
**“Mental Health Treatment Act”
Measure B Citizens Oversight Committee
MAY 23, 2018; 1:00-3:00 PM**

MINUTES

Approved June 27, 2018

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

1. **Roll Call** was called by Rose Britton, Substitute 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. Quorum was established.
2. **Approval of April 25, 2018 Minutes**
 - a. Approval of April 25, 2018 minutes will be on the June 27, 2018 Agenda.

3. **Public Expression.**

- a. Chair Allman invited public expression for items not on the agenda.

No one came forward.

The May 23, 2018 meeting can be viewed at:

<https://youtu.be/dY5G8kB-o98>

Please note the recording begins at item 4.c.

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

- a. **Report to Committee from the Rules of Procedure Ad Hoc Committee with Discussion and Possible Action.**

Member Moschetti reported that a draft version of the Rules of Procedure were sent to County Counsel for review and advice. County Counsel provided direction and Member Moschetti made the edits and sent the revised draft to Members Riley and Mertle for their input, they approved the draft as-is. The Chair asked the committee if they had any edits or comments. The Rules of Procedure Ad Hoc Committee were thanked by all members for taking the time to draft, craft and publish the rules of procedure.

Vote was called for by Chair Allman:

Yay	11	Committee unanimously passed the motion
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No	0	
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b. Report out on Committee’s Board of Supervisors (BOS) May 8 Agenda Summary to Update the BOS on Committee Activities and Progress with Discussion and Possible Action.

Chair Allman reported on his presentation to the BOS on May 8. He reported out on the Needs Assessment. He explained the committee was not focused on any one location at this time and he gave an overview of the committee’s actions so far.

Chair Allman invited public expression on this item.

None was given.

c. Report out on Amendment of the Health and Human Services Agency Lee Kemper Contract to Include the Needs Assessment Work for the Committee and the Board of Supervisor’s (BOS) Direction Regarding a Separate Contract and Detailed Scope of Work for Lee Kemper with Discussion and Possible Action.

Member Angelo reported on the May 8 BOS action on the Needs Assessment work by Lee Kemper and the HHSA contract amendment. The BOS wants a better formulated scope of work and they want a separate contract, not an amendment to an existing contract with another department.

The BOS approved a \$10,000 amendment to the HHSA contract so that Lee Kemper can continue the work he has begun, but directed the Mental Health Treatment Act Citizen’s Oversight Committee to bring a separate contract back to them with a clear Scope of Work.

The BOS members would like certain things in the Scope. Member Angelo stated that the point of the needs assessment is to give us a look at the gaps in the current system. Member Angelo played a clip from the May 8 BOS meeting showing the end of the discussion about the needs assessment for the committee. Afterwards, Member Angelo provided a summary of the entire discussion of the May 8 Board meeting regarding the topic. She also shared her recent meeting with Lee Kemper in Sacramento where she provided him an update of the May 8 BOS decision. Mr. Kemper does not want to get into details beyond a gap analysis. She shared that the committee can work on a scope and contract for Lee Kemper, however, there is no guarantee that he will agree to the scope.

Chair Allman shared that we don’t know what we need until we know and asked Member Angelo if there is a model to follow from anywhere in the State of California. Member Angelo deferred to Member Miller, the Mental Health Director. Member Miller stated not that she is aware of; there may be some models that exist that are similar. Mendocino County is a unique model because we have an Administrative Services Organization (ASO) model.

Chair Allman shared that perhaps Lee Kemper may know better than anyone, because of his history with our County and other counties, what we need. If we give him all the services we provide now and ask him what else we need, he could probably tell us. Perhaps we should share this with the BOS to trust Mr. Kemper to evaluate services we have now, both in county and out, tell us what we need to do to improve the services to take the pressure off the emergency rooms, law enforcement, first responders and mental health providers in the County.

Member Diamond brought up the questions that committee members were asked to prepare a couple of meetings ago for Mr. Kemper. Were those shared with Mr. Kemper and will they be considered? Member Angelo answered, yes. When she met with him he touched on those same questions and she feels those concerns will be answered. The challenge for the committee is that the submitted scope said needs assessment and didn't spell everything out. The BOS wanted more detail in the Scope. Member Angelo shared that anyone on the committee can speak to Mr. Kemper. Two things, whatever we put together for a needs assessment will have to go back to the BOS for approval and the \$10,000 is already gone. Mr. Kemper will continue with his work; however it is poor practice to have a contractor work without the benefit of a contract. There is a sense of urgency.

Member Liberty shared he really wants a contract with clear expectations included. We need to be accountable for the funds we are spending. We owe our constituents and the taxpayers a good account of what we are doing and spending.

Member McGourty brought up the 2013 Stepping Up Initiative, within it; it requires a process analysis and inventory of services for mental health. The initiative goal is to divert the mentally ill from incarceration. Can we use some of the Stepping Up funding for the needs analysis? Can the two be combined to satisfy the BOS desires?

Member Mertle, thinks we are clear on what we need in a needs assessment. We need a gap analysis of the global overview of the current system. We need to state we need a gap analysis of our current mental health system, including the infrastructure, all stakeholders, contractors, service providers, and patients. We should bullet point what we want now and create a motion.

Chair Allman polled each member as to what outcomes they want from a needs assessment:

Member Miller: Are we talking about what we have in the county or what the out of county contractors provide, will we define that? Will it look at the levels of care and transition steps? Will it provide what the county needs for the levels of care and the step down transitions in county so patients don't end up back in custody or facilities? What levels of care do we want in county? Chair question: Has any government agency put out a basic expectation of services

a local government should provide? Member Miller: Yes, there is a requirement of services you have to provide under the MH Plan, there is also a parity act that requires same services regardless of insurance plan. The County Mental Health Plan states services according to your mental illness and level of functioning. This does not prevent contracting outside of the county for the needed services. The Chair asked Member Miller to seek via email to receive the list of required services today for the discussion. Member Miller will seek to get the list.

Member McGourty: Concern over a lack of parity for those with private insurance.

Member Barash: What have we done wrong in the past and how can we avoid those same mistakes? What are the lack of the spectrum of services now. Upstream services needed? Prevention needed. What would that look like? The staffing question is important. Crisis Residential Treatment Center, what would that change? How do we attract staffing? Is it money or something else?

Member Angelo: Looking at the current system in total, what do we have and what do we lack? How many clients do we serve a day? How many clients are out of county? How many clients are in 24-hours psych facilities on a daily basis? What is the financial feasibility of a 24-hour psych facility in the county? The BOS concerns on regional services, what is the financial feasibility of having 24-hour psych facility services throughout the county? We have clinics throughout the county, is it possible that we can augment those services with Measure B funding and what would that look like. Another thing we haven't talked about is the long range sustainability of anything we create? What is reasonable to expect over the long range.

Member Liberty: What are our gaps or shortages? How do they relate to staffing vs. brick and mortar? Measure B states up to 75% towards brick and mortar. Should we consider one 24-hour facility with smaller units at hospitals around the county? But how do we staff everything?

Member Weer: Has to be global, in county and out of county. Look at all the players and all of the services. Voter's passed the ordinance to look at having treatment inside the county so we need to focus on that.

Member Mertle: What is missing in our county that is needed? Once we have that information we can look at what is necessary, what we can afford and what it will take to sustain it. We need to look at the infrastructure/services for mental health, what is needed? We need to interview the contractors, what is missing that they are not providing? A gap analysis of entire system is needed. Stakeholders, the law enforcement, the jail and hospitals need to be interviewed for their needs. Staff and patients, what is missing that they need? Housing is needed for those released from services. Give us the Cadillac model and the committee then looks at what we can really afford and makes the recommendations from there.

Member Diamond: You have my questions from the assignment given us a couple of meetings ago. What are the 24-hour emergency needs that we have, need to be specific. Where are services occurring now that are at inappropriate places and not cost effective, like jail, emergency rooms? Some services for local people are being sent out of county and potentially could be more cost effective/treatment effective if in county. Would like to know that his questions are being seen by Lee Kemper, so the final report will contain the answers to questions.

Member Riley: Sustainability of a 24-hour facility, need an analysis of existing resources that can be leveraged to support a facility or facilities. What existing resources/services should be connected to the facility. Analysis of the location and number of facilities needed. Location analysis, region specific. Community concerns about a facility in their area.

Member Moschetti: Spectrum of care, needs to be all inclusive. All inclusive means preventative, at need, after care, not just severely mentally ill, include mild to moderate as people fluctuate in between.

Chair Allman: Law enforcement time, numbers in the jail of mentally ill. How many 5150 clients are in the jail, how would a facility impact that number? How many are in emergency rooms and how are they diverted, out of county, home, elsewhere? Based on Kemper's experience, can he predict, a county of our size, where we will be in 20 years need wise. Can we build today a facility that will cover the need 20 years from now?

Chair called for public comment on this item:

James Marmon: Understands Measure B is facility orientated. What types of facilities are needed and sustainable? Mr. Kemper can address that in a gap analysis. He looked at staffing requirements for a PHF Unit, the State can answer staffing requirement questions without Mr. Kemper doing it. This is a facility tax, what facilities do we need?

William Lynch: Seems like, when you look at the entire cycle, prevention is lacking focus. Dual diagnosis, alcohol and drugs, addictive behavior. Private/public partnerships where the problems and rewards are shared and funding from State and Federal also personal funds may be available. This should be looked at.

Stephanie O'Flaherty: Mental Health housing through HUD on Gibson Street in Ukiah has been fairly helpful. You have to be diagnosed as mentally ill to qualify and be on the Redwood Quality Management case load. Currently seeing a psychiatrist via screen, which is sterile and not working well for her. Clinics have told her she is too sick to be seen by them and turned to her RQM. She has been hospitalized nine times, three times last year all out of county. The best one was St. Helena of Vallejo where she received a full spectrum of care, including doctors, psychiatrists, social workers, aides, dieticians, case managers, nurses and she feels she is in the best health she

has ever been in as a result. She asks the committee to take that into consideration.

Chair called for a motion.

Motion: Recommendation to the Board of Supervisors for Lee Kemper & Associates to conduct an inventory of services needed for serving individuals suffering from the spectrum of mental illnesses and levels of care. This would include a global gap analysis of current infrastructure, services and locations. Request his recommendation for proposed services, facility(ies) locations and service sustainability. A contract will return to the Board of Supervisors for approval.

Motion by Member McGourty, seconded by Member Mertle.

Vote was called for by Chair Allman:

Yay	11	Committee unanimously passed the motion.
No	0	

Point of question: Member Diamond asked for clarification of how Lee Kemper and Associates will receive information from the committee. Chair Allman directed the committee clerk to send the link to the video to Mr. Kemper.

d. Needs Assessment Progress Report with Discussion and Possible Action.

Chair Allman stated there was nothing to report.

5. Committee Member Reports.

a. Member Miller:

Talking with Lee Kemper about a list of services the Mendocino County Mental Health Plan has, the County Plan covers the seriously mentally ill on Medi-Cal with the following services:

- Psychiatric inpatient hospitalization
- Crisis Residential Treatment
- Adult Residential Treatment
- Crisis Stabilization
- Day Treatment
- Day Rehabilitation
- Case Management
- Therapy
- Assessment
- Plan Development
- Rehabilitation Services
- Collateral Services

Medication Support services
Crisis intervention
Intensive Care Coordination
Home base services
Therapeutic Behavioral Services
Linkage

Chair Allman requested that Member Miller send the list to the Committee Clerk to be included with the next Agenda.

b. Member McGourty:

Attended the BOS May 8 meeting. Noted that mental health is not front page news, Director Miller's report on mental health was put at the end of the meeting after 5:00pm. She noted this point in public comment before the BOS.

The Behavioral Health Advisory Board (BHAB) May meeting was in Willits, no one from the Willits community attended the meeting despite publicity in the community about the meeting. The BHAB members toured the old Willits Hospital in groups so they didn't violate the Brown Act.

Helped Member Moschetti paint the new NAMI office, it's very nice and will be a good community resource.

Attended the County's program in honor of May as Mental Health month at Consolidated Tribal Health. It was sparsely attended, no one from Willits attended. It was on Smashing the Stigma, the young lady presenting has done a Ted Talk video on the topic. When posted to the County Mental Health website, all should watch it.

c. Member Angelo:

Member Angelo shared that when Measure B was passed it was understood it was for a facility. There is no General Fund available to add to the mental health system, if there was it would already have been done. This committee is to manage Measure B money, it is the only funding for this. As to Member McGourty's comment on the Stepping Up Initiative funds, I don't know where that \$150,000 funding is, it might be in the HHSA MH budget. (But the Mental Health Board would have to decide on its use). Our committee would not have anything to do with that money.

d. Member Barash:

Working to educate Willits citizens who have concerns and will attend the Willits City Council meeting this evening.

e. Member Liberty:

I understand that no one wants this facility in their backyard. Would like to know the cost of a new facility. We need to have an understanding of the costs. Do we have access to general fund money if a new build is the desire? I have had a recommendation of some small units, 4 beds, one million each,

OSHPOD compliant and suitable...I haven't seen this, I have questions. But I think this all needs to be discussed.

Member Diamond added that he feels not everyone has the "not in my backyard" mentality. There are some concerns, especially in Willits. A lot of people understand the need and are responding to it. Just want to clarify.

f. **Member Weer:**

We are expecting the first funds from the State in mid-June and I will keep this committee apprised of the balance as we receive the tax funds. This topic will be a regular agenda item from now on.

g. **Member Mertle:**

He has read the minutes and handouts from the last meeting that he missed. When you talk about mental health treatment facilities no one wants one in their backyard. He understands. His input is a lot of people are ignoring a problem in our communities and we need to step up and take ownership of that. Finding the right spot will be difficult, but we are trying to do the right thing and look at all the options not just one.

h. **Member Diamond:**

Has been talking with people in his district (District 3) in and around Willits. He talked to the City Manager, Stephanie about his attendance at City Council meetings. Supervisor Croskey, himself and perhaps other committee members will attend tonight's council meeting.

i. **Member Riley:**

Nothing to report.

j. **Member Allman:**

The Sheriff's Office has been meeting with Mental Health and we have three 2-day sessions planned for first responder (law, fire, ambulance) Crisis Intervention Training in September 2018. The Stepping Up Initiative \$150,000 will fund the overtime cost of backfilling the positions that will be attending the training. If that money will not be available, he needs to know as soon as possible so he can cancel the training.

The Sheriff's Association met with the Governor last week regarding AB109 and the mental health concerns with State prisoners that are being put out to local communities that would have been receiving services in prison but have been released. There has been an impact on local law enforcement and jails.

June 27, the Chair will be out of county for a meeting. Vice Chair Barash will be chairing the meeting.

k. **Member Moschetti:**

Lee Kemper has been in touch and is collecting client and family member contact information as a part of his needs assessment work.

6. Tasks

Given to	Task	Comments
Clerk Briley	Add April minute approval to the June Agenda.	
Clerk Briley	Contact Lee Kemper with committee minutes and link to watch meeting videos.	
Member Miller	Email the list of services under the County MH Plan to Clerk Briley.	
Clerk Briley	Attach the list of services under the County MH Plan to the June Agenda.	Note: the list is in the May 23, 2018 minutes as well.
Clerk Briley	Add a standing agenda item for Auditor Cash Item Report.	

7. Adjournment.

Meeting adjourned 2:42 p.m.