

# Application: Mendocino County Acute Psychiatric Inpatient Facility

Joy Beeler - beelerj@mendocinocounty.org  
BHCIP Round 5: Crisis and Behavioral Health Continuum

## Summary

ID: R5--2930723825  
Status: Currently Under Review  
Last submitted: Feb 13 2023 07:24 PM (PST)

## Round 5 Application

Completed - Feb 13 2023

## Application Questions

### 1. Please provide organization information:

Project Title	Whitmore PHF
Amount Requested	9368147
Match Value	13673494

### 2. Applicant Information

(Name and Contact Information for Project Director)

First Name	Jenine
Last Name	Miller
Telephone	707-472-2355
Email	<a href="mailto:millerje@mendocinocounty.org">millerje@mendocinocounty.org</a>

### 3. Organization Information

#### (Entity Applying for Funding Information)

Name of Entity	County of Mendocino Behavioral Health
Street Address	1120 South Dora St.
Apt., suite, place, etc.	(No response)
City	Ukiah
State	CA
ZIP Code	95482
County	Mendocino
Telephone	707-472-2355
Fax	(No response)
Website	<a href="https://www.mendocinocounty.org/bhrs">https://www.mendocinocounty.org/bhrs</a>
Federal Tax ID (EIN)	94-6000-520
UEI Number	M6VBFDGNXVP1

### 4. Lead Authorized Representative

First Name	Jenine
Last Name	Miller
Title	Behavioral Health Director
Email	<a href="mailto:millerje@mendocinocounty.org">millerje@mendocinocounty.org</a>
Work Phone	707-472-2355
Mobile Phone Number	707-272-0548

**5. Please Identify Fiscal Agent**

First Name	Mary Alice
Last Name	Willeford
Title	Deputy Director of BHRS - Operations
Email	<a href="mailto:willefom@mendocinocounty.org">willefom@mendocinocounty.org</a>
Work Phone	707-472-2374
Mobile Phone Number	707-671-6102

**6. Please Identify Project Director**

First Name	Jenine
Last Name	Miller
Title	Behavioral Health Director
Email	<a href="mailto:millerje@mendocinocounty.org">millerje@mendocinocounty.org</a>
Work Phone	707-472-2355
Mobile Phone Number	707-272-0548

**7. What type of entity is the lead applicant?**

County: Behavioral Health Agency

**8. Is there a co-applicant?**

No

**9. Please summarize the applicant entity's organization and experience working with the target population.**

Mendocino County Behavioral Health and Recovery Services (BHRS) was the Crisis Residential Treatment Project Co-Lead from property purchase to open operational; funded in part by California Health Facilities Financing Authority funding via Investment in Mental Health Wellness Grant Programs/Act funding and Measure B funding. BHRS is lead in collaborations with contracted partners for Crisis Respite housing and medical respite housing. BHRS team member is in collaborative partnership for 37 bed supported independent housing development from receipt of Mental Health Services Act (MHSA) funding to property search, purchase, development, construction to open operational and ongoing operations oversight. BHRS has provided Specialty Mental Health Services for over 40 years including outpatient services, crisis assessment and stabilization, psychiatric hospitalization, medication management services, wrap-around, forensic services, prevention services, and MHSA programs. BHRS plans to contract PHF operations to a contracted provider. The contracted provider operates 132 programs across five states and offers a spectrum of services that include community-based, acute, crisis, residential, and longer-term recovery programs.

## **Project Information**

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## 10. Facility Category

Using the checkboxes below, please select the category or categories of the facility(ies) according to requirements of eligible projects outlined in the RFA in Section 3.3: Eligible Facilities. (Do not double count beds or slots).

The definition of slots is the unduplicated number of persons served by this facility on an annual basis. For example, the number of clients served in a mental health clinic, or the number of patients served by a partial hospitalization program or crisis stabilization unit.

All client counts should be unduplicated. Unduplicated means each client is counted only once, no matter how many times they may have received the same service during the year.

**\*\*To calculate total slots please use formula - Annual Slots Current + Annual Slots Added = Annual Slots Total\*\***

**\*\*To calculate total beds please use formula - Beds Current + Beds Added = Total Beds\*\***

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**Outpatient Crisis Services**

	Check	Annual Slot Counts: Current	Annual Slot Counts: Added	Annual Slot Counts: Total
Behavioral Health Urgent Care (BHUC)/Mental Health Urgent Care (MHUC)	✘			
Crisis Stabilization Unit (CSU)	✘			
Sobering Center (Funded by DMC-ODS and/or Community Supports)	✘			
Total				0

**Outpatient Behavioral Health Services**

	Check	Annual Slot Counts: Current	Annual Slot Counts: Added	Annual Slot Counts: Total (Sum of Current + Added)
Hospital-Based Outpatient Treatment (outpatient detoxification/withdra wal management)	✘			
Intensive Outpatient Treatment	✘			
Narcotic Treatment Program (NTP)	✘			
NTP Medication Unit	✘			
Office-Based Outpatient Treatment	✘			
Total				0

**Residential Crisis Services**

	Check	Beds Current	Beds Added	Beds Total (Sum of Current + Added)
Acute Psychiatric Hospital	✘			
Adolescent Residential SUD Treatment Facility with a DHCS/ASAM Level of Care 3.5 Designation and Withdrawal Management (WM) Designation	✘			
Adult Residential SUD Treatment Facility with Incidental Medical Services (IMS) and BHCS/ASAM Level of Care 3.5 Designation only or with DHCS Level of Care 3.2 WM Designation only	✘			
Children's Crisis Residential Program (CCRP)	✘			
Community Residential Treatment System (CRTS)/Social Rehabilitation Program (SRP) with the category of Short-Term Crisis Residential only	✘			
Mental Health Rehabilitation Centers (MHRC) only	✘			



with Lanterman-Petris-Short (LPS) Designation				
Peer Crisis Respite	✘			
Psychiatric Health Facility (PHF)	✔	0	16	16
Psychiatric Residential Treatment Facility (PRTF)	✘			
<b>Total</b>				<b>16.0</b>

**Residential Behavioral Health Services**

	Check	Beds Current	Beds Added	Beds Total (Sum of Current + Added)
Acute Inpatient Hospital - medical detox/withdrawal management (medically managed inpatient detoxification/withdrawal management facility)	X			
Acute Psychiatric Inpatient Facility	X			
Adolescent Residential SUD Treatment Facility	X			
Adult Residential SUD Treatment Facility	X			
Community Treatment Facility (CTF)	X			
Chemical Dependency Recovery Hospital	X			
General Acute Care Hospital (GACH) and Acute Care Hospital (ACH)	X			
Mental Health Rehabilitation Center (MHRC)	X			
Peer Respite	X			
Short-Term Residential	X			

Therapeutic Program (STRTP)				
Skilled Nursing Facility with Special Treatment Program (SNF/STP)	X			
Social Rehabilitation Facility (SRF) with Transitional or Long-Term Social Rehabilitation Program (SRP)	X			
Total				0

**11. Community Wellness Center**

If your facility is a community wellness center, please indicate whether it will provide mental health and/or SUD treatment.

	Facility Type	Annual Slot Counts: Current	Annual Slot Counts: Added	Annual Slot Counts: Total (Sum of Current + Added)
Mental Health	X			
SUD Treatment	X			
Wellness/Prevention	X			
Other	X			

**Community Wellness Center**

Other explanation:

(No response)

## 12. Populations

Estimate the percentages of the racial and ethnic populations that you will serve.

(Whole numbers only and percentages must add up to 100%.)

	% Population Served
African American/Black:	1
Asian American/Pacific Islander:	2
Latino/Hispanic:	27
Native American/Alaska Native:	6
White:	60
Mixed race:	4
Other (please specify below and limit your response to a paragraph):	0
Total	100.0

### Other explanation:

(No response)

### **13. Project Site Information**

Enter the street address of the proposed project. For new ground-up construction, enter the APN# or Parcel ID if no address has been assigned. Abbreviate as follows: Rd., St., Pl., Blvd., Ave.

Street Address	131 Whitmore Lane
Apt., suite, place, etc.	(No response)
City	Ukiah
State	CA
ZIP Code	95482
County	Mendocino
APN #	18404410
Parcel ID	(No response)

**14. Please provide a narrative description of the proposed project, including the structural plan for the facility and all planned services.**

The project goal is to develop a 16-bed Psychiatric Health Facility (PHF) that meets Medi-Cal and Medicare standards for reimbursement. The purpose of the PHF is to provide a safe and therapeutic environment for Clients experiencing acute psychiatric symptoms.

This project will replace an existing 99-bed skilled nursing facility located on a semi-rural corner lot in southern Ukiah along South State Street. Street improvements will include a new bus stop and shelter in front of the building, landscape islands, sidewalks with ADA-compliant access, and bike racks and lockers to encourage bicycle commuting. Sustainability requirements plays a role in site planning, with the main wings of the building oriented so that the main roofs can accommodate solar panels. Because the perimeter of the residential areas are locked, code-required fire walls compartmentalize the building so that wood construction can be used.

The goal is to deliver intensive mental health psychiatric treatment services to assist in the stabilization of the Client's condition through a program designed to stabilize the current crisis and assist the Client's return to a less restrictive setting. Services shall include a well-developed recovery-oriented treatment program that provides a safe and secure environment to pursue wellness and recovery, with appropriate professional staffing in accordance with CCR, Title 22, Division 5, Chapter 9, on a twenty-four (24) hour, seven (7) day a week basis.

Single and double bedrooms are intermixed with offices to provide greater visual observation of patients and acoustic separation of the rooms. A laundry room for residents is provided and designed with ADA compliance. The end of the west wing has utility rooms, storage, supply, etc. The group activity room, visiting, rehabilitative therapy, kitchen, nurse station, and four toilet/shower rooms are centralized around the dayroom/dining area. All toilet/showers are ADA compliant with benches for changing, and their proximity to nurse station ensures spaces are observed.

The PHF will fit into an existing system of care. Other programs in the existing behavioral health continuum of care include Crisis Residential Treatment, Medical Respite, Crisis Respite, Mobile Crisis and Prevention services, supported housing programs, outpatient services, and prevention services. As one of the highest levels of care available in county, the PHF will collaborate with the other levels for prevention and step down pre and post hospitalization. The contractor shall collaborate effectively with other programs in the County and the community, such as local law enforcement, local Emergency Departments and Hospitals, Emergency Medical Services, etc. in accepting County Clients for admission for PHF services

National Alliance on Mental Illness will be co-located to connect and assist clients and their loved ones with education, support and advocacy.

BHRS has developed an operating budget based on the cost per day of \$1,396.26 serving an average of 13.60 clients. Therefore, the total annual operating costs are estimated at \$6,931,035. Operating costs include staffing costs and operational expenses. Funding to cover operating costs will consist of Medi-Cal, Realignment funding, Measure B Funds, and private insurance. PHF will offer much-needed community services in a non-institutional environment.

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**15. Describe how the proposed project will expand service capacity for crisis and/or behavioral health facilities.**

The priority population served at the facility will be Mental Health Plan (MHP) beneficiaries, including Medi-Cal and Medicare/Medi-Cal beneficiaries, and other community members who are eighteen (18) years and older, who are exhibiting acute psychiatric symptoms and have been placed on a Welfare and Institutions Code (WIC) Section 5150 designation or have been admitted on a voluntary basis.

The gaps that we are proposing to fill with funds from the BHCIP/CCE award are the high utilization of inpatient hospitalization out-of-county and long wait times in the Emergency Departments (ED). We plan to address these gaps by establishing sixteen (16) beds for acute mental health crisis placements by adding a Psychiatric Health Facility (PHF). The PHF will provide additional movement throughout the Crisis Continuum of Care, providing treatment for individuals in a mental health crisis with intensive treatment and stabilization. In addition, wait times in the ED will be reduced with an in-county PHF.

This facility is proposed to be operated by Telecare Corporation. Telecare operates 132 programs across five states and offers a spectrum of services that include community-based, acute, crisis, residential, and longer-term recovery programs.

Telecare currently operates seven facilities licensed in the State of California as Psychiatric Health Facilities (PHF). They are the largest provider of county-contracted PHF services in California, with 122 licensed beds. Telecare's mission is to deliver excellent and effective mental health services that engage individuals with complex needs in recovering their health, hopes, and dreams. They offer a diverse and evolving array of recovery-centered programs and solutions for the customers, communities, and people they serve.

There are no inpatient psychiatric beds in Mendocino County. Providers are required to send consumers out of the county (70 to 200 miles) for inpatient psychiatric treatment. This is costly both fiscally and emotionally, and reducing the need to transport consumers long distances will greatly benefit consumers and their families.

From July 2021 - June 2022, there were 358 out-of-county psychiatric hospital admissions for adults 18 and over. In addition, there were over 2,566 crisis calls (duplicated) from clients, family members, hospitals, law enforcement, and other counties/agencies. A PHF within Mendocino County would help close the gap in the psychiatric crisis care continuum, improve client care, and reduce impacts on community agencies.



## 16. Licensing and Certifications

List any behavioral health licensing, certifications, and/or accreditations required at the federal, state or local level to operate the planned program services. More lines will appear as needed (max 10):

(Please only include organizational level information - do not provide individual provider numbers)

	Name of License/Certification	Currently Held?	Current Status	Federal, State or Local?
1.	CMS Medicare Certification	No	Planned Future	Federal

	Name of License/Certification	Currently Held?	Current Status	Federal, State or Local?
2.	DHCS PHF License	No	Planned Future	State

	Name of License/Certification	Currently Held?	Current Status	Federal, State or Local?
3.				

	Name of License/Certification	Currently Held?	Current Status	Federal, State or Local?
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	Name of License/Certification	Currently Held?	Current Status	Federal, State or Local?
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	Name of License/Certification	Currently Held?	Current Status	Federal, State or Local?
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## 17. State Priorities

Identify each of the State Priorities your project is targeting (RFA Section 1.1) and describe how the project will meet these priorities. Check all that apply:

		Description
Invest in behavioral health and community care options that advance racial equity	✓	The addition of inpatient psychiatric beds in the county will increase access to high-quality and affordable health care services and supports for all populations, regardless of the individual's race, ethnicity, or gender, adding to the variety of care placements available in the behavioral health care continuum.
Seek geographic equity of behavioral health and community care options	✓	Mendocino County does not have any inpatient psychiatric beds in a general acute care hospital or a Psychiatric Health Facility (PHF). Building a facility in the county will allow us to have geographic equity of behavioral health and community care options.
Address urgent gaps in the care continuum for people with behavioral health conditions, including seniors, adults with disabilities, and children and youth	✘	
Increase options across the life span that serve as an alternative to incarceration, hospitalization, homelessness, and institutionalization	✓	<p>The PHF operations management team is actively working on new approaches for whole person care integrating mental health, physical health, and substance use services; deepening capabilities with peer-led services; creating better services for justice-involved individuals, and much more including:</p> <ul style="list-style-type: none"> <li>• Delivering services in the least restrictive, most accessible environment with a coordinated system of care that is respectful of a</li> </ul>

		<p>person's family, language, heritage and culture</p> <ul style="list-style-type: none"> <li>• Educating individuals, families and the community about mental illness and the hopeful possibilities of treatment and recovery</li> <li>• Maximizing independent living and improving quality of life through community-based treatment</li> <li>• Maximizing the resources available and attending to concerns for the safety of individuals and the community</li> <li>• Managing fiscal resources effectively and responsibly while ensuring that productivity and efficiency are important organizational values which result in maximum benefits for all concerned.</li> </ul>
<p>Meet the needs of vulnerable populations with the greatest barriers to access, including people experiencing homelessness and justice involvement</p>	<p style="text-align: center;">✓</p>	<p>Individuals with serious and untreated mental health often encounter barriers that prevent receiving appropriate services and are often transported to jail and subjected to ongoing involvement in the criminal justice system, an unnecessary outcome. Building an acute psychiatric health facility in Mendocino County will fill a gap in the care continuum and allow these individuals to receive immediate attention locally, avoiding a potential crisis and reducing justice involvement.</p>
<p>Ensure care can be provided in the least restrictive settings to support community integration, choice, and autonomy</p>	<p style="text-align: center;">✓</p>	<p>Behavioral Health and Recovery Services (BHRS) strives to deliver services in alignment with the BHRS mission “in the least restrictive, most accessible environment within a coordinated system of care that is respectful of a person's family, language, heritage and culture.” While BHRS strives to provide the least restricted level of care,</p>

		<p>individuals still need access to the highest level of care and should be able to access that level of care within their community. Currently, individuals and family members have to travel two (2) hours or longer for inpatient psychiatric acute care. Having a PHF within Mendocino enhances the continuum of care and provides more options for wrap around support and family involvement which should reduce the need for conservatorships.</p>
<p>Leverage county and Medi-Cal investments to support ongoing sustainability</p>	<p>✓</p>	<p>The goal is to develop a 16-bed Psychiatric Health Facility that meets Medi-Cal standards. BHRS intends to work with other counties such as Lake on utilization of the facility to maintain capacity and to reduce operating costs. The operator's Super PHF programs are able to accept Medi-Cal and all other forms of insurance. The project will be Joint Commission accredited and Medicare certified so that it is able to bill for all possible reimbursement.</p>
<p>Leverage the historic state investments in housing and homelessness</p>	<p>✗</p>	

**18. Is this a multi-county collaboration? If yes, select all counties that apply.**

No

## 19. Previous Applications

Has the applicant applied for one or more prior BHCIP rounds (1-4)? Please indicate the round(s) below, identify where funds were awarded and provide a description of how funds requested in Round 5 will be used for separate and distinct purpose of further expansion of behavioral health services for the target population.

	Applied	Awarded	Round 5 Funding Distinct Purpose
Round 1: Crisis Care Mobile Units (CCMU)	✓	Yes	Round1 was used for Crisis Care Mobile Units (CCMU) to expand mobile crisis a lower level of care; Rounds 5 is proposed to be used for a Psychiatric Health Facility to enhance the continuum of care.
Round 2: County and Tribal Planning	✓	Yes	Round 2 was used for researching and assessing sites for a partial hospital care/rehabilitative care/board and care facility in Mendocino County, generate participation and collaboration from community stakeholders to address urgent gaps in the care continuum, and seek geographic equity of behavioral health and community care options; Rounds 5 is proposed to be used for constructing a Psychiatric Health Facility to enhance the continuum of care, which was prioritized from the planning and survey process on Round 2.
Round 3: Launch Ready	✗		
Round 4: Children and	✗		

## 20. Services Payors

Describe how the behavioral health services to be delivered at this project site will be paid for and sustained once project construction is complete.

The majority of the revenue and funding for operational costs will be from Medi-Cal, Medicare and private insurance reimbursable services. The facility will charge the Medi-Cal daily rate for services which will cover the costs of staffing and operational costs. Grant funds will be for onetime costs of construction and site development. Once built and established, the program will rely on Medi-Cal, Medicare, private insurance, realignment and other reimbursement for services for sustainability.

On November 7, 2017, the County adopted a Transaction (Sales) and Use Tax (Measure B) for the specific purpose of funding improved services, treatment, and facilities for persons with mental health conditions; Measure B service funds will be used to offset revenue shortfalls. In addition, BHRS intends to work with other counties such as Lake on utilization of the facility to maintain capacity and to reduce operating costs.

## 21. Cost Overrun

Grantees who are awarded BHCIP funds shall be solely responsible for any costs to complete the project in excess of the program funds award amount. Neither DHCS nor AHP will be responsible for any cost overruns. Please describe contingency plans for any cost overruns for the project.

On November 7, 2017, the County adopted a Transaction (Sales) and Use Tax (Measure B) for the specific purpose of funding improved services, treatment, and facilities for persons with mental health conditions; Measure B capital facility funds will be used to offset cost overrun.

## 22. Percentages of Funds by Payors

Please include anticipated percentages of funds by payor. Enter whole numbers only. Enter 0 if a payor category does not apply. The total should equal 100%.

	Anticipated Percentage
Insurance	11
Medi-Cal	70
Private pay	1
Other	18
Total	100.0

**Please explain other category:**

Medicare, indigent, VA, Tribal

## 23. Diversity, Equity and Inclusion

Are you serving or do you plan to service justice-involved population(s)?

Yes

**If yes, please choose the best match of the population(s) projected to serve:**

Local/County Probation



**24. Describe how the project will advance racial equity and meet the needs of individuals from diverse backgrounds. Applicants must affirm they will not exclude certain populations, such as those who are justice involved or in foster care.**

Mendocino County Behavioral Health and Recovery Services requires that the facility operator develop and implement a Cultural Competency Plan that complies with State, federal and local requirements. The Plan will consist of a statement and assurances to employ a culturally diverse staff that includes bilingual and bicultural multidisciplinary staff who reflects the backgrounds of the clients. The operator shall ensure, as part of that plan, that all staff receive on-going Cultural Competency training. A copy of the Cultural Competency Plan shall be delivered to Behavioral Health and Recovery Services within thirty (30) days of execution of the agreement. Services provided to clients shall be done so in a culturally competent manner, taking into consideration clients' preferences, including but not limited to, gender, age, religion, sexual orientation, race, and ethnicity. Interpreters must be trained and monitored for language competence.

When individuals in crisis are hospitalized out of the county, they are removed from their natural supports and often are transported several hours in an ambulance creating a more traumatic experience. The project will expand resources for all and provide a culture change on how individuals are served in Mendocino County. Mendocino County's population is roughly 90,000 individuals 27% of whom identify as Hispanic/Latino and almost 7% of whom identify as Native American. Historic and institutional distrust are often reasons members of these cultural groups do not seek behavioral health services especially acute hospitalization or crisis treatment. Living memory and fear of being forcibly removed from one's home in these communities and acute psychiatric and 5150 level assessment is associated with this. Having services closer within county and being able to be visited by family members may reduce barriers associated with access to this level of care.

The program will provide 24/7 staffing, and intensive mental health services in the context of a therapeutic community and an integrated individualized case plan will be developed for each client at entry. No client will be excluded based on inclusion in any group such as ethnicity, gender, gender identity, justice involved, foster care, sexual orientation, veterans, age, disability or other. Mendocino County currently has outpatient and care coordination services to support justice involved and foster care/former foster care individuals to support independent living and reduce the risks for acute care; once the PHF is operational can add step down, discharge, and transition coordination with those programs.

Mental Health services will be individualized and strength-based; use a team-driven process with clients as equal members; be culturally appropriate and responsive; use flexible approaches made possible by adequate, flexible funding streams; have a balance of formal and informal community and family supports; involve interagency collaboration; and include continuous evaluation by the multi-disciplinary treatment team.

## 25. Project Readiness

Has the proposed project met **ALL** the minimum threshold for project readiness (as outlined in RFA Section 3.2)?  
Please note, this is a minimum requirement for all applications.

Yes

### 25a. Confirm Readiness

Please confirm site readiness by confirming the below project minimum thresholds, referenced in the [RFA section 3.2](#).

Site control, defined as ownership with clear title, an executed Purchase and Sale Agreement (PSA), an executed Letter of Intent (LOI), or an executed Exclusive Negotiation Agreement (ENA)	Confirm
A sustainable business plan with (pro forma) projections of future objectives and strategies for achieving them	Confirm
A conceptual site plan with a forecast of the developmental potential of the property	Confirm
Stakeholder support as demonstrated by letters of support from internal boards of directors and professional/community partners	Confirm
Demonstration of county and Medi-Cal investments to support ongoing sustainability of the behavioral health program	Confirm
An identified match amount	Confirm
An initial budget - one for each phase and a total budget for acquisition and construction	Confirm

## 26. Development Phase

Which phase of development describes the current status of the project ([see RFA Section 3.2](#))? Select only one.

Phase 2: Design development

## 27. Development Phase Description

Describe the phase selected above and how your project fits within that phase.

The property, identified by Assessor's Parcel Number (APN) 18404410 (Site), was developed as a Skilled Nursing Facility in 1965. Located in unincorporated Mendocino County, the property was initially zoned "R-1" (Single-Family Residential). On April 16, 2020, the County Planning Commission recommended that the Board of Supervisors (BOS) grant the rezoning of the site from R-1 to SR (Suburban Residential) with Flood Plain (FP) and Airport Combining District (AZ). Additionally, the BOS approved a Major Use Permit for a Major Impact Facility (Skilled Nursing Facility).

The approved entitlement allows for the use of the property as a Skilled Nursing Facility, which is designated as Congregate Care, allowing for occupancy of more than 25 persons. In addition, a Psychiatric Health Facility, which will have up to 16 beds, is also compatible with the approved use permit, allowing for the existing facility to be remodeled or demolished and re-built within the existing footprint for use as a PHF.

A feasibility study for the selected site was presented to the Board of Supervisors (BOS) on January 25, 2022. The BOS approved to move forward with using the property located at 131 Whitmore Lane for construction of the psychiatric health facility (PHF), including demolition of the existing structure and construction of a new building.

The project fits within Phase 2 as the site is owned by the County of Mendocino and the site plan drawings have been coordinated with the architect and engineers. The Schematic Design (SD) phase has been completed and the documents are in review by the County stakeholders for comment. Once the design team has responded to those comments these drawings and specifications will be provided for the County to share with the County Board of Supervisors. Currently the project is scheduled to complete Design Development by March 18th, 2023.

Demolition Phase to start summer 2023. Construction Documents are scheduled to be complete by September of 2023 and will then be submitted for Plan Review. After Plan approval and bidding and award of contractor is complete, the project is scheduled to begin construction May 2024.

## 28. Construction Type by Facility

Choose all construction types planned for your proposed project, and enter the square footage associated with each project type. Multiple selections are allowed.

**Separate out the square footage for each type that applies; values should equal total project square footage. Enter values as numbers only; for example, 1,354 square feet should be entered as "1354."**

Facility Type	Psychiatric Health Facility (PHF)
Construction Type	New ground-up construction (e.g., a new facility or new setting being built)
Square Footage	13554

### 28a. Construction Type by Facility

Choose all construction types planned for your proposed project, and enter the square footage associated with each project type. Multiple selections are allowed.

**Separate out the square footage for each type that applies; values should equal total project square footage. Enter values as numbers only; for example, 1,354 square feet should be entered as "1354."**

Facility Type	(No response)
Construction Type	(No response)
Square Footage	(No response)

## 29. Permits and Approvals

List all construction approvals and permits for each facility type referenced previously within this application that will be required to complete the project and describe your strategy for obtaining them within 6 months.

One of the major advantages of the Mendocino County Whitmore PHF location, is that according to the feasibility study prepared for the site, the project is fully compatible with the existing zoning and use permit which is already vested for this project. A demolition permit was issued for the existing structure on August 15, 2022 and vested the use permit. Additional permits that will need to be issued as site preparation and construction begin are:

1. Grading Permit
2. Building permit
3. Various Encroachment permits the contractor may be required to pull to complete work in the State Street and Whitmore Lane rights-of-way.
4. Fire Marshal approvals/certification Fire Sprinkler
5. Operationally:
  - a. The generator will require an air quality permit
  - b. The kitchen will require an environmental health inspection (usually under the building permit) along with regular inspections

## 30. Types of Services

Please describe the types of service(s) that will be offered as a result of this project.

The goal is to develop a 16-bed Psychiatric Health Facility that meets Medi-Cal standards for reimbursement. The target population will include clients of all genders, who are eighteen (18) years and older, who are exhibiting acute psychiatric symptoms and have been placed on a Welfare and Institutions Code (WIC) Section 5150 designation or have been admitted on a voluntary basis.

The acute inpatient program will be a trauma informed and recovery-oriented setting that empower individuals to be full partners in decision making, even when treatment is being provided on an involuntary basis. The services will incorporate motivational interviewing, Cognitive Behavioral Therapy (CBT), Dialectical Behavior Therapy (DBT), and principles of trauma-informed care

National Alliance on Mental Illness (NAMI) will also have office space within the facility to connect and support clients and family members. NAMI will provide education, support, and advocacy to improve the lives of individuals with mental illness and their family/friends.

### 31. Narrative Description

Provide a detailed narrative description of the proposed project's construction and design (limit: 1500 words).

- Describe any preliminary site plans, design drawings, and/or construction plans for the proposed project. This may include cost estimates with valid budgetary numbers from an architect, engineer, or licensed general contractor.
- If no construction plan is yet in place, please submit a valid rough order of magnitude (ROM) cost estimate from an architect, engineer, or licensed general contractor.
- Describe any site amenities (examples: community and common areas, laundry, gated access, security, recreational areas, community garden, etc.) and sustainable and green building elements.
- Please describe any site mitigation requirements and complex or costly structural or site/topographical requirements.
- Include an explanation of any required demolition and off-site improvements

This project will replace an existing 99-bed skilled nursing facility located on a semi-rural corner lot in southern Ukiah along South State Street. The existing rectangular one-story 1960s-era structure is a stucco-clad building with a mansard roof affronting a residential street, Whitmore Lane; it has no historical significance. Bid documents for a separate demolition phase package are nearing completion so the site can be cleared in 2023. Because the proposed facility will have only 16 beds, ample infrastructure is in place.

The new design will appear residential in nature and move the main entry and parking lot towards S. State Street and present a yard and residential fence towards the adjacent houses along Whitmore. Street improvements will include a new bus stop and shelter directly in front of the building and landscape islands and new sidewalks that provide ADA-compliant access through the entry plaza to the building entries. The building is also equipped with bike racks and lockers to encourage bicycle commuting.

Sustainability requirements play an obvious role in site planning, with the main wings of the building oriented on an east-west axis so that the main roofs (which are larger facing south) can accommodate solar panels during initial design or in the future. Landscape islands located between the parking lot and the sidewalk are designed to accommodate car charging stations, and a solar panel carport cover is located over parking on the south side of the building. Building systems themselves are designed for electric only- no gas. Furthermore, a larger solar array and battery backup is being explored to reduce the standby generator's requirements.

Because the perimeter of the residential areas are locked, code-required fire walls compartmentalize the building so that wood construction (which is more residential) can be used. A central nurse station in the common area provides direct observation of all patient circulation, the dayroom/dining, and the exterior yard. The dayroom/dining

area is designed with a vaulted ceiling like a “great” room with residential finishes, a television mounted within a hearth element, and large windows to bring in lots of daylight and provide views to the yard. The perimeter of the building is well landscaped to provide privacy for residents and to fit into the residential fabric of the neighborhood.

The great room is ringed by other amenities such as the group activity room, visiting, rehabilitative therapy, the kitchen, nurse station, and four toilet/shower rooms. All the toilet/showers are ADA compliant with benches for changing, and their proximity to the nurse station ensures the use of these spaces are observed.

Flanking the central activity core are the resident wings. Single and double bedrooms are intermixed with offices to provide greater visual observation of patients and acoustic separation of the rooms. The corridors of the housing wings have clerestory windows in the roof to flood the space with daylight. A laundry room for residents is provided and designed with ADA equipment and clearances. At the end of the west wing, beyond a glazed cross-corridor door, lies clinical support spaces such as utility rooms, storage, supply, etc.

The administrative wing is located along the back side of the nurse station. It provides access to administrative offices, records, a break room, a large conference room, copy/supply, etc. Circulation through the administration wing also connects to the public lobby where patients are released, or visitors arrive. The entry for admission and intake of patients is separate from the public lobby. The admissions entry has screened parking and a dedicated admitting and interview space. From the admissions lobby, there is direct access to a seclusion room and a back entry to the residential housing wings.

In addition to the psychiatric healthcare facility needs, a National Alliance on Mental Illness (NAMI) wing is located south of admin, rotated, and placed under a separate roof to create a separate design volume. It has a dedicated lobby, three offices, and an open community resource area. This wing has access to the main building lobby for the use of shared restrooms. NAMI staff also have access to the administration corridor of the main building, the break room, and the conference room.

The resulting design balances the residential components of the housing wing with the professional appearance of two separate administration wings. It provides a public face and street improvements to S. State and a residential façade along Whitmore Lane, removing an unsightly building, and greatly improving the appearance of the neighborhood. It offers much-needed community services in a non-institutional environment. The estimated cost for the construction of the new facility is \$23,041,641.

### 32. Match Requirements

Please identify the source(s) and amounts of funds or real property contributions fulfilling the match requirement (see RFA Section 3.4). If identifying a real property contribution, please provide a certified appraisal and a bank loan document. The match values listed here should align with the match values listed in Form 2: Budget Template. Check all that apply.

Match requirements are set according to applicant type. See section [3.4 of the RFA](#) for more information.

Match Requirements:

- Tribal entities = 5% match
- Counties, cities, and nonprofit providers = 10% match
- For-profit providers and/or private organizations = 25% match

For-profit providers who partner with tribes, counties, cities, or nonprofit providers will be eligible for the lower match. For example, an organization operating a CTF that has partnered with a county will have a match requirement of 10%.

		Funds/Contribution Amount	Funding Source Detail Notes
American Rescue Plan Act (ARPA) funds granted to counties and cities	<input checked="" type="checkbox"/>		
Local funding	<input checked="" type="checkbox"/>	\$11,473,494	Measure B Tax Funding
Mental Health Services Act (MHSA) funds in the 3-year plan (considered "other local")	<input checked="" type="checkbox"/>		
Foundation/philanthropic support	<input checked="" type="checkbox"/>		
Opioid settlement funds for SUD facilities	<input checked="" type="checkbox"/>		
Loans or investments	<input checked="" type="checkbox"/>		
Cash on hand	<input checked="" type="checkbox"/>		
Incentive payments from managed care plans	<input checked="" type="checkbox"/>		



Land trust	<input checked="" type="checkbox"/>		
Unused government and tribal buildings	<input checked="" type="checkbox"/>	\$2,200,000	Unused County Building
Buildings originally intended for another purpose	<input checked="" type="checkbox"/>		
Surplus land	<input checked="" type="checkbox"/>		
Government and tribal property	<input checked="" type="checkbox"/>		
Other source	<input checked="" type="checkbox"/>		

If other source selected, please identify below:

(No response)

### 33. Medi-Cal Beneficiaries Served

Please provide the following figures, based on the proposed facility type(s):

- A. Current number of unduplicated clients served annually (unduplicated = number of unique clients served annually)
- B. Expected number of additional unduplicated clients to be served annually (not including current capacity)
- C. Expected total number of unduplicated clients to be served annually (current + expected increase)
- D. Current number of unduplicated Medi-Cal beneficiaries served annually
- E. Expected number of additional unduplicated Medi-Cal beneficiaries to be served annually (not including current capacity)
- F. Expected total number of unduplicated Medi-Cal beneficiaries to be served annually (current + expected increase)

**All client counts should be unduplicated. Unduplicated means each client is counted only once, no matter how many times they may have received the same service during the year.**

To calculate total for expected clients served annually, please use the formula  $A+B=C$

To calculate total for expected Medi-Cal beneficiaries served annually, please use the formula  $D+E=F$

	Count
A) Current total number of clients served annually	0
B) Added number of clients to be served annually through expansion	358
C) Total number of clients served annually	358
D) Current number of Medi-Cal beneficiaries served annually	0
E) Added number of clients who are Medi-Cal	251

beneficiaries to be served annually through expansion	
F) Total number of Medi-Cal beneficiaries to be served annually	251

### 34. Required documents

Please be prepared to upload the corresponding files below for each topic. ***You will be prompted to upload these files after completion of this application.***

*Limit each file to 20MB. Label files as follows: Form Name\_Project Title\_Date. An example would be: Form 8\_Wildflower Rehab\_060122 or Drawings\_Wildflower Rehab\_060122.*

- Form 2: Budget Template
- Form 3: Development Team Information
- Form 4: Design, Acquisition, and Construction Milestone Schedule
- Form 5: Applicant's Certification of Prevailing Wage
- Form 6: Applicant's Certification of Funding Terms
- Form 7: Community Engagement Tracking
- Form 8: Schematic Design Checklist
- Drawings: preliminary site plans, design drawings, or construction drawings for the proposed project—these may include schematic designs, architectural drawings, construction blueprints, other renderings
- Resumes: Resumes of the development team that developed the design/construction plans
- Contracts: A copy of all executed contracts for hire related to your project's development team (lawyer, construction manager, development manager, architect, consultants, contractor, etc.)

### 35. Letters of Support

Upload all letters of support in the appropriate category below.

Label all letters of support as follows: LOS\_Project Title\_Agency or Role of Author. An example would be: LOS\_Wildflower Rehab\_Kern County BH Department. Abbreviations are acceptable.

Please list the name, title, and affiliation of all authors of letters of support included with this application in the text box that will appear after you upload each file.

If you have requested any letters of support that are still being written, please provide those details below, along with the expected date each letter will be submitted.

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### 36. County board of supervisors or county executive

[LOS\\_Whitmore PHF MC\\_BOS\\_0223.pdf](#)

Letter of Support from Mendocino County Board of Supervisors

**Filename:** LOS\_Whitmore PHF MC\_BOS\_0223.pdf **Size:** 196.4 kB

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### 37. County behavioral health agency

[LOS\\_Whitmore PHF MC\\_BHAB\\_0223.pdf](#)

Letter of Support from Mendocino County Behavioral Health Advisory Board

**Filename:** LOS\_Whitmore PHF MC\_BHAB\_0223.pdf **Size:** 373.4 kB

[LOS\\_PHF\\_Mendocino County BHRS.pdf](#)

Letter of Support from Mendocino County Director of Behavioral Health

**Filename:** LOS\_PHF\_Mendocino County BHRS.pdf **Size:** 204.7 kB

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### 38. City council

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### 39. Tribal council (i.e., tribal council resolution)

If the applicant is a Tribal Entity, this is a required form.

**40. Community stakeholders and/or other community-based organizations**

[LOS\\_Whitmore PHF MC\\_NAMI\\_0223.pdf](#)

Letter of Support from Mendocino County National Alliance on Mental Illness

**Filename:** LOS\_Whitmore PHF MC\_NAMI\_0223.pdf **Size:** 100.0 kB

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**41. Elected or appointed officials**

**42. Applicant's CEO and/or board**

[LOS\\_Whitmore PHF MC\\_BOS\\_0223.pdf](#)

Letter of Support from Mendocino County Board of Supervisors

**Filename:** LOS\_Whitmore PHF MC\_BOS\_0223.pdf **Size:** 196.4 kB

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**43. Tribal board**

If the applicant is a Tribal Entity, this is a required form.

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**44. Letters of support still being written and expected date of submission. Please write "N/A" if this does not apply**

NA

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**Section Heading**

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45. Please provide a high-quality proposal abstract summarizing the project in no more than 250 words. If you are awarded BHCIP funds, this abstract may appear in public materials. Please include the following information:

- Name of organization
- Project title
- List the BHCIP round of funding.
- Type(s) of construction (i.e., new ground-up construction; addition to an existing structure; rehabilitation of an existing facility; acquisition and adaptive reuse of an existing property; and/or acquisition of existing facility/building, ready for turnkey operations)
- Describe expanded service capacity as a result of this project
- Geographic area(s) (county, city)—identify if multi-county collaboration
- Phase of project development (planning and pre-development, design development, shovel ready, construction, or acquisition) and projected timeline for completion
- Organization’s experience serving target population
- Priority population(s) to be served by the facility, such as justice-involved persons, individuals experiencing homelessness, and/or youth in foster care
- Co-applicants or partners involved in the project, if any
- Priority considerations or unmet needs addressed by the proposed project; please refer to state or local needs assessments as applicable

**EXAMPLE:** The Omega Organization is requesting funding for its ABC Project, which will repurpose a grocery store to become a Community Mental Health Clinic that will expand behavioral health capacity for children and youth. This project is in the design development phase, and we anticipate completion of the project by August 2024. The Omega Organization has over 50 years of experience working with children and youth and will partner with Westvale Behavioral Health to build a clinic that will expand behavioral health services for children, youth, and their families. ABC Project will address the high need for children and youth behavioral health services in the northern region of Inyo county and will specifically serve youth who are justice-involved and/or in foster care. As identified in the state’s needs assessment, at present there are no community mental health centers designed to serve children and youth in this area.

Mendocino County Behavioral Health & Recovery Services proposes to use BHCIP Round Five funding for a ground up Psychiatric Health Facility (PHF) called Whitmore PHF Mendocino County, a 16-bed super-PHF able to accept multiple insurances. An existing county property, previously a 99-bed Skilled Nursing Facility, will be demolished and the PHF designed and built specifically for this purpose. Mendocino County's population is roughly 90,000 people, approximately 358 adults are psychiatrically hospitalized annually; with no local PHF and the nearest over an hour away, the project will build capacity to serve these individuals locally. Individuals to be served are all Mendocino County adults, regardless of justice involvement, prior foster involvement or homelessness, and potentially other county residents in need of closer acute care. Mendocino County has provided mental health services for over 40 years. The project is in the design development phase. The design was created in consideration of safety, ADA, and regulatory requirements. The design includes a residential feel to blend in with the neighborhood and create a welcoming wellness-oriented feel for patients with open space, natural light, and residential fixtures and or safety modifications. Energy efficiency and sustainability are also incorporated into the design with considerations to maximize use of solar energy, encourage electric vehicle and bicycle use. Mendocino County has worked with the Architect and Design team and other members of the development team on prior projects including Crisis Residential Treatment which along with the PHF add to our county-based continuum of care from prevention to acute care.

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**After completing the application form, you will be prompted to upload any related documents. You must upload all required documents before submitting the final application. Once you have uploaded documents and confirmed the application is complete, click the "Complete" button to submit the entire application package.**



January 30, 2023

Department of Health Care Services  
P.O. Box 997413, MS 0000  
Sacramento, CA 95899-7413

Re: BHCIP Round 5: Crisis and Behavioral Health Continuum Request for Applications - SUPPORT

Dear Application Review Committee,

I am writing to express the strong support of the Behavioral Health Advisory Board for Mendocino County's BHCIP Round 5: Crisis and Behavioral Health Continuum (BHCIP) application which would provide funding to complete our project to develop a Psychiatric Health Facility (PHF) in Mendocino County.

Specifically, this application if awarded, would enable us to proceed to develop a 16-bed Psychiatric Health Facility that meets Medi-Cal standards for reimbursement at a pre-determined site in Mendocino County.

The gaps that we are proposing to fill with funds from the BHCIP award are the high utilization of inpatient hospitalization out-of-county, and long wait times in the Emergency Department (ED). We plan to address these gaps by establishing sixteen (16) beds for acute mental health crisis placements by adding a PHF. The PHF will provide additional movement throughout the Crisis Continuum of Care in our county by providing treatment for individuals in mental health crisis with intensive treatment and stabilization. In addition, wait times in the ED will be reduced with an in county PHF.

NAMI Mendocino is an independent non-profit organization that works with Mendocino County Behavioral Health and community mental health partners, sharing goal of improving the quality of life of individuals living with mental illness and their families through education, advocacy and support. Our beautiful, geographically large County is presently the definition of a mental health desert, and NAMI Mendocino emphatically supports this critical effort to build capacity and meet existing needs for our residents.



We thank for your excellent work and efforts on behalf of much-needed funding for crisis and behavioral health infrastructure to serve vulnerable Californians of all ages. Please feel free to contact me with any questions or concerns you may have.

Sincerely,

A handwritten signature in blue ink that reads "Lindsey Daugherty". The signature is written in a cursive, flowing style.

Lindsey Daugherty  
Executive Director, NAMI Mendocino County  
namimendocino@mcn.org



## Behavioral Health and Recovery Services

Jenine Miller, Psy.D., Director of Behavioral Health

*Providing Mental Health and Substance Use Disorders Treatment Services*



February 7, 2023

Department of Health Care Services  
P.O. Box 997413, MS 0000  
Sacramento, CA 95899-7413

Re: BHCIP Round 5: Crisis and Behavioral Health Continuum Request for Applications -  
SUPPORT

Dear Application Review Committee,

I am writing to express the strong support of the Behavioral Health Advisory Board for Mendocino County's BHCIP Round 5: Crisis and Behavioral Health Continuum (BHCIP) application which would provide funding to complete our project to develop a Psychiatric Health Facility (PHF) in Mendocino County.

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The Behavioral Health Board is an advisory body to the Board of Supervisors and the Behavioral Health & Recovery Services Director on matters concerning mental health in the county. The Behavioral Health Board is mandated by state law and consists of 15 board member positions and one County Supervisor. Our mission is 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.

We thank you for your excellent work and efforts on behalf of much-needed funding for crisis and behavioral health infrastructure to serve vulnerable Californians of all ages. Please feel free to contact me with any questions or concerns you may have.

Sincerely,

DocuSigned by:  
 A handwritten signature in blue ink that reads "Flinda Behringer" followed by the initials "FB".

Flinda Behringer, Chair,  
Behavioral Health Advisory Board, Mendocino County



## Behavioral Health and Recovery Services

Jenine Miller, Psy.D., Director of Behavioral Health  
*Providing Mental Health and Substance Use Disorders Treatment Services*



February 1, 2023

Department of Health Care Services  
P.O. Box 997413, MS 0000  
Sacramento, CA 95899-7413

Re: BHCIP Round 5: Crisis and Behavioral Health Continuum Request for Applications - SUPPORT

Dear Application Review Committee,

I am writing to express strong support from Mendocino County Behavioral Health & Recovery Services (BHRS) for the BHCIP Round 5: Crisis and Behavioral Health Continuum (BHCIP) application which would provide funding to complete our project to develop a Psychiatric Health Facility (PHF) in Mendocino County.

Specifically, this application if awarded, would enable us to proceed to develop a 16-bed Psychiatric Health Facility that meets Medi-Cal standards for reimbursement in Mendocino County.

The gaps that we are proposing to fill with funds from the BHCIP award are the high utilization of inpatient hospitalization out-of-county, and long wait times in the Emergency Department (ED). We plan to address these gaps by establishing a sixteen (16) bed psychiatric health facility (PHF) within Mendocino County. The PHF will provide additional movement throughout the Crisis Continuum of Care in our county by providing treatment for individuals in mental health crisis who need acute treatment and stabilization. In addition, wait times in the ED will be reduced with an in county PHF.

BHRS strives to deliver services in alignment with our mission “in the least restrictive, most accessible environment within a coordinated system of care that is respectful of a person's family, language, heritage and culture.” While BHRS strives to provide the least restricted level of care, individuals still need access to the highest level of care and should be able to access that level of care within their community.

I support this grant application and the need for a PHF within Mendocino County. This facility not only has the opportunity to provide services to residents of Mendocino County, but also our neighboring counties. Please feel free to contact me with any questions or concerns you may have.

Sincerely,

A handwritten signature in black ink, appearing to read "Jenine Miller".

Jenine Miller, Psy.D.  
Mendocino County  
Director of Behavioral Health



# COUNTY OF MENDOCINO

## Board of Supervisors

DARCIE ANTLE  
CLERK OF THE BOARD

501 Low Gap Rd. Room 1010  
Ukiah, CA 95482

Email: [bos@mendocinocounty.org](mailto:bos@mendocinocounty.org)  
Website: [www.mendocinocounty.org](http://www.mendocinocounty.org)

Office: (707) 463-4221  
Fax: (707) 463-5649

January 24, 2023

Department of Health Care Services  
P.O. Box 997413, MS 0000  
Sacramento, CA 95899-7413

Re: BHCIP Round 5: Crisis and Behavioral Health Continuum Request for Applications - SUPPORT

Dear Application Review Committee,

I am writing to express the strong support of the Mendocino County Board of Supervisors for Mendocino County's BHCIP Round 5: Crisis and Behavioral Health Continuum (BHCIP) application which would provide funding to complete our project to develop a Psychiatric Health Facility (PHF) in Mendocino County.

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We thank for your excellent work and efforts on behalf of much-needed funding for crisis and behavioral health infrastructure to serve vulnerable Californians of all ages. Please feel free to contact me with any questions or concerns you may have.

Sincerely,

A handwritten signature in blue ink that reads "Glenn McGourty".

Glenn McGourty, Chair,  
Mendocino County Board of Supervisors

### THE BOARD OF SUPERVISORS

GLENN MCGOURTY  
First District

MAUREEN MULHEREN  
Second District

JOHN HASCHAK  
Third District

DAN GJERDE  
Fourth District

TED WILLIAMS  
Fifth District



# COUNTY OF MENDOCINO

## Board of Supervisors

**DARCIE ANTLE**  
**CLERK OF THE BOARD**

501 Low Gap Rd. Room 1010  
Ukiah, CA 95482

Email: [bos@mendocinocounty.org](mailto:bos@mendocinocounty.org)  
Website: [www.mendocinocounty.org](http://www.mendocinocounty.org)

Office: (707) 463-4221  
Fax: (707) 463-5649

January 24, 2023

Department of Health Care Services  
P.O. Box 997413, MS 0000  
Sacramento, CA 95899-7413

Re: BHCIP Round 5: Crisis and Behavioral Health Continuum Request for Applications - SUPPORT

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Sincerely,

A handwritten signature in blue ink that reads "Glenn McGourty".

Glenn McGourty, Chair,  
Mendocino County Board of Supervisors

### THE BOARD OF SUPERVISORS

GLENN MCGOURTY  
First District

MAUREEN MULHEREN  
Second District

JOHN HASCHAK  
Third District

DAN GJERDE  
Fourth District

TED WILLIAMS  
Fifth District