MENDOCINO COUNTY BEHAVIORAL HEALTH ADVISORY BOARD

REGULAR MEETING

AGENDA

October 15, 2025
1:00 PM – 3:30 PM

Location: Behavioral Health & Recovery Services, Conference Room 1, 1120 S. Dora Street, Ukiah, CA 95482

Chairperson
Jo Bradley

Vice Chair
Mo Mulheren

Secretary/Treasurer
Jenniffer Estevo

BOS Supervisor
Mo Mulheren

MEMBERSHIP:

ANTHONY BAROZA, *25 YRS AND UNDER*
JO BRADLEY, *5TH DISTRICT*
MARK DONEGAN, *VETERAN*
JENNIFFER ESTEVO, *2ND DISTRICT*
DENISE GORNY, *1ST DISTRICT*
PERRI KALLER, *3RD DISTRICT*
TIM BOSMA, *4TH DISTRICT*
MARTIN MARTINEZ, *5TH DISTRICT*
JEFF SHIPP, *3RD DISTRICT*
GINA DANNER, *LOCAL EDUCATION AGENCY*

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

	Agenda Item / Description	Action
1. 3 minutes	**Call to Order, Roll Call, Quorum Notice, & Approve Agenda:** *Review and Possible Action.*	Board Action:
2. 10 minutes (Maximum)	**Public Comments:** *Members of the public wishing to comment on the BHAB will be recognized now. Any additional comments can be provided through email to bhboard@mendocinocounty.gov*	Board Action:
3. 10 minutes	**Approval of Minutes from September 17, 2025, Regular Meeting:** *Review and Possible Action*	Board Action:
4. 15 minutes	**Mendocino County Data Notebook for California Behavioral Health Boards and Commissions:** *Review and Possible Action*	Board Action:
5. 30 minutes	**Mendocino County Report:** *Jenine Miller, Director of Health Services* A. Director Report Questions B. Federal Updates C. Legislative Updates D. PHF Updates	Board Action:

	E. Grant Updates	
6. **15 minutes**	**Board & Committee Reports:** *Discussion and Possible Action* A. Chair – *Jo Bradley* B. Vice Chair – *Mo Mulheren* C. Secretary/Treasurer – *Jenniffer Estevo* D. Appreciation Committee – *Member Martinez*	Board Action:
7. **10 minutes**	**Member Comments:**	Board Action:
8. **2 minutes**	**Adjournment:**	Board Action:

AMERICANS WITH DISABLITIES 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: bhboard@mendocinocounty.gov **| WEBSITE:** www.mendocinocounty.gov/bhab

MENDOCINO COUNTY BEHAVIORAL HEALTH ADVISORY BOARD

REGULAR MEETING

MINUTES

September 17, 2025
1:00 PM – 3:30 PM

Location: Behavioral Health Regional Services, Conference Room 1, 1120 S. Dora Street, Ukiah, CA 95482

Chairperson
Jo Bradley

Vice Chair
Mo Mulheren

Secretary/Treasurer
Jenniffer Estevo

BOS Supervisor
Mo Mulheren

MEMBERSHIP:

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JEFF SHIPP, *3RD DISTRICT*
GINA DANNER, *LOCAL EDUCATION AGENCY*

OUR COMMITMENT: *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.*

OUR VISION: *We support recovery and wellness for Medi-Cal beneficiaries with serious mental illness or substance misuse disorders through compassionate, culturally responsive care —working together to reduce disparities and strengthen our community.*

	Agenda Item / Description	Action
1. **3 minutes**	**Call to Order, Roll Call, Quorum Notice, & Approve Agenda:** *Review and Possible Action.* • Chair Bradley called the meeting to order at 1:05 pm • Members present: Member Baroza, Member Donegan, Member Estevo, Member Gorny, Member Kaller, Member Bosma, Member Mulheren Members Absent: Member Shipp • Members excused: Member Danner, Member Martinez • Director Jenine Miller was not present • Deputy Director BHRS Operations Karen Lovato was present • Supervisor Norvell was present • Motion made by Member Baroza, seconded by Member Estevo to approve the Agenda. Motion was voted on and approved unanimously.	Board Action: Approved

2. **10 minutes (Maximum)**	**Public Comments:** *Members of the public wishing to comment on the BHAB will be recognized now. Any additional comments can be provided through email to bhboard@mendocinocounty.gov* Sylvia Clark • Is attending the BHAB meeting to observe and learn about the Board's order of business.	Board Action: None.
3. **10 minutes**	**Plaque of Appreciation for Lois Lockart:** *Presentation* • Chair Bradley advised Lois Lockart was unable to attend today's BHAB meeting and noted a plaque of appreciation will be presented to her for her dedicated years of service.	Board Action: None.
4. **10 minutes**	**Approval of Minutes from August 27, 2025, Regular Meeting** • Motion made by Member Baroza, seconded by Member Bosma to approve August 27, 2025, Minutes.	Board Action: Approved.
5. **15 minutes**	**Mendocino County Youth Project Report** – *Amanda Archer/Designee* A. Services Update • Reported not all relevant service updated information is available at this time. • Provided updated information regarding availability of housing grants for those persons requiring mental health services that is contingent on Medi-Cal eligibility considerations. • Additionally, Mendocino County Youth Project is diligently working through the application process for installation of the Avatar electronic program to improve and better assist with the efficiency of securely obtaining health records.	Board Action: None.
6. **15 minutes**	**Redwood Community Services Report –** *Victoria Kelly/Designee* A. Services Update • Elaborated on the Redwood Community Services (RCS) Service Organizational Update, dated September 17, 2025, and presented status updates relative to adult and children referral/eligibility and intake/assessment totals for Mendocino County Specialty Mental Health outpatient service clients as well as status updates for active Mendocino County Crisis Services. • Commented on current staffing shortage issues and how staff has taken extra shifts to compensate for staffing shortfalls to ensure professional/adequate coverage is available to meet client needs and be able to maintain/preserve their high-quality level of care. • RCS closely monitors all current/potential Federal changes to Medi-Cal eligibility/benefits requirements for RCS clients who receive services. • Referred to the training calendar on the RCS website for a list of training opportunities.	Board Action: None.
7. **15 minutes**	**Tapestry Report** – Kendra Palma/Designee A. Services Update – Brian Erickson • Gave an overall third quarter Fiscal year update.	Board Action: None.

	• Provided current statistical information on the number of clients Tapestry Family Services assisted for the various specialty mental health and other services they provide that include therapy, counseling, rehabilitation/group rehabilitation, and other mental well-being services extended to children, adolescents, and adult clients. • Advised Tapestry is fully staffed in all areas of service necessary to make certain their clients are adequately accommodated. • Briefly discussed other potential specialized program strategies for those persons seeking mental health support/assistance by incorporating systematic team efforts and standards aimed at ensuring the deliverance/performance of Quality Assurance (QA) care is provided to clients. • Addressed the importance of office translation services being offered to clients as well as ongoing staff training opportunities. • While the exact number of homeless persons served is not readily known at this time, concerted efforts are made to effectively track/monitor the many homeless persons served/assisted by this agency. Tapestry Family Services employee, Esmesalda Gomez was introduced. • Esmesalda Gomez presented her story how her enduring dream/desire of coming to the United States from Mexico after graduation from high school to pursue her higher educational goals that resulted in successful career opportunities ultimately came to fruition.	
8. **15 minutes**	**Mendocino County Hospitality Center Report** – *Paul Davis/Designee* A. Services Update • Talked about software conversion plans. • Explained the working relationship Mendocino County Hospitality Center has with the Fort Bragg Police Department including contract elements held relative to agency operations as a service provider for emergency shelter, housing, and other community engagement activities. • Provided updated information relevant to the number of transitional housing beds and number of intakes for adults and families with children. • There was discussion about the agency's Substance Use Disorder Treatment (SUDT) program, mental health, and other services provided in connection with program policies and corresponding working referral system. Chair Bradley inquired about how mental health assessments are conducted. • It was noted that case management handles intake assessment together with assistance from other agencies such as Tapestry to make this portion of the service operation successfully work.	Board Action: None.
9. **15 Minutes**	**Anchor Health Management Report –** *Sarah Walsh and Tim Shraeder, Anchor Health Management Inc.* A. Services Update	Board Action: None

	• Noted a Director of Nursing have been recently hired to lead the 24-hour nursing operation component. • Construction continues on the Mental Health Rehabilitation Center (MHRC) and staff is transitioning in this regard. Construction/restoration is in the final stages of development with the need to still obtain certain necessary permits to allow for the full provision of planned services. • There has been review concerning the managing of program referrals pertinent to patients who have not progressed despite ongoing treatment services and placements. • Provided statistical updates for medication support services regarding the number of new clients served, those clients completing treatment, and utilizing percentage data for clients showing improvements with medication. • Advised the medication management clinic is operating smoothly in the new location at 531 S. Orchard Avenue. • Briefly addressed substance abuse outpatient care.	
10. **15 Minutes**	**Mendocino County Specialty Mental Health Report** – *Karen Lovato, Deputy Director BHRS Operations* A. Services Update • Gave statistical updates on current BHRS programs and commented on other information contained in the BHRS Report for September 2025, including further BHRS supplemental document information pertinent to: o Mental Health Services Act (MHSA) funding o LPS Conservatorship data and associated criteria o Assisted Outpatient Treatment (AOT) data & criteria – August 2025 o Mobile Outreach and Prevention Services (MOPS) – August 2025 o AB 109 Monthly Report – August 2025 o Mobile Crisis Monthly Report – August 2025 o Jail Discharge Monthly Report – August 2025 o Care program and other relevant BHRS client program referral/assessment information Noted RCS offers after-hour mobile crisis services.	Board Action: None.
11. **10 Minutes**	**Mendocino County Report:** *Karen Lovato, Deputy Director BHRS Operations* A. Mendocino County Director Report Questions • No questions. B. Federal Updates • Noted the department continues to monitor State and Federal changes that may affect County service programs and other relevant agency business functions to stay in compliance with new government laws and policies. C. Legislative Updates • There is review of any proposed legislative changes. D. PHF Updates • No discussion.	Board Action: None.

12. **15 Minutes**	**Board & Committee Reports:** *Discussion and Possible Action* A. Chair – *Jo Bradley* • No Reports B. Vice Chair – *Mo Mulheren* • No Reports C. Secretary/Treasurer – *Jenniffer Estevo* • No Reports D. Appreciation Committee – *Member Martinez* • No Reports	Board Action: None.
13. **10 Minutes**	**Member Comments:** • Chair Bradley acknowledged BHAB regular meetings occur on the third week of a regularly scheduled month. Mendocino County Counsel stated there must be an in-person meeting quorum in order to vote and conduct meeting business. There is a need to have a BHAB meeting in Covelo and the Board members present were polled to determine whether a quorum is feasible. • There was board discussion regarding attendance and likelihood of a possible quorum for a BHAB meeting in Covelo. • No determination relevant to a quorum was made.	Board Action: None.
14. **2 minutes**	**Adjournment:** 2:13 pm Motion to adjourn made by Member Kaller, seconded by Member Baroza, approved unanimously.	Board Action: Approved

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_____

Jo Bradley, Chair Date

_____

BHAB Clerk Date

DATA NOTEBOOK 2025

FOR CALIFORNIA

BEHAVIORAL HEALTH BOARDS AND COMMISSIONS

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

The California Behavioral Health Planning Council (Council) is under federal and state mandate to review, evaluate and advocate for an accessible and effective behavioral health system. This system includes both mental health and substance use treatment services designed for individuals across the lifespan. The Council is also statutorily required to advise the Legislature on behavioral health issues, policies, and priorities in California. The Council advocates for an accountable system of seamless, responsive services that are strength-based, consumer and family member driven, recovery oriented, culturally, and linguistically responsive and cost effective. Council recommendations promote cross-system collaboration to address the issues of access and effective treatment for the recovery, resilience, and wellness of Californians living with severe mental illness and/or substance use disorders.

For general information, you may contact the following email address or telephone number:
DataNotebook@CBHPC.dhcs.ca.gov
(916) 701-8211

Or you may contact us by postal mail at:

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

For questions regarding the SurveyMonkey online survey, please contact Justin Boese at Justin.Boese@cbhpc.dhcs.ca.gov

NOTICE:

This document contains a textual **preview** of the California Behavioral Health Planning Council 2025 Data Notebook survey, as well as supplemental information and resources. It is meant as a **reference document only**. Some of the survey items appear differently on the live survey due to the difference in formatting.

DO NOT RETURN THIS DOCUMENT.

Please use it for preparation purposes only.

To complete your 2025 Data Notebook, please use the following link and fill out the survey online by **November 1, 2025**:

https://www.surveymonkey.com/r/data-notebook2025

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CBHPC 2025 Data Notebook: Introduction

What is the Data Notebook? Purpose and Goals

The Data Notebook is a structured format to review information and report on aspects of each county's behavioral health services. A different part of the public behavioral health system is addressed each year, because the overall system is large and complex. This system includes both mental health and substance use treatment services designed for individuals across the lifespan.

Local behavioral health boards/commissions (local boards) are required to review performance outcomes data for their county and to report their findings to the California Behavioral Health Planning Council (Planning Council). To provide structure for the report and to make the reporting easier, each year a Data Notebook is created for local boards to complete and submit to the Planning Council. Discussion questions seek input from local boards and their departments. Planning Council staff analyze these responses to create annual reports to inform policy makers and the public.

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

- To help local boards meet their legal mandates[1] to review and comment on their county's performance outcome data, and to communicate their findings to the Planning Council;
- To serve as an educational resource on behavioral health data;
- To obtain the opinions and thoughts of local board members on specific topics;
- To identify successes, unmet needs and make recommendations.

How the Data Notebook Project Helps You

Understanding data empowers individuals and groups in their advocacy. The Planning Council encourages all members of local boards to participate in developing the responses for the Data Notebook. This is an opportunity for local boards and their county behavioral health departments to work together to identify critical issues in their community. This work informs county and state leadership about behavioral health programs, needs, and services. Some local boards use their Data Notebook in their annual report to the County Board of Supervisors.

[1] W.I.C. 5604.2, regarding mandated reporting roles of Behavioral Health Boards and Commissions in California.

In addition, the Planning Council will provide our annual 'Overview Report,' which is a compilation of information from all of the local boards who completed their Data Notebooks. These reports feature prominently on the website[2] of the California Association of Local Mental Health Boards and Commissions (CALBHBC). The Planning Council uses this information in their advocacy to the legislature, and to provide input to the state mental health block grant application to the Substance Abuse and Mental Health Services Administration (SAMHSA)[3].

CBHPC 2025 Data Notebook: Wellness and Recovery Centers in California's Public Behavioral Health System

Wellness and Recovery Centers represent an essential model within California's public behavioral health landscape. These community-based programs are designed to support individuals living with serious mental illness and/or substance use disorders by offering accessible, voluntary, and person-centered services. Drawing from principles of peer support, empowerment, and holistic wellness, Wellness and Recovery Centers provide a welcoming space where individuals can pursue recovery on their own terms and engage in services that promote stability, resilience, and social connection.

This year, the California Behavioral Health Planning Council has chosen to focus the Data Notebook on Wellness and Recovery Centers to better understand how they are implemented across the state, identify common strengths and needs, and highlight their role within a continuum of care. This focus is particularly timely given recent shifts in policy and funding under California's Behavioral Health Services Act (BHSA) and broader Behavioral Health Transformation efforts. As counties adapt to new mandates and resource allocations, there is growing concern that Wellness and Recovery Centers may face reductions or loss of support, despite their alignment with goals of equity, prevention, and community-based care.

The California Behavioral Health Planning Council first examined the role and potential of Wellness and Recovery Centers in its 2011 report, *Wellness & Recovery Centers: An Evolution of Essential Community Resources*[4]. That report identified Wellness and Recover Centers as innovative, peer-driven models that foster empowerment, social inclusion, and wellness outside of traditional clinical settings. It emphasized the

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[2] See the annual Overview Reports on the Data Notebook posted at the California Association of Local Behavioral Health Boards and Commissions website.
[3] SAMHSA: Substance Abuse and Mental Health Services Administration, an agency of the Department of Health and Human Services in the U.S. federal government. For reports, see www.SAMHSA.gov.
[4] Wellness and Recovery Centers: An Evolution of Essential Community Resources. Published 2011 by the California Behavioral Health Planning Council.

importance of these centers in promoting recovery-oriented systems of care, particularly for individuals who may not engage readily with formal treatment environments.

More than a decade later, this year's *Data Notebook* serves as a follow-up to that foundational work, revisiting the concept of Wellness and Recovery Centers in light of changing policy landscapes, evolving community needs, and local program development. While the core values of these programs remain consistent, their structure, scope, and funding have evolved significantly. This survey seeks to increase understanding of how Wellness and Recovery Centers are functioning today.

Defining Wellness and Recovery Centers

While the design and operation of Wellness and Recovery Centers vary widely across the state in name, scope, staffing, and funding, most share common elements. For the purposes of the 2025 Data Notebook Survey, we are using the following definition:

> ***Wellness and Recovery Centers*** *are community-based programs that offer voluntary support services to individuals experiencing mental health and/or substance use challenges. These centers prioritize peer support, empowerment, and self-determined approaches to recovery, often providing activities such as support groups, wellness education, resource navigation, and social connection. They are designed to be welcoming, low-barrier spaces that affirm dignity, autonomy, and lived experience as central components of healing and recovery.*

2025 Data Notebook Survey Questions

Please answer the following questions about your county using the Survey Monkey link provided with this Data Notebook:

1. **What is the name of your county?** *(Drop down menu)*
2. **How many Wellness Centers are there in your county?** *(Numerical response)*

   4

3. **Does your county also currently operate a Clubhouse Model program?** *(Yes/No)*

   No

For the following questions, please select **one** Wellness and Recovery Center that you feel is representative of the programs in your county. Answer the following questions in regard to the selected program. ***If the answer to a question is not known and is not easily obtainable, please feel free to skip it and answer the questions that you can.*** Our goal is to gather as much information as possible without requiring burdensome research; we aim to have a complete report available by the end of the year, so this information can be considered by the stakeholder process within each county.

Section 1: Program Operations

4. **Name of Center/Program** *(Text Response)*

   Ukiah BHRS Wellness Center

5. **Address (Text Response)**

   1120 S. Dora Street, Ukiah

6. **Is the program operated by the county?** *(Yes/No)*

   Yes

7. **Is the program a non-profit organization?** *(Yes/No)*

   No

8. **Is the program part of another organization?** *(Yes/No)*

   No

9. **Does the program receive any issues or stigma from the surrounding community, i.e. "NIMBYism"?** *(Yes/No)*

   No

10. **Who can we reach out to for more information about the program? (This may or may not be the same person who completed the survey.) Please provide their name, title, and contact information.** *(Text Response)*

    Rena Ford

    Staff Services Administrator

    FordRe@MendocinoCounty.gov

Section 2: Management of the Program:

11. **Does the program have a Board of Directors?** *(Yes/No)*

    No

12. **Are the participants engaged in the management and design of the program?** *(Yes/No)*

    Yes

13. **Will the program assist participants' inclusion in community planning activities, such as the integrated plan for the behavioral health department?** *(Yes/No)*

    Yes

Section 3: Program Model

14. **Is the program based on the recovery model?** *(Yes / No)*

    Yes

15. **Is the program drop-in?** *(Yes/No)*

    Yes

16. **Please indicate who is welcome at your center** *(check all that apply):*

    a. Persons who identify mental health needs: Yes
    b. Persons who identify substance use disorders needs: Yes
    c. Persons who do not identify with either category Yes
    d. Other *(text box)*

17. **Does your program follow a specific model? If yes, what is the name of the model?** *(Yes with text response / No)*

    Yes, we utilize a social rehab model that focuses on client driven agency and peer advocacy. Our programs emphasize peer to peer relationships and peer driven activities.

Section 4: Program Finances

18. **Which of the following funding sources are used for program operations?** *Please check all that apply.*
    a. County
    b. MediCal
    c. BHSA
    d. Grants
    e. Other *(text response)*
19. **Does the program operate as part of a larger organization that is not the county behavioral health department? If yes, what organization?** *(Yes with text box response / No)*

    No

Section 5: Program Staffing

20. **Do the supervisors of the program have lived experience?** *(Yes/No)*

    Yes

21. **Does the program utilize volunteers with lived experience from your membership?** *(Yes/No)*

    Yes

22. **Does the program utilize other volunteers, such as family members of people with lived experience?** *(Yes/No)*

    No

23. **Does the program employ certified peer support specialists?** *(Yes/No)*

    Yes

24. **If you answered "Yes" to question 22, are the peer support specialists the program employs billing Medi-Cal for their services?** *(Yes/No/NA)*

    No

25. **Please list other categories of people working in the program:** *(Text Response)*

    MHRS, Community Health Workers

Section 6: Activities and Supports

26. **Does the program have guidelines or a code of conduct that participants must agree to?** *(Yes/No)*

    Yes

27. **Does the center offer support or activity focused groups? If yes, what are some of the topics?** *(Yes with text response / No)*

    Yes, Anger Management, Paperwork help, System of care Navigation/information, crochet, art, music, etc.

28. **Does the center have a set schedule of groups and activities?** *(Yes/No)*

    Yes

29. **Is there a list of activities provided to participants by staff?** *(Yes/No)*

    Yes

30. **Does the center offer activities in different languages? If yes, what languages?** *(Yes with text response / No)*

    Yes, with prior arrangement, Spanish

31. **What personal supports does the center offer to participants?** *Please check all that apply:*

    a. Showers
    b. Meals
    c. Snacks
    d. Laundry services
    e. Clothing closet
    f. Personal grooming
    g. Personal products / toiletries
    h. Other (text response)

32. **Are transportation services or support provided to participants?** *(Yes/No)*

    Yes

33. **Is there a licensed clinician at the center?** *(Yes/No)*

    No

34. **Do you provide medication management support? If yes, please describe the services.** *(Yes with text response / No)*

    No

Section 7: Participant Referrals

35. **Does the program accept drop-in participants?** *(Yes/No)*

    Yes

36. **Does the program receive referrals from the county?** *(Yes/No)*

    No

37. **Does the program receive referrals from other organizations? If yes, please list some of those organizations.** *(Yes with text response / No)*

    No, the Wellness Centers are not referral based. They are specifically drop in.

Section 8: Other Information

38. **Does the program conduct satisfaction surveys for participants?** *(Yes/No)*

    Yes

39. **If possible, please describe one brief success story from/about the program.** *(Large text box)*

    Our drop-in Wellness Center in Ukiah is purely voluntary for participation. In Ukiah, we had a client who started to utilize the center while waiting for other services nearby. While waiting at the center, they were introduced to a number of other programs offered within the system of care. They expressed interest in getting help with housing. Because their mental health needs met criteria, and they were already considering Full Service Partnership, they were able to get referred to our FSP providers in the area who were able to refer them to our housing programs where they were able to transition to permanent housing.

Post-Survey Questionnaire

Completion of your Data Notebook helps fulfill the board's requirements for reporting to the California Behavioral Health Planning Council. The questions below ask about operations of mental health boards, and behavioral health boards or commissions, etc.

1. **What process was used to complete this Data Notebook?** *(Please select all that apply)*
    a. BH board reviewed WIC 5604.2 regarding the reporting roles of mental health boards and commissions.
    b. BH board completed the majority of the Data Notebook.
    c. Data Notebook placed on agenda and discussed at board meeting.
    d. BH board work group or temporary ad hoc committee worked on it.
    e. BH board partnered with county staff or director.
    f. BH board submitted a copy of the Data Notebook to the County Board of Supervisors or other designated body as part of their reporting function.
    g. Other (please specify)
2. **Does your board have designated staff to support your activities?**
    a. Yes (if yes, please provide their job classification)
    b. No
3. **Please provide contact information for this staff member or board liaison.**
4. **Please provide contact information for your board's presiding officer** (chair, etc.)
5. **Do you have any feedback or recommendations to improve the Data Notebook for next year?**

- **Board of Supervisors:**

Recently passed items or presentations:

Mental Health:

- Approval of Agreement with Relias, LLC. in the Amount of $76,685.55 to Monitor and Provide Required Annual Trainings for All Behavioral Health and Recovery Services and Public Health Staff, Effective December 1, 2025, through November 30, 2028
- Approve first amendment to BOS Agreement 25-043 with Mendocino Coast Hospitality Center to increase the amount by $99,088.50 for a new total of $155,895 to provide services to severely mentally disabled clients per the Projects for Assistance in Transition from Homelessness (PATH) Grant, effective July 1, 2025, Through June 30, 2026; authorize the Behavioral Health and Recovery Services Director or designee to sign any future amendments to the Agreement that do not affect the annual maximum amount; and authorize Chair to sign the same.
- Approval of Retroactive Second Amendment to Agreement No. BOS-24-091 with Psynergy Programs, Inc. in the Amount of $20,000 for a New Total of $385,000 to Provide Residential Care to Mendocino County Lanterman-Petris-Short Clients, Effective July 1, 2024, through June 30, 2025
- Approval of Retroactive Third Amendment to Agreement No. BOS-24-071 with Willow Glen Care Center Increasing the Amount by $9,200 for a New Total of $554,200 to Provide Residential Care to Mendocino County Lanterman-Petris-Short Clients, Effective July 1, 2024, through June 30, 2025
- Adoption of Resolution Authorizing the Auditor Controller/Treasurer Tax Collector or Designee to Process and Pay for Outstanding Invoices, Totaling the Amount of $27,547, From Various Psychiatric Hospitals, Clinics and Physician Offices for Mandated Services Provided to Qualified Mendocino County Mental Health Clients

Substance Abuse Disorders Treatment:

- None.

Public Health:

- Approval of Retroactive Agreement (Intergovernmental Agreement No. IGT-24-0036) with the California Department of Health Care Services in the Amount of $575,704.80 for Three Years, to Allow Mendocino County Public Health to Participate in the Medi-Cal Managed Care Capitation Rate Increase Intergovernmental Transfer to Secure Additional Federal Revenue to Deliver Expanded Services to the Managed Medi-Cal Population, Effective January 1, 2024, through June 30, 2027

Future BOS items or presentations:

Mental Health & Public Health:

- None

Substance Use Disorders Treatment:

- None

- **Staffing Updates:**
  - New Hires:
    - Mental Health: 1
    - Substance Use Disorder Treatment: 0
  - Promotions:
    - Mental Health: 1
    - Substance Use Disorder Treatment: 0
  - Transfers:
    - Mental Health: 0
    - Substance Use Disorder Treatment: 0
  - Departures:
    - Mental Health: 0
    - Substance Use Disorder Treatment: 0
  - Percent of Vacancies in Mental Health and Substance Use Disorder Treatment:
    - Mental Health/Mental Health Services Act: 26%
    - Substance Use Disorder Treatment: 20%

- **Audits/Site Reviews: September 2025**
  - No audit or site reviews in September 2025

- **Grievances/Appeals:**

September 2025

- MHP Grievances: 0 (received in September)
- Pending: 0
- Resolved: 2
- SUDT Grievances: 0
- MHSA Issue Resolutions: 0
- Second Opinions: 0
- Change of Provider Requests: 0
- Pending: 0
- Resolved: 0
- Provider Appeals: 0
- Consumer Appeals: 0

- **Meetings of Interest:**
  - MHSA Forum/QIC Meeting will be held on Wednesday, December 3, 2025, from 2:00

PM to 4:00 PM at Behavioral Health Regional Training Center, 8207 East Road, Redwood Valley and via Teams.

- **Grant Opportunities:**
  - BHRS met with the consultant for the Bond BHCIP Round 2 Unmet Needs pre-application and clarified several outstanding questions. We are currently drafting our final application, which is due October 28, 2025.

- **Significant Projects/Brief Status:**

Assisted Outpatient Treatment (AOT): AB 1421/Laura's Law September 2025 Data:

Melinda Driggers, AOT Coordinator, is accepting and triaging referrals:
- Referrals to date: 171
- Total that did not meet AOT criteria: 123
- Total FY 25/26 Referrals: 2
- Currently in Investigation/Screening/referral: 2
- Unable to locate/Connect: 2
- Pending Assessment to file Petition: 0
- Settlement Agreement/Full AOT FY 24/25: 0

Notes: There are going to be discrepancies with the number of clients referred and clients that did not meet the criteria. Just because someone was not ordered into AOT does not mean they did not meet the criteria. There are times when the County files a petition and the client does not show up to court, a higher level of care is needed, the client chose to participate in BHC instead, they were incarcerated, the client left the area, etc.

Most of the referrals AOT receives are from service providers, which means the client is already connected to services. When the county AOT Coordinator can contact a client, she assists in connecting them with services they are interested in.

Unable to locate/connect with the client: Even if unable to contact the client, the AOT Coordinator does a record review and notifies mobile crisis, mobile outreach, crisis, and the jail discharge planner letting them know we have a referral and need to touch-base with the client. If it looks like the client likely meets the criteria, the AOT Coordinator will put together an investigation report and send it for an assessment just in case they do have contact with the client.

Dual Response Mobile Crisis Response September 2025 Data:

- Total calls: 65
- Unduplicated clients: 53
- Calls resulting in 5150: 4
- Fiscal Year to date 24/25: 159 total calls, 126 Unduplicated clients, 11 calls resulting in 5150

- **Educational Opportunities:**
  - MHSA Forum/QIC Meeting will be held on Wednesday, December 3, 2025, from 2:00 PM to 4:00 PM at Behavioral Health Regional Training Center, 8207 East Road,

Redwood Valley and via Teams.

- **Mental Health Services Act (MHSA):**
  - MHSA Forum/QIC Meeting will be held on Wednesday, December 3, 2025, from 2:00 PM to 4:00 PM at Behavioral Health Regional Training Center, 8207 East Road, Redwood Valley and via Teams.

- **Lanterman Petris Short Conservatorships (LPS):**

Number of individuals on LPS Conservatorships in September 2025: 69

- In County: 20
- Out of County: 49
- New: 3
- Discharged: 3

- **Substance Use Disorders Treatment Services:**

Number of Substance Use Disorders Treatment Clients Served in August 2025:

- Total number of clients served: 103
- Total number of services provided: 457
- Fort Bragg: 18 clients served for a total of 59 services provided
- Ukiah: 81 clients served for a total of 348 services provided
- Willits: 21 clients served for a total of 50 services provided

Number of Substance Use Disorder Clients Completion Status:

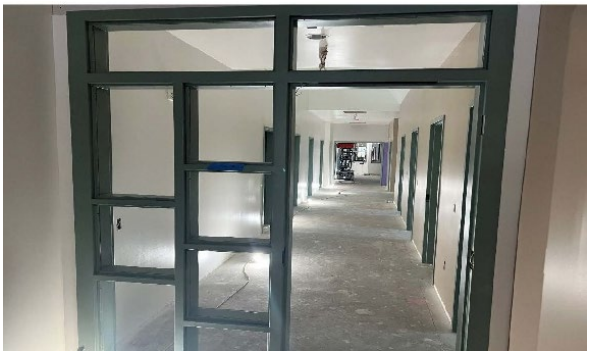
- Completed Treatment/Recovery: 4
- Left Before Completion: 4
- Lost Contact/Service Unavailable: 10
- Discharged to Rehab Facility/Incarceration: 2
- Other: 3

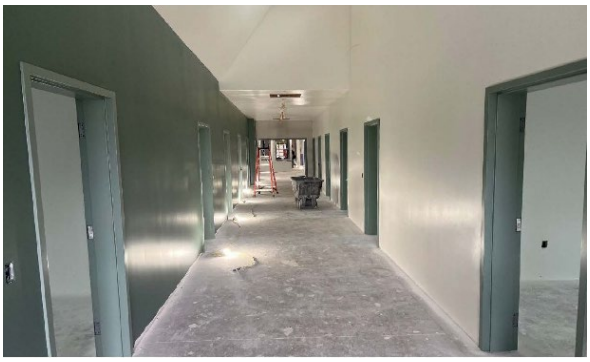
- **New Contracts:**
  - None.

- **Capital Facilities Projects:**
  - **Willow Terrace Project and Orr Creek Commons Phase 2:**
    Units are operating well, and support activities via Innovation and Mobile Teams, in addition to Specialty Mental Health (SMH) services. Current vacancies taking applications via SMH providers.
  - **CRT: Phoenix House in September 2025**:
    - 10 clients; 3 admissions, 5 discharges
    - Total bed days: 403
    - 3 open beds at time of report
    - Successes: one client successfully discharged to home, another client transitioned to Madrone housing, and a third client discharged to housing at Valley House.

  - **PHF: Psychiatric Health Facility 10/3/2025:**
    The construction of the Psychiatric Health Facility is progressing well, and the structure is nearing completion. Ongoing site work includes finishing touches, such

as installing cabinets, ceiling tiles, and wall coverings, as well as painting the entire kitchen and day room interiors. However, we are experiencing delays in the delivery of two major pieces of equipment, the switchgear and generator, both of which are expected in December.





Mendocino County Behavioral Health and Recovery Services
Behavioral Health Advisory Board General Ledger
FY 25/26
10/1/2025

ORG	OBJ	ACCOUNT DESCRIPTION	YR/PER/JNL	EFF DATE	AMOUNT	INVOICE #	CHECK #	VENDOR NAME	COMMENT
MHB	862080	FOOD							
MHB	862080	FOOD							
MHB	862080	FOOD							
MHB	862080	FOOD							
		FOOD Total			**$0.00**				
MHB	862150	MEMBERSHIPS							
		MEMBERSHIPS TOTAL			**$0.00**				
MHB	862170	OFFICE EXPENSE	2026/02/000665	08/08/2025	73.93				UKIAH TROPHIES & GIFTS - Purch
MHB	862170	OFFICE EXPENSE							
MHB	862170	OFFICE EXPENSE							
MHB	862170	OFFICE EXPENSE							
		OFFICE EXPENSE Total			**$73.93**				
MHB	862190	PUBL & LEGAL NOTICES							
		PUBL & LEGAL NOTICES Total			**$0.00**				
MHB	862210	RNTS & LEASES BLD GRD							
MHB	862210	RNTS & LEASES BLD GRD							
MHB	862210	RNTS & LEASES BLD GRD							
MHB	862210	RNTS & LEASES BLD GRD							
		RNTS & LEASES BLD GRD Total			**$0.00**				
MHB	862250	TRNSPRTATION & TRAVEL							
MHB	862250	TRNSPRTATION & TRAVEL							
MHB	862250	TRNSPRTATION & TRAVEL							
MHB	862250	TRNSPRTATION & TRAVEL							
MHB	862250	TRNSPRTATION & TRAVEL							
MHB	862250	TRNSPRTATION & TRAVEL							
		TRNSPRTATION & TRAVEL Total			**$0.00**				
		TRAVEL & TRSP OUT OF COUNTY Total			**$0.00**				
		Grand Total			**$73.93**				

Summary of Budget for FY 24/25

OBJ	ACCOUNT DESCRIPTION	Budget Amount	YTD Exp	Remaining Budget
862080	Food	1,000.00	0.00	1,000.00
862150	Memberships	700.00	0.00	700.00
862170	Office Expense	500.00	73.93	426.07
862190	Publ & Legal Notices	0.00	0.00	0.00
862210	Rents & Leases Bld	360.00	0.00	360.00
862250	In County Travel	3,000.00	0.00	3,000.00
862253	Out of County Travel	2,000.00	0.00	2,000.00
	Total Budget	$7,560.00	$73.93	$7,486.07

Behavioral Health and Recovery Services
Mental Health FY 2025-2026
Budget Summary
Year-to-Date as of October 1, 2025

	Program	FY 25-26 Approved Budget	Expenditures						Revenue					Total Net Cost
			Salaries & Benefits	Services & Supplies	Other Charges	Fixed Assets	Operating Transfers	Total Expenditures	2011 Realignment	1991 Realignment	Medi-Cal FFP	Other	Total Revenue	
1	Mental Health (Overhead)	(6,369,775)	-	2,545	2,016,928	-	-	2,019,473	-	(1,140,593)	-	-	(1,140,593)	878,880
2	Administration - MHAD75	640,142	241,978	14,226	-	-	-	256,204	-	-	-	-	-	256,204
5	CalWORKs - MHAS32	-	-	-	-	-	-	-	-	-	-	-	-	-
6	Mobile Outreach Program - MHAS33	-	-	-	-	-	-	-	-	-	-	-	-	-
7	Adult Services - MHAS75	167,241	-	189	-	-	-	189	-	-	-	-	-	189
8	Path Grant - MHAS91	-	-	11,558	-	-	-	11,558	-	-	-	-	-	11,558
9	SAMHSA Grant - MHAS92	-	-	38,244	-	-	-	38,244	-	-	-	-	-	38,244
10	Mental Health Board - MHB	7,560	-	74	-	-	-	74	-	-	-	-	-	74
11	CCMU -BCHIP - MHBCMU	-	18,533	-	-	-	-	18,533	-	-	-	-	-	18,533
12	Business Services - MHBS75	1,208,929	222,662	46,852	-	-	-	269,514	-	-	-	-	-	269,514
13	MHCALA - Cal-Aim	-	-	-	-	-	-	-	-	-	-	-	-	-
15	MH Grant (Other)	-	-	73	-	-	-	73	-	-	-	-	-	73
16	AB109 - MHMS70	(401)	28,310	-	-	-	-	28,310	-	-	-	-	-	28,310
17	Conservatorship - MHMS75	2,618,918	30,239	5,534	526,439	-	-	562,212	-	-	-	(954)	(954)	561,258
18	Public Conservator Office - MHPC75	391,366	56,889	4,923	-	-	-	61,812	-	-	-	-	-	61,812
19	QA/QI - MHQA99	1,336,020	202,805	21,728	-	-	-	224,533	-	-	-	-	-	224,533
a	Total YTD Expenditures & Revenue	-	801,417	145,948	2,543,366	-	-	3,490,731	-	(1,140,593)	-	(954)	(1,141,547)	2,349,184
b	FY 2025-2026 Adjusted Budget	-	4,026,732	3,310,862	35,945,781	-	-	43,283,375	-	(21,532)	(24,731,238)	(18,530,605)	(43,283,375)	-
c	Variance	-	3,225,315	3,164,914	33,402,415	-	-	39,792,644	-	1,119,061	(24,731,238)	(18,529,651)	(42,141,828)	(2,349,184)

Behavorial Health and Recovery Services
Mental Health Services Act (MHSA) FY 2025-2026
Budget Summary
Year-to-Date as of October 1, 2025

	Program	FY 25-26 Approved Budget	Expenditures						Revenue				Total Net Cost
			Salaries & Benefits	Services & Supplies	Other Charges	Fixed Assets	Operating Transfers	Total Expenditures	Revenue Prop 63	Medi-Cal FFP	Other-Revenue	Total Revenue	
1	**Community Services & Support**	3,807,428	220,515	46,084	700,830	-		**967,429**	(1,025,478)	-	-	**(1,025,478)**	**(58,049)**
2	**Prevention & Early Intervention**	1,627,992	96,839	14,213	-	-	-	**111,052**	(256,370)	-	-	**(256,370)**	**(145,318)**
3	**Innovation**	133,919	-	-	-	-	-	**-**	(67,466)	-	-	**(67,466)**	**(67,466)**
4	**Workforce Education & Training**	-	-	-	-	-	-	**-**	**-**	**-**	-	**-**	**-**
5	**Capital Facilities & Tech Needs**	-	-	-	-	-	-	**-**	**-**	**-**	-	**-**	**-**
a	**Total YTD Expenditures & Revenue**	**5,569,339**	317,354	60,296	700,830	-	-	**1,078,481**	**(1,349,314)**	**-**	**-**	**(1,349,314)**	**(270,833)**
b	**FY 2025-2026 Adjusted Budget**	**-**	2,982,071	2,806,466	17,395,067	-	2,353,587	**25,537,191**	**(6,249,880)**	**(13,612,972)**	**(105,000)**	**(19,967,852)**	**19,182,311**
c	**Variance**	-	2,664,717	2,746,170	16,694,237	-	2,353,587	**24,458,710**	**(4,900,566)**	**(13,612,972)**	**(105,000)**	**(18,618,538)**	**5,840,172**

* **Prudent Reserve Balance** **1,018,338**

* 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 and Recovery Services
Substance Use Disorder Treatment (SUDT) FY 2025-2026
Budget Summary
Year-to-Date as of October 1, 2025

	Program	FY 25-25 Approved Budget	Expenditures						Revenue					Total Net Cost
			Salaries & Benefits	Services and Supplies	Other Charges	Fixed Assets	Operating Transfers	Total Expenditures	SABG AND FDMC	2011 Realignment	Medi-Cal FFP	Other	Total Revenue	
1	SUDT Overhead	(24,613,410)	-	-	-	-	-	-	-	-	-	(1,497)	(1,497)	(1,497)
2	County Wide Services - SU0035	23,456,465	-	4,154	-	-	-	4,154	-	-	-	-	-	4,154
4	Ukiah Adult Treatment Services - SU0100	(40)	80,601	1,056	-	-	-	81,657	-	-	-	(634)	(634)	81,023
5	Drug Court Services - SU0105	-	29,422	-	-	-	-	29,422	-	-	-	-	-	29,422
6	Women in Need of Drug Free Opportunities - SU0125	-	3,415	39	-	-	-	3,454	-	-	-	-	-	3,454
7	Family Drug Court - SU0127	-	44,538	110	-	-	-	44,648	-	-	-	-	-	44,648
8	Friday Night Live - SU0158	-	-	-	-	-	-	-	-	-	-	-	-	-
9	Willits Adult Services - SU0200	-	38,019	219	-	-	-	38,238	-	-	-	-	-	38,238
10	Fort Bragg Adult Services - SU0300	-	25,895	1,878	-	-	-	27,773	-	-	-	-	-	27,773
11	SU0MIP	-	-	-	-	-	-	-	-	-	-	-	-	-
11	Administration - SUADMN	1,156,983	107,989	12,486	-	-	-	120,475	-	-	-	(1,236)	(1,236)	119,239
12	Adolescent Services - SUADOL	-	40,501	327	-	-	-	40,828	-	-	-	-	-	40,828
13	SABG ARPA - SUARPA	-	-	-	-	-	-	-	-	-	-	-	-	-
14	COSSAAP - SUCOSP	-	-	2,280	-	-	-	2,280	-	-	-	-	-	2,280
15	SUGRNT	2	-	27,556	-	-	-	27,556	-	-	-	-	-	27,556
16	Prevention Services - SUPREV	-	3,528	1,353	-	-	-	4,881	-	-	-	-	-	4,881
a	Total YTD Expenditures & Revenue	-	373,908	51,459	-	-	-	425,367	-	-	-	(3,367)	(3,367)	422,000
b	FY 2025-2026 Adjusted Budget	-	2,315,604	24,222,107	2,972,534	-	-	29,510,245	(23,731,583)	-	(478,768)	(5,299,894)	(29,510,245)	-
c	Variance	-	1,941,696	24,170,648	2,972,534	-	-	29,084,878	(23,731,583)	-	(478,768)	(5,296,527)	(29,506,878)	(422,000)

Timeliness Charts and Graphs

1.

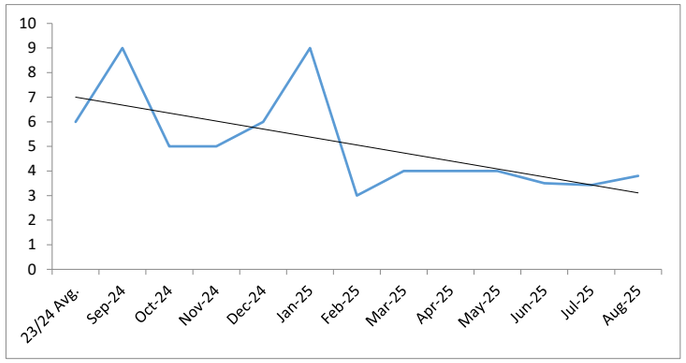
QI Work Plan 2.1

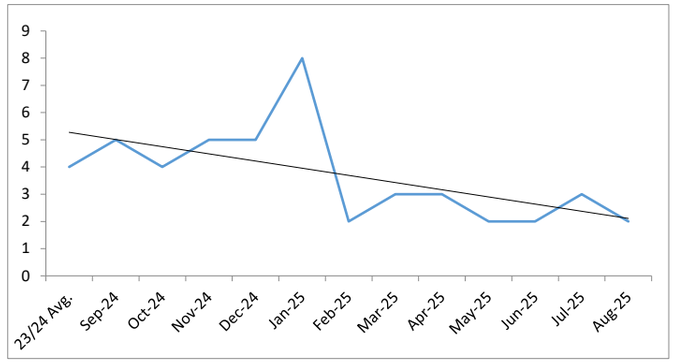
Length of Time from Initial Request to first offered Appt. - Mean BPSA - MHP Standard or Goal - 10 Business Days - 90%				
	All Services	Adult Services	Children's Services	Foster Care
23/24 Avg.	**6**	**5**	**7**	**7**
Sep-24	9	6	10	0
Oct-24	5	5	5	N/A
Nov-24	5	4	5	2
Dec-24	6	5	7	3
Jan-25	9	7	11	10
Feb-25	3	4	3	N/A
Mar-25	4	5	4	7
Apr-25	4	4	4	2
May-25	4	3	5	N/A
Jun-25	4	3.2	3.9	1
Jul-25	3.43	3.4	3.5	N/A
Aug-25	3.8	3.5	4.3	N/A
12 Mo. Avg.	5	4	5	4

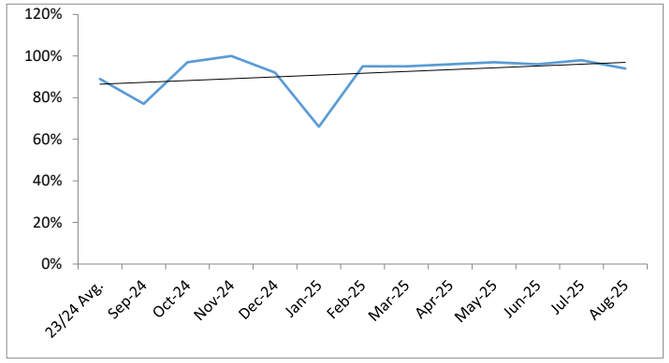
Length of Time from Initial Request to first offered Appt. - Median BPSA - MHP Standard or Goal - 10 Business Days - 90%				
	All Services	Adult Services	Children's Services	Foster Care
23/24 Avg.	**4**	**3**	**5**	**7**
Sep-24	5	5	6	0
Oct-24	4	5	4	N/A
Nov-24	5	5	5	2
Dec-24	5	5	6	3
Jan-25	8	5	9	10
Feb-25	2	2	2	N/A
Mar-25	3	2	3	9
Apr-25	3	3	2	2
May-25	2	2	4	N/A
Jun-25	2	5	3	1
Jul-25	3	3	3	N/A
Aug-25	2	2	3	N/A
12 Mo. Avg.	4	4	4	4

Length of Time from Initial Request to first offered Appt. BPSA - MHP Standard or Goal - 10 Business Days - 90%				
	All Services	Adult Services	Children's Services	Foster Care
23/24 Avg.	**89%**	**91%**	**87%**	**87%**
Sep-24	77%	89%	73%	0%
Oct-24	97%	100%	96%	N/A
Nov-24	100%	100%	100%	100%
Dec-24	92%	98%	85%	100%
Jan-25	66%	76%	58%	100%
Feb-25	95%	94%	98%	N/A
Mar-25	95%	94%	97%	100%
Apr-25	96%	97%	95%	100%
May-25	97%	98%	95%	N/A
Jun-25	96%	98%	94%	100%
Jul-25	98%	98%	97%	N/A
Aug-25	94%	96%	90%	N/A
12 Mo. Avg.	92%	95%	90%	86%

Graphs of "All Services"







2.

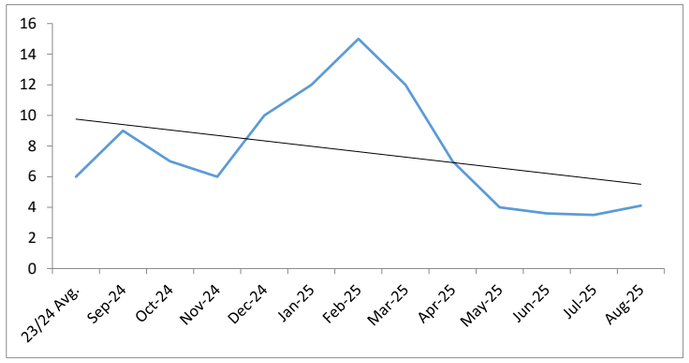
QI Work Plan 2.2

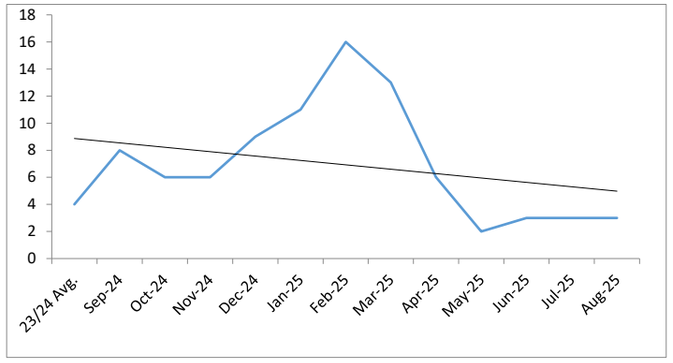
Length of Time from Initial Request to first kept Appt. - Mean MHP Standard or Goal - 10 Business Days - 90%				
	All Services	Adult Services	Children's Services	Foster Care
23/24 Avg.	**6**	**5**	**7**	**9**
Sep-24	9	9	10	0
Oct-24	7	7	7	N/A
Nov-24	6	6	6	2
Dec-24	10	8	13	9
Jan-25	12	9	15	15
Feb-25	15	14	17	N/A
Mar-25	12	11	13	7
Apr-25	7	6	8	0
May-25	4	3	5	8
Jun-25	3.6	3.3	4	1
Jul-25	3.5	3.4	3.7	N/A
Aug-25	4.1	3.7	4.7	N/A
12 Mo. Avg.	8	7	9	5

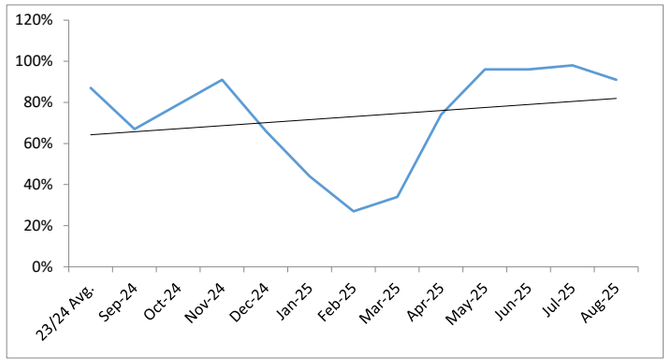
Length of Time from Initial Request to first kept Appt. - Median MHP Standard or Goal - 10 Business Days - 90%				
	All Services	Adult Services	Children's Services	Foster Care
23/24 Avg.	**4**	**4**	**5**	**9**
Sep-24	8	9	8	0
Oct-24	6	8	6	N/A
Nov-24	6	6	7	2
Dec-24	9	8	10	9
Jan-25	11	13	14	15
Feb-25	16	14	17	N/A
Mar-25	13	12	14	7
Apr-25	6	6	9	0
May-25	2	2	4	8
Jun-25	3	2	3	1
Jul-25	3	3	3	N/A
Aug-25	3	2	4	N/A
12 Mo. Avg.	7	7	8	5

Length of Time from Initial Request to first kept Appt. - MHP Standard or Goal - 10 Business Days - 90%				
	All Services	Adult Services	Children's Services	Foster Care
23/24 Avg.	**87%**	**89%**	**84%**	**80%**
Sep-24	67%	64%	69%	0%
Oct-24	79%	76%	80%	N/A
Nov-24	91%	84%	96%	100%
Dec-24	66%	78%	52%	100%
Jan-25	44%	60%	31%	100%
Feb-25	27%	36%	15%	N/A
Mar-25	34%	41%	27%	50%
Apr-25	74%	80%	66%	100%
May-25	96%	96%	97%	100%
Jun-25	96%	98%	94%	100%
Jul-25	98%	98%	97%	N/A
Aug-25	91%	93%	87%	N/A
12 Mo. Avg.	72%	75%	68%	81%

Graphs of "All Services"







3.

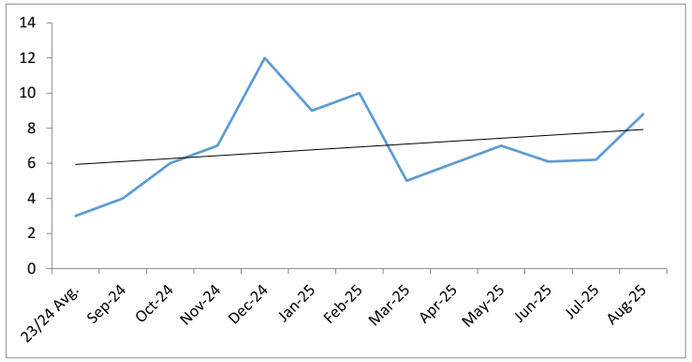
QI Work Plan 2.3

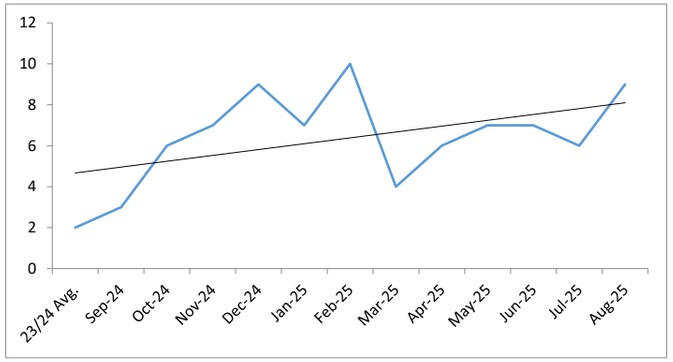
Length of Time from Initial Request to first offered Psychiatry appt. - Mean MHP Standard or Goal - 15 Business Days - 90%				
	All Services	Adult Services	Children's Services	Foster Care
23/24 Avg.	**3**	**3**	**4**	**3**
Sep-24	4	4	6	n/a
Oct-24	6	5	10	n/a
Nov-24	7	7	6	n/a
Dec-24	12	12	n/a	n/a
Jan-25	9	9	n/a	n/a
Feb-25	10	11	9	n/a
Mar-25	5	5	6	n/a
Apr-25	6	6	13	n/a
May-25	7	7	8	n/a
Jun-25	6.1	6.1	n/a	n/a
Jul-25	6.2	5.7	8.5	n/a
Aug-25	8.8	8.5	13	n/a
12 Mo. Avg.	7	7	9	#DIV/0!

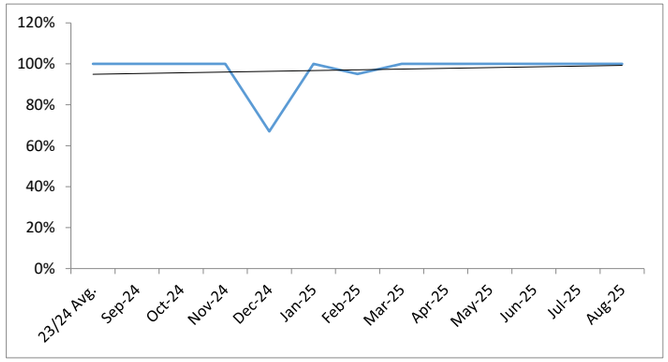
Length of Time from Initial Request to first offered Psychiatry Appt. - Median MHP Standard or Goal - 15 Business Days - 90%				
	All Services	Adult Services	Children's Services	Foster Care
23/24 Avg.	**2**	**2**	**4**	**3**
Sep-24	3	1	6	n/a
Oct-24	6	5	10	n/a
Nov-24	7	7	7	n/a
Dec-24	9	9	n/a	n/a
Jan-25	7	7	n/a	n/a
Feb-25	10	10	9	n/a
Mar-25	4	4	5	n/a
Apr-25	6	5	1	n/a
May-25	7	6	8	n/a
Jun-25	7	7	n/a	n/a
Jul-25	6	5	9	n/a
Aug-25	9	9	13	n/a
12 Mo. Avg.	7	6	8	#DIV/0!

Length of Time from Initial Request to first offered Psychiatry Appt. - MHP Standard or Goal - 15 Business Days - 90%				
	All Services	Adult Services	Children's Services	Foster Care
23/24 Avg.	**100%**	**100%**	**100%**	**100%**
Sep-24	100%	100%	100%	100%
Oct-24	100%	100%	100%	n/a
Nov-24	100%	100%	100%	n/a
Dec-24	67%	67%	n/a	n/a
Jan-25	100%	100%	n/a	n/a
Feb-25	95%	93%	100%	n/a
Mar-25	100%	100%	100%	n/a
Apr-25	100%	100%	100%	n/a
May-25	100%	100%	100%	n/a
Jun-25	100%	100%	n/a	n/a
Jul-25	100%	100%	100%	n/a
Aug-25	100%	100%	100%	n/a
12 Mo. Avg.	97%	97%	100%	100%

Graphs of "All Services"







4.

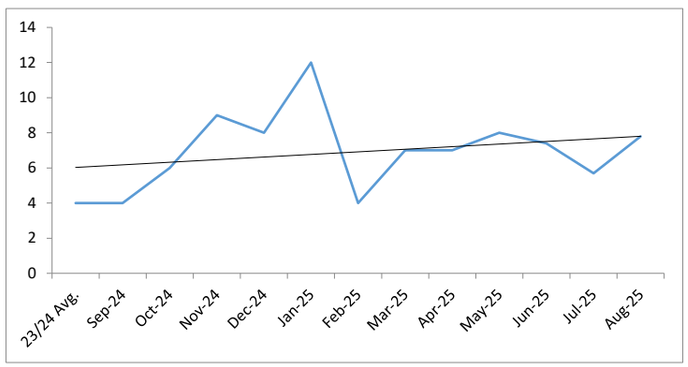
QI Work Plan 2.4

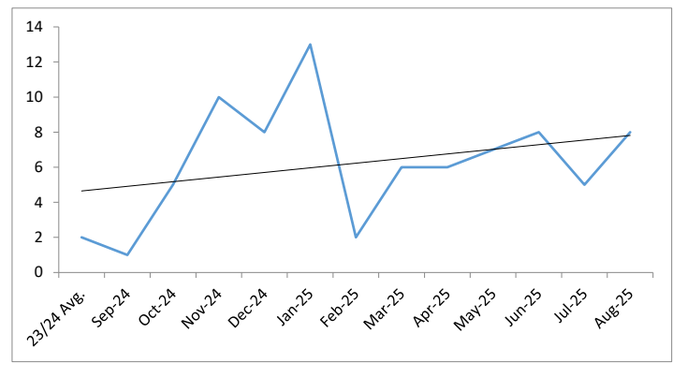
Length of Time from Initial Request to first kept Psychiatry appt. - Mean MHP Standard or Goal - 15 Business Days - 90%				
	All Services	Adult Services	Children's Services	Foster Care
23/24 Avg.	**4**	**4**	**5**	**3**
Sep-24	4	3	6	N/A
Oct-24	6	6	N/A	N/A
Nov-24	9	10	7	N/A
Dec-24	8	8	N/A	N/A
Jan-25	12	12	N/A	N/A
Feb-25	4	4	4	2
Mar-25	7	6	10	N/A
Apr-25	7	7	15	N/A
May-25	8	8	8	N/A
Jun-25	7.4	7.1	N/A	N/A
Jul-25	5.7	5.2	8	N/A
Aug-25	7.8	7.4	13	N/A
12 Mo. Avg.	7	7	9	2

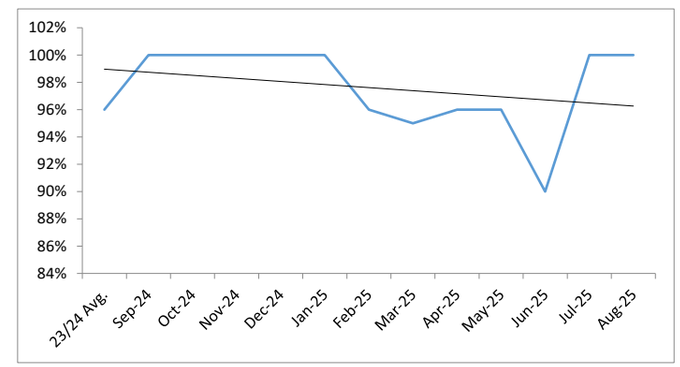
Length of Time from Initial Request to first kept Psychiatry Appt. - Median MHP Standard or Goal - 15 Business Days - 90%				
	All Services	Adult Services	Children's Services	Foster Care
23/24 Avg.	**2**	**3**	**5**	**3**
Sep-24	1	1	6	N/A
Oct-24	5	5	N/A	N/A
Nov-24	10	11	8	N/A
Dec-24	8	8	N/A	N/A
Jan-25	13	13	N/A	N/A
Feb-25	2	2	2	2
Mar-25	6	4	10	N/A
Apr-25	6	6	1	N/A
May-25	7	8	7	N/A
Jun-25	8	8	N/A	N/A
Jul-25	5	5	7	N/A
Aug-25	8	7	13	N/A
12 Mo. Avg.	7	7	7	2

Length of Time from Initial Request to first kept Psychiatry Appt. - MHP Standard or Goal - 15 Business Days - 90%				
	All Services	Adult Services	Children's Services	Foster Care
23/24 Avg.	**96%**	**98%**	**94%**	**100%**
Sep-24	100%	100%	100%	100%
Oct-24	100%	100%	N/A	N/A
Nov-24	100%	100%	100%	N/A
Dec-24	100%	100%	N/A	N/A
Jan-25	100%	100%	100%	100%
Feb-25	96%	95%	100%	100%
Mar-25	95%	94%	100%	N/A
Apr-25	96%	95%	100%	N/A
May-25	96%	95%	100%	N/A
Jun-25	90%	90%	N/A	N/A
Jul-25	100%	100%	100%	N/A
Aug-25	100%	100%	100%	N/A
12 Mo. Avg.	98%	97%	100%	100%

Graphs of "All Services"







5.

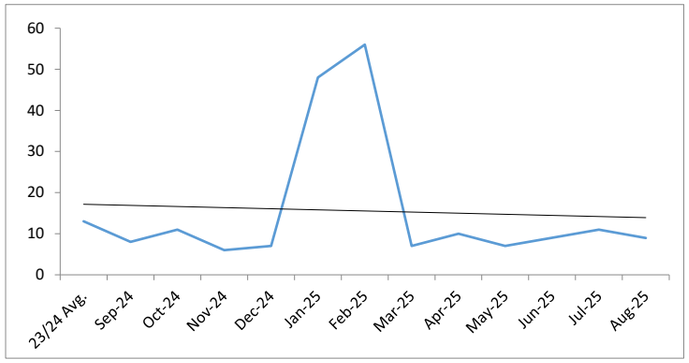
QI Work Plan 2.5
Combined Bus & After Hrs

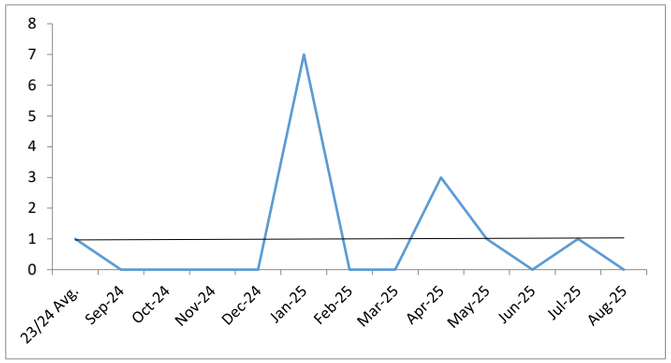
Length of Time from Service Request for urgent Appt. to Actual Encounter Mean - MHP Standard or Goal - 95% (Minutes)				
	All Services	Adult Services	Children's Services	Foster Care
23/24 Avg.	**13**	**13**	**13**	**n/a**
Sep-24	8	8	6	n/a
Oct-24	11	12	3	n/a
Nov-24	6	6	16	n/a
Dec-24	7	6	13	n/a
Jan-25	48	41	108	n/a
Feb-25	56	53	66	n/a
Mar-25	7	7	9	n/a
Apr-25	10	9	17	n/a
May-25	7	6	12	n/a
Jun-25	9	8	11	n/a
Jul-25	11	12	2	n/a
Aug-25	8.95	9.45	5.38	n/a
12 Mo. Avg.	16	15	22	#DIV/0!

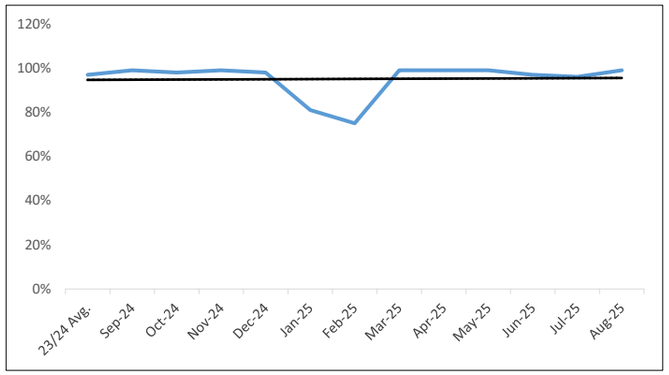
Length of Time from Service Request for urgent Appt. to Actual Encounter Median - MHP Standard or Goal - 95% (Minutes)				
	All Services	Adult Services	Children's Services	Foster Care
23/24 Avg.	**1**	**2**	**1**	**n/a**
Sep-24	0	0	0	n/a
Oct-24	0	0	0	n/a
Nov-24	0	0	0	n/a
Dec-24	0	0	0	n/a
Jan-25	7	6	115	n/a
Feb-25	0	12	66	n/a
Mar-25	0	0	0	n/a
Apr-25	3	3	1	n/a
May-25	1	1	0	n/a
Jun-25	0	1	0	n/a
Jul-25	1	2	0	n/a
Aug-25	0	0	0	n/a
12 Mo. Avg.	1	2	15	#DIV/0!

Length of Time from Service Request for urgent Appt. to Actual Encounter Percent of CIC meeting MHP Goal: 95% w/in 1 Hr (Bus-Hrs) & 2 Hr (After-Hrs)				
	All Services	Adult Services	Children's Services	Foster Care
23/24 Avg.	**97%**	**97%**	**96%**	**n/a**
Sep-24	99%	98%	100%	n/a
Oct-24	98%	98%	100%	n/a
Nov-24	99%	99%	96%	n/a
Dec-24	98%	98%	97%	n/a
Jan-25	81%	84%	50%	n/a
Feb-25	75%	78%	64%	n/a
Mar-25	99%	100%	97%	n/a
Apr-25	99%	99%	97%	n/a
May-25	99%	99%	100%	n/a
Jun-25	97%	97%	96%	n/a
Jul-25	96%	96%	100%	n/a
Aug-25	99%	99%	100%	n/a
12 Mo. Avg.	95%	95%	91%	#DIV/0!

Graphs of "All Services"





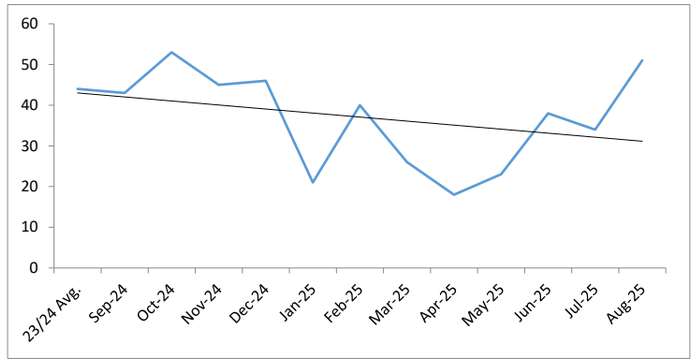


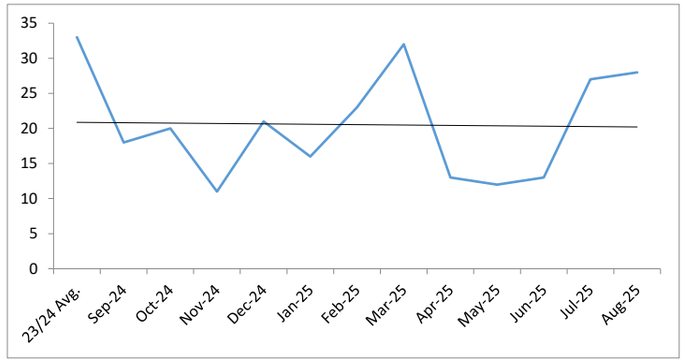
6.
QI Work Plan 2.6a & 2.6c

Total Number of Hospital Admissions				
	All Services	Adult Services	Children's Services	Foster Care
23/24 Avg.	44	37	7	0
Sep-24	43	35	9	1
Oct-24	53	42	11	0
Nov-24	45	39	6	0
Dec-24	46	43	3	0
Jan-25	21	16	5	0
Feb-25	40	30	10	0
Mar-25	26	20	6	0
Apr-25	18	16	2	0
May-25	23	0	0	0
Jun-25	38	35	3	0
Jul-25	34	30	4	0
Aug-25	51	48	3	0
12 Mo. Avg.	37	30	5	0
12 Mo. Tota	438	354	62	1

Total Number of Hospital Discharges				
	All Services	Adult Services	Children's Services	Foster Care
23/24 Avg.	33	28	5	0
Sep-24	18	14	4	0
Oct-24	20	15	5	0
Nov-24	11	8	3	0
Dec-24	21	21	0	0
Jan-25	16	12	4	0
Feb-25	23	15	8	0
Mar-25	32	24	8	0
Apr-25	13	12	1	0
May-25	12	10	2	0
Jun-25	13	12	1	0
Jul-25	27	26	1	0
Aug-25	28	27	1	0
12 Mo. Avg.	20	16	3	0
12 Mo. Total	234	196	38	0

Graphs of "All Services"



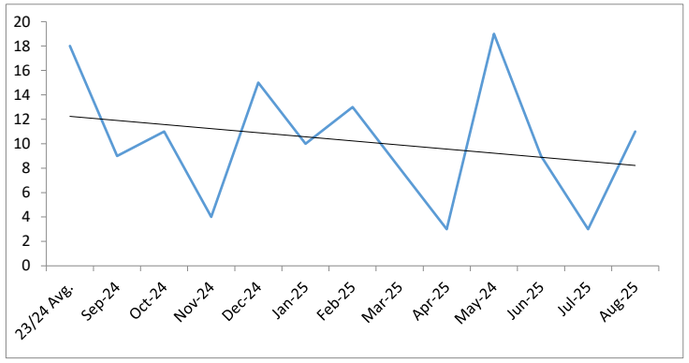


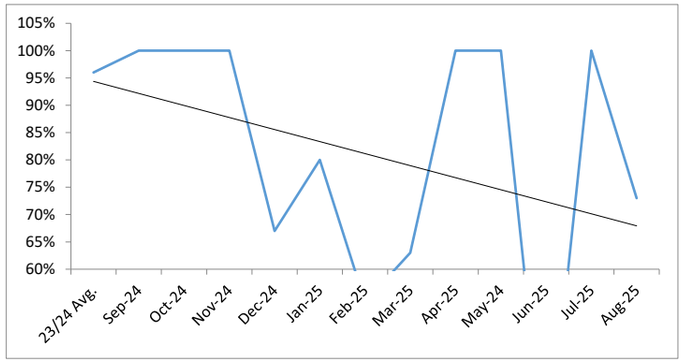
QI Work Plan 2.6b

Timeliness of follow-up encounters post psychiatric inpatient discharge Total number of Medi-Cal payor follow-up appointments				
	All Services	Adult Services	Children's Services	Foster Care
23/24 Avg.	**18**	**15**	**3**	**0**
Sep-24	9	6	3	0
Oct-24	11	7	4	0
Nov-24	4	3	1	0
Dec-24	15	15	0	0
Jan-25	10	9	1	0
Feb-25	13	7	6	0
Mar-25	8	8	0	0
Apr-25	3	2	1	0
May-24	19	14	5	0
Jun-25	9	8	1	0
Jul-25	3	3	0	0
Aug-25	11	10	1	0
12 Mo. Avg.	10	8	2	0
12 Mo. Tota	115	92	23	0

Timeliness of follow-up encounters post psychiatric inpatient discharge Percent of appointments meeting the within 7 day standard - Goal is 95%				
	All Services	Adult Services	Children's Services	Foster Care
23/24 Avg.	**96%**	**97%**	**89%**	**100%**
Sep-24	100%	100%	100%	N/A
Oct-24	100%	100%	100%	N/A
Nov-24	100%	100%	100%	N/A
Dec-24	67%	67%	N/A	N/A
Jan-25	80%	78%	100%	N/A
Feb-25	54%	57%	50%	N/A
Mar-25	63%	63%	N/A	N/A
Apr-25	100%	100%	100%	N/A
May-24	100%	100%	100%	N/A
Jun-25	22%	25%	0%	N/A
Jul-25	100%	100%	100%	N/A
Aug-25	73%	70%	100%	N/A
12 Mo. Avg.	80%	80%	85%	#DIV/0!

Graphs of "All Services"





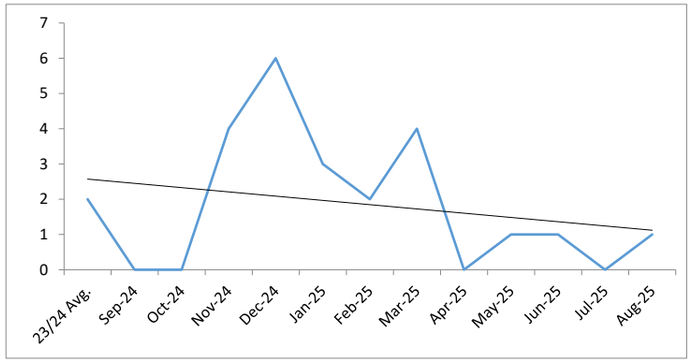
7.0

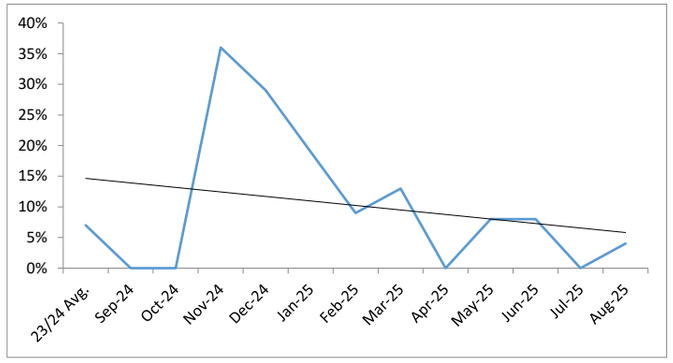
QI Work Plan 2.7

Psychiatric Inpatient Readmission rates within 7 days Total number of readmissions within 7 days of discharge				
	All Services	Adult Services	Children's Services	Foster Care
23/24 Avg.	**2**	**2**	**0**	**0**
Sep-24	0	0	0	0
Oct-24	0	0	0	0
Nov-24	4	3	1	0
Dec-24	6	6	1	0
Jan-25	3	3	0	0
Feb-25	2	2	0	0
Mar-25	4	2	2	0
Apr-25	0	0	0	0
May-25	1	1	0	0
Jun-25	1	1	0	0
Jul-25	0	0	0	n/a
Aug-25	1	1	0	0
12 Mo. Avg.	2	2	0	0
Total	22	19	4	0

Psychiatric Inpatient Readmission rates within 7 days Readmission Rate - Goal is 10% or less within 7 days				
	All Services	Adult Services	Children's Services	Foster Care
23/24 Avg.	**7%**	**7%**	**6%**	**0%**
Sep-24	0%	0%	0%	0%
Oct-24	0%	0%	0%	n/a
Nov-24	36%	38%	33%	n/a
Dec-24	29%	29%	0%	n/a
Jan-25	19%	25%	0%	n/a
Feb-25	9%	13%	0%	n/a
Mar-25	13%	8%	25%	n/a
Apr-25	0%	0%	0%	n/a
May-25	8%	10%	0%	n/a
Jun-25	8%	8%	0%	n/a
Jul-25	0%	0%	0%	n/a
Aug-25	4%	4%	0%	n/a
12 Mo. Avg.	11%	11%	5%	0%

Graphs of "All Services"

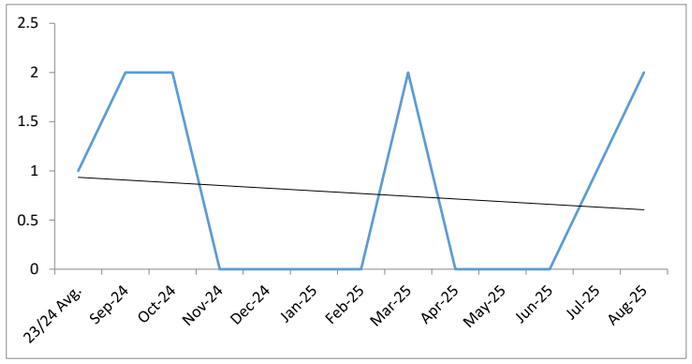


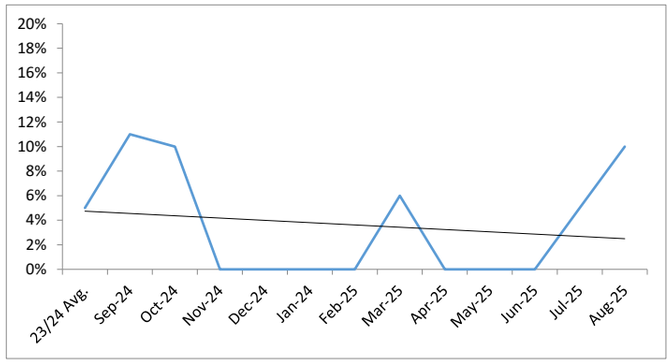


Psychiatric Inpatient Readmission rates within 8-30 days Total number of readmissions within 8-30 days				
	All Services	Adult Services	Children's Services	Foster Care
23/24 Avg.	**1**	**1**	**0**	**0**
Sep-24	2	1	1	0
Oct-24	2	1	1	0
Nov-24	0	0	0	0
Dec-24	0	0	0	0
Jan-25	0	0	0	0
Feb-25	0	0	0	0
Mar-25	2	2	0	0
Apr-25	0	0	0	0
May-25	0	0	0	0
Jun-25	0	0	0	0
Jul-25	1	1	0	N/A
Aug-25	2	2	0	0
12 Mo. Avg.	1	1	0	0
Total	9	7	2	0

Psychiatric Inpatient Readmission rates within 8-30 days Readmission Rate - Goal is 10% or less within 8-30 days				
	All Services	Adult Services	Children's Services	Foster Care
23/24 Avg.	**5%**	**5%**	**2%**	**0%**
Sep-24	11%	7%	25%	0
Oct-24	10%	7%	20%	N/A
Nov-24	0%	0%	0%	N/A
Dec-24	N/A	N/A	N/A	N/A
Jan-24	0%	0%	0%	N/A
Feb-25	0%	0%	0%	N/A
Mar-25	6%	8%	0%	
Apr-25	0%	0%	0%	N/A
May-25	0%	0%	0%	N/A
Jun-25	0%	0%	0%	N/A
Jul-25	5%	5%	0%	N/A
Aug-25	10%	11%	0%	N/A
12 Mo. Avg.	4%	3%	4%	0%

Graphs of "All Services"

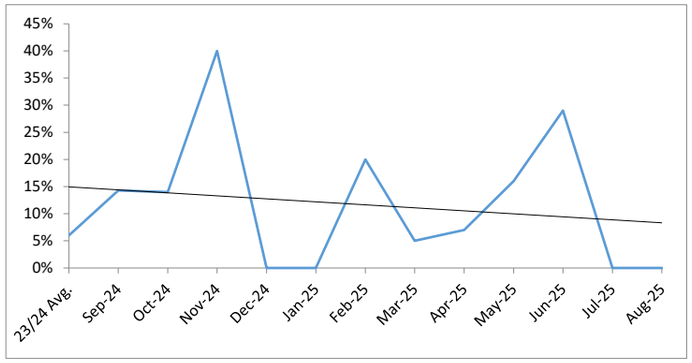
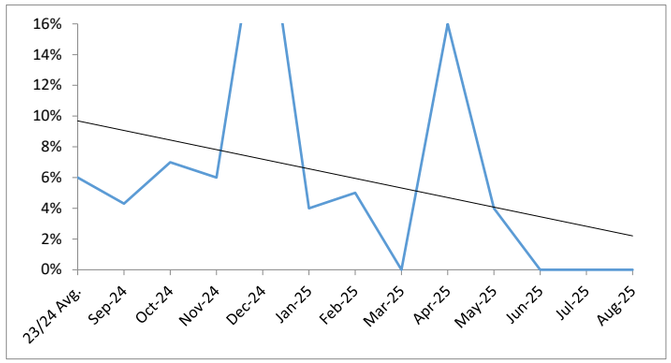




8.0

QI Work Plan 3.1

Average Psychiatric Patient No-Show Rates MHP Standard for Psychiatrists - No Higher than 10%				
	All Services	Adult Services	Children's Services	Foster Care
23/24 Avg.	**6%**	**7%**	**5%**	**3%**
Sep-24	14%	17%	0%	0%
Oct-24	14%	7%	100%	N/A
Nov-24	40%	33%	50%	N/A
Dec-24	0%	0%	N/A	N/A
Jan-25	0%	0%	N/A	N/A
Feb-25	20%	21%	17%	N/A
Mar-25	5%	6%	0%	N/A
Apr-25	7%	4%	50%	N/A
May-25	16%	13%	25%	0%
Jun-25	29%	29%	N/A	N/A
Jul-25	0%	0%	0%	N/A
Aug-25	0%	0%	0%	0%
12 Mo. Avg.	12%	11%	27%	0%

Average Clinicians other than Psychiatrists Patient No-Show Rates MHP Standard for Clinicians other than Psychiatrists - No Higher than 10%				
	All Services	Adult Services	Children's Services	Foster Care
23/24 Avg.	**6%**	**6%**	**6%**	**5%**
Sep-24	4%	6%	4%	0%
Oct-24	7%	8%	6%	N/A
Nov-24	6%	4%	7%	N/A
Dec-24	25%	34%	0%	N/A
Jan-25	4%	5%	3%	N/A
Feb-25	5%	9%	0%	N/A
Mar-25	0%	0%	0%	N/A
Apr-25	16%	20%	9%	N/A
May-25	4%	7%	0%	0%
Jun-25	0%	0%	0%	0%
Jul-25	0%	0%	0%	N/A
Aug-25	0%	0%	0%	0%
12 Mo. Avg.	6%	8%	2%	0%

Graphs of "All Services"