



MENDOCINO COUNTY BEHAVIORAL HEALTH ADVISORY BOARD

REGULAR MEETING

MINUTES

July 17, 2019
10:00 a.m. to 2:00 p.m.

Farm Advisory Building Conference Room
890 N. Bush St., Ukiah
and
Fort Bragg Library, 499 E. Laurel St., Fort Bragg
by video conferencing

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
SERGIO FUENTES

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: <ul style="list-style-type: none"> Meeting called to order by Chair McGourty at 10:09am. Quorum met. Members present: Behringer, Buckingham, Ferretta, Finley, Fuentes, Gorny, Lockart, Martinez, Pekin, Rich, Towle. Agenda approved as written. 	Board Action: Motion was made by Member Behringer, seconded by Member Rich, to approve the agenda as written. Motion passed unanimously.
2. 10 minutes	Minutes of the June 19, 2019 BHAB Regular Meeting: <i>Review and possible board action</i> <ol style="list-style-type: none"> Changes to item 5.B, "in" Mendocino County does not need to be capitalized. Discussion of Item 5.C, Member Fuentes stated NaphCare has two psychiatrists on their staff. <ol style="list-style-type: none"> Chair McGourty suggested it should be rephrased to say NaphCare has two psychiatrists available. Secretary Chavoya will make the adjustments to the June 19, 2019 minutes. Minutes were approved with the noted correction. 	Board Action: Motion made by Member Towle, seconded by Member Ferretta, to approve the June 19, 2019 minutes with the noted correction. Motion 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>	

	<p>A. Josephine Silva commented on what constitutes someone becoming well after a MH episode. Sometime ago a doctor offered an idea of wellness, that being you have gone through one of the county programs and come out at the end a tax paying functioning individual. She feels that the County does not have a good measure what that definition is. She inquired about how much has everything we have worked on helped?</p> <p>She stated that a large part of the students in the schools are able to take advantage of what the schools offer for mental health, but there are no mental health counselors on staff and the average guidance counselor is not capable of handling some situations.</p> <p>B. Member Gorny announced State Council in collaboration with GET SAFE will be holding three safety trainings in our area next month. The training includes topics like sexual abuse and assault and how to report it, what to do during and after a crisis situation, and what to expect when talking to the police.</p> <p>I. The dates for the trainings are: August 5th, 2019 at 1116 Airport Park Blvd, from 1:00 – 3:00 PM, August 6th, 2019 at the Ukiah Valley Conference Center from 10:30 AM – 12:30 PM, and August 6th, 2019 at 1116 Airport Park Blvd, from 5:30 – 7:30 PM.</p> <p>II. Member Gorny commented these trainings are good for anyone to attend, including self-advocates.</p>	
<p>4. 20 minutes</p>	<p>BHAB Reports: <i>Discussion and possible board action.</i></p> <p>A. BOS Report – <i>Supervisor Carre Brown</i></p> <p>I. Supervisor Brown commented the Measure B committee called for a special meeting last Monday to visit and discuss the possible purchase of a property that is on sale in Redwood Valley, to be used as a possible training center site.</p> <p>a. Measure B Committee visited the site located at 8207 East. Rd. Redwood Valley.</p> <p>b. The property is 1 acre and is made up of a meeting room, a small house, a garage, parking lot, and there is also teleconferencing equipment included.</p> <p>c. The site will be used specifically for behavioral health and first responder trainings, and will be owned by the county. It will be called the Behavioral Health Training Center.</p> <p>II. The property will be purchased in conjunction with the county Sheriff's Dept. as they are interested in the small house and garage to be a possible sub-station.</p> <p>a. Cost of the property is \$369,000, not including remodeling that will be required.</p> <p>b. Two thirds of Measure B funds will be used for the property purchase, and the rest will be paid for by the county Sheriff Dept. as original initiative.</p>	Board Action:

	<p>c. The Sheriff Dept. will also be able to hold trainings at the building, as part of the original agreement with Measure B.</p> <p>III. Chair McGourty commented that although the Measure B Committee had recommended a psychiatric facility and training center for behavioral health, it had never been on a Measure B agenda to discuss the training center. The special meeting and the decision to buy the property was a rushed decision due to the owner wanting to sell the property quickly, and waiting may have lowered the chances of being able to buy it.</p> <p>IV. Member Lockart commented she is very familiar with area that the property is located at, and thinks more thought should be put into the location of the property. She stated traffic can get pretty congested in that area, and would cause complications for the Sheriff sub-station.</p> <p>V. BHRS Director Miller commented she saw the building, and although she was concerned that it hadn't been talked about at Measure B, she was impressed with the facility and the options it brings to BHRS and the community. She is also very impressed with the price, and supports the purchase of this property since the rest of the available funds can be used towards other mental health facilities.</p> <p>VI. After visiting the site, the special meeting was held, and a recommendation came forward to the BOS by the Measure B Committee to accept the recommendation to purchase the property.</p> <p>a. The recommendation will be on the BOS agenda for public hearing and consideration for this coming Tuesday, to go forward on purchasing the property.</p> <p>b. Chair McGourty asked if the BOS accepted the recommendation, Supervisor Brown stated they did.</p> <p>VII. Member Fuentes asked if when the building is not being used for trainings, if they would be able to rent it out to other private or county agencies.</p> <p>a. Chair McGourty and BHRS Director Miller stated their understanding is it would be able to be rented out, as long as the appropriate use permits are acquired.</p> <p>b. Josephine Silva suggested the board come up with a curriculum for what the expectations of the training center are.</p> <p>VIII. BHRS Director Miller announced next Tuesday July 23, there will be a huge presentation at the BOS regular meeting from HHSA on homelessness, and the RQMC ASO 2019/2020 contract will also be on the agenda for approval.</p> <p>B. Chair – <i>Jan McGourty</i></p> <p>I. Measure B Report: <i>See Measure B March Minutes</i></p>	
--	---	--

	<p>a. Chair McGourty commented she went to the RFP/RFQ informational meeting on June 19th meeting where information was presented to people with interest in the architectural portion.</p> <p>i. 10-11 companies showed up with interest, asking for ideas on either Orchard St. location or Howard Memorial Hospital. Deadline is August 16th.</p> <p>b. Chair McGourty submitted report to NAMI Mendocino about the NAMI 2019 National Convention she attended in Seattle, Washington. All attendees received a copy of the report with the agenda packet.</p> <p>i. There is an international CIT conference in August (exact dates to be confirmed) at the same place, Chair McGourty expressed it would be wonderful if someone from the BHAB could attend in representation of the board.</p> <p>c. Member Gorny commented there is a group conformed of the Department of Rehab EDD and other agencies that meet to work on developing awareness on unemployment. Available to anyone with a disability or suffering from unemployment. Member Gorny will follow up with the dates of the meetings.</p> <p>C. Secretary – Absent from today’s meeting.</p> <p>D. Treasurer- No report at this time.</p> <p>I. Discussion on the sound issue for BHAB meetings and what budget the purchase of new equipment can come out from.</p> <p>a. BHRS Director Miller commented BHRS just hired new staff member Carlos Jacinto, who is a sound system expert. He will be working on ordering and setting up the best equipment within the next two months.</p> <p>b. BHAB funds will not be used to fund the new equipment as there are other funding sources from BHRS which can be used.</p> <p>c. Equipment will be able to be used for BHAB, QIC, and MHSA meetings.</p> <p>II. Discussion of including communication funds in the BHAB budget for the next fiscal year.</p>	
<p>5. 25 minutes</p>	<p>Committee Reports:</p> <p>A. Flow Chart Committee: (<i>Vice Chair Strachan and Member Pekin</i>)</p> <p>I. Member Pekin stated a new flow chart has not been submitted.</p> <p>II. BHRS Director Miller commented BHRS has reached out and gotten feedback from the clinic. Dustin Thompson, BHRS is trying to schedule time with the clinic to make sure their information is represented accurately, and will have that information ready to be reviewed by next month.</p>	Board Action

	<p>B. Dual Diagnosis Committee: <i>(Secretary Ortiz)</i></p> <p>I. Tabled, Secretary Ortiz not present at today's meeting.</p> <p>C. Site Visit Committee: <i>(Chair McGourty, Members Rich, Towle and Martinez)</i></p> <p>I. Member Towle stated there were no site visits in the past month.</p> <p>II. Member Fuentes would like to be added to the Site Visit Committee, should already be listed as a member.</p> <p>III. Chair McGourty commented everybody should participate in site visits; prizes will be given to those who participate.</p> <p>IV. Member Pekin commented the jail will be taking over the restoration procedure for those who are found to be incompetent to stand trial; suggests it may be a good idea for the board to look into how that process goes.</p> <p>a. J. Holden will be coming to the September BHAB meeting to give a presentation on this process.</p> <p>D. Housing Committee: <i>(Members Gorny and Lockart)</i></p> <p>I. Member Gorny attended the Continuum of Care Committee meeting held yesterday, commented the No Place Like Home grant was reviewed. No update on any other grants.</p> <p>II. The Housing Action team will meet tomorrow, at the Mendocino County Community Foundation room from 9-11 AM.</p> <p>E. Employment Committee: <i>(Member Rich)</i></p> <p>I. No update at this time.</p> <p>F. Contract Committee: <i>(Members Towle, Fuentes, McGourty, and possibly Members Finely and Buckingham)</i></p> <p>I. Member Towle sent an email to BHRS Director Miller asking for the Administrative Services Organization contract.</p> <p>II. BHRS Director Miller will email complete contract, along with Exhibit A and B for review.</p> <p>G. Appreciation Committee: <i>(Members Towle and Martinez)</i></p> <p>I. Member Ferretta would like to be added to the Appreciation Committee.</p> <p>II. Member Towle expressed his appreciation for Chair McGourty, specifically for the Covelo meeting and quorum check.</p> <p>III. Member Lockart also expressed her appreciation for Chair McGourty and the fact that she always makes it a point to be involved in the Covelo Innovation meetings.</p>	
<p>6. 20 minutes</p>	<p>Mendocino County Report: <i>Jenine Miller, BHRS Director</i></p> <p>A. Director Report:</p> <p>I. BHRS Director Miller stated that the director report is located in the agenda packet and if there are any questions to let her know.</p> <p>B. Stepping Up:</p> <p>I. There will be a permanent date set for Stepping Up</p>	<p>Board Action:</p>

	<p>meetings, trying to set up at time in which all key officials are available to attend. Dustin Thompson, BHRS is working on finding the best date to accommodate everyone.</p> <p>II. BHRS Director Miller informed The Justice and Mental Health Collaboration Grant was submitted this past Monday. It is a competitive grant that would give \$300,000 over 24 months.</p> <p>C. Introduction of Lilian Chavoya, new secretary at BHRS, who will be trained on how to do BHAB minutes. BHRS will be circulating who does the BHAB minutes, in order to have several staff trained.</p> <p>D. There are no dates set yet for the next CIT training, but BHRS Director Miller confirmed there will be two trainings this year, one will be in Fort Bragg.</p> <p>I. Discussion on having our own local trainers in the future. For this year's trainings the CIT presenters will be the same as last year.</p> <p>II. Discussion on the possibility of having the presenters incorporate more local awareness to the trainings.</p> <p>a. Member Lockart expressed she would like to see more local cultural awareness.</p> <p>b. BHRS Director Miller to propose and make a recommendation to the presenters.</p> <p>E. Member Ferreta asked BHRS Director Miller if she could direct her to the best contact person to give her educational information on Laura's Law, as she is helping community members in Humboldt County on their intent to pass it.</p> <p>I. BHRS Acting Deputy Director Karen Lovato, and William Riley who was the previous BHRS AOT Coordinator are the best point of contact.</p> <p>F. MHSA data reports will be presented to the BHAB on a quarterly basis, beginning this 2019/2020 fiscal year, as previously agreed. The first report will be on September 2019.</p> <p>I. Chair McGourty asked if the MHSA data reports will include AOT statistics, BHRS Director Miller will follow up to see if it is included; if not it will be added.</p> <p>G. Discussion on the Willow Terrace site, how things have been going, the staff support that was on site for the first month, and how well the site manager has accommodated to her role.</p>	
<p>7. 30 minutes Scheduled time 11:30 – 12:00</p>	<p>NaphCare Health Care in the Jail: <i>Adrienne Carfi, RN, NaphCare Health Services Administrator presenting</i></p> <p>A. Adrienne Carfi, NaphCare Health Services Administrator at the Mendocino County Jail provided information and answered questions the board members had in regards to the NaphCare health care system at the jail.</p> <p>I. Ms. Carfi stated they are currently fully staffed with medical staff. There are currently two nurses on</p>	

	<p>24hrs/day, primarily for medical treatment. There is also two mental health RN's for the 7 days of the week, and two full time psychiatric nurses. There is no LCSW currently on staff.</p> <p>II. During intake process if someone has any type of history with mental health services or if they report they have been diagnosed with something regardless of whether or not they are receiving active treatment, they will do a full evaluation with a mental health nurse, and then are seen by telepsychiatry or an on-site provider.</p> <p>III. There is a staff care team that oversees safety cells, all through telemedicine. If an inmate has made statements, or attempted to harm themselves, they are placed in a safety cell where there is nothing they can harm themselves with. They are evaluated every 4 hours by a mental health nurse, and every 24 hours by a mental health provider.</p> <p>IV. Ms. Carfi stated there are about 16 hours of telemedicine, and 16 hours of psychiatry per week.</p> <p>V. Member Fuentes asked if the psychiatrists are on call, Ms. Carfi said they are not technically on call since they have scheduled days. Instead, patients are seen by a mental health nurse, and immediate intervention will happen if it is required; afterwards they will follow up with provider as soon as possible.</p> <p>VI. Aside from a mental health screening, inmates are also given a physical assessment, and a TB screening at intake to determine any medical or mental health needs.</p> <p>VII. Member Fuentes commented they were able to see the pharmacy during the jail site visit. He asked Ms. Carfi if they have enough medication or if they ever encounter any issues like running out of medication.</p> <p>a. Ms. Carfi said it is not usually a problem. Although sometimes there are delays in shipping, but in that case local pharmacies are able to provide what they are missing.</p> <p>VIII. Discussion about family members being able to talk to health professionals at the jail.</p> <p>a. Medical staff are able to talk to family members, and issues come up only if the patient does not want staff to talk to family members.</p> <p>b. Patients sign ROI's that allow the jail to obtain information from the community, but not the other way around; hence why they ask for verbal consent to be able to talk to family members.</p> <p>B. Discussion on the recent approval of felony competency restoration at the jail.</p> <p>I. It is set to launch on Wednesday July 24, 2019.</p> <p>II. Ms. Carfi stated they are still going over the final details and what it will entail, along with some computer training due to happen.</p>	
--	---	--

	<p>III. BHRS Director Miller commented about the increase in 1368's and 1378's in the County, and asked Ms. Carfi how they will work on getting prescribers to do medicated court orders in a more efficient and timely manner.</p> <p>IV. Ms. Carfi stated the prescribers are not the issue. The main issue is they do not receive the paperwork, and are not notified on time if the patient had an order placed.</p> <p>V. Discussion on the 1368 and 1378 court order process, and what changes should be made in the felony restoration process in order for the program to be successful and effective.</p> <p>VI. BHRS Director Miller commented that in competency restoration there are 3 options: outpatient, jail based, or placement level competency restoration. For felony restorations, someone at NaphCare will be responsible in deciding what type of treatment an individual needs.</p> <p>VII. Discussion about patients who do a jail based restoration competency as well as the classification system, and how things are different for those patients.</p>	
<p>8. 20 minutes</p>	<p>RQMC Report:</p> <p>A. Director Report:</p> <p>I. Report is provided in the agenda packet, RCS can answer any questions.</p> <p>II. Dan Anderson, Redwood Community Services CEO representing RQMC today.</p> <p>B. Data Dashboard:</p> <p>I. Mr. Anderson reviewed the Data Dashboard numbers for the month of May.</p> <p>C. Discussion on the impact the Crisis Respite program has had on law enforcement calls and hospitalization numbers going down.</p> <p>I. Mr. Anderson commented hospitalization numbers going down could mean clients are accessing services in a more proactive way; will continue tracking to see more long term outcomes.</p> <p>II. Crisis Respite program location is at an undisclosed location; it is a 5 bedroom house, and can serve up to 6 or 7 people. It is a volunteer peer-support model, with 24/7 on site staff.</p> <p>a. Staff assist clients with getting them to medication appointments, being medication compliant, and help clients reach a stable living situation along with addressing other issues. Funding for the program comes in part from Howard Foundation, and Adventist Health, since it helps unload more beds at the ER.</p> <p>III. The Crisis Respite Program is a step down from Crisis Residential, it is for patients that don't meet 5150 criteria but still need help and services.</p>	<p>Board Action:</p>

	<p>a. Mr. Anderson will bring Crisis Respite program data to the next BHAB meeting.</p> <p>IV. Discussion on the number of days patients are staying in the ER, why some have longer stays, and the challenges encountered in certain circumstances.</p> <p>V. Mr. Anderson will coordinate with Member Finley about data for ER hospitalizations in the coast to see how their numbers compare.</p> <p>D. Member Martinez commented he would like for RQMC to track the number of crisis services clients who were successful and made it through compared to those who didn't.</p> <p>I. Discussion on how the crisis services data that is tracked and how RQMC is not able to specifically track crisis services clients who were successful since they get connected with other service providers like Manzanita, RCS, etc. It is unknown what happens to about 60 percent of the clients since they are only able to track those in specialty mental health services.</p> <p>II. BHRS Director Miller commented the data they are able to provide is if the clients were re-hospitalized, and if they were connected to an SMI service provider.</p> <p>III. Mr. Anderson stated they are collaborating with the County on a Clinical Performance Improvement Project, which is focused on giving clients a warm hand-off to service providers.</p> <p>E. Discussion on incorporating suicide rates and what races/ethnicities have higher suicide percentages. There is no data currently that provides that information.</p> <p>I. BHRS Director Miller stated that about a year and a half ago Mendocino County started a Suicide Review Committee to raise awareness and educate, obtain statistics, and track suicide data.</p> <p>II. National Suicide Statistics data is often 2-3 years old, and the information the committee receives is up to the County Coroner and what is available and able to provide to them.</p> <p>III. The only data the Committee has been able to obtain is the numbers of suicide, method of suicide, and what community the suicide happened in. No race or ethnicity data.</p> <p>IV. Member Buckingham suggested it would be a good idea for the Suicide Death Review Committee to collaborate with the Coroner and Sheriff's office to obtain more information about suicides and be able to target certain races if there is a rise in a certain demographic.</p> <p>V. BHRS Director Miller will see what additional information the Suicide Death Review Committee can obtain from the Coroner.</p> <p>VI. Discussion about suicides related to clients that were a part of our system. RQMC is required to do an</p>	
--	---	--

	<p>investigation and issue an incident report to know if the victim was a part of the system, and if they were, if there was something the system could have done different.</p> <p>VII. It was agreed that the Suicide Death Review Committee will be asked to submit a data report to the BHAB from this point forward.</p> <p>F. Mr. Anderson announced the Building Bridges Homeless Resource Center grand opening on Tuesday, July 30th, 2019 at 1045 S. State St. Ukiah, CA from 3-6 PM.</p> <p style="text-align: center;">Break for lunch 12: Reconvened at 1:</p>	
<p>LUNCH BREAK</p> <p>12:30 to 1:00</p>		
<p>9.</p> <p>30 minutes</p>	<p>Jail Mental Health Wing Update: <i>Capt. Tim Pearce</i></p> <p>A. Captain Tim Pearce from the Mendocino County Jail gave a presentation on the status of the Mental Health Wing addition to the jail.</p> <ol style="list-style-type: none"> I. They are currently at the design development stage, which means they already went through preliminary design, and the project is currently being reviewed by the Department of General Services, the Department of Finance, and State Fire Marshall. II. Working on the construction management contract, hoping to keep it under or on budget. III. Capt. Pearce presented a visual of the building, and explained some of the concepts and where certain units will be located. IV. The building will be 20,000 sq. ft., and is expected to be completed in 2023. V. There will not be a separate yard for mental health patients. <p>B. Member Pekin asked if they will be doing 1368 and 1370 restorations in the new facility.</p> <ol style="list-style-type: none"> I. Capt. Pearce said they do have a contract with the State to do 1368 restorations, and it is on BOS agenda for next week to do a contract with NaphCare to do the whole 1368 process. II. Chair McGourty commented that at the NAMI Convention she attended, she learned that 1368 and 1370 numbers have gone up significantly nationwide not just within our County. III. Member Ferretta asked for clarification on what 1368 court orders are. 1368 orders are those individuals who are declared with a doubt of competency, and an order is placed to do an evaluation to determine whether they are competent or incompetent. 1370 is when they have gone back to court and been declared not incompetent. <p>C. Discussion about the booking process, if there is better control of where personal belongings are kept, and if there is someone assigned to watch over people to make sure</p>	

someone isn't being attacked.

- I. Capt. Pearce said there is better control of personal belongings than before, and explained there is a whole classification of victim potentials, who are segregated accordingly to prevent any incidents.
 - II. Member Ferretta commented she has a friend in Lake County, who is bipolar, and keeps getting arrested for public intoxication. She asked if they do evaluations here at the County jail to determine whether an individual like this is actually intoxicated or instead has a mental illness.
 - III. Capt. Pearce said they are assessed, and if it is known or when they have mental health history, they do a warm hand-off to RCS and they take over from there.
- D. Discussion on the collaborative meetings held at the jail.
- I. The jail has meetings every Monday at 8:30 AM with RCS crisis staff. They go over who they have, who's going to be released, and how to get clients from the jail to the streets in a safely manner.
 - II. There are also other internal meetings with medical staff to determine how to deal with individuals while they are in there. Discuss those that are in safety cells, etc.
- E. Discussion on the work Ian Winter has done as the new BHRS Jail Discharge Planner.
- I. BHRS Director Miller explained that the Discharge Planner position was being reviewed and evaluated before starting in the jail.
 - II. Mr. Winter should be starting back in the jail within the next month, and will be working alongside Mike Kennedy on the discharge planning at the jail.
- F. Member Rich asked about long stays in isolation, and if there are any possible alternatives.
- I. Capt. Pearce said there is not much they can do to change that, there are not many alternatives to try and get a patient stabilized.
- G. Capt. Pearce stated there has been 5 life saves since the beginning of the year. Although it is not publicly recognized, staff who are a part of it do get recognized internally.
- H. Member Lockart asked if new staff get training on Cultural Competency.
- I. Capt. Pearce said they do not, they only get the CIT training.
- I. Member Martinez acknowledged the fact that the jail has a lot more supportive services that did not exist before. He praised the jail for all the good work that is being done.
- J. BHRS Director Miller acknowledged William Feather, Inmate Services Coordinator at the jail, whom she said has been an amazing addition to the jail. She is very impressed with the work Mr. Feather has done so far, and suggested he

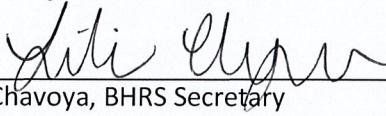
	might be someone the board may want to invite to a future BHAB meeting to give a presentation.	
10. 25 minutes	<p>Mental Health Services Act (MHSA) Three-Year Plan 2019/2020 Annual Update: <i>Discussion and vote by BHAB members</i></p> <p>A. Karen Lovato, BHRS Acting Deputy Director presented the board with a draft copy of the Mental Health Services Act Annual Plan Update for the 2019-2020 fiscal year.</p> <p>B. Board members gave recommendations and suggestions on edits/changes to be made to the annual update plan.</p> <p>C. Member Lockart commented there seems to have been a rise on homelessness in the last few years in Ukiah.</p> <p>I. Ms. Lovato explained they try to keep up to date on the most current data but it can be difficult as most of the data they collect comes from the Census. Census data is sometimes 10 years old because information isn't updated often. BHRS is open to recommendations on different sources of data.</p> <p>D. Discussion on the CHFFA funds and how the timeline and project has changed and taken so long. There is a possibility the County may lose those funds, but are working with CHFFA on the new plan and hope to keep moving forward with it.</p> <p>E. Discussion on why the ASO's are not mentioned in the MHSA Annual Plan.</p> <p>I. BHRS Director Miller commented the ASO does not oversee MHSA like it does with specialty mental health services. The contract is not through an ASO model but rather it is a contract with the County.</p> <p>F. Josephine Silva commented MHSA funds should be proportionate to age group needs, which would apply to quite a few services.</p> <p>G. BHRS Director Miller commented it is the first year BHRS is actually analyzing every MHSA program in depth.</p> <p>H. Public hearing will happen 30 days after BHAB approves the MHSA annual plan to go out to the public.</p> <p>I. The MHSA 19/20 annual plan update was approved with the recommended changes.</p>	<p>Board Action: Motion was made by Member Rich, seconded by Member Gorny to approve the MHSA 19/20 3 Year Annual Plan Update with the recommended changes. Member Lockart opposed motion, motion passed by majority vote.</p>
11. 5 minutes	<p>Adjournment: Meeting adjourned by Chair McGourty at 2:05.</p> <p>Next meeting: August 21, 2019 – Elk</p>	

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.


Jan McGourty, BHAB Chair

10.10.19
Date


Lilian Chavoya, BHRS Secretary

10/10/19
Date

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