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**“Mental Health Treatment Act”  
Measure B Citizens Oversight Committee  
FEBRUARY 28, 2018; 1:00-3:00 PM**

**MINUTES**

*Approved March 28, 2018*

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**MENDOCINO COUNTY ADMINISTRATION CENTER  
CONFERENCE ROOM C  
501 LOW GAP ROAD, UKIAH, CALIFORNIA**

1. **Roll Call** was called by Dora Briley, Committee Clerk
  - a. Present: Jenine Miller, Jan McGourty, Carmel Angelo, Ace Barash, Ross Liberty, Lloyd Weer, Mark Mertle, Jed Diamond, Shannon Riley, Thomas Allman, Donna Moschetti
  - b. Absent: None
  - c. Quorum was established.

2. **Approval of January 24, 2018 Minutes**

- a. Two grammatical errors (page 4, paragraph 4, member to members) and page 6, paragraph 1 (work to work on) will be corrected.

**Motion** by Member Moschetti to accept the January 24, 2018 Mental Health Treatment Act Citizens Oversight Committee minutes with the correction of two grammatical errors. Motion seconded by Member Riley.

**Vote was called for by Chair Allman with a show of hands from the Committee on the Acceptance of the January 24, 2018 Mental Health Treatment Act Citizens Oversight Committee minutes with the correction of two grammatical errors.**

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| Yay | 11 | Committee unanimously passed the motion. |
| No  | 0  |  |

3. **Public Expression.**

**Motion** made by Member Diamond to place the topic of Public Expression to the top of the agenda as a permanent move. Motion was seconded by Member Barash.

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| Yay | 11 | Committee unanimously passed the motion. |
| No  | 0  |  |

- a. Chair Allman invited public expression for items not on the agenda.
- i. Speaker Marge Handley, president of the Frank R. Howard Foundation, spoke on what has been done to date on the old Howard Hospital site in Willits and to advise that the site is a viable option to be considered. A few years ago the Foundation approached the County to see if there was interest, and there was. CEO Angelo contacted the State; they visited the site and gave a positive response that it could be converted to the need. The County needed to do a feasibility study to see if the old site could be used and meet all the requirements. The Foundation covered the cost of the study. The Foundation asked the County to come up with a plan to see what the site may look like. A committee was formed; CEO Angelo, Camille Schrader, Tammy Moss Chandler, Jenine Miller and Janelle Rau worked with a contractor and their staff to come up with a plan. (A copy of the plan and talking points was distributed to Committee members) The Foundation paid \$48,000 to get the plan and determine a cost of converting the facility. The estimate came back as \$11 to \$14 million, depending on which option is chosen. This process took almost 2 years, 1,000 signatures in Willits (the 95490 area) were collected saying a mental health facility was wanted. A letter from the school board was obtained that states they do not object to the facility being near the Bechtol Grove School that is nearby. Due diligence has been done, there is a plan and if a decision is ready it could be built in 18 months. Marge wanted the committee to have this information.

Chair Allman clarified for the public and committee members that this study and plan was done long before the Mental Health Treatment Act Citizens Oversight Committee was formed. Ms. Handley verified that point. The study was done between the County and the Foundation.

- ii. Speaker Gregory Sims, is a retired psychologist and volunteering his time for folks on the street and some that are at agencies like McCAVN and others. He has been working with youth in some of the facilities over the past 20-30 years. He shared the need to have a better system in place to work with adults and children who are having trouble interfacing with society and that are also having trouble interfacing with them. There are quite a number of adaptive, gifted, and caring people within the population that as things are now, are still dropping through the cracks. He is very happy that this committee is together and hopes that there will be a way to interact with the community, psychologists, social workers and various “experts” to find a way to make this work. It appears there will be some money to do this. He is a visiting scholar with the Graduate School of Education’s Developmental and Psychological Sciences Program (DAPS) through Stanford working on a proposal for the integration of services in Mendocino County, it is about 200 pages now and hopes to have it finished by June. He would like to know how he can help.

Chair Allman thanked Mr. Sims and asked that he stay for the first part of the meeting as the topic of the mission and goal of the committee takes

place. The committee members have a copy of the email that Mr. Sims sent. The Chair clarified that this committee is an advisory committee to the Board of Supervisors (BOS) and will make recommendations to the BOS (who have the legal authority to spend the money collected from the sales tax) for the brick and mortar, facilities that we believe will enhance mental health services throughout the county. Mr. Sims was encouraged to approach the Behavioral Health Advisory Board with his program ideas.

#### **4. Discussion and Possible Action Items.**

##### **a. Measure B Ordinance.**

The Chair opened discussion regarding the committee's intended purpose.

Member Liberty noted that a maximum of 75% of funding raised in the first five years goes to a facility. He also noted that there is not a certainty under the ordinance that a building will be built or purchased because it is a maximum of 75%. He feels his role on the committee is that of a fiscal conservative. When he read about a training facility within the measure, he thought that could very well be a conference room inside the facility not a separate facility. We have to be careful, the money is not unlimited. We spend \$27 million a year on mental health, we cannot be cavalier, we have to be careful, Measure B doesn't bring that much more to the table. Do we need a new brick and mortar presence? Is there an issue related to that? Can we use the money better elsewhere in mental health? Can a training facility be a room inside the facility?

Member Moschetti agrees regarding the training facility being a room. We need to remember that we do have 25% of the funding for services, we need to remember that.

Member Barash recalls that the training facility was specifically stated in Measure B, whether it is an actual building or not, he would need to review the ordinance. What he thinks Tom had in mind was training for management of crisis, training first responders (law enforcement, etc.) who most frequently deal with those situations and is extremely important. Then there are those who will staff the facility, they need to be trained, will those be included as well, that would suggest it is more of a building than a room. What will this training center include?

Chair Allman reminded the committee that the first taxes will be collected as of April 1, 2018. By then this committee will have three meetings under its belt and hopefully in three meetings we will be cohesive enough to be ready to give good recommendations to the BOS so we can look forward. While our funds are not unlimited, we are going to receive funds that this county has never had before and the ability to build a mental health facility or training facility. He shared that when he was collecting signatures and gaining support for this ordinance and getting voters to understand it, a training facility was discussed for first responders, parents, nurses and mental health

technicians for the purpose of having a local site. It would be much more than a conference room, where we have genuine training. Classroom style and physical training would occur. Whether it is protecting law enforcement or learning other techniques rather than Tasers or fire arms to deal with mentally ill people; it is much more than a conference room. It would be difficult to do these trainings in a room such as this meeting room; it would need to have a lot of equipment and then move it back out to make it ready for a meeting. It is a training facility that is needed. It will be up to the Board of Supervisors to decide.

Member McGourty stated that there is a lack of a crisis facility in our County which results in our funding going elsewhere and people being shipped out, it is a problem because law enforcement has no place to take people here. She thinks that is something that should not be questioned. The ordinance states “may be used” but it should say “will be”.

Member Liberty stated that what voters signed on for, no matter what we said, or arguments we make, what they signed on for is what is written in the ordinance.

Member McGourty stated that a training facility for education, having a central location that can be a regional place where perhaps we can work with other counties and maybe we can make a profit, might be a good idea. It should be within a scope so it can serve a purpose like the nonviolent crisis intervention CPI program that needs a certain amount of square feet. However we don't need a new building to provide education at this point. For four years now, providing crisis intervention training for law enforcement and first responders has been advocated, so they have knowledge of options other than shoot first and ask questions later. That is not something that we have to wait on for a facility.

Member Diamond stated that he agrees with Member Liberty that we need to be wise with our funding. He has 17 years of experience working with the County's Public Guardian program, writing conservatorship reports for people who need some kind of care who are now being seen by the Sheriff or in emergency rooms who ultimately get sent out of the county. As a clinician, it can be said that it's not very beneficial to the patient when they get sent out of county, they lose connection, and it is why they get seen over and over again. Plus it is very expensive, I'm sure the exact cost is known when someone goes out of county. We are spending a lot of money already, it is just going out of county. We were asked to put together a suggested mission statement. Here is mine:

“It is the goal of the Mental Health Treatment Act Citizens Oversight Committee to recommend to the Board of Supervisors; 1. Creation of best residential behavioral health facility, to diagnose and treat patients who have been seen at the jails, emergency rooms or who have been sent out of county or other people who need our help; and 2. Creation of a regional training facility to improve the delivery of mental health services in the county.”

It is open for editing, and consideration. There is a need for a residential facility in the county. Although, we sort of have one, it is called the jail and the emergency room and the other is the streets, we need a better way of treating people.

Member Mertle, stated as a citizen and tax payer in Fort Bragg, as he looks around we really do not have a good way of treating the homeless and mental health and most citizens in general feel the same way. What we need to decide in this committee is what type of facility we actually need because each person or stakeholder here has an interest in what they want. The Kemper report speaks to specific issues and problems they wanted to get to. It identified a lot of problems within the system. We need to decide and talk to the stakeholders about what is actually needed. Let the stakeholders have input, then we decide what facilities need to come from that. What he read in Measure B indicates some sort of infrastructure needs to be built. That is what the 75% is for, but what is not clearly stated is what is truly needed. That is where hiring a consultant for a needs assessment, where they talk to all stakeholders and bring a report to us so we can make a decision. It will probably take longer than anyone here wants to take, but it is the fiscally responsible thing to do and in the long term the right thing to do.

Member Barash, agrees with member Mertle, it is good to have an overall strategic plan. He thinks crisis services are crucial. One thing Kemper did say, he mostly talked about contractual problems, but one thing he did say was how much money we are spending on sending people out of county and how inefficient that is, not just in terms of money but continuity of care of the people being sent out. That is really detracting from what we have to spend on other mental health issues. People can overall agree that the priority has to be crisis, because that is not going away. It would be nice if we could get up stream of the crisis as much as possible and that would take two types of prioritized buildings. One being a psychiatric health facility (PHF) Unit or PHF like facility and the other a crisis residential treatment facility. The difference being, the PHF is locked and the crisis residential isn't. PHF is up to 72-hours maximum and crisis residential is 30-days and voluntary. Both of those things are at the top of the list. I completely agree with being strategic and hiring a consultant but at the same time we need to begin deliberations about what we know is needed and do both at the same time.

Member McGourty suggests an ad-hoc committee(s) to look at these different things, for example different kinds of psychiatric facilities. Defining what types there are would be helpful, it gets confusing. What type of staffing is needed for each kind of facility. PHF units are difficult to achieve without a psychiatrist which is difficult to find in our County. Ad hoc committees would help get the work done; having open input meetings doesn't accomplish the work that needs to get done.

Chair Allman hopes that members have had the Brown Act training so understanding ad hoc committees and their function is clear. He stated that we have seen ad hoc committees via the BOS for different things and they

can have their peaks and valleys. When there are a lot of ad hocs, things can slow down, when they are decreased things tend to go faster, but ad hocs are welcomed. The Howard Foundation has expended some money, they have made a good presentation, an ad hoc committee would be good to work with them and tour the facility to see what they have in mind. Having an ad hoc committee to see what we have in this county and what the statistics indicate as future needs would be helpful. The coast is a very important part of where Measure B is going, this isn't the county of Ukiah it is the county of Mendocino and we have to look at the numbers on the coast. What will we recommend to the BOS for the coast to have, to improve the quality of life for patients and their families on the coast. At the last meeting we discussed the need for a consultant, it received some criticism by members and the public, that maybe we don't need one. Maybe we already know what we need. But to have an outside person assess for us in a short term basis what is needed inland and what is needed on the coast, these are options we have. As the Chair, I welcome an ad hoc committee of up to three people to gather information on what we already know.

Member McGourty added she thinks an ad hoc committee for facility options would be good and they could report back to the committee so everyone has a good understanding of what there is. The second thing is staffing, what do we have, what do we need, what kind of staff is available, if we don't have the correct staff, what is needed? How do we train them? A psychiatrist is needed, for a residential facility, how do we get one? Staffing is a huge issue.

Member Angelo shared she has been involved in this topic for some time. A few years ago the BOS, full Board, not just the 3<sup>rd</sup> District Supervisor, tasked her with working with the Howard Foundation to look at the old Howard Hospital as a psychiatric facility. The conversation was began with Stacey Cryer, Marge Handley and Carmel. Years have passed but the Board's direction has always been to look at that facility, they have always been interested in that specific facility. The reason is the location, it is in the center of the county and easily accessed. We had that discussion. Jenine Miller was also involved. Whatever decision is made by this committee, whether the old Howard Hospital is used or not, there has been a lot of ground work done on this building. It will not be easy. Working with the State will be needed. Jenine Miller, Carmel and either HHS Director Tammy Moss Chandler or Anne Molgaard, will need to be involved because whatever is decided regarding a facility we will need to work with the State. She is pleased with the work done, the ground work laid with the State and happy to report that we had full support from the State at that time to work with us with that facility. Working with different arms of the government is not easy. A lot of work has gone into this already, the State was in support of this facility, and the blue print distributed was designed by staff. Once Measure B passed, nothing could be promised regarding the Willits site. Before Measure B the county was very interested in the old hospital site. Now with Measure B, more money will be coming but not sure where we will go from here. The cost to renovate the facility that is in the center of the county, \$11-\$14 million dollars, may very well be a practical and viable solution.

Member Barash sympathizes with Member McGourty's point of view, but there has been a lot of work already done. There has been a committee, Member Barash and Camille Schrader were involved for several years. Perhaps Camille should give a presentation to this committee vs. starting over again with an ad hoc committee. We have discussed different types of facilities, such as a PHF and a psychiatric hospital. The hospital requires a higher level of staff and PHF doesn't mandate a psychiatrist there all the time. The hospital can charge higher rates, but salaries are also higher for a higher level of staffing. A psychiatric hospital has to be affiliated with an acute hospital and that may occur with Howard Memorial Hospital however because Howard has a special designation limiting it to 25 beds, they can only have 10 psychiatric beds, which would not make it cost effective. After looking at that path, it was decided a PHF would be the better cost effective way to go.

Member McGourty thinks an ad hoc committee to gather all that information again would be good.

Member Barash continued, the other issue as Member Angelo said, it is geographically located and the cost to renovate vs. building new would be a third to half the cost in savings.

**Public Expression:**

Camille Schrader, Redwood Quality Management Company (RQMC). Crisis and Emergency rooms have had conversations for years regarding the need for a local facility. She worked with Adventist officials from St. Helena, Dr. Barash and others on this topic, not knowing that the CEO, at the direction of the BOS, was in a similar process with Howard Hospital. Then they all convened. Every day there are 4 to 7 adults in the ER's, kids with multiple issues (some too hard for any of the agencies to process) they all need to go to a psychiatric facility. Some will be able to return within 3-10 days, others need a longer term locked facility. A lot of research was done, all the options were looked at and it came down to a common sense approach that landed on the old Howard Hospital site. It is a huge undertaking, it would need to be secured due to its neighbors, the nearby school, etc. It feels like we would get a two for one deal with a 16-bed psychiatric facility and a 16-bed mental health rehab locked center certified by Medi-Cal for longer term clients needing more than 30-day care. They both need a psychiatrist, nurses and psychiatric techs, that's why we need a training center and perhaps it could be linked with the community college. If you are willing to pay \$200 an hour you can get a psychiatrist, so it is a challenge. The ordinance is very clear about a facility and a training center as two different things.

Chair Allman, asked to form a three person facility ad hoc committee to gather information on work that has already been accomplished on the old Howard Hospital site. On the March agenda will be a presentation from the facility ad hoc committee on what paperwork has been created, preparation work completed, gather information from the County, RQMC and the Frank R. Howard Foundation regarding the old Howard Hospital site becoming a

psychiatric facility. Members McGourty, Angelo and Miller will be on the facility ad hoc committee.

Member Mertle asked if the Office of Statewide Health Planning and Development (OSHPD) would continue in the State's eyes. From a financial stand point this makes a huge difference. Marge Handley confirmed it does keep the OSHPD designation.

Member Diamond would like to see in addition to the old Howard Hospital site information the facility ad hoc committee will present, include all the different facility types/options as well.

Chair Allman reiterated what the facility ad hoc committee is tasked with.

Member Mertle asked if public money would be spent on the old Howard Hospital site or would the foundation pay and we rent it?

Member Angelo, good question, there is no answer on that. It would be good for this committee to make a recommendation. What we were thinking in the past; we weren't certain at that point if the Foundation was selling or leasing; but we talked about both options. At that time there was not money to purchase, maybe not today either. The biggest decision is if a contractor runs the service, should they own it or the County owns it and leases it to the contractor. There are more questions than answers on this one. With fiscal conservatives on this committee, we will need to have clear answers before recommendations can be made.

Member Mertle, shared he does public contracting and knows the costs involved. He is currently working for the Mendocino Coast District Hospital and knows the costs. He wants to spend the public's money conservatively. If private dollars could fund the repairs vs. public dollars it would go further, prevailing wage.

Chair Allman, stated there are some prohibitions on these types of projects. There can't be a private industry build out and then use as a public facility. Chair Allman requested the members to review the email in the packet from Mark Scaramella.

b. Committee's Mission Statement.

Member Liberty shared his input for a mission statement:

Version 1: The mission of the Mental Health Treatment Act Citizen's Oversight Committee is to ensure the effective, efficient and transparent use of those funds provided for by the ordinance for the benefit of the community.

Version 2: The mission of the Mental Health Treatment Act Citizen's Oversight Committee is to ensure the effective, efficient and transparent use



of those funds provided for by and as defined by the ordinance for the benefit of the community.

Member Moschetti shared her input for a mission statement:

We are committed to improving resident's lives and public safety by strategically evaluating and enhancing resources for mental health treatment.

Member Riley shared that she does not see a need for a mission statement because it is clearly outlined within the ordinance. If we have a separate mission statement we need to keep it in line with what the ordinance states.

Member McGourty shared we need to add "all" in front of residents and we are an advisory committee to the BOS.

Member Angelo cautioned that we are not the Mental Health Advisory Board, they have a much bigger role in mental health than we do. Be careful we don't create something in writing that confuses people.

Member Liberty shared that the committee's task is a portion of the ordinance.

Chair Allman says that Section 5,180.040 D. states what we are to do. Our mission is very clear.

Member Mertle stated a one sentence mission statement would be good, one that encompasses what has been stated.

Chair Allman directed the clerk to put the item back on the March Agenda for a short discussion and vote.

Public comment on the topic was invited, none was given.

c. Committee's Advisory Role to the Board of Supervisors.

Chair Allman invited public comment on this topic, none was given.

Chair Allman asked how will we make our recommendations to the BOS for expenditure of dollars. The Auditor stated we can spend the dollars beginning April, May, June. If we believe there is a need to expend the money, whether it is a needs assessment or other, we need to decide on how to make a recommendation to the BOS, how to get on the agenda and how to present to the BOS.

Member Barash understood we do not need to wait until the money is collected before we can designate it, correct?

Member Weer stated we need to bring a budget forward to the BOS to show funding sources that will cover expenditures. Will cash be on hand when the

expenditure is made, as long as that happens we can submit a budget and proceed with an approved budget.

Member McGourty shared we need to know how to get on the BOS agenda and the timeline, we need something written to submit.

Chair Allman stated that an Agenda Summary would need to be written for any items the committee approves to move to the BOS. There is a submission deadline to meet for any desired BOS meeting date. The item must be submitted into the Granicus computer system before noon on the 15<sup>th</sup> day prior to the meeting date.

Member Moshetti asked if there is a policy or procedure on how to submit items to the BOS.

Member Angelo confirmed there is and her staff would work with the committee clerk, Dora Briley, to get items to the BOS.

Chair Allman directed the clerk to send a copy of the Clerk of the Board policy on BOS agenda item submission to members with the March agenda.

d. Committee's Rules of Procedure.

Chair Allman noted that the clerk included in the meeting packet a copy of the BOS Rules of Procedure from 2017, which are still current.

Member Moschetti volunteered to work with two other members and streamline the BOS Rules of Procedure to fit the committee.

Chair Allman enlisted two members to join Member Moschetti for this one month assignment. Members Mertle and Riley will join the rules ad hoc committee.

County Counsel Elliott requested that they use red line technique in what they produce.

e. PowerPoint Presentation of an Overview of mental health services in Mendocino County.

Member Miller gave an overview of basic mental health services and how they are working in Mendocino County. A PowerPoint hand out was in member meeting packets and available to the public.

Member Diamond asked if the cost for sending people out of county could be given.

Member Miller stated she doesn't have the exact figure. There are two types of 24-hour care, acute care (inpatient psychiatric hospital) and conservatorship costs. We have approximately 54 individuals conserved, a

portion of those are out of county. The way board and care works is (you can't use Medi-Cal for 99% of them) they take a person's SSI and the County pays a daily patch, the cost depends on the facility and the level of care. It can range from \$90 up to \$800 per day for a daily patch on out of county placements.

Member Diamond stated what we will be looking at the comparison of what we currently spend verses the cost of treating in county.

Member Miller will bring comparisons to the March meeting.

Chair Allman invited public comment.

Josephine Silva asked if two 16-bed facilities that are serving two different aspects of treatment can coexist in the same building.

Chair Allman stated that while public comment is invited, we cannot answer questions, but please remain until after the meeting and speak to Member Miller.

f. Kemper Report.

Chair Allman reminded all that the Kemper Report was done during a time when the County was having problems with a contractor providing mental health services. The County hired a third party to come in and look at services that were being provided, delivery of services and recommendations on where to move forward. That was Lee Kemper. He actually charged less than his contract specified. Do we need to recommend to the BOS a needs assessment for mental health service buildings and services in this County? Would anyone like to discuss this?

Member McGourty pointed to the Kemper report executive summary, where six areas of concern are listed. The one that would be important to this committee is the lack of an in-county care and crisis residential facilities and services. This is why we have Measure B. Providing a structure for coordination and a complete interface with the other issues. This is still a problem and is why we need an assessment and a system analysis to see where the holes are, where duplications are, in order to make a complete system that is efficient.

Member Angelo stated the Kemper Report was done in a different time and place. Accountability and the list of recommendations are still pertinent today. The Kemper Report however is not a needs assessment or the beginning of one, it is not a substitute. Our system today is entirely different. Do we need a needs assessment? There are pros and cons, but if I had to decide today, I would say yes.

g. Needs Assessment Request for Proposal.

Member Riley feels like we need to know more about what we have now. The information we might ask for in a needs assessment may already be available. And, on a parallel path, the facility ad hoc committee can be working towards a specific facility. There seems to be a significant consensus the facility is needed. Are these two things in conflict?

Member Barash agrees with Member Riley and would like to see it happen side by side. A needs assessment is fine, just don't want to see it delay what we are doing.

Chair Allman would like to see a motion from the committee to recommend to the BOS a needs assessment. If we can provide the information we already have to the contractor, we should not be billed for that portion. Do we have a County employee that has knowledge and time to provide a needs assessment for everything we need in the County for brick and mortar for mental health in the county? We do not. An assessment should cost \$20-\$30,000 to give us genuine black and white direction of what we need in the county and in planning services for the next 50 years.

Member Diamond can agree with many of the statements made today, he would like to know more about the information we already have and would like to hear what the facility ad hoc committee will report out on next month. He may support a needs assessment once we know what we already have, then we would have what we need in a contract for a needs assessment. Find out what we have first then we know what to ask for.

Chair Allman referenced a letter to the editor by Sonya Neesch regarding what we need in the County for mental health, we don't know what we don't know. When we are looking at spending \$32 million for a facility, spending \$25-\$30,000 on a needs assessment feels prudent. Is anyone ready to make a motion to recommend to the BOS that we do a needs assessment?

Member Liberty wonders if we really need to do a needs assessment, we may have the information already.

Member Miller was asked if she knew of someone in the County that could do a needs assessment. She stated no. We would be asking someone to research and learn and report to us. One thing we don't have, are the State requirements, the Community Care Licensing Board requirements, staffing requirements, because those all play into every facility. Another thing is the Department of Health Care Services requirements to be Medi-Cal billable, there are other agencies to look into and what are their requirements. What are other counties doing, what are they finding that is best for their communities? An expert may have this type of information to include.

Chair Allman stated a contractor may not be an expert in mental health, they would have to do the same thing a county employee would need to do. If we have someone we trust, we would not have to go to RFP.

Member Riley stated it may not have to be one person, it could be a group that represents county and other service providers.

Member Angelo feels we should not use county staff. If we are going to have a needs assessment you want a consultant, someone who is unbiased and who doesn't have a dog in the fight. We learned a lot about our system and the lack of what we have based on the Kemper Report.

Member Mertle states we need an unbiased opinion and we are not being fiscally responsible if we don't hire someone to tell us what we need. We don't want to be irresponsible with the resources. What is important to him is that a contractor needs to be directed to talk to each of the stakeholders so we can decide what we need to do, not let the contractor decide what they want to do with the assessment. Talk to the hospitals, mental health, the administrative service organizations (ASO's), talk to everyone who is involved. Look at the program in general and see what we are missing. With all of our input we should be able to hit those points and then go to the BOS to create the RFP and we need a 90-day turn around, get it done quickly.

Member Diamond states that asking the right questions is critical and money well spent. This group can decide the questions and guide the contractor for the best results so we can properly make decisions about the larger sums of money to be spent in the future.

Member McGourty shared that a professional consultant would know to go to the different stakeholders, ask the right questions and compile the information.

Member Liberty would like the topic/task for each member to come back with questions for a needs assessment on the next agenda because we may already have answers.

Chair Allman asked the clerk to add Member Liberty's request to the March agenda.

Member Mertle made a motion that the committee recommend to the BOS that we go out for an RFP for a needs assessment for the mental health facilities, then withdrew when a second for the motion was not received. Further discussion occurred around crafting a motion to the BOS recommending an RFP for a needs assessment.

Chair Allman invited public comment on the topic.

Stephanie McFlaherty, a resident of Ukiah, shared she has Bipolar 1 and would like to speak on information for the needs assessment. She would like

patients to be spoken to in the needs assessment process. She has experience as a patient with hospital emergency rooms, transportation to psychiatric facilities out of county and the actual psychiatric facilities. She requested to please consider talking to the patients so they have input as to what they need from their point of view.

Chair Allman asked if members have any comments prior to voting on the motion.

Member Diamond wants to be sure that we are asking a consultant to focus on the charge of this group.

Chair Allman stated that this would be properly stated to the resulting contractor from the RFP.

**Motion** by Member Angelo, for the Mental Health Treatment Act Citizens Oversight Committee to recommend to the Board of Supervisors a Request for Proposal (RFP) for a needs assessment of the whole mental health system in Mendocino County. Motion seconded by Member Mertle.

**Vote was called for by Chair Allman with a show of hands from the Committee on the motion.**

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| Yay | 11 | Committee unanimously passed the motion. |
| No  | 0  |  |

## 5. Committee Member Reports.

a. **Member Miller:**

Attends the Behavioral Health Advisory Board meetings, attended the Brown Act Training and put together the PowerPoint presentation for today's meeting.

b. **Member McGourty:**

Attended 6 to 7 meetings from the State level to the local level regarding mental health since our last meeting.

c. **Member Angelo:**

Nothing to report, question regarding the Brown Act Training, does everyone have to take it? County Counsel Elliott responded, because there is no compensation paid to committee members for attendance, it is not legally required.

d. **Member Barash:**

Nothing to share.

e. **Member Liberty:**

Nothing to share.

- f. **Member Weer:**  
Nothing to share.
- g. **Member Mertle:**  
Attended Brown Act Training.
- h. **Member Diamond:**  
Attended Brown Act Training.
- i. **Member Riley:**  
Nothing to share.
- j. **Member Allman:**  
Attended Brown Act Training.
- k. **Member Moschetti:**  
Nothing to share.

**6. Tasks**

| <b>Given to</b>   | <b>Task</b>  | <b>Comments</b>                            |
|---|--|--|
| Facility Ad Hoc Committee Members McGourty, Angelo & Miller | Gather information on work that has already been accomplished on the old Howard Hospital site in Willits and report to the Measure B Committee at the March meeting. |  |
| Clerk Briley  | Put the Mission Statement topic back on March Agenda for discussion and vote.  |  |
| Clerk Briley  | Send the Clerk of the Board Policy on BOS agenda submissions to members.   | The Clerk of the Board has been contacted. |
| Clerk Briley  | Add Measure B committee member questions for the needs assessment on the March Agenda.   |  |
| All Members   | Bring your questions that you would like to see on a needs assessment so we can see if we already have answers.  |  |

**7. Adjournment.**

- 9a. Meeting adjourned at 3:00 p.m.