



# MENDOCINO COUNTY BEHAVIORAL HEALTH ADVISORY BOARD

## REGULAR MEETING

### AGENDA

September 18, 2019  
10:00 a.m. to 2:00 p.m.

Farm Advisory Building Conference Room  
890 N. Bush St., Ukiah  
and  
Seaside Room, 778 S. Franklin St., Fort Bragg  
by video conferencing

**Chairperson**  
Jan McGourty

**Vice Chair**  
Emily Strachan

**Secretary**  
Dina Ortiz

**Treasurer**  
Flinda Behringer

**BOS Supervisor**  
Carre Brown

**1<sup>ST</sup> DISTRICT:**

DENISE GORNY  
JAN MCGOURTY  
LOIS LOCKART

**2<sup>ND</sup> DISTRICT:**

DINA ORTIZ  
MICHELLE RICH  
SERGIO FUENTES

**3<sup>RD</sup> DISTRICT:**

MEEKA FERRETTA  
AMY BUCKINGHAM  
RICHARD TOWLE

**4<sup>TH</sup> DISTRICT:**

EMILY STRACHAN  
TAMMY LOWE  
LYNN FINLEY

**5<sup>TH</sup> 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
<b>1.</b> 5 minutes	<b>Call to Order, Roll Call &amp; Quorum Notice, Approve Agenda:</b>	Board Action:
<b>2.</b> 10 minutes	<b>Minutes of the August 21, 2019 BHAB Regular Meeting:</b> <i>Review and possible board action</i>	Board Action:
<b>3.</b> 15 minutes (Maximum)	<b>Public Comments:</b> <i>Members of the public wishing to make comments to the BHAB will be recognized at this time.</i>	
<b>4.</b> 45 minutes	<b>Reports:</b> <i>Discussion and possible board action.</i> A. Chair – <i>Jan McGourty</i> 1. CIT International Conference 2. 2020 Officers B. Secretary – <i>Member Ortiz</i> 1. Letter to College C. Treasurer – <i>Member Behringer</i> D. Housing Committee: <i>(Member Gorny)</i> E. Site Visit Committee: <i>(Chair McGourty, Members Rich, Towle and Martinez)</i> 1. CSU Grass Valley F. Flow Chart Committee: <i>(Vice Chair Strachan and Member Pekin)</i> G. Dual Diagnosis Committee: <i>(Secretary Ortiz)</i> H. Appreciation Committee: <i>(Members Towle and Martinez)</i>	Board Action:

	I. Employment Committee: <i>(Member Rich)</i> J. Contract Review and Fulfillment Committee: <i>(Member Fuentes)</i>	
<b>5.</b> 5 minutes	<b>Travel and Training:</b>	
<b>6.</b> 30 minutes	<b>Mendocino County Report:</b> <i>Jenine Miller, BHRS Director</i> A. Status of Grants B. Status of CIT Training C. Stepping Up D. Grievances	Board Action:
<b>7.</b> 15 minutes	<b>RQMC Report:</b> A. Data Dashboard: B. Services Update: C. Law Enforcement Calls	Board Action:
<b>LUNCH BREAK</b> <b>12:30 to 1:00</b>		
<b>8.</b> 25 minutes	<b>Staffing for Mental Health Facilities:</b> A. What are the requirements? B. Where are the shortages?	Board Action:
<b>9.</b> 30 minutes	<b>Guest Speaker:</b> <i>Dennis Aseityne, Dean of Applied Academics – Mendocino College</i>	
<b>10.</b> 5 minutes	<b>Adjournment:</b>  <b>Next meeting:</b> October 16, 2019 – Hopland Veteran’s Hall	

#### AMERICANS WITH DISABILITIES ACT (ADA) COMPLIANCE

The Mendocino County Behavioral Health Advisory 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 Behavioral Health Administrative Office by calling (707) 472-2355 at least five days prior to the meeting.

**BHAB CONTACT INFORMATION:** PHONE: (707) 472-2355 FAX: (707) 472-2788  
**EMAIL THE BOARD:** [mhboard@mendocinocounty.org](mailto:mhboard@mendocinocounty.org) **WEBSITE:** [www.mendocinocounty.org/bhab](http://www.mendocinocounty.org/bhab)



# MENDOCINO COUNTY BEHAVIORAL HEALTH ADVISORY BOARD

## REGULAR MEETING

# MINUTES

August 21, 2019  
10:00 a.m. to 2:00 p.m.

Greenwood Community Center  
6129 S. Highway 1, Elk, 95432

**Chairperson**  
Jan McGourty

**Vice Chair**  
Emily Strachan

**Secretary**  
Dina Ortiz

**Treasurer**  
Flinda Behringer

**BOS Supervisor**  
Carre Brown

**1<sup>ST</sup> DISTRICT:**

DENISE GORNY  
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Item	Agenda Item / Description	Action
<b>1.</b> 5 minutes	<b>Call to Order, Roll Call &amp; Quorum Notice, Approve Agenda:</b> <ul style="list-style-type: none"> <li>Meeting called to order by Chair McGourty at 10:10 am.</li> <li>Quorum met.</li> <li>Members present: Behringer, Ferretta, Finley, Fuentes, Lockart, Ortiz, Pekin, Rich, Strachan, Towle, and Supervisor Brown.</li> <li>Agenda approved as written.</li> </ul>	<b>Board Action:</b> Motion was made by Vice Chair Strachan, seconded by Member Pekin, to approve the agenda with Travel and Training added to the Chair's Report. Motion passed unanimously.
<b>2.</b> 10 minutes	<b>Minutes of the July 17, 2019 BHAB Regular Meeting:</b> <i>Review and possible board action</i> <ol style="list-style-type: none"> <li>Minutes were approved as written.</li> </ol>	<b>Board Action:</b> Motion made by Member Finley, seconded by Vice Chair Strachan, to approve the July 17, 2019 minutes as written. Motion passed unanimously.
<b>3.</b> 15 minutes (Maximum)	<b>Public Comments:</b> <i>Members of the public wishing to make comments to the BHAB will be recognized at this time.</i> <ol style="list-style-type: none"> <li>Brandon is a client that came over from Ukiah to be a part of this meeting.</li> <li>Brenda Lamb works for Redwood Community Services and brought over a few clients from Ukiah to be a part of this meeting.</li> <li>Edgar Damian also works at Redwood Community Services and also at Stepping Stones.</li> </ol>	

	<p>IV. Carlos is in Stepping Stones program. Was homeless before this program.</p> <p>V. Eric was a part of Redwood Children Services as a foster care youth. Eric became part of the Behavioral Health Court program and now is a conserved client. Eric doesn't feel that he is being allowed to be independent, he is hoping to be able to be let off conservatorship but continue to live at the house where he currently is.</p> <p>VI. Anna Shaw works for the MCHC clinics in Ukiah and Fort Bragg.</p>	
<p><b>4.</b> 20 minutes</p>	<p><b>BHAB Reports:</b> <i>Discussion and possible board action.</i></p> <p><b>A. Chair – Jan McGourty</b></p> <p>I. Measure B update. The previous meeting was a special meeting to approve purchase of Redwood Valley property. The special Ad hoc committee made a report to the Board of Supervisors about the Kemper report and the things not listed on it, like services. The Board noted that this was a report that they are working on. Grand Jury mentioned Measure B in their report. The Board of Supervisors did a response which is online, nothing was changed for this Grand Jury report. Board responded to the Grand Jury what they are and aren't responsible for and that they haven't seen any recommendation from the Measure B committee.</p> <ul style="list-style-type: none"> <li>• Grand Jury suggestions were read by Supervisor Brown.</li> <li>• Member Ortiz asked why the Board of Supervisors isn't putting timelines for Measure B.</li> <li>• Committee has to make recommendations for the Board to correct; they are NOT to direct them.</li> <li>• Assembly Man Jim Wood had a meeting where Mental Health was brought up and Chair asked about increase in MH beds and Wood answered that the problem isn't the number of beds it's the number of staff needed.</li> <li>• This board has decided to write a letter to Mendocino College, Mendocino County Office of Education, and also to the local high schools. Member Ortiz will write these letters and get them to everyone by the end of the month. Members of this board will review these letters and get back any changes for Member Ortiz by September 13<sup>th</sup>. Member Ortiz will then bring the finished version to the next meeting on September 18<sup>th</sup> where it will be approved to be sent. <ul style="list-style-type: none"> <li>○ The first letter is supposed to be address to Mendocino College asking them to implement a Psych Tech program at the</li> </ul> </li> </ul>	<p>Board Action:</p>

	<p>college since this is at a greater need, especially in our community.</p> <ul style="list-style-type: none"> <li>○ The second letter is to be address to the local high schools and to Mendocino County Office of Education asking them to help create Career Pathway into the mental health field as this is also at a greater need, especially in our community.</li> <li>● Chair McGourty will not be attending the Measure B meeting next week, so Member Rich will go as a Behavioral Health Advisory Board member. Chair McGourty wants Member Rich to ask the Measure B committee if they have studied the Kemper Report.</li> <li>a. Travel- There is to be a CIT International Conference in Seattle. Sam Concorane is the speaker and he is the person who started all of the CIT. Chair McGourty would like to attend this meeting. Chair McGourty is going to see if he will come to Ukiah to talk about CIT within our community. The Behavioral Health Advisory Board had given permission for the Chair to travel without needing a vote from this board to beneficial meetings while at the Covelo meeting. <ul style="list-style-type: none"> <li>i. Member Towle is wanting to travel to Sacramento for Mental Health First Aid training. Member Rich informs everyone that these trainings are offered locally through Mendocino County Office of Education. This is normally an eight hour class. BHRS Director Miller reported that Mendocino County is planning to host a Mental Health First Aid training. Member Towle is happy to wait for local class to be offered.</li> <li>ii. Member Lockart thinks that members other than the chair need to get this board approval to travel out of county. BHRS Director Miller explains the County Policy of travel. Travel Request forms need to be given to the travel coordinator, Amanda Stoner, 30 days in advance or you won't have auditor's approval before you travel.</li> <li>iii. Member Lockart wants us to make sure that this board is attending trainings to expand their knowledge, especially in how to help Mental Health and Substance Use Disorder Treatment clients.</li> </ul> </li> </ul> <p><b>B. Secretary-</b></p>	<p>Motion made by Member Lockart, seconded by Member Towle, to approve Chair McGourty to travel to CIT Conference. Motion passed unanimously.</p>
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	<ul style="list-style-type: none"> <li>I. Member Ortiz informed there will be a training later this year provided by CASRA. The training will be in LA, no date available yet -will follow up with date and more information.</li> <li>II. CASRA is an organization that provides services and education - focus on employment for people who suffer from mental illness.</li> </ul> <p>C. Treasurer –</p> <ul style="list-style-type: none"> <li>I. Member Behringer wants to make sure that this board knows that they have their full budget available for travel again.</li> </ul>	
<p><b>5.</b> 25 minutes</p>	<p><b>Committee Reports:</b></p> <p><b>A. Housing Committee: (<i>Member Gorny</i>)</b></p> <ul style="list-style-type: none"> <li>I. BHRS Director Miller gave an update on Willow Terrace. Willow Terrace has 37 units for clients, and one unit for a manager. As of now they are fully occupied. They have had 2 people vacate but filled those openings quickly.</li> </ul> <p><b>B. Site Visit Report: (<i>Member Towle</i>)-</b></p> <ul style="list-style-type: none"> <li>I. Chair McGourty and Member Towle went to Hillside Health Center for a site visit. While they were there they did get confirmation that this clinic will not see a current client after they are hospitalized. The client will have to go to county or Redwood Quality Management Company, because they are then considered severe. Hillside Health Center only treats clients that are considered mild to moderate. <ul style="list-style-type: none"> <li>a. Mild to Moderate cases are treated through the clinic. Most clients are considered severe after they are discharged from the hospital.</li> <li>b. BHRS Director Miller reminded the board that RQMC does not see patients with private insurance. It is the hospital's responsibility to set clients up with follow up services before they are discharged from the hospital.</li> <li>c. Member Towle also points out that at Hillside the clients must see a primary care doctor through there in order to receive Mental Health services there.</li> <li>d. Public suggests that we should look at St. Helena, at how they help clients with after hospitalization care.</li> </ul> </li> <li>II. Tomorrow Chair McGourty, Member Towle, and Member Fuentes will be accompanying HHSA Director Tammy Moss Chandler, and Supervisor Williams to visit a psychiatric hospital in Grass Valley.</li> </ul>	Board Action

	<p>III. Vice Chair Strachan will be going to the Mendocino Coast Clinic to view their site.</p> <p>IV. Members Rich and Behringer would like to go to the Fort Bragg clinics with Vice Chair Strachan.</p> <p>V. Member Ortiz wants to attend one of the Mendocino clinic board meetings to ask about discharge from the hospitals.</p> <p><b>C. Flow Chart: (<i>Vice Chair Strachan and Member Pekin</i>)</b></p> <p>I. Jenine apologizes for this not being completed. The charts will be presented at the next meeting.</p> <p><b>D. Dual Diagnosis: (<i>Secretary Ortiz</i>)-</b></p> <p>I. Nothing to report.</p> <p><b>E. Appreciation: (<i>Members Towle and Martinez</i>)-</b></p> <p>I. Captain Pierce and his staff should get some type of appreciation for helping prevent suicides from happening in the jail. Member Ortiz wants to write a letter thanking them for the work they do. Chair McGourty will write letter and bring it to the next meeting to be reviewed and approved.</p> <p><b>F. Employment: (<i>Member Rich</i>)-</b></p> <p>I. Member Rich says Healthy Mendocino will have Mental Health as a topic again. She also said it would be beneficial to have exit interviews with employees from Redwood Quality Management Company to find out why they are leaving.</p> <p><b>G. Contract Review and Fulfillment: (<i>Members Fuentes</i>)-</b></p> <p>I. This committee had a meeting and has included a report in this meetings packet. The committee came up with the following recommendations.</p> <ol style="list-style-type: none"> <li>a. BHRS Director Miller reminds the board that they voted not to see contracts.</li> <li>b. County staff needs directions on which contracts they want to see and when they want to see them.</li> <li>c. Member Rich thinks that the committee needs to get together and should decide which contracts they want to see.</li> <li>d. BHRS Director Miller recommended having a county staff representative attend meetings to help navigate contracts and answer questions.</li> <li>e. Any contract for \$50,000 or more goes to the Board of Supervisors.</li> <li>f. The county can add to the monthly grievance report SUDT and MHSA grievances.</li> <li>g. There are three separate grievance forms that they county uses based on who the grievance is being filled</li> </ol>	
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	<p>against. If a person were to fill out the wrong form the county staff makes sure that it goes to the right department. Grievance can also be made verbally.</p> <ul style="list-style-type: none"> <li>h. Chair McGourty wants the Board of Supervisors to do a RFP for Adult Services in October 2020 to align with any changes to the 1915B waiver.</li> <li>i. Member Fuentes will reach out to Amanda Stoner about BHRS Director Miller's calendar to schedule the next Contract committee meeting.</li> </ul>	
<p><b>6.</b> 20 minutes</p>	<p><b>Mendocino County Report:</b> <i>Jenine Miller, BHRS Director</i></p> <p>A. Status of Grants –</p> <ul style="list-style-type: none"> <li>i. Submitted No Place like Home grant application. BHRS Director Miller and Dustin Thompson are overseeing this grant and will keep this board updated. The county is also going to apply for the additional parts of this grant.</li> </ul> <p>B. Status of CIT –</p> <ul style="list-style-type: none"> <li>i. The county had to change the dates from October as it falls on the same day as the Measure B meeting. BHRS Director Miller let Sheriff Allman know and we are waiting for possible November or December dates in Fort Bragg.</li> <li>ii. The county will do another training in Ukiah in FY 19-20.</li> </ul> <p>C. Stepping Up –</p> <ul style="list-style-type: none"> <li>i. We have set up confirmed dates and times for the next year. The Stepping Up Committee will meet on the 1<sup>st</sup> Thursday of every month from 12:00-1:00.</li> </ul> <p>D. Grievances –</p> <ul style="list-style-type: none"> <li>i. The list of grievances are in the agenda packet.</li> </ul> <p>E. Report on Reimbursement Rates to Mental Health Providers Providing EAP Services –</p> <ul style="list-style-type: none"> <li>i. BHRS Director Miller states that we are unable to obtain these as it is based on the provider.</li> </ul> <p>F. MHSA Quarterly Report –</p> <ul style="list-style-type: none"> <li>i. Member Towle asked for no more acronyms.</li> <li>ii. Consolidated Tribal Health is not list as a provider in the PEI on this report.</li> <li>iii. BHRS Director Miller will ask staff to add more about what the services the programs provide so people know (Buckelew is the National Suicide Health Line).</li> <li>iv. Sort the spreadsheet by number of services and number of people.</li> <li>v. Table of the amount of annual budget per contractor.</li> </ul>	<p>Board Action:</p>



	<p>vi. Add language up front of what the acronyms are like Anderson Valley Unified School District.</p> <p>G. BHRS Structure Change –</p> <p>i. BHRS is making a structural change with Dustin Thompson the main BHAB contact and Amanda Stoner the travel coordinator for all of Behavioral Health and Recovery Services so she will also be the person that this board will reach out to for all travel related things.</p>	
<p><b>7.</b> 20 minutes</p>	<p><b>RQMC Report:</b></p> <ul style="list-style-type: none"> <li>Camille Schraeder is asking for this board and its members to speak out about how well RQMC and their subcontractors have been doing with providing services to the Mental Health clients and how well the Behavioral Health Advisory Board and services providers are working together. In October Emily plans on speaking at an event and will share with the community how well the contractors have been at reporting and working with the Behavioral Health Advisory Board.</li> <li>Dr. Timme will be staying on once a month. There are 2 PA's that can work under Dr. Timme.</li> <li>Homeless day center in Ukiah are seeing an average of 80-90 showers a day and people doing laundry all day long. They are trying to make sure all partners are doing classes and helping. The day center is located at 1045 South State Street.</li> <li>There is a house Redwood Valley that provides a 24/7 respite for clients in crisis. Clients will be taken there anywhere from 3-14 days depending on their individual needs.</li> <li>Chair McGourty states that we should have the annual report present how well the Behavioral Health Advisory Board is working with mental health system of care.</li> <li>Member Fuentes says that he feels he can't speak as a board member in public but agrees that as a private citizen he can talk about what he sees and hears about the community base providers.</li> <li>Consolidate Tribal has hired a head Behavioral Health director that will begin on October 1<sup>st</sup> and her name is Dr. Sarah Determan. Consolidated Tribal will continue to use their telepsych program 2 days a week.</li> </ul> <p>A. Data Dashboard:</p> <ul style="list-style-type: none"> <li>These reports were included in the agenda packet.</li> </ul> <p>B. Services Update</p> <ul style="list-style-type: none"> <li>Camille: New psychiatrist starting November 1<sup>st</sup> – Dr. Goodwin - Comes from Sonoma County. Will be full time, 40 hrs. /week. Will be commuting from Windsor. Will have him come to BHAB meeting in November.</li> </ul>	<p>Board Action:</p>

	<ul style="list-style-type: none"> <li>○ Camille comments RQMC is okay with being held accountable for any concerns or feedback from consumers. Shared her concern about her request for BHAB members to stand up for RQMC and the good work that is done together. If only negative criticism, it affects the ability to report on the good work that is being done. <ul style="list-style-type: none"> <li>▪ Member Rich comments successes aren't spoken about enough.</li> </ul> </li> <li>● Discussion on the danger of losing the whole system, with possible changes to the 2020 waiver.</li> <li>● Member Fuentes asks what the BHAB members can do to speak up, and where they can do so as a representative of the board.</li> <li>● Camille suggests BHAB board members need to have expression of strengths and expression of weaknesses and what they want to be preserved since change is coming.</li> </ul> <p>C. Law Enforcement Calls</p> <ul style="list-style-type: none"> <li>● Not discussed at this meeting</li> </ul> <p><b>Adjourn for lunch at 12:48 pm.</b>  <b>Called back to order at 1:07 pm</b></p>	
<b>LUNCH BREAK</b> <b>12:00 to 1:00</b>		
<b>8.</b> 30 minutes	<p><b>Coroner Report:</b></p> <ul style="list-style-type: none"> <li>● Lieutenant Shannon Barney and Cindy Bartley work for the Coroner's office for Mendocino County. The coroner handle all death cases not signed off by doctor. It's up to the Coroner to determine cause and manner of death in all of Mendocino County. In order for the coroner not to be needed for a death the deceased would have had to be attended by a doctor within a year and have a medical condition. The coroner sends all information gathered out to a pathologist for review. There are 4 manners of death; homicide, suicide, accidental, and natural. They also sometimes have undetermined manners of death.</li> <li>● The Post Suicide Review committee is a new group that meets to go over all the suicides in the county and strategize on community education and reduce suicides within the county.</li> <li>● Overview of 2018 – There were 18 suicides in Mendocino County, 10 of them were from out of county. <ul style="list-style-type: none"> <li>○ Ukiah/Redwood Valley area had 6 suicides, Laytonville/Covelo area had 4 suicides, and Fort Bragg/Manchester area had 8 suicides.</li> </ul> </li> <li>● 2019 – So far for this year there is a total of 16 suicides, with two being from out of county.</li> </ul>	<p><b>Board Action:</b></p>

	<ul style="list-style-type: none"> <li>• Mendocino County has high number of suicides for the state of California. The Mendocino County coast always draws people from outside the county.</li> <li>• \</li> <li>• The Sheriff's office normally recommends to the family grief counseling after a suicide.</li> <li>• Lieutenant Barney says that the Mendocino County Coroners are open to doing more of these committee to help figure out how to help reduce these numbers.</li> <li>• Member Ortiz comments about a family member's suicide and how it affected her.</li> <li>• Misuse of high potency of marijuana, and marijuana induced psychosis is starting to impact individuals and there is concern about the overall impact on individuals.</li> <li>• The Sheriff Department's chaplains normally go out with deputy to death scenes to help families at the site.</li> <li>• Mendocino County Sheriff Office's policy it that they try to track down next of kin and have a deputy or officer to go out and notify them of their family member's death.</li> <li>• When there is a criminal investigation related to a suicide the coroner only handles the death.</li> </ul>	
<b>9.</b> 25 minutes	<b>Mental Health Services Act (MHSA) Three-Year Plan 2019/2020 Annual Update: Public Hearing</b> <ul style="list-style-type: none"> <li>• TAY youth that were here can mail in their questions to Karen Lovato and Colleen Gorman.</li> <li>• Member Towle point out that on page 15 Redwood Coast is listed twice.</li> <li>• Member Towle would like to see changes made in different color to be able to see the difference.</li> <li>• Camille Schraeder appreciates having access to MHSA.</li> <li>• Clinic is looking forward to being a part of the future MHSA 3 year plan.</li> </ul>	Board Action:
<b>10.</b> 5 minutes	<b>Adjournment:</b>  <b>Adjourned at 1:52 pm by Chair McGourty.</b>  <b>Next meeting:</b> September 18, 2019 – Ukiah and Fort Bragg	

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# CIT INTERNATIONAL 2019 CONFERENCE

## Seattle, Washington ♦ August 26-28

Reported by Jan McGourty, MPA

### ***CIT - It's More than Training***

#### INTRODUCTION

I attended the 2019 CIT Conference in Seattle, Washington August 26-28. About 1400 people came together from all over the country to share and learn.

The attendants were generally either police officers or those involved in behavioral health, but most were members of crisis intervention teams in some way. I spoke with a sergeant from Maryland, a corrections officer from Montana, a professor of psychology from Michigan, and a behavioral health administrator from Ohio among others. There were a few people from California, the most notable a large contingency from Humboldt County. Seattle Police Department was very visible as they came in force and in uniform.

Attending a conference like this is always conflicting. There are so many interesting subjects that are often presented at the same time, and there was only one of me. But because we do not have a true CIT program in Mendocino County, I focused upon those presentations that described setting up a program and long-term successes. Fortunately there was time left over to attend some other workshops. I also attended three of the four keynote speeches, two of which were on related subjects. In addition I visited many exhibits different organizations had brought to the conference and picked up lots of cool stuff.

This report is organized as follows:

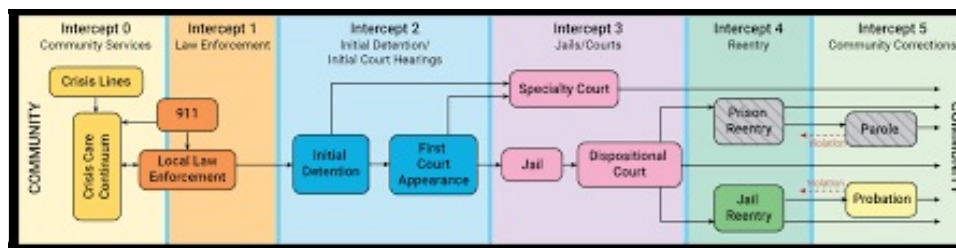
- I. 5 WORKSHOPS: Building and Maintaining a CIT Program
- II. WORKSHOP: Meeting in the Middle
- III. WORKSHOP: Youth in Crisis
- IV. WORKSHOP: A Native American Interpretation of CIT
- V. WORKSHOP: Homelessness
- VI. KEYNOTE: Implicit Bias
- VII. KEYNOTE: The Importance of Sleep



## I. BUILDING AND MAINTAINING A CIT PROGRAM

While most of us think that CIT stands for Crisis Intervention Training, directed at law enforcement, its true meaning is Crisis Intervention Team.<sup>1</sup> While training for law enforcement is an important component, CIT is a program that requires entire community buy-in, from law enforcement to behavioral health to advocates and peers. Unfortunately, often interest in initiating such a program occurs after a community tragedy involving a police shooting.

"The CIT Model is not just about policing; it is about community responses to mental health crises."<sup>2</sup> Most importantly, it is about building strong relationships and partnerships to create a system that minimizes the role of law enforcement. The Sequential Intercept Mapping System was mentioned as a vital element in most of the programs I encountered. We know this model from the Stepping-Up initiative.



CIT programs in four states were featured in workshops I attended: Michigan, Ohio, Tennessee and California. They varied from county to statewide involvement. In addition, the first keynote speaker spoke about his work creating the Crisis Now model after Hurricane Katrina in Georgia which has some of the same elements. Finally, I attended the workshop introducing a new resource that has been created by CIT International: Crisis Intervention Team (CIT) Programs; A Best Practice Guide for Transforming Community Responses to Mental Health Crises that was released on August 26 at the conference (I bought a copy).

<sup>1</sup> CIT began in 1988 in Memphis, Tennessee as a response to the police shooting of a mentally ill individual. The Mayor of Memphis created a task force to seek a new approach to working with persons with mental illness in crisis. The result was what is known as the Memphis Model which includes specially trained police officers and a mental health receiving center. Thirty years later this grassroots effort has grown to include 49 states and four countries as well as CIT International, an organization which provides a forum for CIT Programs to join together.

<sup>2</sup> Crisis Intervention Team (CIT) Programs; A Best Practice Guide for Transforming Community Responses to Mental Health Crises

**A. California ♦ How to Build a County Wide CIT Program: The Ventura County Model**

The speakers were Mark Stadler, retired commander from the Ventura PD, and mental health practitioner Scott Walker, MA, both from the CIT Program of Ventura County. This program includes six law enforcement agencies: Ventura PD, Santa Paula PD, Oxnard PD, Simi Valley PD, Port Hueneme PD, and the Ventura County Sheriff's office where the CIT Program is housed. It also includes Ventura County Behavioral Health and NAMI. They think their county-wide program is unique. They have created a CIT academy, and have held 50 training since 2010, three/year with an average of 40 attendees/class. Currently 67% of their Dispatch staff is trained, and 88% of patrol officers. Their goal is 100%.

The program was initiated after litigation following officer-involved shootings in the 1990s. They use the 1988 Memphis and were assisted by San Jose PD and Major Sam Cochrane in setting up their program. In turn, they helped Kern, San Luis Obispo, and Santa Barbara Counties set up CIT programs. They stated the core elements of their program are partnerships, community ownership, and policy & procedures. Sustaining elements are evaluation & research, in-service training, recognition & honor, and outreach.

They hold quarterly stakeholder meetings and have an annual budget of \$289,000. \$100,000 comes from MHSA PEI funds, and the remainder is from MOAs with the six law enforcement agencies and AB109 grant funding. None of the CIT Academy presenters are paid- they either volunteer or are on duty. They have a 40-hour curriculum that follows the California state-certified course outline and they will share. To collect data they use an *icop* app and CIT reporting template that they created.

Stadler and Walker noted it is very important to build trust between Behavioral Health and law enforcement. Sometimes the different language between cultures can create problems. For example, if law enforcement calls behavioral health and they are not available, law enforcement says they refuse to serve. It is important to get buy in from sergeants and find community champions (persons who can change the culture). Currently they are working on development of a 4-hour curriculum on de-escalation to use in the Academy's Use of Force training.

**B. Michigan ♦ NAMI: The Key to Community Collaboration, Partnerships, and Sustainable Change.**

The presenters were Melissa Misner, a Mental Health Therapist, and Teresa Ritsema, a NAMI member and founding member of the Tri-County CIT Strategic Planning Team. The presentation stressed the importance of NAMI Lansing in helping create this CIT program. It encompasses three counties and is a non-profit organization. They held community meetings in 2015 during Mental Illness Awareness featuring Maj. Sam Cochran (ret). This resulted in the development of a strategic planning committee. They used the Sequential Intercept Map to identify gaps in the mental health system and incorporated as a 501.C3 organization.<sup>3</sup> They have developed a website to collect data and provide education and provided five CIT training in the past three years. Ritsema is an occupational therapist by profession, and aware of the sensory challenges which confronting law enforcement. As an O.T. professional, she recommended using fidgets at CIT training sessions.

**C. Tennessee ♦ Developing Community Partnerships to Expand and Enhance CIT Programs**



Maj. Sam Cochran

The speakers for this session were the Executive Director of NAMI Tennessee, NAMI Tennessee's Director of Advocacy, and Maj. Sam Cochran. Tennessee has 95 counties and 20 NAMI affiliates and although Maj. Sam Cochran helped create CIT in this state, not all counties have a CIT program. The group shared their strategic plan to expand the program statewide and some strategies they use which have been successful from the beginning.

Since NAMI is an advocacy organization, they can identify "Champions" (individuals in local communities who can create change) and convene stakeholder meetings. They begin with a survey of what CIT is and what it is not to bring people onto the same page and create relationships. The Sequential Intercept Mapping tool is core to creating a CIT program and it important to develop an identify to create ownership of the program. (Originally a mental health worker worked without pay for a year to prove the co-responding model worked.) They reclassified calls and found a single point of entry for mental health crisis.

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<sup>3</sup>[tricountycit.com](http://tricountycit.com).



Data is essential for evaluation. Some of the data being collected include call volume, transports, discharge vs. involuntary holds in a state hospital, number of calls resolved without arrest, etc. Again it was emphasized the importance of building relationships and the different language between cultures. They have developed an "In Our Own Voice" (NAMI program of peer experience) for law enforcement.

**D. Ohio ♦ After 18 Years - CIT in EVERY Ohio County - Here's How**

The State of Ohio has 88 counties and they have been able to establish a program in everyone using a multi-faceted, multi-layered approach, sharing resources freely and openly. The presenters were Ruth Simera and Haley Farver from the Criminal Justice Coordinating Center Excellence at Northeast Ohio Medical University, Melanie White, Executive Director of NAMI Seneca, Sandusky & Wyandot Counties, and retired Lt. Michael Woody, past President of CIT International, who is credited with bringing the CIT program to Ohio in 2000. Because of Lt. Woody's work, the first nation-wide CIT conference was held in Ohio in 2005. They expected 250 people but 750 attended, representing 41 states and Canada, thus becoming an international organization.

The Ohio CIT program was strongly supported by Ohio Supreme Court Justice Evelyn Stratton from its beginning in 1999. Lt. Woody claimed CIT was a "special program for special people" and made participation a challenge and an honor. The education program teaches families to call for a CIT officer at the beginning of a family member's escalation because they know a trained officer will reduce stress. Officers are taught de-escalation techniques that create an environment to reduce risk and allow for collaboration. He gave the example of one field officer (a non-smoker) who always carried cigarettes to use as an ice-breaker for people he encountered.



Lt. Michael Woody

Ohio now has many mature CIT programs. Police departments document CIT encounters and share the data with mental health for follow-up. They use cross-system planning at all levels. The state has a CIT Strategic Plan written by the Criminal Justice Coordinating Center of Excellence (CJ CCoE)<sup>4</sup> in cooperation with the Ohio Department of Mental Health and Addiction Services, the National Alliance on Mental Illness of Ohio, the Office of Criminal Justice Services, and

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<sup>4</sup><https://www.neomed.edu/cjccoe/>



the Ohio Attorney General's Office to provide a roadmap to continue development of Crisis Intervention Teams in Ohio. The plan identifies strategies beyond training to build key elements to strengthen CITs and their foundation for success with the ultimate goal is have a fully developed CIT program in every county, with every law enforcement agency within the county participating. They have succeeded in this goal through a lengthy learning process and through the many steps that are shown in their evolution pyramid<sup>5</sup>. They use "braided funding" and mini-grants to help fund the program and have a plethora of templates for documents and data forms including a peer review summary<sup>6</sup>. They are happy to share and blessed me with their binder for **Dispatcher/Call-Taker Training of CIT Trainers**.

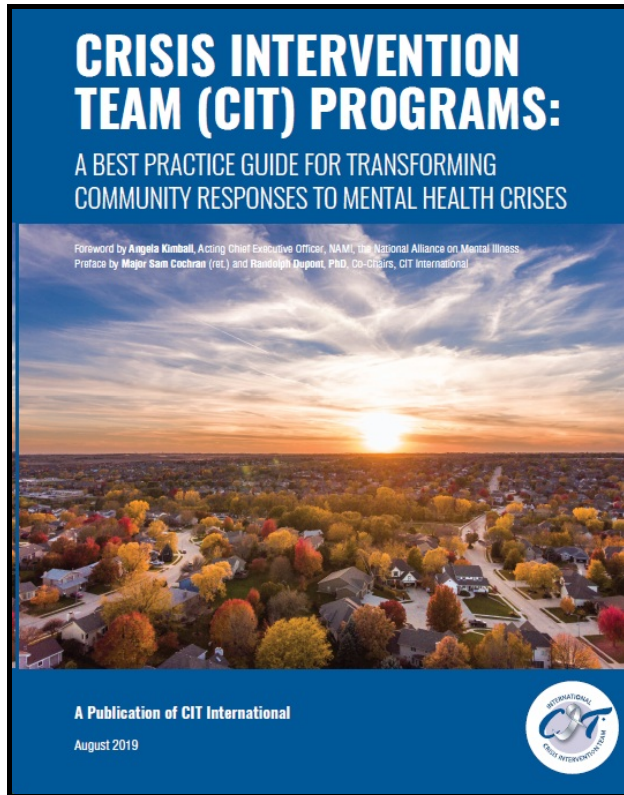


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<sup>5</sup>[https://www.neomed.edu/wp-content/uploads/CJCCOE\\_CIT\\_ProgramEvolution.pdf](https://www.neomed.edu/wp-content/uploads/CJCCOE_CIT_ProgramEvolution.pdf)

<sup>6</sup>[https://www.neomed.edu/wp-content/uploads/CJCCOE\\_CIT\\_Lucas-2010.pdf](https://www.neomed.edu/wp-content/uploads/CJCCOE_CIT_Lucas-2010.pdf)

## E. Crisis Intervention Team (CIT) Programs: A Best Practice Guide for Transforming Community Responses to Mental Health Crises



This publication of best practices released at the 2019 conference includes seven chapters that guide local mental health advocates, mental health professionals, law enforcement and community leaders through the process of starting and sustaining their CIT programs.

### CONTENTS

- Chapter 1: Learn about Crisis Intervention Team (CIT) Programs and Find Allies
- Chapter 2: Make a Commitment
- Chapter 3: Understand Your Crisis Response System
- Chapter 4: Build the Infrastructure for CIT
- Chapter 5: Plan and Deliver Officer Training
- Chapter 6: Sustain and Grow Your CIT Program
- Resources and Examples

Available for download:

[http://www.citinternational.org/resources/Best%20Practice%20Guide/CIT%20guide%20desktop%20printing%202019\\_08\\_16%20\(1\).pdf](http://www.citinternational.org/resources/Best%20Practice%20Guide/CIT%20guide%20desktop%20printing%202019_08_16%20(1).pdf)

## II. MEETING IN THE MIDDLE

This workshop was presented by two members of the Seattle Crisis Response Team: Mariah Andrignis, a mental health professional, and Officer Daniel Erickson. Their Crisis Response Team consists of five officers, one sergeant, and one mental health professional, and 70% of their police force is CIT trained. They presented some of the cultural differences between law enforcement and mental health providers which can lead to communication breakdown.

### VOCABULARY

PROVIDERS	LAW ENFORCEMENT
<ul style="list-style-type: none"><li>• Flexible and creative</li><li>• Client- centered</li><li>• Individualistic</li><li>• Housing first</li><li>• Harm reduction/limit risk</li><li>• Trauma-informed care</li></ul>	<ul style="list-style-type: none"><li>• Emergent Detention</li><li>• Contact (primary) &amp; cover</li><li>• Exigency</li></ul>

### REQUIREMENTS

PROVIDERS	LAW ENFORCEMENT
<ul style="list-style-type: none"><li>• HIPPA</li><li>• Client- centered/Self Determination</li><li>• Agency Protocol</li></ul>	<ul style="list-style-type: none"><li>• Exigency &amp; <u>Safety</u></li><li>• Civil vs. Criminal</li><li>• Need a "victim" (victim=crime)</li><li>• Use of Force consideration (UoF)</li></ul>

### SHARED FRUSTRATIONS

- The system is broken
- People fall through the cracks
- There are no easy answers

FOR PROVIDERS/FAMILIES: Calling 911 is a last result for dealing with a crisis, e.g. law enforcement is the last resort. If there is no call, no one comes. When one does call 911, it is necessary to "paint a picture" of what is happening to help officers know what they are responding to. Dispatchers are civilians who follow a script, so use laymen's terms (no name or diagnosis) to describe what is happening in as much detail as possible. Describe actions. Cops look at words, action and

behavior. To help de-escalation efforts, it is good to mention triggers of the client. However, do use specific language if there is a communication issue, such as a non-verbal person.

**NOTE: HIPPA does NOT apply to an emergency response (911)**  
Seattle officers carry cards quoting HIPPA regulation exception

### **BEST PRACTICES**

#### **Responding to a 911 CALL**

##### **PROVIDERS**

- Designate lead staff
- Keep other clients away
- Follow directions by officer - you can ask questions later
- Are you willing to be a victim? Officer may need a "victim" to detain
- HIPPA does not apply

##### **LAW ENFORCEMENT**

- Contact individual who called (case manager)
- Request all other staff to clear area & engage other clients
- Be clear about boundaries & others' expectations for safety
- Ask to describe in laymen's terms the words & actions observed.
- Try to locate providers
- Let providers know where the clients is for follow-up
- Add provider info on the report

**NOTE:** Seattle PD has created a one page (pdf) CRT Bulletin/Response Plan for chronic offenders. It is an internal document that has confidentiality protection that lists contact information of the client and provider, triggers, behaviors, etc. . It has created a 70% reduction in 911 calls.

Conclusion: working together is a symbiosis. Remember: everyone is human, so seek information and debrief. Engage each other when not on a call. Officers should talk to providers and find out what they can/cannot do. Learn how to access any system with centralized information.



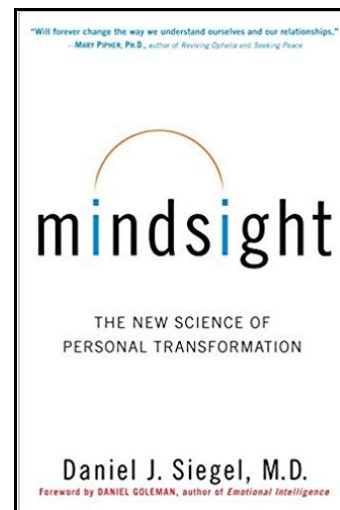
### III. YOUTH IN CRISIS

Lori Wood from Charlottesville, NC was the speaker for this workshop, which was very inspiring. Lori is an accomplished instructor, and she used a multi-sensorial approach to her subject matter with much humor. She started by stating when a teen is struggling, we need to notice and support them from their perspective. Youth may be in crisis for a number of reasons, but their behavior communicates a lack of safety or connection. She presented a simplified color-coded picture of the brain and reviewed the function of each:

<b>BRAINSTEM</b>	<b>LIMBIC</b>	<b>PREFRONTAL</b>
survival/safety	emotion/connection	executive function
	learning	

She noted the brain state a person is in will drive their response and showed a concentric circle with these 3 colors with red on the outside and green in the middle. She mentioned ACES and resiliency and the kids things need. She asked "what color is your connection?" and listed five way to connect:

1. Relationship, relationship, relationship ("spark of Hope walk")
2. Use what you know
3. Show up and be available
4. Put on a good F.A.C.E.S.\*
  - F = flexible
  - A = adaptive
  - C = coherent
  - E = energized
  - S - stable
5. Keeping boundaries



\* "The River of Integration" is mentioned in Daniel Siegal's book.

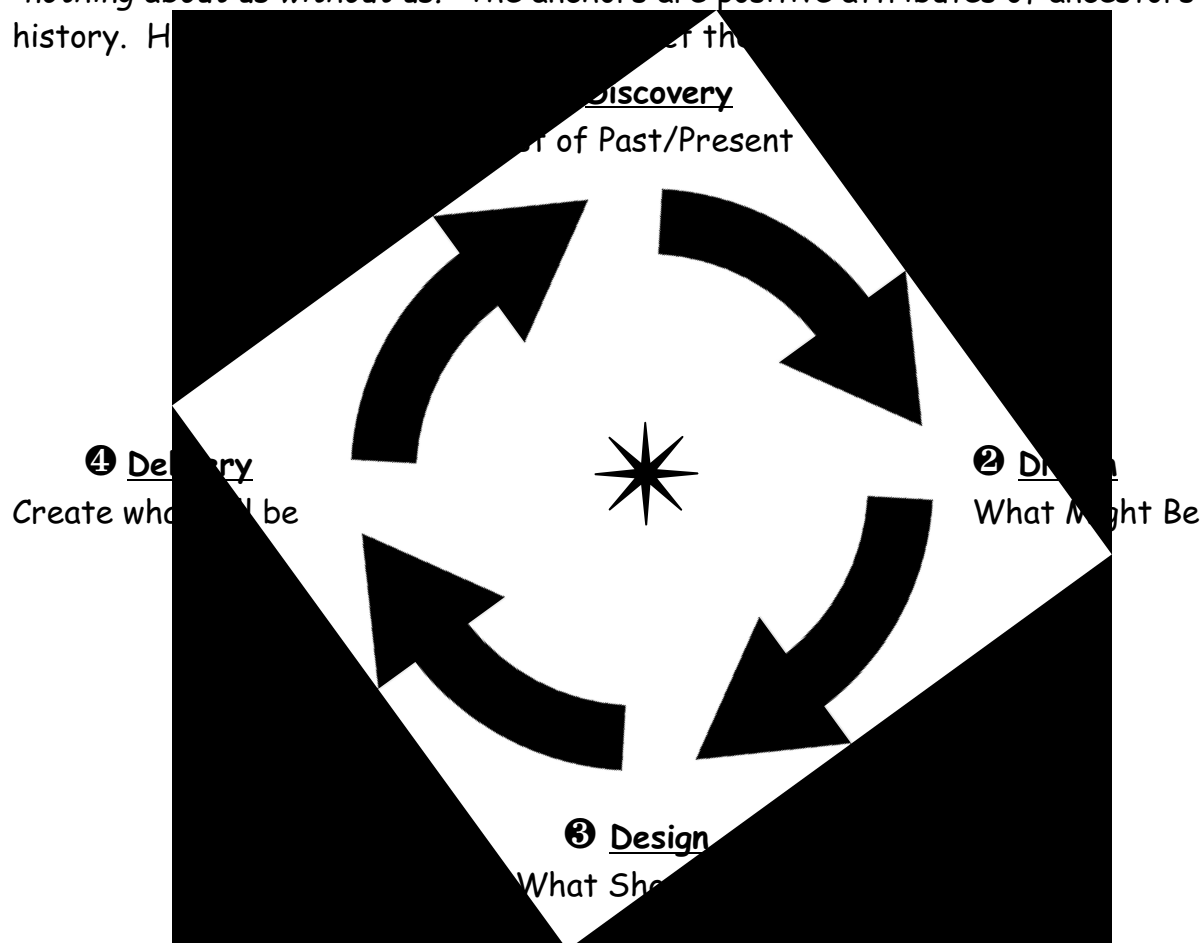
She concluded with a skit centered around a 15-year old boy who was out of control. Using red and green yarns, we analyzed the relationship between him and each of the adults around him. Although he seemed to have a lot of support, all of the relationships were red (lack of safety and security), indicating he was in a red state without support. This was to illustrate what the environment would be when law enforcement showed up.



#### IV. A NATIVE AMERICAN INTERPRETATION OF CIT

This workshop was presented by two people from the Barbara Schneider Foundation; Mark Anderson, Executive Director, and LeMoine LaPointe, Facilitator. LeMoine is a member of the Sicangu Lakota tribe whose son was murdered. The workshop was well attended by a number of individuals from diverse careers and different tribes. The Barbara Schneider Foundation was formed in response to her being shot by police during a confrontation in a mental health crisis call in 2000.

LeMoine demonstrated a method which was used to help bring his community, Rapid City, South Dakota together to move forward after a tragedy, focusing on elements within native culture. The dialogue included people from mental health, law enforcement, and the greater community. The conversational process is question-based and lasts sixteen hours with four questions/four hours in each phase. It may be conducted over weeks or months. The premise is that everyone has wisdom and knowledge so everyone needs a voice "*your voice is a powerful medicine.*" He noted creating solutions designed by conversation builds trust "*nothing about us without us.*" The anchors are positive attributes of ancestors and history. He noted that the process is a cycle of the past/present/future.



❶ **Discovery:** What are the values from long ago? Why are they resilient?

❷ **Dream:** Suspend negative judging, blame, fear, etc.

Create an interactive dialogue. How did we become successful nations? What is the "treasure chest" of our gifts, assets, strengths, our positive core?.

❸ **Design:** Using data from ❷ create a Community Innovation Team and short/mid/long - term goals

❹ **Delivery:** How can the goals be implemented? Need commitments with time limits.

#### **Plans designed by Conversation**

- Invitation clearly states purpose
- A conversation, not a meeting
- Someone welcomes people at the door
- Tables are decorated with tablecloths & flowers
- Timer/recorder for each group
- 
- Ask permission to interrupt elders in advance



## V. BEYOND H.O.T. TEAMS → H.O.T. SYSTEMS

This workshop on the dilemma of the homeless population was presented by Captain Kevin Stiff, Coordinator of Homelessness Response, and Joe Polzak, Attorney, both with the City of Sarasota, Florida. The presenters noted that homelessness has been a crisis historically from the time of the American Revolution including the Civil War and the Depression of 1875. With the closing of the mental health institutions in the last 20<sup>th</sup> century, law enforcement calls increased. In 2006 the City of Sarasota was named the "meanest city in America" because of its no-camping ordinance.

Law enforcement views homelessness as an operational problem compared to social workers who see it as a need for services. Two court cases, *Pottinger v. Miami* and *Boise v. Bell* created laws regarding how homeless people could be treated. Legal definitions were made for "life-sustaining conduct crimes" and "available shelter." The courts ruled people could not be punished for a situation in which they had no choice. Ordinances could not be enforced without available shelter, and the personal property of a homeless individual could not be taken. Other requirements were also laid out such as treatment with dignity and respect, a sleeping mat 3" thick, no cost or religious requirement for shelter, etc.

In 2011 the City of Sarasota removed benches from public places so that people could not sleep on them. There were no systems in place to help the homeless, there was pressure from merchants, police officers were untrained, and excessive use of force incidents prompted lawsuits by the ACLU. In 2013 they lifted the panhandling ordinance and the messaging went viral. In 2014 the homeless count was six times the national average. They called in a homeless expert who recommended building a 250-bed shelter with an annual cost of \$1.2 for law enforcement.

Without a real solution, they city turned to managing the crisis. Law enforcement needs tools to respond, so in 2014 they created Homeless Outreach Teams (H.O.T.) coupled with a "Bridge to Services" program as part of their core mission to "protect and serve." The five HOT teams focus on the 3Es:

- E - **Educate** the homeless & stakeholders about the laws
- E - **Encourage** homeless individuals through outreach to accept service and pre-jail diversion
- E - **Enforce** laws if individuals decline service, offer post-arrest diversion (v. **Enable**)



Their best practices include:

1. Combined housing and service
  - a. 24-hour access
  - b. 24 "hot beds" (3 days comfort, 4 days change)
  - c. 5 HOT beds
  - d. "By name" list, i.e. no cherry-picking clients: first come, first serve
2. Street outreach teams
  - a. Outreach & engagement to link to supportive housing
  - b. Cross-training for police officers to facilitate information sharing
3. Community collaboration and education
  - a. Alternative justice system
  - b. "Care court" for those who don't fit anywhere else.

They were able to create an effective homeless crisis response system. There has been a 70% decline in homeless individuals from 2014-2019. All newly-hired police officers are trained by Captain Stiff and given the tools for dealing with crisis. They use assessment tools for acuity and keep data to verify progress. Their goal is to end homelessness, not enable it.



**VI. KEYNOTE     *The Hidden Biases of Good People and Implications for the Populations They Serve*, Dr. Bryant T. Marks, Sr.**

Dr. Marks, an African American professor of psychology who is also a Baptist minister, has an illustrious national resume. He was all about audience participation and invited responses to stories, pictures, questions, and words. One exercise he offered was "The Accident". *A father and son were traveling in a car and were involved in a terrible accident. The father was killed and the boy badly injured. When he was taken to the hospital, the surgeon stated "I can't operate on this boy, he's my son."* What is the relationship between the surgeon and the child? The first thought is some male figure but the answer is that the surgeon is his mother. The implicit bias is that surgeons are male.

Dr. Marks emphasized over and over again that implicit bias is more about brain function than moral character. He said our biases are associations in the brain caused by our exposure to certain groups and traits. When the brain creates a pattern, it results in a bias. This causes thought and behaviors at an unconscious level. The impact of biases on others depends upon the roles we play in society. In the US we see biases regarding race, gender, and age.

Key Terms

Stereotype = associate groups with traits

Implicit Bias = definition

Prejudice = feeling

behavioral = discrimination

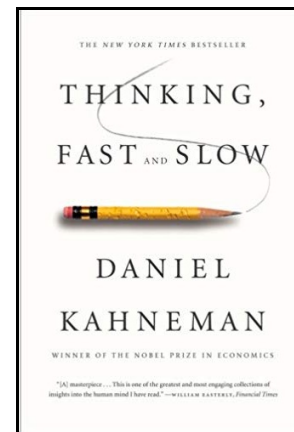
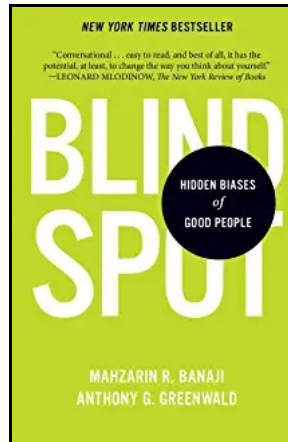
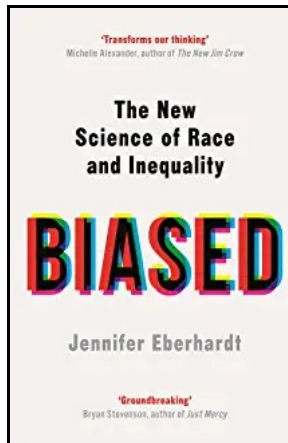
Another participation tool Dr. Marks used was an app format. This way we got immediate survey results to his questions. When asking a question about who is less likely to seek help for mental illness, he recorded answers based on race and gender. We were expecting to see a result for race, but the actual data indicated all males are less likely to seek help.

He concluded with ways to overcome personal bias:

### Recommendations

1. In a social situation, ask personal interest questions instead of those regarding vocation or place of origin
2. Perspective taking
3. Counter stereotypical imaging
4. Stereotype replacement
5. Increased opportunities for contact with people from different groups

### Reading List



**VII. KEYNOTE    *The Importance of Sleep: to care for others, first you must care for yourself***, Stephen James, PhD

Stephen James is an Assistant Professor in the College of Nursing at Washington State University Health Sciences Spokane. His research focus includes interaction between physical stressors (such as sleep and shift work related fatigue), law, policy, training and practice relating to operational performance for military and law enforcement personnel. He consults with the military and law enforcement frequently.

He referred to "work capacity" which is supported by the four health and wellness factors: sleep, stress, nutrition, and exercise. But his talk focused on sleep. Understaffing creates overwork and job stress, which in turn causes sleep-related fatigue. Sleep fatigue creates instability in the brain which has many consequences. He went through the details of circadian rhythms (very interesting) and stated that graveyard shifts always deplete people's work capacity. Working more than 8 hours a day also affects it, thus people are less productive the longer they work. Chronic sleep deprivation can have severe consequences, such as a heightened threat perception. (directed at law enforcement). Fatigue also affects domestic support, etc.

He said it is easier to prevent fatigue than restore alertness. (Caffeine only helps with the first two cups of coffee - forget the Red Bull, etc.) If one knows they will have a duty that requires long hours, they can bank sleep prior to that time. But it only works for one night. He said napping is good, but best between 1200 and 1400. Never after 1600. At any other time, more than 20 minutes will interfere with one's circadian rhythm and make one less alert.





Mendocino County Behavioral Health and Recovery Services  
 Behavioral Health Advisory Board General Ledger  
 FY 19/20  
 September 5, 2019

ORG	OBJ	ACCOUNT DESCRIPTION	YR/PER/JNL	EFF DATE	AMOUNT	INVOICE #	CHECK #	VENDOR NAME	COMMENT
MHB	862080	FOOD							
		<b>FOOD Total</b>			<b>\$0.00</b>				
		<b>MEMBERSHIPS TOTAL</b>			<b>\$0.00</b>				
MHB	862170	OFFICE EXPENSE							
		<b>OFFICE EXPENSE Total</b>			<b>\$0.00</b>				
		<b>RNTS &amp; LEASES BLD GRD Total</b>			<b>\$0.00</b>				
MHB	862250	TRNSPRTATION & TRAVEL	2020/02/000248	08/08/2019	17.40	7/17/19	4309179	BEHRINGER FLINDA	LOCAL 7/17/19 FY19
MHB	862250	TRNSPRTATION & TRAVEL	2020/02/000248	08/08/2019	71.92	7/3/19	4309514	STRACHAN EMILY	LOCAL 7/3/19 F
MHB	862250	TRNSPRTATION & TRAVEL	2020/02/000248	08/08/2019	21.46	7/17, 7/27/19	4309531	TOWLE RICHARD	LOCAL 7/17, 7/27/19 FY
		<b>TRNSPRTATION &amp; TRAVEL Total</b>			<b>\$110.78</b>				
		<b>TRAVEL &amp; TRSP OUT OF COUNTY Total</b>			<b>\$0.00</b>				
		<b>Grand Total</b>			<b>\$110.78</b>				

Summary of Budget for FY 19/20

OBJ	ACCOUNT DESCRIPTION	Budget Amount	YTD Exp	Remaining Budget
862080	Food	1,800.00	0.00	1,800.00
862150	Memberships	600.00	0.00	600.00
862170	Office Expense	500.00	0.00	500.00
862210	Rents & Leases Bld	30.00	0.00	30.00
862250	In County Travel	5,800.00	110.78	5,689.22
862253	Out of County Travel	2,770.00	0.00	2,770.00
	<b>Total Budget</b>	<b>\$11,500.00</b>	<b>\$110.78</b>	<b>\$11,389.22</b>

Behavioral Health Recovery Services  
Mental Health FY 2019-2020 Budget Summary  
Year to Date as of **September 9, 2019**

	Program	FY 19/20 Approved Budget	EXPENDITURES					Total Expenditures	REVENUE				Total Revenue	Total Net Cost
			Salaries & Benefits	Services & Supplies	Other Charges	Fixed Assets	Operating Transfers		2011 Realign	1991 Realign	Medi-Cal FFP	Other		
1	Mental Health (Overhead)	(5,833,895)	23,091	4,277	1,988,150			2,015,518			(813,047)	27	(813,020)	2,828,538
2	Administration	1,448,778	113,085	369				113,454					0	113,454
3	CalWorks	98,355	14,006	55				14,061					0	14,061
4	Mobile Outreach Program	384,126	17,961	314				18,275				(49,547)	(49,547)	67,822
5	Adult Services	764,577	78,987	6,820				85,807				(171,696)	(171,696)	257,503
6	Path Grant	19,500						0					0	0
7	SAMHSA Grant	180,000		0				0				(79,574)	(79,574)	79,574
8	Mental Health Board	11,500		111				111					0	111
9	Business Services	624,295	74,745	493				75,238					0	75,238
11	AB109	135,197	16,520	1,787				18,307					0	18,307
12	Conservatorship	2,456,866	16,228	11,033	227,401			254,663				24,293	24,293	230,370
13	No Place Like Home Grant	0						0				56,913	56,913	(56,913)
14	QA/QI	450,568	54,800	390				55,189					0	55,189
a	Total YTD Expenditures & Revenue		409,423	25,650	2,215,551	0	0	2,650,624	0	0	(813,047)	(219,584)	(1,032,631)	3,683,255
b	FY 2019-2020 Adjusted Budget	739,867	3,428,458	1,614,189	18,643,357	0	40,045	23,726,049	6,178,965	4,180,046	10,300,498	3,754,322	24,413,831	(687,782)
c	Variance		3,019,035	1,588,539	16,427,806	0	40,045	21,075,425	6,178,965	4,180,046	11,113,545	3,973,906	25,446,462	(4,371,037)

Behavioral Health Recovery Services  
SUDT FY 2019-2020 Budget Summary  
Year to Date as of **August 31, 2019**

	Program	FY 19/20 Approved Budget	EXPENDITURES					Total Expenditures	REVENUE				Total Revenue	Total Net Cost
			Salaries & Benefits	Services and Supplies	Other Charges	Fixed Assets	Operating Transfers		SAPT Block Grant and FDMC	2011 Realign	Medi-Cal FFP	Other		
1	SUDT Overhead	0						0	(899,540)			4,472	(895,069)	895,069
2	County Wide Services	140,925		(823)				(823)					0	(823)
3	Drug Court Services	(1)	13,886	94				13,979					0	13,979
4	Ukiah Adult Treatment Services	(101)	55,740	1,939				57,679			(12,970)	2,100	(10,870)	68,549
5	Women In Need of Drug Free Opportunities	1	11,509	199				11,708					0	11,708
6	Family Drug Court	0	26,726	293				27,019					0	27,019
8	Friday Night Live	0	410	254				663					0	663
9	Willits Adult Services	0	11,637	21				11,657					0	11,657
10	Fort Bragg Adult Services	25,001	22,875	858				23,733				1,139	1,139	22,594
11	Administration	92,251	47,637	5,717				53,354				3,739	3,739	49,615
12	Adolescent Services	1	21,037	58				21,095					0	21,095
13	Prevention Services	0	15,212	6,136			(410)	20,939				1,434	1,434	19,504
a	<b>Total YTD Expenditures &amp; Revenue</b>		226,669	14,745	0	0	(410)	241,004	(899,540)	0	(12,970)	12,884	(899,627)	1,140,631
b	<b>FY 2019-2020 Budget</b>	258,077	2,855,889	780,132	70,000	0	(814,850)	2,891,171	1,101,794	647,920	50,000	833,380	2,633,094	258,077
c	<b>Variance</b>		2,629,220	765,387	70,000	0	(814,440)	2,650,167	2,001,334	647,920	62,970	820,496	3,532,721	

Behavioral Health Recovery Services  
Mental Health Services Act (MHSA) FY 2019-2020 Budget Summary  
Year to Date as of **August 31, 2019**

	Program	FY 19/20 Approved Budget	Salaries & Benefits	Services & Supplies	Other Charges	Fixed Assets	Operating Transfers	Total Expenditures	Revenue Prop 63	Total Net Cost
1	Community Services & Support	508,437	38,707	157				38,864		38,864
2	Prevention & Early Intervention	787,607	12,173	4,793				16,966		16,966
3	Innovation	1,232,820						-		-
4	Workforce Education & Training	160,000						-		-
5	Capital Facilities & Tech Needs	407,925		22,077				22,077		22,077
a	<b>Total YTD Expenditures &amp; Revenue</b>		50,880	27,028	-	-	-	77,908	-	77,908
b	<b>FY 2019-2020 Approved Budget</b>	3,096,789	337,730	7,066,811	0	137,000	392,080	7,933,621	4,836,832	3,096,789
c	<b>Variance</b>		286,850	7,039,783	-	137,000	392,080	7,855,713	4,836,832	3,018,881

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

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



# **Behavioral Health Advisory Board Director's Report**

## **September 2019**

### **1. Board of Supervisors:**

- a. Recently passed items or presentations:
  - i. Mental Health:
    - 1. Approval of Amendment to Agreement with Dimension Reports, LLC to Provide Oversight of Short Doyle Medi-Cal System Programs and Reports for Behavioral Health and Recovery Services, Effective when Fully Executed through June 30, 2020
  - ii. Substance Use Disorders Treatment:
    - 1. Approval of Retroactive Amendment to Revenue Agreement with Partnership Healthplan of California to Provide Changes to its Supplemental Substance Abuse Benefit, Effective July 1, 2019 until Terminated by Either Party
- b. Future Board of Supervisors Items or Presentations:
  - i. Mental Health
    - 1. None
  - ii. Substance Use Disorder Treatment:
    - 1. None

### **2. Staffing Updates for August:**

- a. New Hires:
  - Mental Health: Department Application Specialist
  - Substance Use Disorders Treatment: Substance Abuse Counselor II (2)
- b. Promotions:
  - Mental Health: 0
  - Substance Use Disorders Treatment: Substance Abuse Treatment Supervisor
- c. Departures:
  - Mental Health: Mental Health Clinician I
  - Substance Use Disorders Treatment: Senior Substance Abuse Counselor

### **3. Audits/Site Reviews:**

- a. Date occurred and report out of findings:

- i. Department of Healthcare Services Triennial Review – Waiting for Report
  - ii. External Quality Review – Waiting for Report
- b. Upcoming/Scheduled:
  - i. None
- c. Site Reviews
  - i. None

**4. Grievances/Appeals:**

- a. Mental Health Grievances: 1
- b. Mental Health Services Act: 0
- c. Substance Use Disorders Treatment Grievances: 0
- d. Mental Health Second Opinion: 0
- e. Mental Health Change of Provider Requests: 2
- f. Mental Health Provider Appeals: 0
- g. Mental Health Consumer Appeals: 0

**5. Meetings of Interest:**

- a. Round Valley Crisis Response Project (Innovation Project #1) Meetings: October 1, 2019, 12:30 gathering and potluck, meeting 1 pm-3 pm, Yuki Trails 23000 Henderson Rd. Covelo. First Tuesday of every month
- b. MHSA Forum/QIC Meeting: October 2, 2019 5:00 pm - 7:00 pm, Consolidated Tribal Health Project, 6991 N. State St., Redwood Valley, CA 95470. Teleconferenced via Webex

**6. Grant Opportunities:**

- a. No Place Like Home

**7. Significant Projects/Brief Status:**

- a. Assisted Outpatient Treatment (AOT): AB 1421/Laura's Law
- b. Melinda Driggers, AOT Coordinator, is accepting and triaging referrals:
  - i. Referrals to Date: 72
  - ii. Did not meet AOT Criteria: 65
  - iii. Currently in Investigation/Screening/Referral: 3
  - iv. Settlement Agreement/Full AOT: 4
  - v. Other (Pending Assessments to file Petition): 0

**8. Educational Opportunities/Information:**

- a. Cultural Responsiveness to Latino Communities Training with Dr. Ricardo Carrillo.  
September 16, 2019, 9:00 am - 12: pm, Atlantic Conference Room, Willits Integrated Services Center, 472 East Valley St. , Willits, CA 95490

**9. Mental Health Services Act (MHSA):**

- a. MHSA Forum/QIC Meeting: October 2, 2019 5:00 pm - 7:00 pm, Consolidated Tribal Health Project, 6991 N. State St., Redwood Valley, CA 95470. Teleconferenced via Webex

**10. Lanterman Petris Short Conservatorships (LPS):**

- a. Number of individuals on LPS Conservatorships = 55

**11. Substance Use Disorder Treatment Services:**

- a. Number of Substance Use Disorder Treatment Clients Served in July, 2019
  - i. Total number of clients served = 75
  - ii. Total number of services provided = 443
  - iii. Fort Bragg: 15 clients served for a total of 53 services provided
  - iv. Ukiah: 57 clients served for a total of 370 services provided
  - v. Willits: 3 clients served for a total of 20 services provided

**12. Contracts:**

- a. None

**13. Capital Facility Projects:**

- a. Possible Orchard Project
  - i. Aka: SB 82 Wellness Grant, Crisis Residential Treatment, Crisis Center
  - ii. Agency: Behavioral Health
  - iii. Purpose: Crisis Residential Treatment
  - iv. Status: Property had been purchased
  - v. Status Update: Extension granted for use of funds through 2021.
  - vi. Funding: SB82 Grant
  - vii. Possible Funding Options: Measure B funding (pending RFP process)
  - viii. The Measure B Committee Report to the BOS on 4/9/19 indicated that the RFP is expected to be released by June
  - ix. RFP Closed 8/16/19
- b. Willow Terrace Project
  - i. Aka: MHSA Housing, Gobbi Street
  - ii. Agency: Rural Community Housing Development Corporation

- iii. Purpose: 38 unit apartment complex
- iv. Status: Construction is going well, Referral processes are being finalized, and preliminary FSP referral candidates are being discussed.
- v. Funding: MHSA Housing, Affordable Housing Program, and California Tax Credit
- vi. Open House April 19, 2019 11 am - 2 pm
- vii. Prospective Tenants meet weekly for Community building activities
- viii. 35 applicants moved in the week of 6/3/19; 2 are waiting for a component of their voucher to move in which is expected any time
- ix. Future vacancies will be pulled from the Coordinated Entry process. Those interested in housing need to be connected with Specialty Mental Health services, and their providers and/or homeless services agencies will ensure that they have completed documentation (VISPDAT) to be on the Housing management list (HMIS)

**QI Work Plan - 3.D****Report - Appeals, Grievances, Change of Provider - July 2019****Mental Health Provider Appeal (45 days)**

Receipt Date	Provider Name	Reason	Results	Date Completed	Date Letter sent to Provider
<b>Total</b>	<b>0</b>				

**Mental Health Client Appeal (45 days)**

Receipt Date	Provider Name	Reason	Results	Date Completed	Date Letter sent to Provider
<b>Total</b>	<b>0</b>				

**Mental Health Client Grievance (60 Days)**

Receipt Date	Provider	Reason	Results	Date Completed	Date Letter sent to Client
7/30/2019 Due 9/28/2019	MCHC	Client states they were overmedicated and that medication prescriber had not been informed that she had requested to have medications stopped.	In progress.		8/1/2019
<b>Total</b>	<b>1</b>				

**Mental Health Client Request for Change of Provider (10 Business Days)**

Receipt Date	Provider	Reason	Results	Date Completed	Date Letter sent to Client
7/1/2019 due 7/16/2019	RCS	Client's mother requesting on behalf of client for a female therapist.	Client successfully changed provider.	7/18/2019	7/18/2019
7/8/2019 due 7/22/2019	RCS	Client requesting a change to Manzanita because they have mobility issues and are unable to drive.	Client successfully changed provider.	7/23/2019	7/24/2019
<b>Total</b>	<b>2</b>				

**Mental Health Services Act Issue Resolution**

Receipt Date	Provider	Reason	Results	Date Completed	Date Letter sent to Client
					8/1/2019
<b>Total</b>	<b>0</b>				

**Substance Use Disorders Treatment Grievance**

Receipt Date	Provider	Reason	Results	Date Completed	Date Letter sent to Client
					8/1/2019
<b>Total</b>	<b>0</b>				



## **Report to the Behavioral Health Advisory Board**

**9/5/19**

### **1. Staffing**

Provider agencies continue to struggle on an ongoing basis with a shortage of qualified and certified providers. There continues to be a considerable churn in staff retention, and this is a source of ongoing discussions to seek solutions. On the adult side we have been encouraging the sharing of client plans between two or more agencies to ensure all prescribed mental health services are provided. RQMC has also authorized the sharing of assessing clinicians who are working through a contract, when an assessor has additional time available.

### **2. Audits**

We received the audited charts back from BHRS, but we have not yet received the outcome results. Also, RQMC medication charts were the subject of a quality review through a BHRS consultant, and we are working on a few items where corrective action is needed to meet quality standards and ensure patient contribution and involvement in the development of the treatment plan. We still have not received the results from the DHCS chart audit which took place in January 2019.

### **3. Meetings of Interest**

RQMC continues to participate in the Child Welfare review of high need children placed in Short Term Residential Treatment Programs or in need of higher level of care. We also meet on a biweekly with Specialty Mental Health providers agencies, both youth and adult.

### **4. Grant opportunities**

Nothing to report.

### **5. Significant Projects/brief status**

We continue to participate in monitoring and supporting clients at Willow Terrace and Valley house, Gibson House, and Haven, as well as the Whole Person Care project.

### **6. Educational Opportunities**

RQMC continues to provide various trainings to providers and representatives of service agencies. Tapestry is working with UC Davis to see if we can get them involved in another round of training on Trauma Focused Cognitive Behavior Therapy.

### **7. LPS Conservatorships**

RQMC currently has one conserved client living at Gibson House. The Haven House has three conserved clients residing there.

### **8. We have completed contract review meetings leading into the 19-20 fiscal year.**

### **9. Medication Support Services**

Dr. Timme is cutting back on her hours of availability and, by the end of the year she will be mainly providing consultation and will see patients one day a month for those with the highest needs. RQMC has hired a full time psychiatrist, Dr. Cuyler Goodwin, who will be providing both face to face medication management, but also some tele-psychiatry services. He will be starting in November. Other providers include Larry Aguirre, Physician's Assistant and Dr. Segal, and injection nurse Sandra Lopez. Dr. Garratt will be reducing his hours, and will be providing services in Fort Bragg exclusively. We have also brought on Sherry Heffle, Nurse Practitioner, who will provide medication management services.

Tim Schraeder MFT.



Redwood Quality Management Company (RQMC) is the Administrative Service Organization for Mendocino County-providing management and oversight of specialty mental health, community service and support, and prevention and early intervention services. The following data is reported by age range, along with a total for the system of care (either youth or adult) as well as the overall RQMC total. This will assist in interpreting how different demographics are accessing service, as well as assist in providing an overall picture of access and service by county contract (youth, young adult and adult). Our goal is to provide the Behavioral Health Advisory Board with meaningful data that will aid in your decision making and advocacy efforts while still providing a snapshot of the overall systems of care.

### AGE OF PERSONS SERVED

		Children & Youth		Young Adult		Adult & Older Adult System			RQMC
		0-11	12-17	18-21	22-24	25-40	41-64	65+	Total
Persons Admitted to...									
Outpatient Services July		30	27	11	7	35	42	3	
Total		57		18		80			155
Crisis Services July		1	11	10	9	35	51	9	
Total		12		19		95			126
Unduplicated Persons...									
Served in July		258	265	84	55	266	412	68	
Total		523		139		746			1,408
Unduplicated Persons...									
Served Fiscal Year to Date		258	265	84	55	266	412	68	
Total		523		139		746			1,408
Identified As (YTD)...									
Male		279		72		361			712
Female		241		63		381			685
Non-Binary and Transgender		3		4		4			11
White		280		85		590			955
Hispanic		132		28		47			207
American Indian		55		12		46			113
Asian		5		1		8			14
African American		16		8		10			34
Other/Undisclosed		35		5		45			85

### YTD Persons by location...

Ukiah Area	833
Willits Area	188
North County	47
Anderson Valley	13
North Coast	273
South Coast	24
OOC/OOS	30



### AGE OF PERSONS SERVED

Children & Youth Young Adult Adult & Older Adult System RQMC

0-11	12-17	18-21	22-24	25-40	41-64	65+	Total
------	-------	-------	-------	-------	-------	-----	-------

#### Total Number of...

Crisis Line Contacts July	1	22	15	17	126	110	15	
Total	23	32	251	306				

\*There were 47 logged calls where age was not disclosed. Those have been added to the total.

Crisis Line Contacts YTD	1	22	15	17	126	110	15	
Total	23	32	251	306				

by reason for call YTD...	
Increase in Symptoms	96
Phone Support	52
Information Only	60
Suicidal ideation/Threat	50
Self-Injurious Behavior	2
Access to Services	38
Aggression towards Others	3
Resources/Linkages	3

by time of day YTD...	
08:00am-05:00pm	204
05:00pm-08:00am	102

July Calls from Law Enforcement to Crisis		
TOTAL: 32		
MCSO: 12	CHP: 2	WPD: 2
FBPD: 2	Jail: 9	UPD: 7

YTD Calls from Law Enforcement to Crisis		
TOTAL: 32		
MCSO: 12	CHP: 2	WPD: 2
FBPD: 2	Jail: 9	UPD: 7

#### Total Number of...

Emergency Crisis Assessments July	0	20	15	16	61	79	14	
Total	20	31	154	205				

Emergency Crisis Assessments YTD	0	20	15	16	61	79	14	
Total	20	31	154	205				

YTD by location...	
Ukiah Valley Medical Center	80
Crisis Center-Walk Ins	57
Mendocino Coast District Hospital	24
Howard Memorial Hospital	27
Jail	15
Juvenile Hall	2
Schools	0
Community	0
FQHCs	0

YTD by insurance...	
Medi-Cal/Partnership	132
Private	28
Medi/Medi	21
Medicare	15
Indigent	8
Consolidated	
Private/Medi-Cal	1
VA	





### AGE OF PERSONS SERVED

*Children & Youth*      *Young Adult*      *Adult & Older Adult System*      *RQMC*

0-11	12-17	18-21	22-24	25-40	41-64	65+	Total
------	-------	-------	-------	-------	-------	-----	-------

#### Total Number of...

Inpatient Hospitalizations July	1	5	2	5	18	16	0	
Total	6	7	34	47				

Inpatient Hospitalizations YTD	1	5	2	5	18	16		
Total	6	7	34	47				

ReHospitalization within 30 days	Youth	Adult	0-2 days in the Hospital	Admits	% of total Admits
July	1	3	July	4	8.50%
YTD	1	3	YTD	4	9%

Days in the ER	0	1	2	3	4	5+	Unk
July	8	23	9	3	0	0	4
YTD	8	23	9	3	0	0	4

At Discharge	Discharged to Mendocino		Follow up Crisis Appt		Declined follow up Crisis appt	
Payor	July	YTD	July	YTD	July	YTD
Mendo Medi-cal	33	33	30	30	3	3
Indigent	1	1	1	1	1	1
Other Payor	2	2	1	1	0	0
YTD hospitalizations where discharge was out of county or unknown:						11
YTD number who declined a follow up appt:						4

Number of hospitalition	1	2	3	4	5	6+
YTD Number of unduplicated clients	45	2				
YTD Number of unduplicated client active in specialty mental services:						13



**YTD hospitalizations by location...**

Aurora- Santa Rosa**	8
Restpadd Redding/RedBluff**	12
St. Helena Napa/ Vallejo**	19
Sierra Vista Sacramento**	
John Muir Walnut Creek**	
San Jose BH**	
St Marys San Francisco**	1
Marin General**	2
Heritage Oaks Sacramento**	3
VA: Sacramento / PaloAlto / Fairfield / San Francisco	
Other**	2

**YTD hospitalizations by criteria...**

Danger to Self	17
Gravely Disabled	17
Danger to Others	
Combination	13

**Total Number of...**

Full Service Partners July

Total

Youth	TAY	Adult	BHC	Elder	Outreach	
1	18	75	8	12	2	<b>116</b>

**Total Number of...**

Full Service Partners YTD

Total

Youth	TAY	Adult	BHC	Elder	Outreach	
1	18	75	8	12	2	<b>116</b>

Contract Usage	Budgeted	YTD
Medi-Cal ( 60% FFP)	\$14,735,000.00	\$1,053,027.00
MHSA	\$1,786,450.00	\$170,010.00
ReAlignment	\$718,672.00	\$53,512.00
Medication Management	\$1,100,000.00	\$100,735.00

Estimated Expected FFP	July	YTD
Expected FFP	\$631,816.20	\$631,816.20



Services Provided						
Whole System of Care	July	July	July	YTD	YTD	YTD
Count of Services Provided	Youth	Y Adult	Adults	Youth	Y Adults	Adults
*Assessment	97	43	248	97	43	248
*Case Management	295	159	1018	295	159	1018
*Collateral	182	10	2	182	10	2
*Crisis	30	44	230	30	44	230
*Family Therapy	172	3	3	172	3	3
*TFC	62			62		
*Group Therapy	1	1		1	1	
*Group Rehab	746	30	64	746	30	64
*ICC	473	11		473	11	
*Individual Rehab	423	133	435	423	133	435
*Individual Therapy	601	126	352	601	126	352
*IHBS	174	4		174	4	
*Psychiatric Services	51	33	325	51	33	325
*Plan Development	77	25	124	77	25	124
*TBS	17			17		
<b>Total</b>	<b>3401</b>	<b>622</b>	<b>2801</b>	<b>3401</b>	<b>622</b>	<b>2,801</b>
No Show Rate	7.50%	8.70%	8.30%	7.50%	8.70%	8.30%
<b>Average Cost Per Beneficiary</b>	<b>\$1,065</b>	<b>\$1,024</b>	<b>\$802</b>	<b>\$1,065</b>	<b>\$1,024</b>	<b>\$802</b>

Count of Services by Area	July	July	July	YTD	YTD	YTD
	Youth	Y Adult	Adults	Youth	Y Adults	Adults
Anderson Valley	6			6		
South Coast	0			0		
North Coast	181	69	621	181	69	621
North County	22			22		
Ukiah	2,848	536	2,124	2,848	536	2,124
Willits	344	17	56	344	17	56

Meds Management	July	July	July	YTD	YTD	YTD
	Youth	Y Adult	Adults	Youth	Y Adults	Adults
Ukiah Unduplicated Clients	57	25	208	57	25	208
Fort Bragg Unduplicated Clients	3	7	78	3	7	78
Ukiah Services	90	40	388	90	40	388
Fort Bragg Services	4	9	136	4	9	136

# Mental Health Treatment Act Citizen's Oversight Committee

Mendocino County Administration Center  
501 Low Gap Road, Room 1010  
Ukiah, CA 95482  
707.463.4441  
measureb@mendocinocounty.org



## July 24, 2019 Minutes

### AGENDA ITEM NO. 1 – CALL TO ORDER AND ROLL CALL (1:01 P.M.)

**Committee Members Present:** Mr. Thomas Allman; Ms. Carmel J. Angelo; Mr. Jed Diamond; Mr. Ross Liberty; Ms. Jan McGourty; Mr. Mark Mertle; Dr. Jenine Miller; Ms. Donna Moschetti; Ms. Shannon Riley; and Mr. Lloyd Weer.

**Committee Members Absent:** Dr. Ace Barash.

### 2. PUBLIC EXPRESSION

**Presenter/s:** Mr. John Wetzler.

### 3. COMMITTEE MATTERS

#### 3a) Discussion and Possible Action Regarding Expenditure Report on Measure B Tax Funds

**Presenter/s:** Auditor-Controller Weer.

**Public Comment:** None.

**Committee Action:** No action taken.

Auditor-Controller Weer reported that the life to date revenue was \$8,730,793; to date expenses were \$228,187; and interest earned was \$36,414; for a total current balance of \$8,539,023.

#### 3b) Approval of Minutes of the May 22, 2019, Meeting

**Presenter/s:** Ms. Karla Van Hagen, Committee Clerk.

**Public Comment:** None.

**Committee Action:** Upon motion by Sheriff Allman, seconded by Member McGourty, and carried unanimously, IT IS ORDERED that the Minutes of the May 22, 2019, meeting, are hereby approved.

**3c) Approval of Minutes of the July 8, 2019, Meeting**

**Presenter/s:** Ms. Karla Van Hagen, Committee Clerk.

**Public Comment:** None.

**Committee Action:** Upon motion by Member McGourty, seconded by Sheriff Allman, and carried unanimously, IT IS ORDERED that the Minutes of the July 8, 2019, meeting, are hereby approved.

**3d) Discussion and Possible Action Regarding Update on Purchase of Regional Behavioral Health Training Center/Sheriff Sub-station**

**Presenter/s:** Sheriff Allman; and Member Angelo.

**Public Comment:** Ms. Jo Bradley; and Mr. John Wetzler.

The Committee received an update on the purchase of the Training Center/Sub-station in Redwood Valley. It was reported that there were three other offers on the property, the County's offer of \$389,000 was accepted, and the property was escrow at the time of the meeting.

Concern regarding the Special Meeting as well as prioritizing the Sheriff's Behavioral Health Training Facility/Sub-Station was discussed. The committee overall agreed that it was a unique situation which required the Committee to take quick action. The formation of an ad hoc committee regarding renovation and logistics of the facility was also discussed, and it was determined that it would be an appropriate discussion at a future meeting once escrow has closed on the property.

**Committee Action:** No action taken.

**3e) Discussion and Possible Action Regarding Update on Status of the Architect RFQ and Related Feasibility Study**

**Presenter/s:** Ms. Janelle Rau, Deputy Chief Executive Officer; and Mr. Nash Gonzalez, Recovery Director.

**Public Comment:** None.

Ms. Rau and Mr. Gonzalez gave a brief update on the RFP/RFQ process, which was issued on June 19, 2019. A mandatory meeting was held on July 2, 2019, and 11 attendees participated and are now qualified, or have the ability, to submit proposals. The inquiry deadline was July 16 2019, with responses due on August 16, 2019. Members Mertle and Diamond volunteered to sit on the Selection Committee. It was anticipated that a short list of who was invited to oral presentations should be available to distribute to the Committee at the August 28, 2019, meeting. The target date to provide the Notice of Intent to the Board of Supervisors is October 22, 2019.

**Committee Action:** No action taken.

**3f) Discussion and Possible Action Regarding a Request for Permission from the Board of Supervisors to Publish a Request for Proposal (RFP) for Orchard Street, or Other Location as Determined by Feasibility Study, Mental Health Facility Design, Possibly Design/Build**

**Presenter/s:** Member Liberty, and Ms. Janelle Rau, Deputy Chief Executive Officer.

**Public Comment:** None.

The Committee discussed whether the proposed action could possibly speed up the feasibility study, or would actually prolong or even potentially cancel it. After considerable discussion, the committee chose not take any further action.

**Committee Action:** No action taken.

**3g) Discussion and Possible Action Regarding Report from the Kemper Report Ad Hoc Committee**

**Presenter/s:** Member McGourty.

**Public Comment:** Mr. John Wetzler; and Ms. Jo Bradley.

Ms. McGourty provided an update on the Ad Hoc Committee's progress, which included a review of the Kemper Study Guide on action, policy, and proposed strategic financing. Additionally, Ad Hoc distributed a few recommendations which they proposed be recommended to the Board of Supervisors including Maintaining a prudent reserve of 12.5% of Measure B Funds; Separate annual accounting of Measure B revenues/expenditures; and a 10-year strategic plan. Auditor Weer stated that Measure B funds are currently kept separate from the County's General Fund or Restricted Reserve fund which are included in an annual audit by an outside independent Certified Public Accountant. Discussion ensued regarding a possible Strategic Plan.

**Committee Action:** Upon motion by Member Riley, seconded by Member Mertle, and carried 10/1/1, with Member Barash absent, and Member Mertle dissenting, the Mental Health Treatment Act Citizen's Oversight Committee hereby supports the ad hoc committee's recommendation to create a strategic plan with no separate audit process at this point. Prudent reserve conversation should take place as part of the strategic plan.

**4. COMMITTEE MEMBER REPORTS**

**4a) Committee Member Reports Regarding Items of General Interest**

## 5. ADJOURNMENT

THERE BEING NOTHING FURTHER, THE MENTAL HEALTH TREATMENT ACT CITIZENS OVERSIGHT COMMITTEE ADJOURNED AT 2:21 P.M.

Attest: KARLA VAN HAGEN  
Committee Clerk

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*The Committee complies with ADA requirements and upon request, will attempt to reasonably accommodate individuals with disabilities by making meeting materials available in appropriate formats (pursuant to Government Code section 54953.2) Anyone requiring reasonable accommodation to participate in the meeting should contact the Committee clerk by calling (707) 463-4441 at least five days prior to the meeting.*

*Additional information regarding the Committee may be obtained by referencing: [www.mendocinocounty.org/community/mental-health-oversight-committee](http://www.mendocinocounty.org/community/mental-health-oversight-committee)*