

BEHAVIORAL HEALTH & RECOVERY SERVICES

Mental Health & Substance Misuse Services

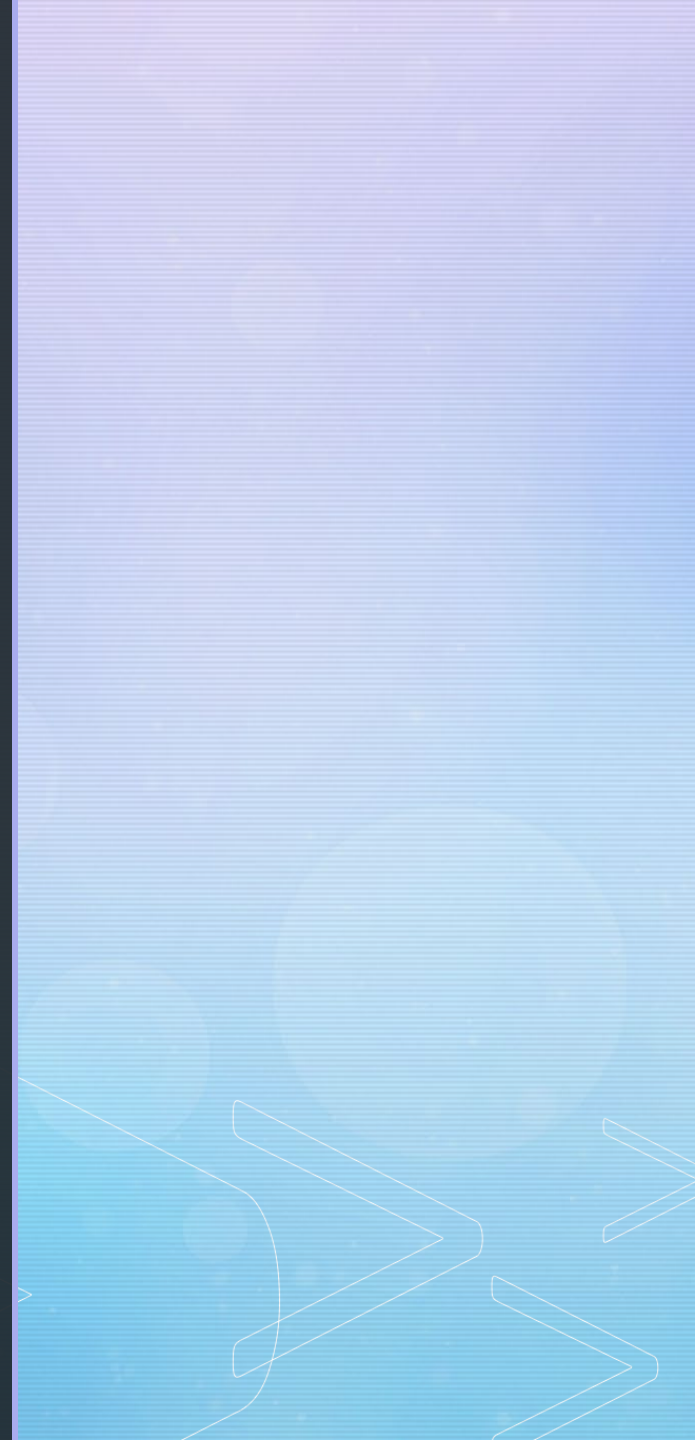


Jenine Miller, Psy.D., Health Services Director



Mendocino County Health Care Collaborative

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Ramos**



Mendocino County Health Care Collaborative

- Health Care Collaborative has been established to provide a unified process by which different health care professionals, organizations, and sectors work together to deliver more effective, coordinated, and patient-centered care.
- Benefits:
 - Coordinated Efforts of Health Initiatives
 - Culturally Competent care aligned with Local needs
 - Enhanced Health Emergency Response
 - Improved Access
 - Improved Outcomes
 - Increased Efficiencies
 - Stronger Continuum of Care

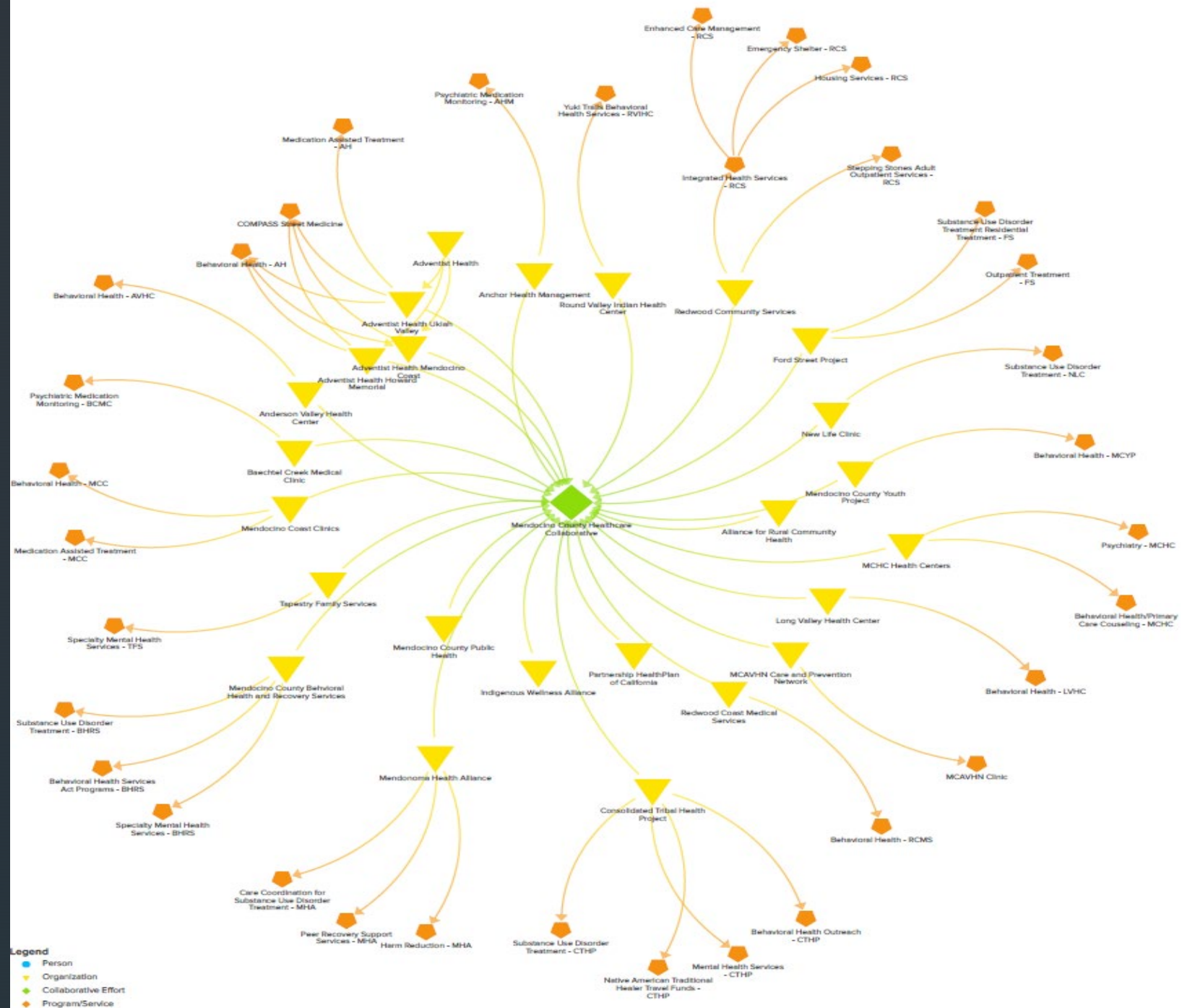
Mendocino County Health Care Collaborative

- Memorandum of Understanding (MOU) – the collaborative has worked to develop a MOU encompassing all parties. The MOU will:
 - Clarify Roles and Responsibilities
 - Provide a Unified Vision and Specific Objectives for the Collaborative
 - Ensure Consistent, Effective Communication & Problem-Solving
 - Foster Mutual Trust and Long-Term Collaboration

Mendocino County Health Care Collaborative

Partners:

- Adventist Health
- Adventist Howard Memorial
- Adventist Mendocino Coast
- Adventist Ukiah Valley
- Alliance For Rural Community Health
- Anchor Health Management
- Anderson Valley Heath Center
- Baechtel Creek Medical Clinic
- Consolidated Tribal Health Project
- Ford Street Project
- Indigenous Wellness Alliance
- Long Valley Health Center
- MCAVHN
- Mendocino Coast Clinics
- MCHC Health Centers
- Mendocino County Mental Health
- Mendocino County Public Health
- Mendocino County Substance Use Disorders Treatment
- Mendocino County Youth Project
- Mendonoma Health Alliance
- New Life Clinic
- Partnership HealthPlan of California
- Redwood Coast Medical Services
- Redwood Community Services
- Round Valley Indian Health Center
- Tapestry Family Services



Mendocino County Health Care Collaborative

Next Steps:

- Business Associates Agreement
- Consent to Treat
- Addition of Physical Health Care
- Multi-Disciplinary Team Meeting

Specialty Mental Health Services

Specialty Mental Health

The California Department of Health Care Services (DHCS) administers Managed Mental Health Care for Medi-Cal eligible beneficiaries with serious mental illness (SMI)

Specialty Mental Health Services are “carved out” of other California Medi-Cal services through what is known as a Federal Medicaid Waiver

Specialty Mental Health

- **Funding:**

- County Funding:
 - General Fund Mandated Maintenance of Effort - \$28,840
- Federal Funding:
 - Federal Financial Participation (FFP) through Medicaid billing (aka Medi-Cal)
- State Funding:
 - 1991 Realignment Funding
 - 2011 Realignment Funding
 - Mental Health Services Act (MHSA)

Contracted Provider

- **Contract terms: July 1, 2025 – June 30, 2026**
 - Anchor Health Management, Inc - \$2,900,000
 - Mendocino Coast Hospitality Center - \$551,000
 - Mendocino County Youth Project - \$810,000
 - Redwood Community Services - \$16,187,934
 - Tapestry Family Services - \$8,577,300
- **Estimated number of clients to be served: 5,875**
- **Total cost per beneficiary: \$4,940.64**



Figure 18: 7-Day and 30-Day Post Psychiatric Inpatient Follow-up, CY 2020-22

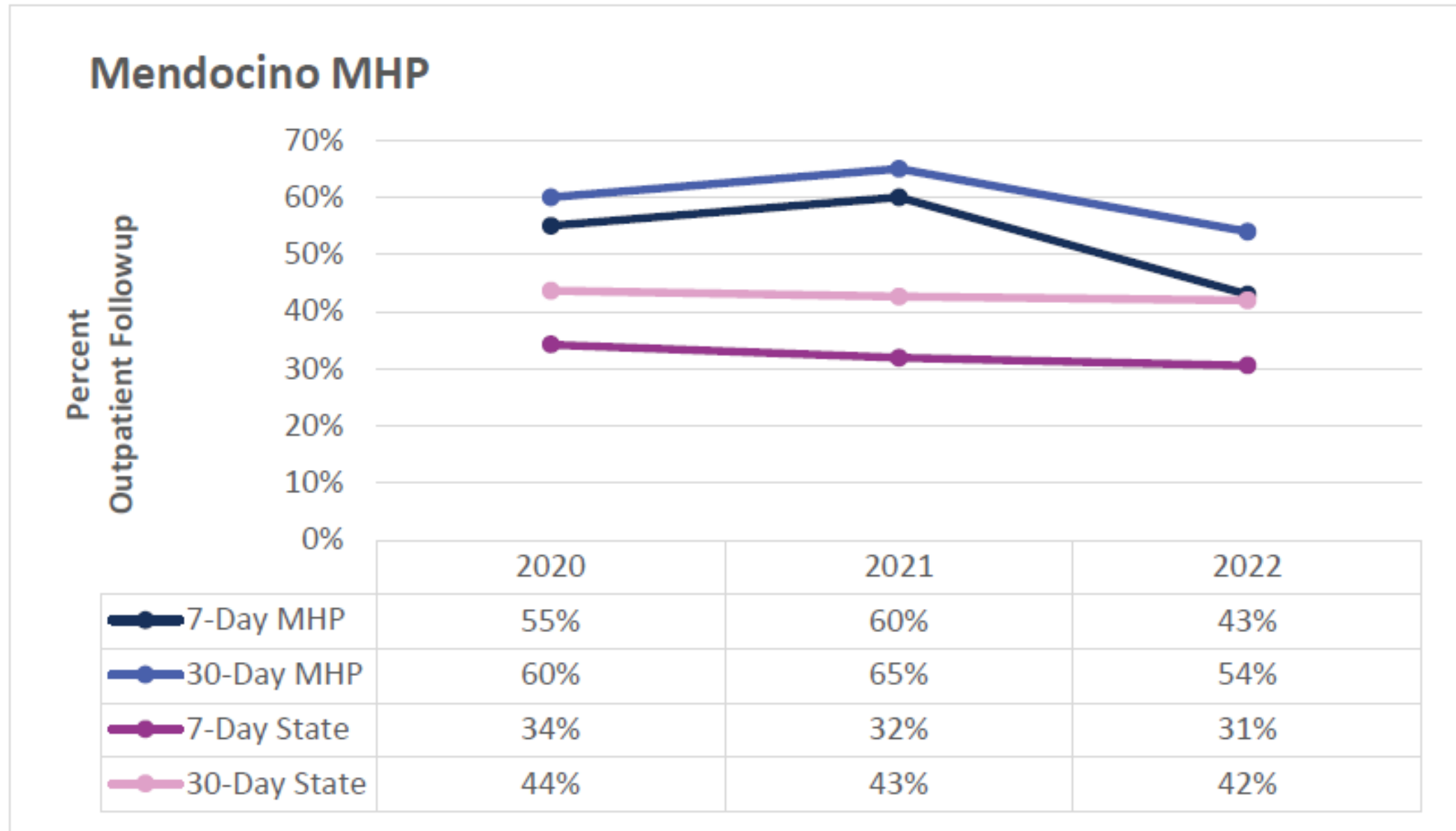


Figure 19: 7-Day and 30-Day Psychiatric Readmission Rates, CY 2020-22

Mendocino MHP

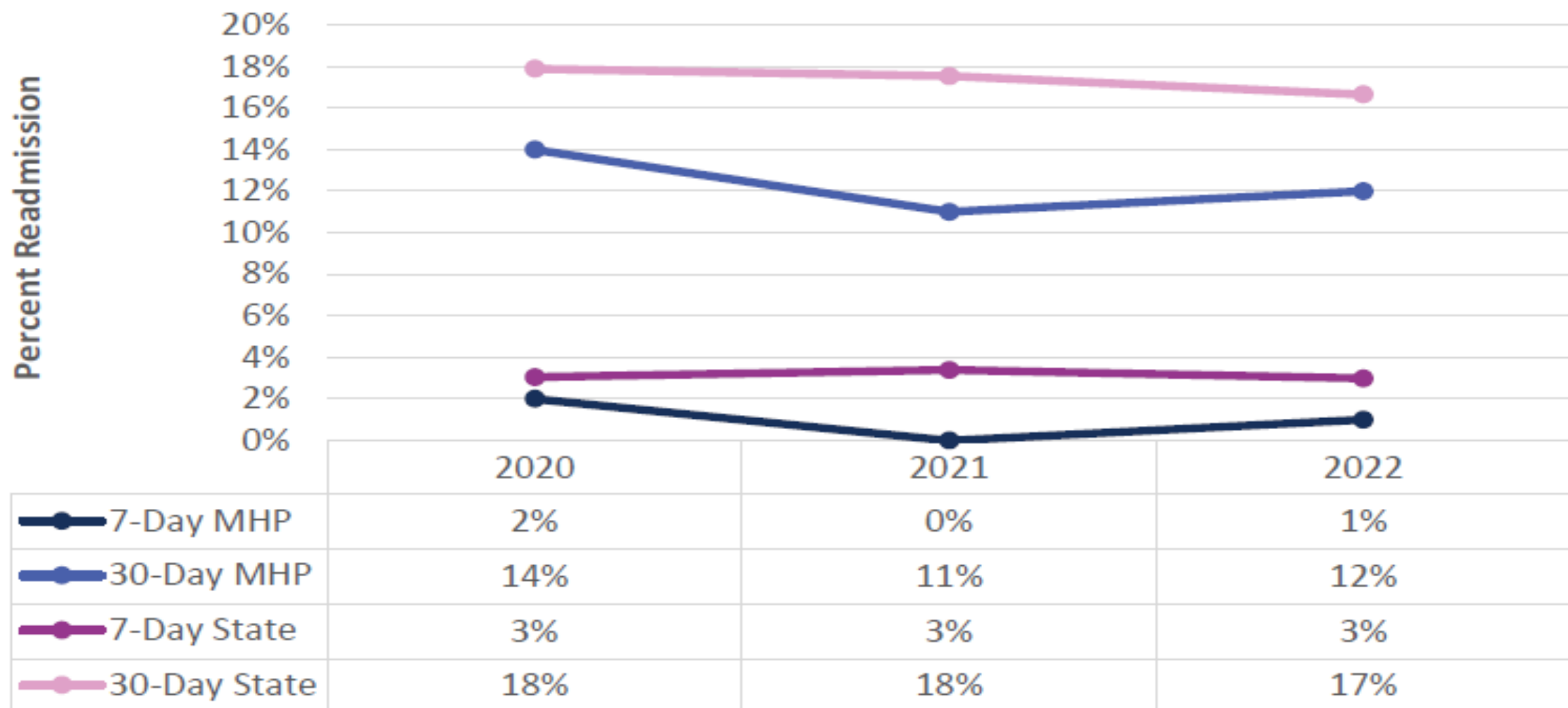


Figure 12: Wait Times to First Service and First Psychiatry Service

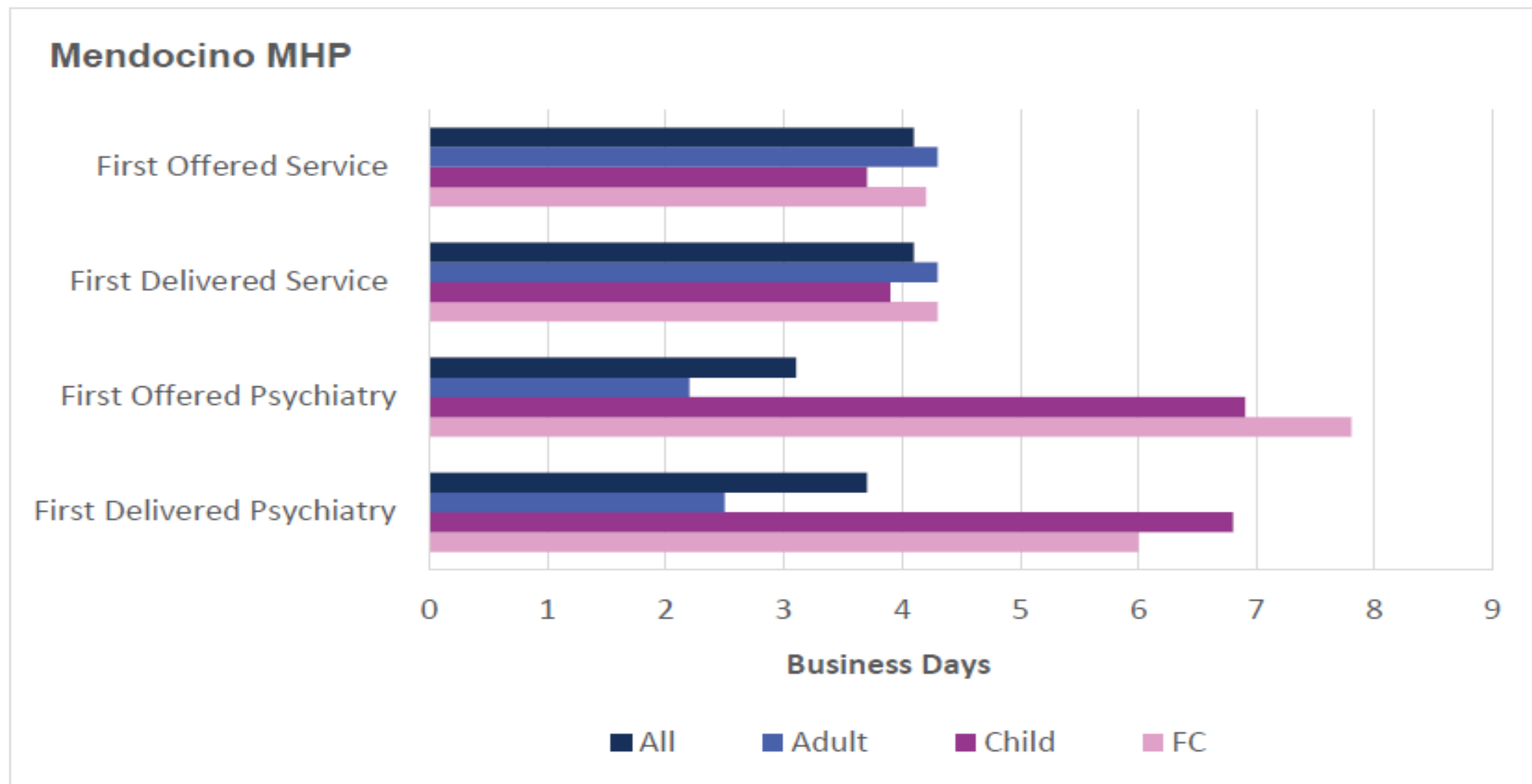
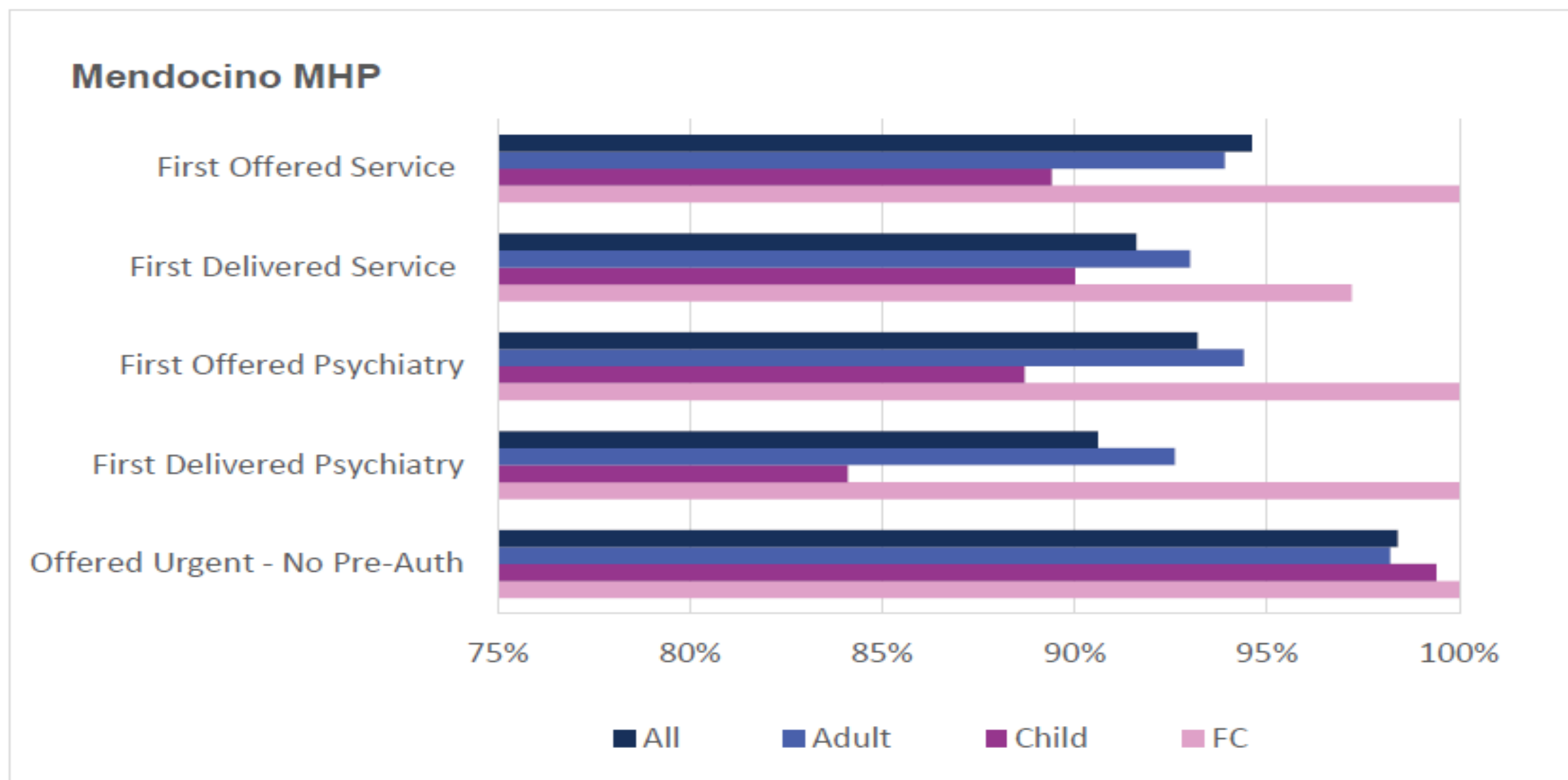
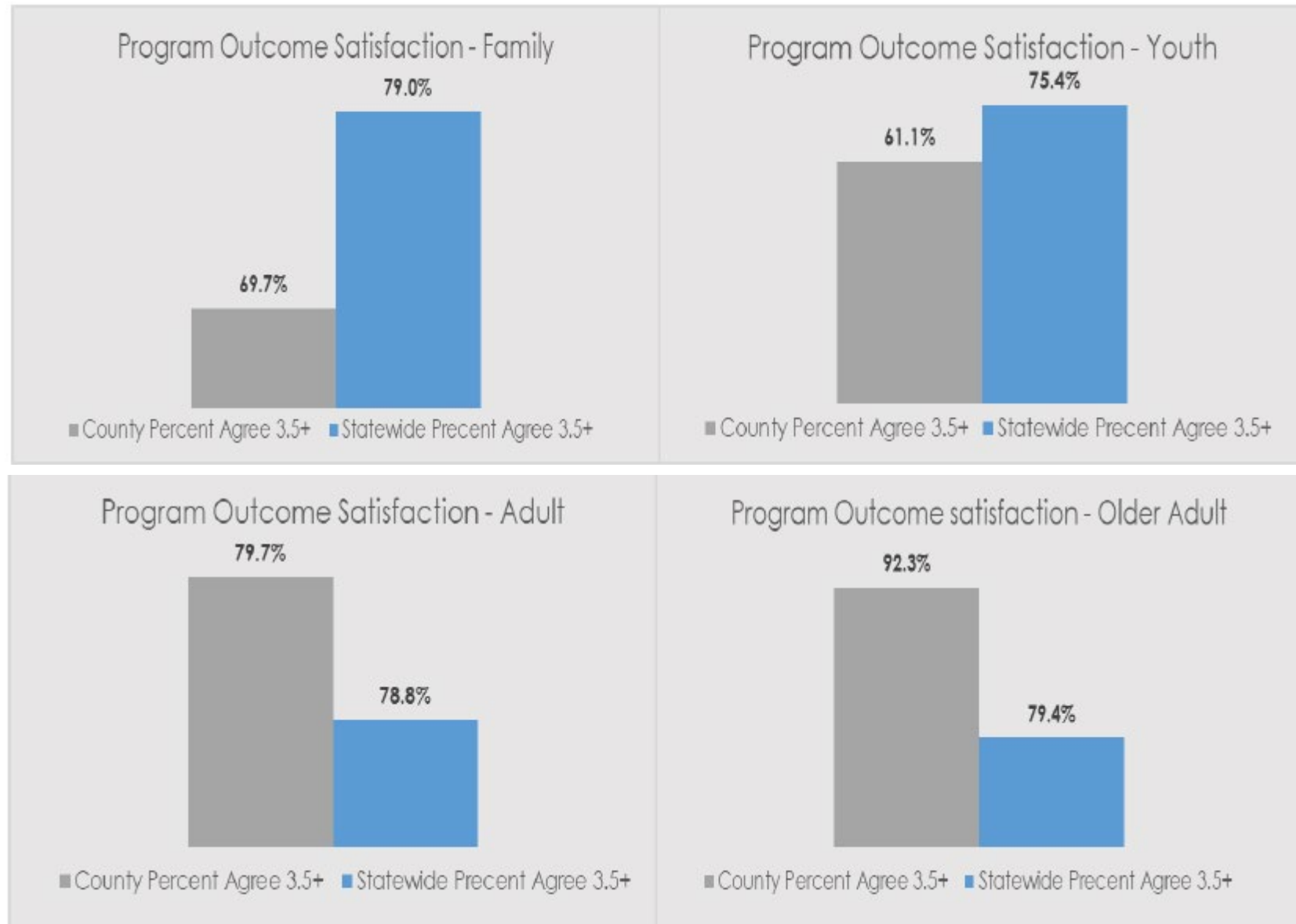


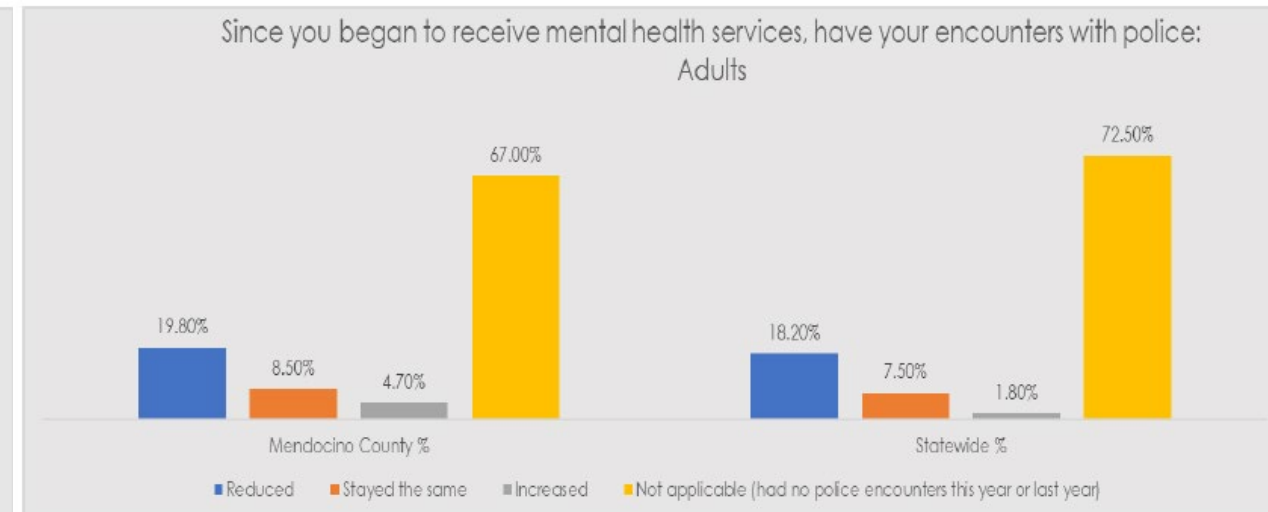
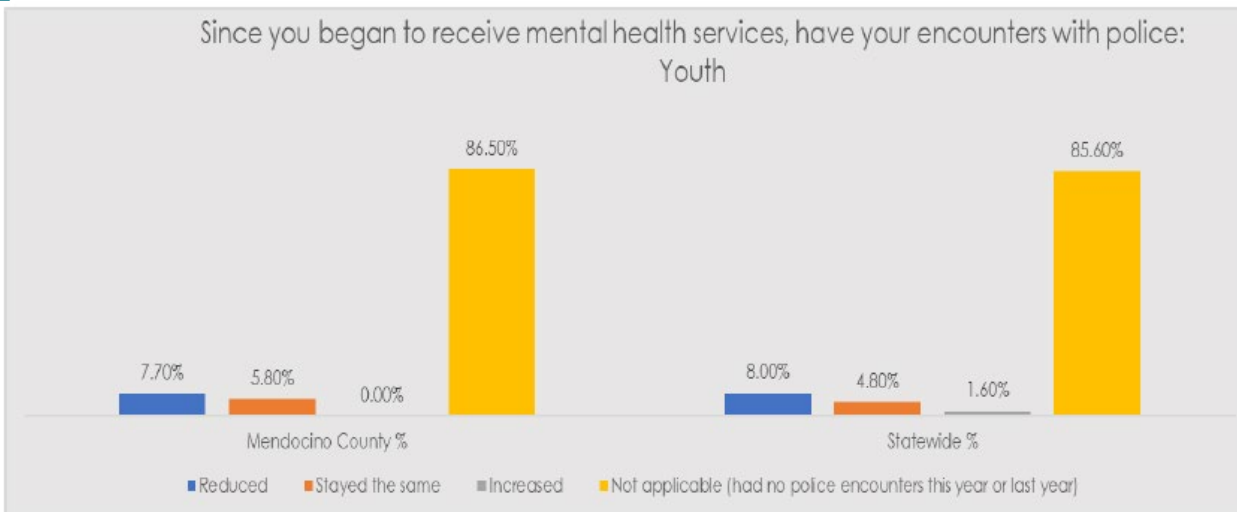
Figure 14: Percent of Services that Met Timeliness Standards



Consumer Perception Survey Result 2024 – Analyzed by UCLA



Consumer Perception Survey Result 2024 – Analyzed by UCLA



Data Reporting

All contracted providers shall provide:

- Number of individuals housed during services,
- Number of individuals unhoused vs housed in services,
- Number of new beneficiaries' accessing services,
- Number of services provided,
- Number of services provided by provider type, type of services provided by provider type
- Number of beneficiaries who completed treatment and have not returned,
- Number of beneficiaries currently in services accessing crisis services,
- Improvement in beneficiary outcome measures including but not limited to, based on client's age, the Adult Needs and Strengths Assessment (ANSA), Child Assessment of Needs and Strengths 50 (CANS-50), Client Satisfaction Questionnaire (CSQ-4) General Anxiety Disorder-7 (GAD7) Pediatric Symptom Checklist (PSC-35) and Adverse Childhood Experiences, to measure clients' functioning and/or satisfaction, and
- Number of beneficiaries accessing services that need a higher level of care, ie LPS.



Specialty Mental Health Outcomes

Specialty Mental Health Services Measurement	FY 22/23 Outcome (# of Individuals)	FY 23/24 Outcome (# of Individuals)	FY 24/25 Outcome (# of Individuals)
Number of people that entered services this year	899	1,118	1,337
Number of people currently served who utilized crisis services this year	388 (21%)	491 (22%)	593 (23%)
Number of people currently served who utilized crisis services last year, but not this year	104	112	212
Number of people currently served who have not needed to utilize crisis services this year	1,463 (79%)	1,745 (78%)	2,027 (77%)
Number of people that needed to be conserved	29	9	9
Number of people who got off conservatorship and have stayed off	10	6	6
Number of people housed during fiscal year	46	46	56

Healthcare Effective Data and Information Set (HEDIS)

- ☐ Follow-Up After Emergency Department Visit for Mental Illness - FUM
 - How well the system ensures timely continuity of care post-crisis. Strong FUM rates indicate effective transitions from emergency care to outpatient mental health services, reducing relapse and readmission risk.
- ☐ Follow-Up After Hospitalization for Mental Illness - FUH
 - Measures the system's ability to engage individuals in outpatient mental health care after inpatient treatment. High FUH rates reflect strong discharge planning, community provider coordination, and client engagement.
- ☐ Antidepressant Medication Management - AMM
 - Assesses how well depression treatment is supported through medication management. Strong AMM performance highlights the system's ability to ensure individuals adhere to antidepressant regimens and receive proper follow-up.
- ☐ Follow-Up Care for Children Prescribed ADHD Medication - APP
 - Evaluates whether children newly prescribed ADHD medication receive appropriate follow-up. Good APP scores suggest close monitoring and adjustments, reducing risks of side effects and treatment failure.
- ☐ Adherence to Antipsychotic Medications for Individuals with Schizophrenia - SSA
 - Reflects how well individuals with schizophrenia are supported in maintaining antipsychotic treatment. Strong adherence indicates effective medication management and support for a high-need population.

HEDIS Data 2022

» [AMM-Acute](#)
(Antidepressant Medication Management, Acute)

» [AMM-Continuation](#)
(Antidepressant Medication Management, Chronic)

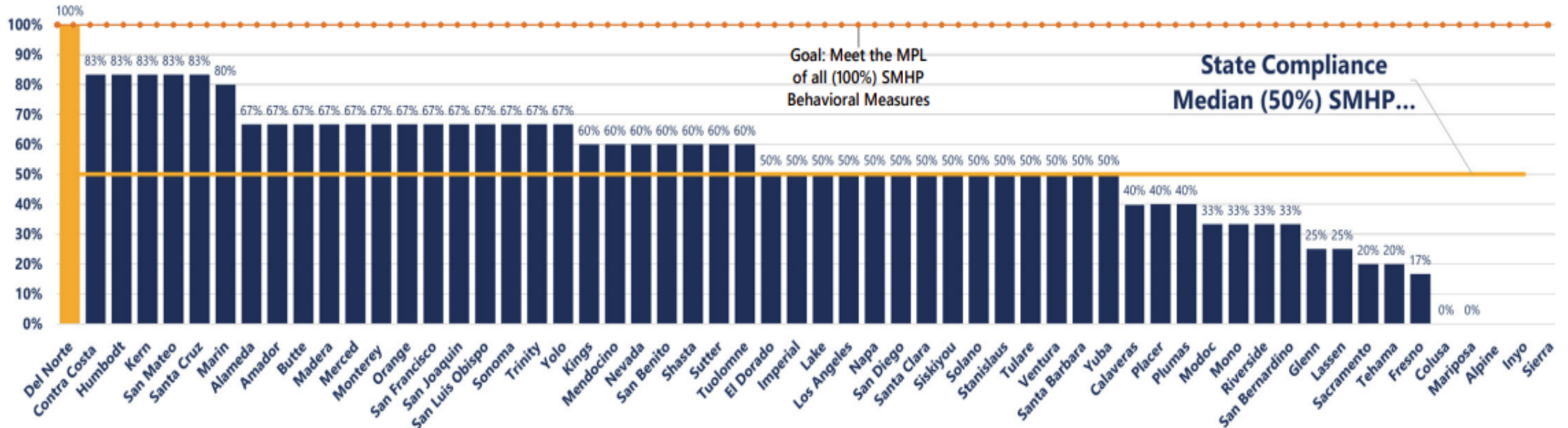
» [FUH-30*](#)
(Follow-up After Hospitalization for Mental Illness)

» [FUM-30](#)
(Follow-up after Hospitalization for Mental Illness)

» [APP*](#)
(Use of First Line Psychosocial care for Children and Adolescents on Antipsychotics)

» [SAA](#)
(Adherence to Anti-Psychotic Medications for Individuals with Schizophrenia)

SMHPs Meeting the DHCS Standard (MPL) for 6 Select Behavioral Measures in Measurement Year 2022



“It was so much fun to be able to go and participate in (a community event) with other people. I haven’t done that since I was a kid, and I it really made me feel like I wasn’t alone.” (Tapestry)

Questions?

“In recent year or so seems to have gotten a lot better to get both medication questions answered over the phone and appointments when really necessary.” (AHM)

“I really appreciate the opportunity to get out and have activities at the Ranch. If I didn’t get this, I’d be stuck sitting at home all day by myself. Thank you for making it possible for adults to participate in these kinds of groups.” (Tapestry)