revenue Prop 63	Total Net Cost
1	Community Services & Support	3,842,966	1,916	82,620		29,350	14,144	128,030	22,263	105,767
2	Prevention & Early Intervention	711,156		56,343			5,079	61,422		61,422
3	Innovation	410,620		8,378				8,378		8,378
4	Workforce Education & Training	225,953		27,994				27,994		27,994
5	Capital Facilities & Tech Needs	530,000		80,288				80,288		80,288
6	Housing	1,345,927								-
a	Total YTD Expenditures & Revenue		1,916	255,623	-	29,350	19,223	306,112	22,263	283,849
b	FY 2017-2018 Approved Budget	7,066,622	1,916	3,358,567	25,000	32,000	3,649,139	7,066,622	4,584,794	2,481,828
c	Variance		-	3,102,944	25,000	2,650	3,629,916	6,760,510	4,562,531	2,197,979

* Prudent Reserve Balance **2,197,777**

* WIC Section 5847 (a)(7) - Establishment & maintenance of a prudent reserve to ensure the county continues to be able to serve during years in which revenues for the Mental Health Services Fund are below recent averages adjusted by changes in the state population and the California Consumer Price Index.

Behavioral Health Recovery Services
Mental Health FY 2017-2018 Budget Summary
Year to Date as of **November 30, 2017**

			EXPENDITURES						REVENUE							
			FY 17/18 Approved Budget	Salaries & Benefits	Services & Supplies	Other Charges	Fixed Assets	Operating Transfers	Total Expenditures	2011 Realign	1991 Realign	Medi-Cal FFP	Other			
	Program															
1	Mental Health (Overhead)		980,600		101,241	101,542						318,059		(870)	317,189	(114,406)
2	Administration		1,678,299	405,633	49,388								57,422		57,422	397,600
3	CalWorks		100,995	38,468	20										-	38,488
4	Mobile Outreach Program		212,886	67,650	4,438			30,537							-	102,624
5	Adult Services		9,048,183	164,919	154,038	2,704,381							192,631	79,631	272,263	2,751,074
6	Path Grant		19,500		116										-	116
7	SAMSHA Grant		123,401												-	-
8	Mental Health Board		11,500		2,241										-	2,241
9	Business Services		819,954	206,007	7,275									9,662	9,662	203,621
10	Children Services		9,481,381	53,074	67	2,818,225							240,751		240,751	2,630,615
11	AB109		146,791	47,620	11,225							42,800			42,800	16,045
12	QA/QI		746,022	247,436	9,947									7,068	7,068	250,315
a	Total YTD Expenditures & Revenue			1,230,807	339,995	5,624,147	30,537	-				318,059	433,382	152,912	947,153	6,278,333
b	FY 2017-2018 Adjusted Budget		23,369,512	3,823,209	1,957,499	17,450,381	40,000	98,423				4,180,046	7,375,708	5,996,167	23,340,673	28,839
c	Variance			2,592,402	1,617,504	11,826,234	9,463	98,423				3,861,987	6,942,326	5,843,255	22,393,520	(6,249,494)