



MENDOCINO COUNTY BEHAVIORAL HEALTH ADVISORY BOARD

REGULAR MEETING AGENDA

January 16, 2019
10:00 a.m. to 2:00 p.m.

**Atlantic Conference Room, 472 E. Valley St., Willits and by live
video conferencing**
Fort Bragg Library, 499 E. Laurel St., Fort Bragg

Chairperson
Jan McGourty

Vice Chair
Emily Strachan

Secretary
Dina Ortiz

Treasurer
Flinda Behringer

BOS Supervisor
Carre Brown

1ST DISTRICT:
DENISE GORNY
JAN MCGOURTY
LOIS LOCKART

2ND DISTRICT:
DINA ORTIZ
MICHELLE RICH
VACANT

3RD DISTRICT:
MEEKA FERRETTA
AMY BUCKINGHAM
RICHARD TOWLE

4TH DISTRICT:
EMILY STRACHAN
TAMMY LOWE
LYNN FINLEY

5TH DISTRICT:
PATRICK PEKIN
MARTIN MARTINEZ
FLINDA BEHRINGER

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

Item	Agenda Item / Description	Action
1. 5 minutes	Call to Order, Roll Call & Quorum Notice, Approve Agenda	Board Action:
2. 10 minutes	Minutes of December 19, 2018 BHAB Regular Meeting: <i>Review and possible board action.</i>	Board Action:
3. 15 minutes (Maximum)	Public Comments: <i>Members of the public wishing to make comments to the BHAB will be recognized at this time.</i>	
4. 30 minutes	BHAB Reports: <i>Discussion and possible board action.</i> A. BOS Report - <i>Supervisor Brown</i> B. Chair I. Measure B II. Stepping Up III. CALBHBC Training - <i>discussion and possible vote on members attending</i> C. Secretary D. Treasurer	Board Action:
5. 20 minutes	Membership: <i>Discussion and possible action</i> A. Re-Appointment of BHAB members with expired terms: I. Patrick Pekin, Lois Lockart, and Michelle Rich B. BHAB Member Handbook - Need updates	Board Action:

6. 20 minutes	Mendocino County Report: <i>(Dr. Jenine Miller)</i> A. External Quality Review Organization (EQRO) Summery Report - FY 2018/2019 Final - <i>discussion</i>	Board Action:
7. 20 minutes	Mental Health Services Act Revenue Expense Report (MHSA RER): <i>Discussion and possible action</i>	
LUNCH BREAK 12:00 to 12:30		
8. 20 minutes	RQMC Report:	Board Action:
9. 15 minutes	Kemper Report Recommendations to BOS: <i>Discussion</i>	Board Action:
10. 25 minutes	California Behavioral Health Planning Council - Data Notebook - <i>discussion and possible action by members - held over from December meeting</i>	Board Action:
11. 25 minutes	BHAB Annual Report: <i>Discussion and possible action</i>	Board Action:
11. 5 minutes	Adjournment: Next meeting: February 20, 2019 in Redwood Valley	

AMERICANS WITH DISABILITIES ACT (ADA) COMPLIANCE

The Mendocino County Behavioral Health Board complies with ADA requirements and upon request will attempt to reasonably accommodate individuals with disabilities by making meeting material available in appropriate alternative formats (pursuant to Government code Section 54953.2) Anyone requiring reasonable accommodations to participate in the meeting should contact the Mendocino County Mental Health's Administrative Office by calling (707) 472-2310 at least five days prior to the meeting.

BHAB CONTACT INFORMATION: PHONE: (707) 472-2310 FAX: (707) 472-2788 EMAIL THE BOARD: mhboard@mendocinocounty.org WEBSITE: www.mendocinocounty.org/bhab
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MENDOCINO COUNTY BEHAVIORAL HEALTH ADVISORY BOARD

REGULAR MEETING MINUTES

**December 19, 2018
10:00 a.m. to 12:00 p.m.**

**Public Health Building, Conference Room 1, 1120 S. Dora St. Ukiah
and by live video conferencing
Avila Center, Seaside Room, 778 S. Franklin St., Fort Bragg**

Chairperson
Jan McGourty

Vice Chair
Emily Strachan

Secretary
Dina Ortiz

Treasurer
Flinda Behringer

BOS Supervisor
Georgianne Croskey

1ST DISTRICT:
DENISE GORNY
JAN MCGOURTY
LOIS LOCKART

2ND DISTRICT:
DINA ORTIZ
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VACANT

3RD DISTRICT:
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Item	Agenda Item / Description	Action
1. 5 minutes	Call to Order, Roll Call & Quorum Notice, Approve Agenda <ul style="list-style-type: none"> Meeting called to order by Chair McGourty at 10:22 a.m. Roll called by Chair McGourty Quorum met BHAB Members present: Gorny, Ortiz, Strachan, McGourty, Lockart, Finley, Ferretta, Rich, Pekin, Towle, and Lowe. BOS Supervisor Croskey in attendance. 	Board Action:
2. 10 minutes	Minutes of November 14, 2018 BHAB Regular Meeting: <i>Review and possible board action.</i> <ul style="list-style-type: none"> Corrections on page three item B, c, ii, 4 - Should state "Behavioral Health Director Jenine Miller, Psy.D. stated the Fort Bragg crisis workers are not in the office 24/7 but will respond to calls in off hours. Minutes approved with correction. 	Board Action: Motion made by Member Gorny, seconded by Member Lockart to approve minutes with the correction noted. Passed unanimously.
3. 15 minutes (Maximum)	Public Comments: <i>Members of the public wishing to make comments to the BHAB will be recognized at this time.</i> <ul style="list-style-type: none"> Josephine Silva commented on the possible changes made to "Obama Care" and the possible impact on mental health clients. RM commented on mental health services on the coast and the issues he's having with getting the services he thinks he should be receiving. BHRS Director Miller will follow up with RQMC regarding 	BHRS Director will follow up with RQMC.

	<p>his issues and get back to him the first or second week of January 2019.</p> <ul style="list-style-type: none"> • Member Lowe commented that RCS staffing is low on the coast at the Wellness Center. She stated there is a sign posted on the door telling people, if they are in crisis to call the 800 number for the crisis line or to go to the hospital ER. She stated the sign has been on the door for about a week. <ul style="list-style-type: none"> ○ Member Finley commented that all the Crisis clients on the coast go to the hospital as there is nowhere else they can go. She stated that there have been crisis workers showing up when the hospital calls. ○ Member Lowe commented that it's the Wellness Center that is having low staffing, the crisis response is okay. ○ A question was asked about the staffing at the Hospitality Center. Staffing levels are not known at this time. Chair McGourty commented the Hospitality Center has a new director now. 	
<p>4. 30 minutes</p>	<p>BHAB Reports: <i>Discussion and possible board action.</i></p> <p>A. Supervisor Croskey</p> <ol style="list-style-type: none"> Supervisor Croskey did not have any reports from the BOS meeting. Supervisor Croskey commented she has enjoyed being on the board and has learned a lot about things she didn't know she didn't know. Carre Brown will be taking on Stepping Up, but doesn't know who will be the BHAB representative. Supervisor Croskey commented that Sheriff Allman wants Undersheriff Kendall to attend the Stepping Up meetings. <p>B. Chair</p> <ol style="list-style-type: none"> Goodbye to Supervisor Croskey <ol style="list-style-type: none"> The members of BHAB gave Supervisor Croskey a card, flowers, and a framed photo of her and a cat that came to the BHAB meeting in Laytonville. California Behavioral Health Planning Council - <i>Data Notebook - discussion and possible action by members</i> <ol style="list-style-type: none"> Due to difficulty with the video conferencing this item will be held over to the January 2019 meeting. Measure B <ol style="list-style-type: none"> Chair McGourty and BHRS Director Miller have attended the Measure B meetings. Vice Chair Strachan has attended two meeting with another Measure B committee member Mark Mertle on the coast. They have discussed the "living room" concept being used on the coast for clients of RCS. There will be a Measure B meeting following the BHAB meeting today, which is the reason for the 	<p>Board Action:</p> <p>Item to be put on the January 16, 2019 agenda.</p>

	<p>modified shortened BHAB meeting. Chair McGourty invited all the members and the public to attend the Measure B meeting at 501 Low Gap Road, Ukiah in Conference Room C from 1:00 to 3:00.</p> <p>IV. Stepping Up</p> <ul style="list-style-type: none"> a. There was a meeting held for Stepping Up, but there were no Law Enforcement (LE) representatives in attendance. Unfortunately there was an e-mail mistakenly sent out stating the meeting was canceled. LE is still interested in being involved with Stepping Up. b. Discussion at the meeting was regarding an application for an Essential Mapping Workshop the Stepping Up team was considering attending, but there was not enough time to get paperwork completed to go. c. Chair McGourty will be following up on the workshops. She will follow up with Deanne Adams to come to Ukiah to do an Essential Mapping Workshop. <p>C. Secretary</p> <ul style="list-style-type: none"> a. Secretary Ortiz had nothing to report at this time. b. Secretary Ortiz commented on the sign being put on the door at the Wellness Center. She thinks it's not good for the clients. <ul style="list-style-type: none"> i. Chair McGourty and Secretary Ortiz will go to Fort Bragg and check out the Wellness Center. <p>D. Treasurer</p> <ul style="list-style-type: none"> I. California Association of Local Behavioral Health Boards and Commissions (CALBHB/C) Invoice for Annual Dues to be voted on. II. With minimal discussion members voted to pay the Annual Dues to CALBHB/C. 	<p>Motion made by Secretary Ortiz, seconded by Member Gorny to pay the CALBHB/C Invoice for dues 2019. Passed unanimously.</p>
<p>5. 15 minutes</p>	<p>Mendocino County Report: (Dr. Jenine Miller)</p> <ul style="list-style-type: none"> A. BHRS Director Miller commented on the Director's Report included in the agenda packet, she added a bit more information regarding current grievances without breaching confidentiality. <ul style="list-style-type: none"> I. She clarified regarding a housing grievance that was published in a newspaper was not regarding BHRS housing, there isn't anything BHRS can do regarding the issue, but can contact the owners of the property to notify them there is an issue. B. BHRS has received the final External Quality Review Organization (EQRO) Report, it will be sent out before the next meeting. C. Josephine Silva asked how many conserved clients are placed out of the county. 	<p>BHRS will send EQRO to BHAB members.</p>

	<p>I. BHRS Director Miller stated there are about sixteen clients placed in the county; she did not have exact numbers. She commented that the county could use more sixteen bed facilities that accept Medi-Cal to house more clients. Redwood Creek in Willits doesn't bill Medi-Cal and is now taking clients from other counties. BHRS Director Miller explained how some of the billing and cost work.</p>	
<p>6. 15 minutes</p>	<p>RQMC Report:</p> <p>A. Chair McGourty asked Camille Schraeder, RQMC CFO about the reported sign put up at the Wellness Center in Fort Bragg.</p> <p>I. Member Lowe explained she had seen the sign on the door stating that due to low staffing people in crisis could call the crisis line or go to ER.</p> <p>II. Ms. Schraeder commented that a couple of staff have left on the coast, but the sign is not okay to put up, she will check into why the sign was there. She will let BHRS Director Miller know what is going on so she can send the information out to members.</p> <p>III. Member Lowe commented the crisis workers on the coast are in place as she has been using crisis and the hospital has been super busy.</p> <p>IV. Ms. Schraeder commented the crisis calls are usually high in December, but this year has been higher than usual.</p> <p>B. Chair McGourty asked Ms. Schraeder about the issues that RM reported he has been having with getting mental health services on the coast.</p> <p>I. Ms. Schraeder stated she will follow up on the reported issues.</p> <p>a. Vice Chair Strachan requested BHRS Director Miller contact her regarding her follow up regarding RM.</p> <p>b. Discussion of a Release of Information (ROI) needed to be signed by RM before any information can be shared.</p> <p>c. BHRS Director Miller requested that Ian Winter, MOPS team member work on getting an ROI signed by RM.</p>	<p>Ms. Schraeder to follow up regarding sign on Wellness Center and RM issues and report to BHRS Director Miller.</p>
<p>7. 10 minutes</p>	<p>Review of Kemper Report: <i>Discussion and possible board action.</i></p> <p>A. Recommendations regarding the Kemper Report as discussed at the November 14, 2018 BHAB meeting.</p> <p>B. Chair McGourty will be writing a recommendation from BHAB to BOS regarding the Kemper Report.</p> <p>C. Chair McGourty created a recommendation list from the last meeting's discussion. Members reviewed the list, made some changes/adjustments/additions and voted on what to recommend to BOS.</p>	<p>Board Action:</p> <p>Motion made by Member Rich, seconded by Member Finley to recommend BOS accept the Kemper Report and implement the action items, motion passed unanimously.</p>

	<p>D. List of recommendations:</p> <p>I. Kemper's Recommendations for Program Services:</p> <ul style="list-style-type: none"> a. #1 PHF or other inpatient psychiatric care: <ul style="list-style-type: none"> i. Average stay 3-5 days, Maximum 30 days. ii. Put out detailed Request for Information (RFI) for all pre-crisis and crisis facilities including staffing and maintenance requirements for each type of facility. b. #2 Crisis Residential Treatment (CRT): <ul style="list-style-type: none"> i. 3 month maximum. ii. It is imperative to create CSU/CRT facility in Fort Bragg that can serve pre-crisis and 5150 holds in collaboration with coast community and agency partners. iii. Create multiple use facility to consolidate staffing needs. c. #3 Crisis Stabilization Unit (CSU): <ul style="list-style-type: none"> i. 24 hours (pending legislation to extend to 72 hours). ii. Explore other venues besides RCS Orchard Street Project and old Howard Hospital. d. #4 Expanded outreach: <ul style="list-style-type: none"> i. 3 mobile teams: 4 days/week 8:00 a.m. - 6:00 p.m. ii. Expand MOPS Teams - more hours and distance covered. iii. Verify 2 person team (Sheriff Tech and Mental Health). e. #5 Outlying/Remote areas of the County: <ul style="list-style-type: none"> i. Mendocino County should take the lead in promoting legislation to provide private insurance parity with Mental Health Medi-Cal. ii. Focus on collaboration with clinics around the county for MOPS/RQMC continuation of care, using tele-psych service if necessary. f. #6 Expand support programs & wellness efforts: <ul style="list-style-type: none"> i. Medication management, employment services, family support. ii. Create a common definition of "wellness" and "cultural competency". iii. Expand existing RQMC TAY services to adult care. iv. Encourage and support employers and physicians to integrate physical, emotional, and supported personal wellness so health needs are met. v. Wellness coaches to navigate mental health system. vi. Family support, particularly non-traditional hours and in outlying areas. g. #7 Day Treatment: 	
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	<ul style="list-style-type: none"> i. Definition: licensed facility, BH treatment, outpatient care, MD supervision, and written client plan. ii. Include Day Treatment in any facility's program. h. #8 Supportive housing: <ul style="list-style-type: none"> i. Build a range of integrated supportive and inclusive housing throughout the county. ii. Create support/funding of fiscal barriers for housing background checks and application fees. i. #9 Partial hospital care, Rehabilitative care, Board and Care: <ul style="list-style-type: none"> i. Build at least one board and care facility that is Medi-Cal billable. j. #10 Expansion of SUDT: <ul style="list-style-type: none"> i. Hire more counselors, particularly in outlying areas. ii. Collaborate with schools for prevention, particularly in tribal communities. iii. Create a curriculum for schools. k. #11 5-Year Plan, Develop continuum of care. <ul style="list-style-type: none"> i. Review the proposed 5-Year Plan of continuum of care by all stakeholders and collaborative partners: <p>II. Kemper's Recommendations for Action & Policy:</p> <ul style="list-style-type: none"> a. #1 Supplement services, NOT supplant services: <ul style="list-style-type: none"> i. Hire a dedicated Project Manager to oversee implementation of Recommended Actions on Measure B and manage all contracts. b. #2 Bi-annual review process: <ul style="list-style-type: none"> i. Review progress every six months. ii. Review of services and their costs and barriers. c. #3 Prudent Reserve of Measure B funds for years 6 to 10: <ul style="list-style-type: none"> i. No recommendations listed at this time. d. #4 Separate annual accounting of Measure B revenues/expenditures: <ul style="list-style-type: none"> i. Collaborate annual Measure B accounting with Project Manager and County Auditor. e. #5 10- Year Strategic Plan: <ul style="list-style-type: none"> i. Plan for future sustain ability. ii. Annual review of plan with flexibility for amendment. f. #6 Restructure data provided by BHRS, RQMC & Sub-contractors: <ul style="list-style-type: none"> i. Report data by program and region in both children and adult systems of care. ii. Monitor trends quarterly. <p>E. Member Pekin brought up for discussion; how much the listed recommendations will cost and whether there will be enough revenue to pay for all the recommended services by</p>	
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	<p>Measure B. He is supportive of all the recommendations, but is concerned with the ability to fund everything.</p> <p>I. Discussion of how funding would be distributed.</p> <p>F. Member Rich thanked Chair McGourty for putting together the list of recommendations as it made the review much easier.</p> <p>G. Chair McGourty commented her recommendation is to let BOS know what BHAB's priorities are and BOS can sort out what gets funded.</p> <p>H. Member Rich made a motion to recommend to BOS to accept the Kemper Report and implement the Action Items.</p>	
<p>8. 15 minutes</p>	<p>BHAB 2019 Meeting Schedule: <i>Discussion and possible board action.</i></p> <p>A. Chair McGourty is recommending some changes to the 2019 BHAB meeting schedule. She has made some arrangements as follows:</p> <p>I. April 17, 2019 change meeting location to Lauren's Café in Boonville.</p> <p>II. August 21, 2019 change meeting location to Greenwood Community Center in Elk.</p> <p>III. October 16, 2019 change meeting to Hopland, location to be determined.</p> <p>IV. December 18, 2019 change from video conference to meeting location at the Community Center in Willits.</p> <p>V. The BHAB 2019 meeting schedule will be updated with the changes and be sent out to members, stakeholders, and posted on the County Website.</p>	<p>Board Action: Motion made by Member Gorny, seconded by Member Ferretta to accept the 2019 meeting schedule with adjustments as listed. Motion passed unanimously.</p>
<p>10. 5 minutes</p>	<p>Adjournment: Meeting adjourned by Chair McGourty at 12:08 p.m.</p> <ul style="list-style-type: none"> Next meeting: January 16, 2019 in Willits/Fort Bragg 	

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EMAIL THE BOARD: mhboard@mendocinocounty.org **WEBSITE:** www.mendocinocounty.org/bhab

From: CALBHB/C <news@CALBHBC.com>
To: Carolyn Peckham <peckhamc@mendocinocounty.org>
Date: 1/7/2019 3:32 PM
Subject: CALBHBC Update



California Association of Local Behavioral Health Boards and Commissions

CALBHB/C Update

Advice for Advisory Boards:

Posting Agendas: All board/commission and standing committee agendas should be posted on the local agency's internet website 72 hours in advance for regular meetings, 24 hours in advance for special meetings (special meetings have additional requirements). See www.calbhbc.com/brown-act.html

New Member Orientation: How can we acclimate new members?

1. Provide a "[Member Guide](#)" (Sample).
2. Present a [New Member Orientation PowerPoint](#) to new members (edit to fit your local board/commission). Need technical assistance with PowerPoint slides - contact us!
3. Have one or two of your members meet with new member(s) to review the "Member Guide" and/or review the duties as listed in WIC 5604.2. This is also provided in CALBHB/C Newsletters and at: <https://www.calbhbc.com/duties.html>;
4. Send new members to Mental Health Board trainings. Schedule of upcoming trainings at: www.calbhbc.com/meetings-and-training.html

Frequently Asked Questions

Check out our new "FAQs" page.

www.calbhbc.com/faqs.html

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[Committees](#)

[Expenses](#)

[Fiscal MHSA Info](#)

[New Member Orientation](#)

[Recruitment of Members](#)

[Recruitment of MH/BH Director](#)

[Role/Requirements of MH/BH Director](#)

[Site Visits](#)

Don't see desired topic? Check out the [Best Practices Handbook](#) or [contact us!](#)

On-Line Training, Handbooks & More:

www.calbhbc.com/resources.html

Meetings & Trainings:

South: 1/18/19, San Diego (Training 1/19)

[Registration](#) [Agenda](#)

Bay Area: 3/16/19, Oakland

[Registration](#)

All State Meeting & Training:
4/9/19 and 4/10/19 (Capitol Day), Sacramento

Additional opportunities below.

Data and Performance

Past: Want to know what small, medium or large counties have reported? We encourage you to view past [Data Notebooks](#) and [EQRO Data](#). *Boards/commissions are encouraged to share completed Data Notebooks with CALBHB/C.*

Present: The 2018 Data Notebooks (from the CA Behavioral Health Planning Council) were sent out at the end of the year. We encourage boards/commissions to take the lead in completing these (with the help of staff). They are due March 30th.

Future: Rumor has it that the 2019 Data Notebook will focus on children/youth school-based services. As we gear up for this, we call attention to resources collected on our [website](#), to include: "Headspace", "Triple P Parenting Program" and "Integration leads to Co-Location and Coordination".

Legislative Advocacy

SB 10 - Peer Provider Certification: CALBHB/C's Governing Board unanimously voted to support SB10. CALBHB/C advises local boards/commissions to advise your Board of Supervisors regarding legislation that you recommend supporting. More information and a sample letter at <https://www.calbhbc.com/peer-supports.html>.

CALBHB/C's Principles for Support & Advocacy are on our [website](#). Five principles guide CALBHB/C's support and advocacy efforts, encompassing:

1. Community Input
2. Performance Data
3. Resources
4. Prevention
5. Parity

Statewide Opportunities:

Webinar I: Mental Health 101 for Diverse Learners and Communities, NAMI CA, January 30, 1:30 pm. Webinar includes characteristics of culturally diverse audiences relevant to learning, pitfalls to engaging culturally diverse audiences, and strategies to characterize learning needs, engage culturally diverse audiences, and manage common challenges when discussing race relations/diversity issues. [More Info](#)

Birth - An Intersection between Maternal and Mental Health. February 18, 2019, Los Angeles. 2020 Mom Annual Event. [More Info](#)

Multicultural Symposium - Celebrating Strengths. Empowering Voices from Diverse Communities: March 7, 2019, Los Angeles, NAMI CA [More Info](#)

Evidence-Based Practices Symposium, Bold Ideas for a Shared Vision between Behavioral Health and Criminal Justice Systems, April 15, Burbank, CIBHS [More Info](#)

National Opportunity

Consider joining a mental health research study at NIMH and help researchers transform the understanding and treatment of mental

Thanks for serving on (or supporting) a local board/commission!

You are integral to helping local communities provide effective mental/behavioral health programs.

How do I pronounce "CALBHBC?"

You can run out of breath saying "California Association of Local Behavioral Health Boards and Commissions." Saying "CALBHBC" does not help either.

There is a solution. Say "CAL – BH – BC."



Facebook: CALBHBC



CALBHBC Website



Twitter



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CALBHBC is a statewide organization supporting the work of California's 59 local mental and behavioral health boards and commissions.

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Attn: Theresa Comstock, Executive Director

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Mendocino County Behavioral Health and Recovery Services
Behavioral Health Advisory Board General Ledger
FY 18/19
January 9, 2019

ORG	OBJ	ACCOUNT DESCRIPTION	YR/PER/JNL	EFF DATE	AMOUNT	INVOICE #	CHECK #	VENDOR NAME	COMMENT
MHB	862080	FOOD	2019/02/000182	08/09/2018	193.92	072118	4287751	SAFEWAY	ACCT 85006
MHB	862080	FOOD	2019/03/000081	09/07/2018	92.49	85006 081818	4289348	SAFEWAY	ACCT 85006
MHB	862080	FOOD	2019/05/000045	11/01/2018	152.62	101318	4293037	SAFEWAY	ACCT 85006
MHB	862080	FOOD	2019/06/000717	12/20/2018	125.02	111018	4296088	SAFEWAY	85006
MHB	862080	FOOD	2019/07/000135	01/04/2019	84.01	120818	4296551	SAFEWAY	ACCT 85006
FOOD Total					\$648.06				
MEMBERSHIPS TOTAL					\$0.00				
MHB	862170	OFFICE EXPENSE	2019/02/000228	08/09/2018	111.61	1144338	4287560	FISHMAN SUPPLY COMP	
MHB	862170	OFFICE EXPENSE	2019/03/000545	09/17/2018	89.99			AMZN MKTP 59180	AUG P-CARD
MHB	862170	OFFICE EXPENSE	2019/03/000935	09/27/2018	39.03	1151382	4290738	FISHMAN SUPPLY COMP	
MHB	862170	OFFICE EXPENSE	2019/04/001205	10/26/2018	7.99				1Q 1819 USE TAX PCARD AUGUST
MHB	862170	OFFICE EXPENSE	2019/06/000646	12/17/2018	4.91			WALMART.CO 83830	
MHB	862170	OFFICE EXPENSE	2019/06/000719	12/20/2018	39.03	1165480	4295760	FISHMAN SUPPLY COMP	
OFFICE EXPENSE Total					\$292.56				
RNTS & LEASES BLD GRD Total					\$0.00				
MHB	862250	TRNSPRATION & TRAVEL	2019/03/000152	09/07/2018	87.86	8/16/18	4289263	MCGOURTY JAN	LOCAL 8/16/18
MHB	862250	TRNSPRATION & TRAVEL	2019/03/000889	09/20/2018	70.84	8/14/18	4290382	MARTINEZ MARTIN D	LOCAL 8/14/18
MHB	862250	TRNSPRATION & TRAVEL	2019/03/000689	09/20/2018	41.42	8/15/18	4290554	STRACHAN EMILY	LOCAL 8/15/18
MHB	862250	TRNSPRATION & TRAVEL	2019/04/000470	10/12/2018	68.67	9/13/18	4291742	STRACHAN EMILY	LOCAL 9/13/18
MHB	862250	TRNSPRATION & TRAVEL	2019/04/001023	10/25/2018	46.87	10/17/18	4292503	MARTINEZ MARTIN D	LOCAL 10/17/18
MHB	862250	TRNSPRATION & TRAVEL	2019/05/000938	11/29/2018	44.14	10/17/18	4294070	BEHRINGER FLINDA	LOCAL 10/17/18
MHB	862250	TRNSPRATION & TRAVEL	2019/05/000938	11/29/2018	44.14	10/17/18A	4294070	BEHRINGER FLINDA	LOCAL 10/17/18A
MHB	862250	TRNSPRATION & TRAVEL	2019/05/000938	11/29/2018	26.71	11/14/18	4294070	BEHRINGER FLINDA	LOCAL 11/14/18
MHB	862250	TRNSPRATION & TRAVEL	2019/05/000938	11/29/2018	26.71	11/14/18A	4294337	BEHRINGER FLINDA	LOCAL 11/14/18A
MHB	862250	TRNSPRATION & TRAVEL	2019/05/000938	11/29/2018	20.71	11/14/18	4294770	MARTINEZ MARTIN D	LOCAL 11/14 - 11/1
MHB	862250	TRNSPRATION & TRAVEL	2019/06/000040	12/06/2018	33.79	11/14/18	4294770	MCGOURTY JAN	LOCAL 11/14/18
MHB	862250	TRNSPRATION & TRAVEL	2019/06/000040	12/06/2018	58.31	10/17/18	4294770	MCGOURTY JAN	LOCAL 10/17/18
MHB	862250	TRNSPRATION & TRAVEL	2019/06/000040	12/06/2018	43.60	11/14/18	4294892	STRACHAN EMILY	LOCAL
TRNSPRATION & TRAVEL Total					\$613.77				
MHB	862253	TRAVEL & TRSP OUT OF COUNTY	2019/03/000310	09/13/2018	238.47	7/26/18	4289573	MCGOURTY JAN	SACRAMENTO 7/26/18
TRAVEL & TRSP OUT OF COUNTY Total					\$238.47				
Grand Total					\$1,792.86				

Summary of Budget for FY 18/19

OBJ	ACCOUNT DESCRIPTION	Budget Amount	YTD Exp	Remaining Budget
862080	Food	1,800.00	648.06	1,151.94
862150	Memberships	600.00	0.00	600.00
862170	Office Expense	500.00	292.56	207.44
862210	Rents & Leases Bld	30.00	0.00	30.00
862250	In County Travel	5,800.00	613.77	5,186.23
862253	Out of County Travel	2,770.00	238.47	2,531.53
Total Budget		\$11,500.00	\$1,792.86	\$9,707.14

Behavioral Health Advisory Board Director's Report

January 2019

1. Board of Supervisors:

a) Recently passed items or presentations:

i) Mental Health:

Approval of Amendment to Agreement with Crestwood Behavioral Health, Inc. Increasing the Amount of Funds to Provide Residential Mental Health Treatment Services for BHRS for FY 18/19.

ii) Substance Use Disorders Treatment:

- None

b) Future BOS items or presentations:

i) Mental Health:

- None

ii) Substance Use Disorders Treatment:

- None

2. Staffing Updates:

December:

a) New Hires:

Mental Health: 0

Substance Use Disorders Treatment: 0

b) Promotions:

Mental Health: 0

Substance Use Disorders Treatment: 0

c) Departures:

Mental Health: Mental Health Clinician II

Substance Use Disorders Treatment: 0

3. Audits/Site Reviews:

- a) Upcoming/scheduled:
 - Department of Health Care Services triennial review is scheduled for January 9-10, 2019.

4. Grievances/Appeals

- a) Grievances – 0
- b) Second Opinion – 0
- c) Change of Providers –1 – Client at psychiatric facility wanted to change to another facility as the other facility has better food and is better overall.
- d) Provider Appeals – 0
- e) Client Appeals – 0

5. Meetings of Interest:

- a) MHSA Forum & Quality Improvement Committee Joint Meeting: January 31, 2019; 5 pm - 7 pm, Consolidated Tribal Health Project, 6991 N. State St., Redwood Valley, CA 95470. Teleconferenced to Manzanita Services Willits, 286 School St., Willits, CA 95490
- b) Cultural Diversity Committee Meeting: February 27, 2019; 3:30 pm - 5:30 pm, Willits Integrated Service Center, Atlantic Room 472 E. Valley St., Willits, CA 95490

6. Grant Opportunities:

- a) None

7. Assisted Outpatient Treatment (AOT), AB 1421/Laura's Law:

- a) Updates on Program:
 - William Riley AOT Coordinator is accepting and triaging referrals

Referrals to date:	42
Did not meet AOT Criteria:	36
Currently in Investigation/Screening/Referral:	5
Settlement Agreement/Full AOT	1

Other:	0
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8. Educational Opportunities/ Information:

- a) MHSA Forum & Quality Improvement Committee Joint Meeting: January 31, 2019; 5 pm - 7 pm, Consolidated Tribal Health Project, 6991 N. State St., Redwood Valley, CA 95470. Teleconferenced to Manzanita Services Willits, 286 School St., Willits, CA 95490
- b) Cultural Diversity Committee Meeting: February 27, 2019; 3:30 pm - 5:30 pm, Willits Integrated Service Center, Atlantic Room 472 E. Valley St., Willits, CA 95490
- c) Crisis Intervention Team Training: February 11 – 13, 2019; 8 am - 5 pm, Consolidated Tribal Health Project, 6991 N. State Street, Redwood Valley, CA 95490 (For Law Enforcement, First Responders, and Behavioral Health Providers)

9. Mental Health Services Act (MHSA):

- a) Consumer Event planned at the Coast Hospitality Center on January 22, 2019 from 10:30-11:30 with the theme of Healthy Habits for the New Year.

10. Lanterman Petris Short Conservatorships (LPS):

- a) Number of individuals on LPS Conservatorships = 56

11. Substance Use Disorder Treatment Services:

- a) Number of Substance Use Disorder Treatment Clients Served in November 2018:
 - Total number of clients served = 76
 - Total number of services provided = 245
 - Fort Bragg: 8 clients served for a total of 19 services provided
 - Ukiah: 59 clients served for a total of 213 services provided
 - Willits: 1 clients served for a total of 2 services provided
 - Adolescent: 8 clients served for a total of 11 services provided

12. Contracts in Process:

- a) None

13. Capital Facility Projects:

a) Orchard Project

- Aka: SB 82 Wellness Grant, Crisis Residential Treatment, Crisis Center
- Agency: Redwood Community Services
- Purpose: One stop crisis campus to include Crisis Residential Treatment
- Status: Property had been purchased
- Status Update: Extension granted for use of funds through 2021.
- Next steps: Development for use
- Funding: SB82 Grant and California Development Block Grant (CDBG)

b) Willow Terrace Project

- Aka: MHSA Housing, Gobbi Street
- Agency: Rural Community Housing Development Corporation
- Purpose: 38 unit apartment complex
- Status: Construction is going well, Referral processes are being finalized, and preliminary FSP referral candidates are being discussed.
- Funding: MHSA Housing, Affordable Housing Program, and California Tax Credit
- Ground breaking ceremony was held on March 29, 2018
- Proposed opening: May 2019, possibly earlier depending on construction

SUMMARY OF FINDINGS

This section summarizes the CalEQRO findings from the FY 2018-19 review of Mendocino MHP related to access, timeliness, and quality of care.

MHP Environment – Changes, Strengths, Opportunities and Recommendations

PIP Status

Clinical PIP Status: Active and ongoing

Non-clinical PIP Status: Submission determined not to be a PIP (not rated)

Recommendations:

- As per Title 42, CFR, §438.330, DHCS requires two active PIPs; the MHP is contractually required to meet this requirement going forward.
- As a first step, the MHP is encouraged to identify a deficiency in care or services that has a beneficiary impact.
- The MHP is encouraged to contact BHC for technical assistance, prior to the start of a new non-clinical PIP.

Access to Care

Changes within the past year:

- The MHP's Innovation Project with Round Valley Indian Health Center, Yuki Trails, was approved in October 2017 and begun in March 2018. The project facilitates services, particularly crisis services, and targets Native Americans in/around in Covalo.
- The MHP transferred medication services to RQMC. This change has expanded access and enabled more timely access to psychiatric providers and medications.
- The passing of County Measure B, a Mental Health Treatment Act that funds improvements to services, treatment, and facilities for persons with mental health conditions, provides opportunities to expand access to care.
- One contract provider added an onsite clinician to conduct assessments for TAY. This change has provided consistent access to initial services for TAY.
- Another team was added to the MOPS, now making three teams. This has expanded the geographic area that the MHP serves and has purportedly increased the numbers of beneficiaries served.

Strengths:

- Through the ASO, the MHP has an extensive network of community-based providers that facilitate stable access for beneficiaries.
- The MHP uses telehealth to provide services to beneficiaries.

Opportunities for Improvement:

- Large caseloads of many high-needs beneficiaries is reported as typical, which may be a contributing factor in staff burnout, low retention, and difficulty in recruitment.
- According to the homelessness needs assessment, there is a dearth of mental health (and SUD) treatment slots and beds for individuals experiencing homelessness in Mendocino County.

Recommendations:

- Review or conduct some analysis of caseload distribution among the contract provider agencies and their staff.
- As necessary, assign cases to promote a more equitable distribution of different levels of care and need.
- Engage the contract provider in identifying the beneficiaries who were adversely affected by decreased transportation assistance and in implementing some improvements or alternatives.

Timeliness of Services**Changes within the past year:**

- The addition of the onsite clinician to conduct assessments has decreased clinician no-shows at/for one contract provider.

Strengths:

- The post-hospitalization plan for beneficiaries includes transportation from the hospital to a clinic appointment, which ensures timely follow-up after discharge from an inpatient stay.

Opportunities for Improvement:

- The MHP's reporting of follow-up after psychiatric hospitalization is incomplete, as it does not capture all those who have been discharged and are eligible for follow-up. The MHP only reported those who voluntarily accepted appointments in seven days.

- The MHP has protracted time to psychiatry, especially for children's services. Beneficiaries and staff alike reported wait times of three to four months for a psychiatric appointment.
- The no-show rate for psychiatry was greater than the MHP's benchmark.

Recommendations:

- Include all Medi-Cal beneficiaries who are discharged from the hospital and are eligible for post-psychiatric hospitalization in Mendocino County (i.e., do not exclude those who refuse appointments or who are seen beyond seven days).
- Target some improvement activities to those beneficiaries who are discharged from the hospital and remain in-county, but decline follow-up services.
- Decrease the time to children's psychiatry, through the use of telehealth, locums, or other means.

Quality of Care

Changes within the past year:

- Modifications were made to the EHR to prompt clinicians to enter SUD diagnoses as well as mental health diagnoses.
- Construction has begun for a 38-bed apartment complex, Willow Terrace, which will provide much needed housing for beneficiaries in recovery. The expected completion is May 2019.

Strengths:

- The MHP has three adult wellness centers and one youth wellness center that support beneficiary and peer recovery, located in the three primary communities of the county.
- Cultural responsiveness, continual outreach, and education are part of the MHP's strategy to reduce stigma and gain trust of underserved populations.

Opportunities for Improvement:

- At times, beneficiaries felt that their voices were not heard in treatment decisions.
- Coordination and plan of care for the same beneficiaries that accessed multiple services and programs within the HHSA, in particular child welfare, were sometimes perceived as inconsistent and conflicting.

Recommendations:

- Conduct training or in-service for psychiatric providers that reinforces beneficiary input and collaboration in treatment planning.
- In the training or in-service, engage psychiatric providers in discussion about challenges and ways to incorporate beneficiary preferences.

Beneficiary Outcomes

Changes within the past year: None

Strengths:

- Through a partnership with Mendocino College, beneficiaries can obtain a Human Service Worker certification which may be used as credentials for entry-level position within the MHP.

Opportunities for Improvement:

- The outcome measures were not perceived as reliable by clinical staff who administered them. The same outcome measure produced different results upon re-administration.

Recommendations:

- Provide refresher training on the use and scoring of CANS and ANSA, to ensure that clinicians have a satisfactory level of proficiency and are confident in the use and reliability of the measure.

Foster Care**Changes:**

- The MHP has developed a CANS scoring guide, along with diagnostic assessments, which support both risk and service placement levels for FC beneficiaries.

Opportunities for Improvement:

- The scoring guide and diagnostic assessments are not adapted to CANS-50.

Recommendations:

- Modify the scoring guide and diagnostic assessments to support implementation of the CANS-50, as per Information Notices 17-052 and 18-007.

Information Systems

Changes within the past year:

- The MHP installed Avatar Data Trial module to support internal auditing.
- The MHP migrated DCR transactions to the MHP's website for transmission to a DHCS system.

Strengths:

- The MHP developed the FY 2018-19 IS Strategic Business Plan, which includes identifying goals, assumptions, and deliverables.

Opportunities for Improvement:

- While the MOPS team is a first responder for remote communities, the team does not have ready-access to beneficiary information while in the field.
- While the MHP's current process to assign user access works adequately, this process and the validation of it are labor-intensive.

Recommendations:

- Provide the MOPS teams with mobile devices (e.g., secure laptops and/or tablet) with Internet connectivity to enable clinicians' access to beneficiary's EHR information while in the field.
- Implement Goal C of the FY 2018-19 IS Strategic Business Plan, part of which is to assign role-based levels of security on a 'need to know' basis and is a less involved process.

Structure and Operations

Changes within the past year:

- The MHP implemented electronic 837P and 835 transactions for Medicare Part B claims.
- The MHP revised the audit tool for quality assurance to support Chart Review process.

Recommendations: None

Summary of Recommendations

FY 2018-19 Recommendations:

- Include all Medi-Cal beneficiaries who are eligible for post-hospitalization follow-up in Mendocino County in the tracking and reporting of the timeliness metric on follow-up encounters post-psychiatric inpatient discharge. The metric should include the number that were discharged and eligible for follow-up, the number that received any follow-up, and the number that received the follow-up within seven days.
- Compare the same populations for the entirety of the metric on follow-up encounters post-psychiatric inpatient discharge.
- Provide the Mobile Outreach and Prevention Services (MOPS) teams with mobile devices (e.g., secure laptops and/or tablet) with Internet connectivity to enable clinicians' access to beneficiary's electronic health record (EHR) information while in the field.
- Conduct quarterly monitoring FY 2018-19 Information Systems (IS) Strategic Business Plan Goal C, which is to enforce Health Information Portability and Accountability Act (HIPAA) security requirements by assigning levels of security to each User Role Definition on a 'need to know' basis.
- Provide refresher training on the use and scoring of Adult Needs and Strengths Assessment (ANSA), to ensure that clinicians have a satisfactory level of proficiency and are confident in the use and reliability of the measure.
- Conduct training or in-service that reinforces beneficiary input and collaboration in treatment planning for all psychiatric providers.

FY 2018-19 Foster Care Recommendations:

- Use the CANS-50 and, as required, results from historical CANS to evaluate effectiveness of clinical service levels compared to current symptoms, impairment, and risk levels.

Carry-over and Follow-up Recommendations from FY 2017-18: None

	Program	FY 18/19 Approved Budget	EXPENDITURES						REVENUE					
			Salaries & Benefits	Services and Supplies	Other Charges	Fixed Assets	Operating Transfers	Total Expenditures	SAPT Block Grant and FDMC	2011 Realign	Medi-Cal FFP	Other	Total Revenue	Total Net Cost
1	SUDT Overhead	0		457				457				70,923	70,923	(70,466)
2	County Wide Services	90,481		15,392				15,392					0	15,392
3	Drug Court Services	(935)	85,103	1,891				86,994		17,926			17,926	69,068
4	Ukiah Adult Treatment Services	(54,203)	210,495	14,939			(2,678)	222,756		6,352		46,684	53,036	169,720
5	Women In Need of Drug Free Opportunities	425	63,031	2,317				65,347		18,661			18,661	46,687
6	Family Drug Court	(995)	122,116	3,326				125,441				812	812	124,629
8	Friday Night Live	(213)	3,131	668				3,799					0	3,799
9	Willits Adult Services	(397)	42,949	1,011				43,961					0	43,961
10	Fort Bragg Adult Services	7,858	82,901	29,921				112,822				145	145	112,677
11	Administration	(22,347)	122,867	83,787				206,654	8,316				8,316	198,339
12	Adolescent Services	(22,056)	135,459	2,867			(16,470)	121,855				4,525	4,525	117,330
13	Prevention Services	(18,146)	53,578	18,292				71,870				7,744	7,744	64,126
a	Total YTD Expenditures & Revenue		921,630	174,410	0	0	(19,148)	1,077,349	8,316	42,938	0	130,833	182,087	895,261
b	FY 2018-2019 Adjusted Budget	(20,528)	2,547,909	557,520	70,000	0	(604,587)	2,570,842	1,274,472	635,393	20,000	661,235	2,591,100	(20,258)
c	Variance		1,626,279	383,110	70,000	0	(585,439)	1,493,950	1,266,156	592,455	20,000	530,402	2,409,013	

	Program	FY 18/19 Approved Budget	Salaries & Benefits	Services & Supplies	Other Charges	Fixed Assets	Operating Transfers	Total Expenditures	Revenue Prop 63	Total Net Cost
1	Community Services & Support	392,999		126,450			1,631,427	1,757,877	1,015,225	742,653
2	Prevention & Early Intervention	316,367		78,770			93,260	172,030	247,818	(75,788)
3	Innovation	1,271,493		21,379				21,379	65,215	(43,836)
4	Workforce Education & Training	150,000		10,361				10,361		10,361
5	Capital Facilities & Tech Needs	175,000		23,050				23,050		23,050
a	Total YTD Expenditures & Revenue		-	260,010	-	-	1,724,688	1,984,697	1,328,258	656,439
b	FY 2018-2019 Approved Budget	2,305,859	0	3,027,085	0	0	3,961,161	6,988,246	4,682,837	2,305,409
c	Variance		-	2,767,075	-	-	2,236,473	5,003,549	3,354,579	1,648,970

* Prudent Reserve Balance 2,197,777

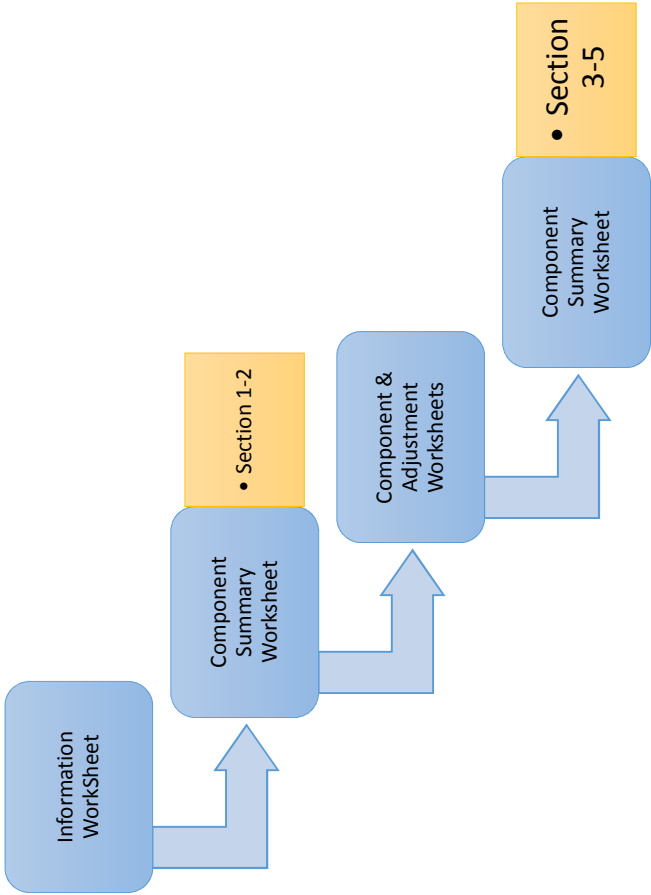
* WIC Section 5847 (a)(7) - Establishment & maintenance of a prudent reserve to ensure the county continues to be able to serve during years in which revenues for the Mental Health Services Fund are below recent averages adjusted by changes in the state population and the California Consumer Price Index.

FY 18/19 Approved Budget			EXPENDITURES						REVENUE					
Program			Salaries & Benefits	Services & Supplies	Other Charges	Fixed Assets	Operating Transfers	Total Expenditures	2011 Realign	1991 Realign	Medi-Cal FFP	Other	Total Revenue	Total Net Cost
1	Mental Health (Overhead)	(6,003,392)	6,166	104,735	5,110,451			5,221,351		474,625	4,671,849	1,701,710	6,848,184	(1,626,833)
2	Administration	910,124	312,926	109,818				422,744				48,623	48,623	374,121
3	CalWorks	(16,628)	43,101	392				43,493				25,449	25,449	18,044
4	Mobile Outreach Program	369,193	136,714	2,463				139,177				41,322	41,322	97,855
5	Adult Services	1,264,455	246,370	14,231	1,774,281			2,034,882				170,063	170,063	1,864,819
6	Path Grant	0		(68,180)				(68,180)					0	(68,180)
7	SAMHSA Grant	0		27,782				27,782					0	27,782
8	Mental Health Board	11,500		1,709				1,709					0	1,709
9	Business Services	833,729	290,450	(3,550.31)				286,900				29,673	29,673	257,227
10	Children Services	0			962,847			962,847					0	962,847
11	AB109	6,861	55,855	505				56,360	28,007				28,007	28,353
12	Conservatorship	2,456,866	51,350	31,788	24,650			107,788					0	107,788
13	QA/QI	695,605	281,077	2,652				283,729				899	899	282,830
a	Total YTD Expenditures & Revenue		1,424,009	224,344	7,872,228	0	0	9,520,581	28,007	474,625	4,671,849	2,017,739	7,192,219	2,328,362
b	FY 2018-2019 Adjusted Budget		4,221,366	2,404,426	17,146,774	0	56,150	23,828,716	5,906,692	4,180,046	8,125,307	5,088,358	23,300,403	528,313
c	Variance		2,797,357	2,180,082	9,274,546	0	56,150	14,308,135	5,878,685	3,705,421	3,453,458	3,070,619	16,108,184	(1,800,049)

Annual Mental Health Services Act Revenue and Expenditure Report
Fiscal Year 2017-18
ARER Instructions

	• For detailed instructions, see Enclosure 2: Instruction Manual for Fiscal Year 2017-18 of the MHSA Annual Revenue and Expenditure Report.
	• These worksheets are used to report the total expenditures for each MHSA-funded program. Expenditures should be recognized in the period that the fund liability is incurred. (Accounting Standards and Procedures for Counties, State Controller's Office (SCO), February 2018).
	• Counties must report any expenditure that occurred between July 1, 2017 and June 30, 2018, on the appropriate component worksheet.
	• Counties should reflect total (gross) program expenditures for each MHSA program on the MHSA Component Expenditure Worksheets.

Step 1: Complete the Information worksheet	The information provided on the Information worksheet automatically links to worksheets in the ARER. This worksheet eliminates the redundant entry of county name, code, and date on worksheets.
Step 2: Complete section one and two of the Component Summary worksheet	Section one: Enter the balance of Prudent Reserve and the Interest earned on the Local Mental Health Fund. Interest earned on local MHS fund is to be reported in total.
	Section two: Enter the component revenue received from prudent reserve transfers. Additionally, the worksheet is set up to distribute the interest reported in section one across CSS, PEI, and INN components according to 76%, 19% and 5%.
	Section three and four: These sections are linked to the remaining component worksheets and will auto populate as the county completes each individual worksheet.
Step 3: Complete each component and adjustment worksheet	In general, counties will enter expenditure data in the blue boxes throughout the workbook. Cells shaded gray will require no data entry because it is an excel formula or data is not relevant for that particular cell.
Step 4: Review the Component Summary worksheet	Counties should verify that each section of the Component Summary worksheet accurately reflect the expenditures reported on the component and adjustment worksheets.



Version 7/1/2018

Annual Mental Health Services Act Revenue and Expenditure Report
Fiscal Year 2017-18
Information

1	Date:	12/31/2018
2	County:	Mendocino
3	County Code:	23
4	Address:	1120 S. Dora Street
5	City:	Ukiah
6	Zip:	95482
7	County Population: Over 200,000? (Yes or No)	No
8	Name of Preparer:	Juanita Dreiling
9	Title of Preparer:	Administrative Services Manager
10	Preparer Contact Email:	dreilingj@mendocinocounty.org
11	Preparer Contact Telephone	707-472-2366

County:

Mendocino

Date:

12/31/2018

SECTION 1: Interest and Prudent Reserve		TOTAL
1	Interest Earned on local MHS Fund	\$113,758.67
2	Local Prudent Reserve Beginning Balance	\$2,197,777.00
3	Local Prudent Reserve Ending Balance	\$2,197,777.00

	A	B	C	D	E	F	G	H	I	J	K
	CSS	PEI	INN	WET	CFTN	TTACB	WET RP	PEI SW	MHSA HP	PR	TOTAL
SECTION 2: Transfers from Prudent Reserve and Interest Earned											
4										\$0.00	\$0.00
5	\$86,456.59	\$21,614.15	\$5,687.93								\$113,758.67
6	\$86,456.59	\$21,614.15	\$5,687.93	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$113,758.67

SECTION 3: Transfers to Prudent Reserve, WET or CFTN											
7				\$0.00	\$0.00					\$0.00	\$0.00

SECTION 4: Program Expenditures and Sources of Funding 2017-18											
8	MHSA Funds (Including Interest)	\$4,058,764.24	\$691,947.24	\$92,844.20	\$0.00		\$0.00	\$36,940.80	\$1,336,000.00		\$6,216,496.48
9	Medi-Cal FFP	\$379,382.97	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00		\$379,382.97
10	1991 Realignment	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00		\$0.00
11	Behavioral Health Subaccount	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00		\$0.00
12	Other	\$14,934.68	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00		\$14,934.68
13	TOTAL	\$4,453,081.89	\$691,947.24	\$92,844.20	\$0.00	\$0.00	\$0.00	\$36,940.80	\$1,336,000.00		\$6,610,814.13

SECTION 5: MHSA Planning Costs		TOTAL
14	Total Annual Planning Costs	\$1,759.83
15	Total Evaluation Costs	\$159,539.46
16	Total Administration	\$922,392.99

Version 7/1/2018

Annual Mental Health Services Act Revenue and Expenditure Report

Fiscal Year 2017-18

Community Services and Supports (CSS) Summary

County:

Mendocino

Date:

12/31/2018

SECTION ONE

	A		B	C			D	E	F
	MHSA Funds			Other Funds					
	Total MHSA (Including Interest)	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total			
1	CSS Annual Planning Costs	\$16.22				\$16.22			
2	CSS Evaluation Costs	\$87,835.75				\$87,835.75			
3	CSS Administration Costs	\$742,528.31				\$742,528.31			
4	CSS Funds Transferred to JPA					\$0.00			
5	CSS Expenditure Incurred by JPA					\$0.00			
6	CSS Funds Transferred to CalHFA					\$0.00			
7	CSS Funds Transferred to WET					\$0.00			
8	CSS Funds Transferred to CFTN					\$0.00			
9	CSS Funds Transferred to PR					\$0.00			
10	CSS Program Expenditures	\$3,228,383.96	\$379,382.97	\$0.00	\$14,934.68	\$3,622,701.61			
11	Total CSS Expenditures (Excluding Funds Transferred to JPA)	\$4,058,764.24	\$379,382.97	\$0.00	\$14,934.68	\$4,453,081.89			
12	Total CSS Expenditures (Excluding Funds Transferred)	\$4,058,764.24	\$379,382.97	\$0.00	\$14,934.68	\$4,453,081.89			

SECTION TWO

	A	B	C	D	E	F	G	H	I	J
	CSS Component				Other Funds					

County:

Mendocino

Date:

12/31/2018

SECTION ONE

		A		B		C		D		E		F	
		MHSA Funds				Other Funds							
		Total MHSA (Including Interest)		Medi-Cal FFP		1991 Realignment		Behavioral Health Subaccount		Other		Grand Total	
1	PEI Annual Planning Costs												
2	PEI Evaluation Costs											\$0.00	
3	PEI Administration Costs											\$70,516.26	
4	PEI Funds Expended by CalMHSA for PEI SW											\$116,202.54	
5	PEI Funds Transferred to JPA											\$36,940.80	
6	PEI Expenditure Incurred by JPA											\$0.00	
7	PEI Program Expenditures											\$0.00	
												\$505,228.44	
8	Total PEI Expenditures (Excluding Transfers and PEI SW)											\$0.00	
												\$0.00	
												\$691,947.24	

SECTION TWO

		A		B	
		Percent Expended for Clients 25 and Under, All PEI		Percent Expended for Clients 25 and Under, JPA	
1	MHSA PEI Fund Expenditures in Program to Clients 25 and Under (calculated from weighted program values) divided by Total MHSA PEI Expenditures			36.15%	

SECTION THREE

	A	B	C	D	PEI Component		E	F	G	H	I	J	K	L	M	N	O
												MHSA Funds		Other Funds			

County:

Mendocino

Date:

12/31/2018

SECTION ONE

		A		B		C		Other Funds		D		E		F	
		MHSA Funds						Other Funds							
		Total MHSA (Including Interest)		Medi-Cal FFP		1991 Realignment		Behavioral Health Subaccount		Other		Grand Total			
1	INN Annual Planning Costs	\$1,743.61										\$1,743.61			
2	INN Indirect Administration														
3	INN Funds Transferred to JPA	\$41,100.59										\$41,100.59			
4	INN Expenditure Incurred by JPA														
5	INN Project Administration	\$22,561.55		\$0.00		\$0.00		\$0.00		\$0.00		\$22,561.55			
6	INN Project Evaluation	\$1,187.45		\$0.00		\$0.00		\$0.00		\$0.00		\$1,187.45			
7	INN Project Direct	\$26,251.00		\$0.00		\$0.00		\$0.00		\$0.00		\$26,251.00			
8		INN Project Subtotal		\$0.00		\$0.00		\$0.00		\$0.00		\$50,000.00		\$50,000.00	
9	Total Innovation Expenditures (Excluding Transfers to JPA)	\$92,844.20		\$0.00		\$0.00		\$0.00		\$0.00		\$92,844.20			

SECTION TWO

		A		B		C		D		E		F		G		H		I		Other Funds		J		K		L		M		N	
								INN Component										MHSA Funds													
#	County	Project Name		Prior Project Name		Project MHSOAC Approval Date		Project Start Date		MHSOAC-Authorized MHSA INN Project Budget		Amended MHSOAC-Authorized MHSA INN Project Budget		Project Expenditure Type		Total MHSA (Including Interest)		Medi-Cal FFP		1991 Realignment		BH Subaccount		Other		Grand Total					
1	23	Round Valley Crisis Response Services				10/26/2017		10/26/2017		\$1,124,293.00				Project Administration		\$22,561.55										\$22,561.55					
1	23	Round Valley Crisis Response Services				10/26/2017		10/26/2017		\$1,124,293.00				Project Evaluation		\$1,187.45										\$1,187.45					
1	23	Round Valley Crisis Response Services				10/26/2017		10/26/2017		\$1,124,293.00				Project Direct		\$26,251.00		\$0.00								\$26,251.00					
1	23	Round Valley Crisis Response Services				10/26/2017		10/26/2017		\$1,124,293.00				Project Subtotal		\$50,000.00		\$0.00				\$0.00		\$0.00		\$50,000.00					
2																															
2																															
2																															

Version 7/1/2018

Annual Mental Health Services Act Revenue and Expenditure Report

Fiscal Year 2017-18

Workforce Education and Training (WET) Summary

County:

Mendocino

Date:

12/31/2018

SECTION ONE

		A		B	C	D	E	F
		MHSA Fund		Other Fund				
		Total MHSA (Including Interest)	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total	
1	WET Annual Planning Costs							\$0.00
2	WET Evaluation Costs							\$0.00
3	WET Administration Costs							\$0.00
4	WET Funds Transferred to JPA							\$0.00
5	WET Expenditure Incurred by JPA							\$0.00
6	WET Program Expenditures	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
7	Total WET Expenditures (Excluding Transfers to JPA)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

SECTION TWO

A		B	C	D	E	F	G	H
		Wet Component	MHSA Funds	Other Funds				
#	County	Funding Category	Total MHSA (Including Interest)	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total
1		Workforce Staffing						\$0.00
2		Training/Technical Assistance						\$0.00
3		MH Career Pathways						\$0.00
4		Residency/Internship						\$0.00
5		Financial Incentive						\$0.00

Version 7/1/2018

Annual Mental Health Services Act Revenue and Expenditure Report

Fiscal Year 2017-18

Capital Facility Technological Needs (CFTN) Summary

County:

Mendocino

Date:

12/31/2018

SECTION ONE

A										F
MHSA Funds										
Total MHSA (Including Interest)										Grand Total
		B	C	Other Fund		D	E			
		Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other					
1	CF Annual Planning Costs									\$0.00
2	TN Annual Planning Costs									\$0.00
3	CF Evaluation Costs									\$0.00
4	TN Evaluation Costs									\$0.00
5	CF Administration									\$0.00
6	TN Administration									\$0.00
7	CFTN Program Expenditure	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00		\$0.00	\$0.00
8	Total CFTN Expenditures	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00		\$0.00	\$0.00

SECTION TWO

	A	B	CFTN Component			D	E	F	G	H	I	J
	County	Project Name	Prior Project Name	Project Type	MHSA Fund	Other Fund						
Total MSHA (Including Interest)					Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total			
1												\$0.00
2												\$0.00
3												\$0.00
4												\$0.00
5												\$0.00
6												\$0.00
7												\$0.00
8												\$0.00
9												\$0.00
10												\$0.00
11												\$0.00
12												\$0.00
13												\$0.00
14												\$0.00
15												\$0.00
16												\$0.00
17												\$0.00
18												\$0.00
19												\$0.00
20												\$0.00

Version 7/1/2018

Annual Mental Health Services Act Revenue and Expenditure Report

Fiscal Year 2017-18

WET RP and MHSA HP Summary

County:

Mendocino

Date:

12/31/2018

SECTION ONE

A		B		C	D	E	F	G	H
		WET RP, HP Component		MHSA Funds	Other Funds				
#	County Code	Funding Type	Total MHSA (Including Interest)	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total	
1		WET Regional Partnerships (WET RP)							\$0.00
2	23	MHSA Housing Program (Unencumbered Funds)	\$1,336,000.00						\$1,336,000.00

Version 7/1/2018

Annual Mental Health Services Act Revenue and Expenditure Report

Fiscal Year 2017-18

Adjustments Worksheet (MHSA)

County:	Mendocino	Date	12/31/2018
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SECTION ONE

A		B	C	D	E
#	County	Component	Adjustment to FY	Amount	Reason
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
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28					

SECTION TWO

A		B	C		D	E	
#	County	Adjustment to	Adjustment to FY	Amount		Reason	
1		Interest Revenue					
2		Interest Revenue					
3		Interest Revenue					
4		Interest Revenue					
5		Interest Revenue					
6		Interest Revenue					
7		Interest Revenue					
8		Interest Revenue					
9		Interest Revenue					
10		Interest Revenue					
11		Interest Revenue					
12		Interest Revenue					
13		Interest Revenue					
14		Interest Revenue					
15		Interest Revenue					
16		Interest Revenue					
17		Interest Revenue					
18		Interest Revenue					
19		Interest Revenue					
20		Interest Revenue					
21		Interest Revenue					
22		Interest Revenue					
23		Interest Revenue					
24		Interest Revenue					
25		Interest Revenue					
26		Interest Revenue					
27		Interest Revenue					
28		Interest Revenue					
29		Interest Revenue					
30		Interest Revenue					

SECTION THREE

A		B	C		D	E	
#	County	Adjustment to	Adjustment to FY	Amount		Reason	
1		Prudent Reserve					
2		Prudent Reserve					
3		Prudent Reserve					
4		Prudent Reserve					
5		Prudent Reserve					
6		Prudent Reserve					
7		Prudent Reserve					
8		Prudent Reserve					
9		Prudent Reserve					
10		Prudent Reserve					
11		Prudent Reserve					
12		Prudent Reserve					
13		Prudent Reserve					
14		Prudent Reserve					
15		Prudent Reserve					
16		Prudent Reserve					
17		Prudent Reserve					
18		Prudent Reserve					
19		Prudent Reserve					
20		Prudent Reserve					
21		Prudent Reserve					
22		Prudent Reserve					
23		Prudent Reserve					
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25		Prudent Reserve					
26		Prudent Reserve					
27		Prudent Reserve					
28		Prudent Reserve					
29		Prudent Reserve					
30		Prudent Reserve					

Version 7/1/2018

Annual Mental Health Services Act Revenue and Expenditure Report

Fiscal Year 2017-18

FFP Revenue Adjustment

County: Mendocino

Date: 12/31/2018

SECTION ONE

A		B	C	D	E	F	G
#	County	Fiscal Year	Cost Report Stage	Component	Beginning Balance	Adjustment Amount	Ending Balance
1							\$0.00
2							\$0.00
3							\$0.00
4							\$0.00
5							\$0.00
6							\$0.00
7							\$0.00
8							\$0.00
9							\$0.00
10							\$0.00
11							\$0.00
12							\$0.00
13							\$0.00
14							\$0.00
15							\$0.00
16							\$0.00
17							\$0.00
18							\$0.00
19							\$0.00

20										\$0.00
21										\$0.00
22										\$0.00
23										\$0.00
24										\$0.00
25										\$0.00
26										\$0.00
27										\$0.00
28										\$0.00
29										\$0.00
30										\$0.00
31										\$0.00
32										\$0.00
33										\$0.00
34										\$0.00
35										\$0.00
36										\$0.00
37										\$0.00
38										\$0.00
39										\$0.00
40										\$0.00

Version 7/1/2018

Annual Mental Health Services Act Revenue and Expenditure Report

Fiscal Year 2017-18

Comments

	Comments
1	
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Report to the Behavioral Health Advisory Board

1/16/19

1. Staffing

Staffing needs continue to be reviewed on a biweekly basis. We continue to see a need for additional bilingual/bicultural staff.

2. Audits

We have been working with County Behavioral Health and Recovery Services to prepare for the DHCS triennial audits taking place on 1/9 and 1/10/19

3. Meetings of Interest

RQMC conducts regular meetings with provider agencies, county BHRS clinical staff, and hospital utilization review. We are involved with Child Welfare to support mental health services for children and youth placed out of county. We continue to work with the county to support the Whole Person Care program

4. Grant opportunities

Nothing to report

5. Significant Projects/brief status

We are working with RCHDC and county to refer clients to the Willow Terrance Housing Project, which will be ready for occupancy in May. We will need to work with RCS crisis and adult service agency to provide support for the clients going in there.

We continue to participate in and support the Behavioral Health Court.

We continue to support clients living in the community in supportive housing.

6. Educational Opportunities

Agencies are going to be participating in training in Trauma Focused Cognitive Behavioral Therapy to meet the needs of children being served by child welfare.

7. LPS Conservatorships

The Haven has five conserved clients. RQMC is also responsible for oversight of Mendocino County clients under the age of 25 who are conserved and reside in mental health rehabilitation centers. There is currently one client in Canyon Manor. We meet regularly with county staff and conservator's office to coordinate services to meet the needs of conserved clients and plan for their care as levels of need fluctuate.

8. Contracts

We will be holding mid year contract review meetings with provider agencies

9. Medication Support Services

Medication Management clinics are going well. We continue to work on improving scheduling and reducing no shows to ensure efficient service provision and customer satisfaction.

Tim Schraeder MFT

RECOMMENDATIONS

Mendocino County Behavioral Health System
Program Gap Analysis & Recommendations
for Allocation of Measure B Revenues

by Kemper Consulting Group
August 2018

MENDOCINO COUNTY BEHAVIORAL HEALTH ADVISORY COMMITTEE

Jan McGourty, Chair
November 14, 2018
Amended December 17, 2018

KEMPER'S RECOMMENDATIONS FOR PROGRAM SERVICES (page 41)

*	Service	Details	Consultative Results for Recommendations
1	PHF or other inpatient psychiatric care	Ave. 3-5 days Max. 30 days	☛: Put out a detailed RFI (Request for Information) for all pre-crisis and crisis facilities including staffing and maintenance requirements for each type of facility
2	Crisis Residential Treatment (CRT)	3 mos. maximum	☛: It is imperative to create a CSU/CRT facility in Fort Bragg that can serve pre-crisis and 5150 holds in collaboration with coast community and agency partners.
	Types of Involuntary MH Holds 5150 - 72 hours 5250 - + 14 days 5270 - + 30 days		☛: Create a multiple use facility to consolidate staffing needs
3	Crisis Stabilization Unit (CSU)	24 hrs. <i>pending legislation to extend 72 hrs. (??)</i>	☛: Explore other venues besides RCS Orchard Street Project and old Howard Hospital
4	Expanded outreach	3 mobile teams: 4 days/week 8:00 a.m. - 6:00 p.m.	☛: Expand the Mobile Outreach Program Services (MOPS) to serve more locations with more hours. ☛: Verify that each MOP team has two persons (sheriff tech & MH employee)
5	Outlying/Remote areas of county		☛: Mendocino County should take the lead in promoting legislation to provide private insurance parity with mental health Medi-Cal services. ☛: Focus on collaboration with clinics around the county for MPS/RQMC continuation of care, using teleconference service if necessary.

KEMPER'S RECOMMENDATIONS FOR PROGRAM SERVICES CONTINUED

*	Service	Details	Consultative Results for Recommendations
6	Expand support programs & wellness efforts	<ul style="list-style-type: none"> <i>med management</i> <i>employment services</i> <i>family support</i> 	<p>☛: Create common definitions for “wellness” and “cultural competency.”</p> <p>☛: Expand existing TAY (Transitional Age Yourth) services to include adult care.</p> <p>☛: Encourage and support employers and physicians to integrate physical, emotional and spiritual personal wellness so health needs are met.</p> <p>☛: Expand hours of wellness coaches to navigate MH system into outlying areas</p> <p>☛: Provide more family support, particularly non-traditional methods.</p>
7	Day Treatment	<p><i>Definition:</i></p> <ul style="list-style-type: none"> <i>Licensed facility</i> <i>BH treatment</i> <i>outpatient care</i> <i>MD supervision</i> <i>written client plan</i> 	<p>☛: Include a Day Treatment in any facility's program</p>
8	Supportive Housing		<p>☛: Build a range of integrated supportive and inclusive housing throughout the county.</p> <p>☛: Fund fiscal barriers for housing.</p>
9	Partial hospital care Rehabilitative care Board and Care		<p>☛: Build at least one board and care facility that is Medi-Cal billable.</p>
10	Expansion SUDT		<p>☛: Hire more counselors, particularly in outlying areas.</p> <p>☛: Collaborate with schools for prevention, particularly in tribal communities,.</p>
11	5-Year Plan <i>Develop continuum of care</i>		<p>☛: Review the proposed 5-year plan of continuum of care by all stakeholders and collaborative partners.</p>

KEMPER'S RECOMMENDATIONS FOR ACTION & POLICY (page 43)

1	Supplement services NOT supplant services	☛: Hire a dedicated Project Manager to oversee implementation of Recommended Actions on Measure B and manage all contracts.
2	Biannual Review Process	☛: Review the progress of services and their cost every six months, noting any barriers to service.
3	Prudent Reserve of Measure B Funds for years 6-10	
4	Separate annual accounting of Measure B revenues/ expenditures	☛: Collaborate annual Measure B accounting with Project Manager and County Auditor.
5	10-Year Strategic Plan	☛: Plan for future sustainability. ☛: Annual review of plan with flexibility for amendment.
6	Restructure data provided by BHRS, RQMC & subcontractors	☛: Report data by program & region in both children and adult systems of care. ☛: Monitor trends quarterly.

* Key:

Administrative	Services	Facility
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MENDOCINO COUNTY: DATA NOTEBOOK 2018

FOR CALIFORNIA

BEHAVIORAL HEALTH BOARDS AND COMMISSIONS



*Prepared by California Behavioral Health Planning Council, in collaboration with:
California Association of Local Behavioral Health Boards/Commissions*

The California Behavioral Health Planning Council (Council) is under federal and state mandate to advocate on behalf of adults with severe mental illness and children with severe emotional disturbance and their families. The Council is also statutorily required to advise the Legislature on behavioral health issues, policies and priorities in California. The Council advocates for an accountable system of seamless, responsive services that are strength-based, consumer and family member driven, recovery oriented, culturally and linguistically responsive and cost effective. Council recommendations promote cross-system collaboration to address the issues of access and effective treatment for the recovery, resiliency and wellness of Californians living with severe mental illness.

Table of Contents

Introduction: Purpose and Goals

Continuum of Care: What BH Services are Counties Required to Provide?

Your County: Evaluation of Services, Barriers to Access, and Unmet Needs

Mental Health Services Act (MHSA) and its Program Components

Questionnaire: How Did Your Board complete this Data Notebook?

Reminder: Where to submit your Data Notebook before March 31, 2019

Appendix

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Introduction: Purpose and Goals

What is the “Data Notebook?”

The Data Notebook is a structured format for reviewing information and reporting on specific mental health services in each county. The goal of our 2018 Data Notebook is to survey types of services and needs in the behavioral health systems of care for children, adults, and older adults. This topic follows our yearly practice of focusing on different parts of the behavioral health system. However, this year we are taking a survey approach to collect data as the foundation for an overall needs review.

Local behavioral health boards/commissions are required annually to review performance data for mental health services in their county and to report their findings to the CBHPC. To provide structure for the report and to make the reporting easier, each year we create a Data Notebook for local behavioral health boards to complete and submit to the CBHPC. Afterward, the responses are compiled and analyzed by our staff to create a yearly report for policy makers, stakeholders and the general public.

The Data Notebook structure and questions are designed to meet important goals:

- To assist local boards to meet their legal mandates¹ to review performance data for their county mental health services and report on performance every year,
- To serve as an educational resource on behavioral health data for local boards,
- To obtain opinion and thoughts of local mental health boards on specific topics,
- To identify unmet needs and make recommendations.

We encourage members of all local behavioral health boards to participate in reviewing and developing the responses for the Data Notebook. This is an opportunity for the local boards and their county behavioral health departments to work together to identify critical issues that are most important to your county. Your work will help inform county and state leadership plans for behavioral health programs.

We thank everyone for your interest and continued participation.

We are taking a somewhat different approach for the 2018 Data Notebook (DN). The 2018 DN does not include county-specific data but rather is a brief general survey about mental health services and needs in the counties to guide our advocacy in the coming year. It is anticipated that we will resume our practice of presenting county-specific data in the 2019 Data Notebook.

¹ W.I.C. 5604.2, regarding mandated reporting roles of MH Boards and Commissions in California.

System of Care: What BH Services are CA Counties Required to Provide?

California's Welfare and Institutions Code (WIC) sets forth a number of definitions, responsibilities and requirements for the public mental health system. Below are a few excerpts from the WIC to provide context for some questions in this Data Notebook.

WIC Section 5600.1

The mission of California's mental health system shall be to enable persons experiencing severe and disabling mental illnesses and children with serious emotional disturbances to access services and programs that assist them, in a manner tailored to each individual, to better control their illness, to achieve their personal goals, and to develop skills and supports leading to their living the most constructive and satisfying lives possible in the least restrictive available settings.

WIC 5600.4

Community mental health services should be organized to provide an array of treatment options in the following areas, to the extent resources are available:

- (a) **Precrisis and Crisis Services.** Immediate response to individuals in precrisis and crisis and to members of the individual's support system, on a 24-hour, seven-day-a-week basis. Crisis services may be provided offsite through mobile services. The focus of precrisis services is to offer ideas and strategies to improve the person's situation, and help access what is needed to avoid crisis. The focus of crisis services is stabilization and crisis resolution, assessment of precipitating and attending factors, and recommendations for meeting identified needs.
- (b) **Comprehensive Evaluation and Assessment.** Includes, but is not limited to, evaluation and assessment of physical and mental health, income support, housing, vocational training and employment, and social support services needs. Evaluation and assessment may be provided offsite through mobile services.
- (c) **Individual Service Plan.** Identification of the short- and long-term service needs of the individual, advocating for, and coordinating the provision of these services. The development of the plan should include the participation of the client, family members, friends, and providers of services to the client, as appropriate.
- (d) **Medication Education and Management.** Includes, but is not limited to, evaluation of the need for administration of, and education about, the risks and benefits associated with medication. Clients should be provided this information prior to the administration of medications pursuant to state law. To the extent practicable, families and caregivers should also be informed about medications.

(e) Case Management. Client-specific services that assist clients in gaining access to needed medical, social, educational, and other services. Case management may be provided offsite through mobile services.

(f) Twenty-four Hour Treatment Services. Treatment provided in any of the following: an acute psychiatric hospital, an acute psychiatric unit of a general hospital, a psychiatric health facility, an institute for mental disease, a community treatment facility, or community residential treatment programs, including crisis, transitional and long-term programs.

(g) Rehabilitation and Support Services. Treatment and rehabilitation services designed to stabilize symptoms, and to develop, improve, and maintain the skills and supports necessary to live in the community. These services may be provided through various modes of services, including, but not limited to, individual and group counseling, day treatment programs, collateral contacts with friends and family, and peer counseling programs. These services may be provided offsite through mobile services.

(h) Vocational Rehabilitation. Services which provide a range of vocational services to assist individuals to prepare for, obtain, and maintain employment.

(i) Residential Services. Room and board and 24-hour care and supervision.

(j) Services for Homeless Persons. Services designed to assist mentally ill persons who are homeless, or at risk of being homeless, to secure housing and financial resources.

(k) Group Services. Services to two or more clients at the same time.

WIC Section 5600.5

The minimum array of services for children and youth meeting the target population criteria established in subdivision (a) of Section 5600.3² should include the following modes of service in every geographical area, to the extent resources are available:

(a) Precrisis and crisis services.

(b) Assessment.

(c) Medication education and management.

(d) Case management.

(e) Twenty-four-hour treatment services.

² See attached Appendix for presentation of the full definition of the target population criteria set forth in Welfare and Institutions Code Section 5600.3.

(f) Rehabilitation and support services designed to alleviate symptoms and foster development of age appropriate cognitive, emotional, and behavioral skills necessary for maturation.

WIC 5600.6

The minimum array of services for adults meeting the target population criteria established in subdivision (b) of Section 5600.3 should include the following modes of service in every geographical area, to the extent resources are available:

- (a) Precrisis and crisis services.
- (b) Assessment.
- (c) Medication education and management.
- (d) Case management.
- (e) Twenty-four-hour treatment services.
- (f) Rehabilitation and support services.
- (g) Vocational services.
- (h) Residential services.

WIC 5600.7

The minimum array of services for older adults meeting the target population criteria established in subdivision (b) of Section 5600.3 should include the following modes of service in every geographical area, to the extent resources are available:

- (a) Precrisis and crisis services, including mobile services.
- (b) Assessment, including mobile services.
- (c) Medication education and management.
- (d) Case management, including mobile services.
- (e) Twenty-four-hour treatment services.
- (f) Residential services.
- (g) Rehabilitation and support services, including mobile services.

Your County: Evaluation of Services, Barriers to Access, and Unmet Needs

Below we ask a series of questions about the above services in your county regardless of fund source. We ask whether there are barriers to service access, unmet needs, or lack of continued or sustainable funding for a particular service or program.

1) Please indicate (X) any service areas for which your county has identified that persons are substantially underserved or experience substantial unmet BH needs.

For each age Group:

- (a) Pre-crisis and crisis services.
- (b) Assessment
- (c) Medication education & management
- (d) Case management
- (e) Twenty-four-hour treatment services
- (f) Rehabilitation and support services
- (g) Vocational services
- (h) Residential services

Child	TAY (age 16-25)	Adult	Older Adult

2) What are the major barriers to BH service access for persons who are in need of these services? Indicate any reasons; mark as many as apply.

For each age Group:

- A: Lack of Program Funding
- B: Lack specialized prof. expertise
- C: Lack BH workforce/providers
- D: Clients dispersed outlying areas
- E: Transportation problems (bus, etc.)
- F: Lack available appointment times
- G: Fear government involvement
- H: Linguistic needs (translation, etc.)
- J: Culturally relevant needs
- K: Other barrier, specify_____

Child	TAY (age 16-25)	Adult	Older Adult

3) Please indicate (X) any areas for which your county has implemented new programs within the last 3 years.

For each age Group:

- (a) Pre-crisis and crisis services.
- (b) Assessment
- (c) Medication education & management
- (d) Case management
- (e) Twenty-four-hour treatment services
- (f) Rehabilitation and support services
- (g) Vocational services
- (h) Residential services

Child	TAY (age 16-25)	Adult	Older Adult

4) Indicate (X) whether any of the following services are funded with temporary (one-time, time-limited) funding for which you are seeking a sustainable fund source to continue services?

For each age Group:

- (a) Pre-crisis and crisis services.
- (b) Assessment
- (c) Medication education & management
- (d) Case management
- (e) Twenty-four-hour treatment services
- (f) Rehabilitation and support services
- (g) Vocational services
- (h) Residential services

Child	TAY (age 16-25)	Adult	Older Adult

**5) If you could have one new program or facility or resource within the next three years, what would be your highest priority need?
Please limit your response to 25 words or less.**

Mental Health Services Act (MHSA) Components

Background and Definitions of the MHSA (below) are excerpted from a description contained in the Executive Summary³ of a 2018 Report by NAMI California.

Proposition 63, the Mental Health Services Act, was passed by voters in 2004. At the time, California was struggling to meet the mental health needs of its residents. A 2003 report by the California Mental Health Planning Council estimated that as many as 1.7 million Californians were not receiving the mental health services they needed. As many as 80% of children with mental health needs were undiagnosed or unserved. The consequences of untreated mental illness were seen through health systems, school systems, and the criminal justice system. Therefore, the Act was designed to reduce homelessness, incarceration, and preventable hospitalizations, and to increase access to behavioral health services.

The Act imposes a 1% tax on personal income over \$1 million and places revenues into the Mental Health Services Fund. Counties receive annual distributions from the Fund, and are responsible for providing community-based mental health services. Program expenditures align with the five core components of the Act:

Community Services and Support (CSS) is the largest component of the MHSA. The CSS component is focused on community collaboration, cultural competence, client and family driven services and systems, and wellness focus. This programming applies concepts of recovery and resilience, integrated service experiences for clients and families, as well as serving the unserved and underserved. Housing is also a large part of the CSS component. [Full Service Partnerships are another example of CSS-funded programs].

Prevention and Early Intervention (PEI) is intended to help counties implement services that promote wellness, foster health, and prevent the suffering that can result from untreated mental illness. The PEI component requires collaboration with consumers and family members in the development of PEI projects and programs.

Innovation (INN) projects aim to increase access to underserved groups, increase the quality of services, and promote interagency collaboration and increase access to services. Counties select one or more goals and use those goals as the primary priority or priorities for their proposed Innovation plan.

³ 2018 MHSA County Programs: Services That Change Lives. A report created by NAMI California 2018, pages iii-iv. Downloaded from: https://static1.squarespace.com/static/5ab2d59489c1724bd8a2ca78/t/5b7de7d370a6adca27a8a959/1534978017856/NAMI+CA+2018+MHSA+Rept_072318_03_FINAL.pdf

Capital Facilities and Technological Needs (CFTN) works toward the creation of facilities that are used for the delivery of MHSA services to mental health consumers and their families or for administrative offices. Funds may also be used to support an increase in peer-support and consumer-run facilities, development of community-based settings, and the development of a technological infrastructure for the mental health system to facilitate the highest quality and most cost-effective services and supports for clients and their families.

Workforce Education and Training (WET) is intended to develop a diverse workforce. Clients and families/caregivers are given training to help others by providing skills to promote wellness and other positive mental health outcomes. They work collaboratively to deliver client- and family-driven services, provide outreach and services that are linguistically and culturally competent and relevant, and include the viewpoints and expertise of clients and their families/caregivers.

The CSS, PEI and INN components are funded through ongoing revenue into the MHSA Fund. Per provisions of the MHSA, the Workforce Education and Training, Capital Facilities and Technological Needs components were initially funded up front in the early years and are not currently actively funded through MHSA revenues. Although counties can transfer some CSS funds for these purposes each year, essentially, the availability of that upfront funding for Workforce Education and Training, Capital Facilities and Technological Needs ended on June 30, 2018.

6) Is there still a need for any of these three components in your county?
Yes___ No___.

If yes, please rank the following in priority order of need, #1 being highest.

___ **Workforce Education and Training**
___ **Capital Facilities**
___ **Technological Needs**

Optional: In 25 words or less, please specify what those needs are.

7) Do you have a particularly successful program funded by CSS, Innovation, or PEI funds that you would like to share with us? Yes____ No____.

If yes, please describe briefly (maximum one paragraph, 150 words or less).

QUESTIONNAIRE: How Did Your Board Complete the Data Notebook?

Completion of your Data Notebook helps fulfill the board's requirements for reporting to the California Mental Health Planning Council. Questions below ask about operations of mental health boards, behavioral health boards or commissions, regardless of current title. Signature lines indicate review and approval to submit your Data Notebook.

(a) What process was used to complete this Data Notebook? Please check all that apply.

- ☐ MH Board reviewed W.I.C. 5604.2 regarding the reporting roles of mental health boards and commissions.
- ☐ MH Board completed majority of the Data Notebook
- ☐ County staff and/or Director completed majority of the Data Notebook
- ☐ Data Notebook placed on Agenda and discussed at Board meeting
- ☐ MH Board work group or temporary ad hoc committee worked on it
- ☐ MH Board partnered with county staff or director
- ☐ MH Board submitted a copy of the Data Notebook to the County Board of Supervisors or other designated body as part of their reporting function.
- ☐ Other; please describe: _____.

(b) Does your Board have designated staff to support your activities?

Yes ☐ No ☐

If yes, please provide their job classification _____

(c) What is the best method for contacting this staff member or board liaison?

Name and County: _____

Email _____

Phone # _____

Signature: _____

Other (optional): _____

(d) What is the best way to contact your Board presiding officer (Chair, etc.)?

Name and County: _____

Email: _____

Phone # _____

Signature: _____

REMINDER: Please submit this Data Notebook by March 31, 2019.

Thank you for your participation in completing your Data Notebook report.

Please feel free to provide feedback or recommendations you may have to improve this project for next year. As always, we welcome your input.

Please submit your Data Notebook report by email to:

DataNotebook@CMHPC.ca.gov .

For information, you may contact the email address above, or telephone:

(916) 327-6560

Or, you may contact us by postal mail to:

- Data Notebook
- California Mental Health Planning Council
- 1501 Capitol Avenue, MS 2706
- P.O. Box 997413
- Sacramento, CA 95899-7413



APPENDIX

WIC 5600.3

To the extent resources are available, the primary goal of the use of funds deposited in the mental health account of the local health and welfare trust fund should be to serve the target populations identified in the following categories, which shall not be construed as establishing an order of priority:

(a)(1) Seriously emotionally disturbed children or adolescents.

(2) For the purposes of this part, “seriously emotionally disturbed children or adolescents” means minors under the age of 18 years who have a mental disorder as identified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, other than a primary substance use disorder or developmental disorder, which results in behavior inappropriate to the child's age according to expected developmental norms. Members of this target population shall meet one or more of the following criteria:

(A) As a result of the mental disorder, the child has substantial impairment in at least two of the following areas: self-care, school functioning, family relationships, or ability to function in the community; and either of the following occur:

(i) The child is at risk of removal from home or has already been removed from the home.

(ii) The mental disorder and impairments have been present for more than six months or are likely to continue for more than one year without treatment.

(B) The child displays one of the following: psychotic features, risk of suicide or risk of violence due to a mental disorder.

(C) The child has been assessed pursuant to Article 2 (commencing with Section 56320) of Chapter 4 of Part 30 of Division 4 of Title 2 of the Education Code and determined to have an emotional disturbance, as defined in paragraph (4) of subdivision (c) of Section 300.8 of Title 34 of the Code of Federal Regulations .

(b)(1) Adults and older adults who have a serious mental disorder.

(2) For the purposes of this part, “serious mental disorder” means a mental disorder that is severe in degree and persistent in duration, which may cause behavioral functioning which interferes substantially with the primary activities of daily living, and which may result in an inability to maintain stable adjustment and independent functioning without treatment, support, and rehabilitation for a long or indefinite period of time. Serious mental disorders include, but are not limited to, schizophrenia, bipolar disorder, post-traumatic stress disorder, as well as major affective disorders or other severely disabling mental disorders. This section shall not be construed to exclude

persons with a serious mental disorder and a diagnosis of substance abuse, developmental disability, or other physical or mental disorder.

(3) Members of this target population shall meet all of the following criteria:

(A) The person has a mental disorder as identified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, other than a substance use disorder or developmental disorder or acquired traumatic brain injury pursuant to subdivision (a) of Section 4354 unless that person also has a serious mental disorder as defined in paragraph (2).

(B)(i) As a result of the mental disorder, the person has substantial functional impairments or symptoms, or a psychiatric history demonstrating that without treatment there is an imminent risk of decompensation to having substantial impairments or symptoms.

(ii) For the purposes of this part, "functional impairment" means being substantially impaired as the result of a mental disorder in independent living, social relationships, vocational skills, or physical condition.

(C) As a result of a mental functional impairment and circumstances, the person is likely to become so disabled as to require public assistance, services, or entitlements.

(4) For the purpose of organizing outreach and treatment options, to the extent resources are available, this target population includes, but is not limited to, persons who are any of the following:

(A) Homeless persons who are mentally ill.

(B) Persons evaluated by appropriately licensed persons as requiring care in acute treatment facilities including state hospitals, acute inpatient facilities, institutes for mental disease, and crisis residential programs.

(C) Persons arrested or convicted of crimes.

(D) Persons who require acute treatment as a result of a first episode of mental illness with psychotic features.

(5) California veterans in need of mental health services and who meet the existing eligibility requirements of this section, shall be provided services to the extent services are available to other adults pursuant to this section. Veterans who may be eligible for mental health services through the United States Department of Veterans Affairs should be advised of these services by the county and assisted in linking to those services.

(A) No eligible veteran shall be denied county mental health services based solely on his or her status as a veteran.

(B) Counties shall refer a veteran to the county veterans service officer, if any, to determine the veteran's eligibility for, and the availability of, mental health services provided by the United States Department of Veterans Affairs or other federal health care provider.

(C) Counties should consider contracting with community-based veterans' services agencies, where possible, to provide high-quality, veteran specific mental health services.

(c) Adults or older adults who require or are at risk of requiring acute psychiatric inpatient care, residential treatment, or outpatient crisis intervention because of a mental disorder with symptoms of psychosis, suicidality, or violence.

(d) Persons who need brief treatment as a result of a natural disaster or severe local emergency.

MENDOCINO COUNTY BEHAVIORAL HEALTH ADVISORY BOARD

2019 Meeting Schedule

DATE	DISTRICT	VIDEO CONFERENCE	LOCATION
January 16 th 10 a.m. to 2 p.m.	Districts 3 & 4 Willits & Fort Bragg	Via Video Conferencing	Atlantic Conference Room, 472 E. Valley St. Willits
			Fort Bragg Library, 499 E. Laurel St., Fort Bragg
February 20 th 10 a.m. to 2 p.m.	District 1 Redwood Valley		Consolidated Tribal Health, 6991 N. State St. Redwood Valley
March 20 th 10 a.m. to 2 p.m.	Districts 2 & 4 Ukiah & Fort Bragg	Via Video Conferencing	Farm Advisory Large Conference Room, 890 N. Bush St., Ukiah
			Seaside Room, 778 S. Franklin St. Fort Bragg
April 17 th 10 a.m. to 2 p.m.	District 5 Boonville		Lauren's Café, 14211 CA-128, Boonville
May 15 th 10 a.m. to 2 p.m.	Districts 2 & 4 Ukiah & Fort Bragg	Via Video Conferencing	Farm Advisory Large Conference Room, 890 N. Bush St., Ukiah
			Seaside Room, 778 S. Franklin St. Fort Bragg
June 19 th 10 a.m. to 2 p.m.	District 3 Covelo		Yuki Trails Conference Room, 23000 Henderson Rd. Covelo
July 17 th 10 a.m. to 2 p.m.	Districts 2 & 4 Ukiah & Fort Bragg	Via Video Conferencing	Farm Advisory Large Conference Room, 890 N. Bush St., Ukiah
			Fort Bragg Library, 499 E. Laurel St., Fort Bragg
August 21 st 10 a.m. to 2 p.m.	District 5 Elk		Greenwood Community Center, 6129 S. Hwy 1, Elk
September 18 th 10 a.m. to 2 p.m.	Districts 2 & 4 Ukiah & Fort Bragg	Via Video Conferencing	Farm Advisory Large Conference Room, 890 N. Bush St., Ukiah
			Seaside Room, 778 S. Franklin St. Fort Bragg
October 16 th 10 a.m. to 2 p.m.	District 5 Hopland		To Be Determined in Hopland
November 20 st 10 a.m. to 2 p.m.	Districts 2 & 4 Ukiah & Fort Bragg	Via Video Conferencing	Farm Advisory Large Conference Room, 890 N. Bush St., Ukiah
			Fort Bragg Library, 499 E. Laurel St., Fort Bragg
December 18 th 10 a.m. to 2 p.m.	Districts 3 Willits		Willits Community Center, 111 E. Commercial Street, Willits

District 1	District 2	District 3	District 4	District 5
Jan McGourty	Dina Ortiz	Meeka Ferretta	Tammy Lowe	Patric Pekin
Lois Lockart	Michelle Rich	Amy Buckingham	Emily Strachan	Flinda Behringer
Denise Gorny	Vacant	Richard Towle	Lynn Finley	Martin Martinez