

**Mental Health Services Act
(MHSA) 3 Year Plan 2013-2016
Public Comments & Answers**

Written Public Comments/Questions:	
Question:	
1. How do we ensure we retain real live psychiatrists in Mendocino County? Tele-psychiatry is a terrible option.	
Answer:	
The Mental Health Plan providers are working with Federally Qualified Health Clinics (FQHC) and primary care doctors to help bridge if they are not comfortable with some psych meds. They will have access to our doctors and will be available for other outpatient providers and emergency rooms. The County and the Mental Health Plan providers place value on providers both in person and tele-psychiatry for clients. The psychiatrists will also have a caseload and provide face to face medication support services.	
Question:	
2. Services that are mobile have been requested for years, have they been addressed?	
Answer:	
Crisis is a little bit different, the initial launch will be to work from a crisis service unit responding to Emergency rooms. Care management is, has been and will continue to be a mobile service. Crisis workers will be available to provide mobile service as appropriate. For crisis, a client can go to the local access crisis center or the local emergency room where a crisis worker will respond.	
Question:	
3. Please keep in mind, that people who suffer from a very chronic mental illness and are without housing, generally are not the folks that go to drop-in centers. How are outreach services being proposed to be done?	
Answer:	

Part of the MHSA theme is to reach out and to engage people where they are. The Mental Health Plan Providers that we are working with are the types of organizations that actually reach out to folks and see people where they are.
Question:
4. Is this plan proposing that MHSA funding cover 100% of administrator's salaries? (The 3 identified FTE administration positions that are mentioned in the plan is the reference, but there are more mentioned throughout the plan.)
Answer:
No. Although there are specific FTE amounts cited in the plan, the Focused Integrated Mental Health service model is an expansion of services from current service delivery funding. This leverages MHSA dollars to expand services.
Question:
5. There is mention of grants being sought, who will be responsible for this?
Answer:
MHSA does not involve grants. If an organization provider wants to seek grants that activity is up to the organization provider to pursue. Mendocino County will collaborate. Senator Steinberg's proposal "a call for action" process provides grant funding for crisis services which can be integrated into MHSA services.
Question:
6. How many bilingual contract providers will be hired over the next 3 years?
Answer:
The goal of the Mental Health Plan providers is to consistently recruit for and retain bilingual staff.
Question:
7. What are restructured crisis services?
Answer:
The restructured crisis system is a tiered system. In our organization our capacity provides both through contractors and on-the-ground crisis response at local emergency rooms and the, within our system of crisis, determine where that person might fit within a continuum of care.
Question:

<p>8. About a year or so ago when this all began. My question is about Quality Assurance (QA) and also the integrity of the MIS. Initially I was lead to believe that the county would be providing Quality Assurance and Medical Information System integrity oversight, am I mistaken in hearing that now that's going to be left up to the contractors?</p>
<p>Answer:</p>
<p>The County will continue to maintain oversight in all the operations as required by the State.</p>
<p>Question:</p>
<p>8a. Utilization, is that going to be two (2) tiered as well?</p>
<p>Answer:</p>
<p>This is not a two tier system. The County Behavioral Health will have final oversight and authority, including but not limited to mandated responsibilities within the Mental Health Plan including Quality Assurance (QA) and Utilization Review (UR).</p>
<p>Question:</p>
<p>8b. doesn't the current RCS contract do exactly what we're talking about? It doesn't bog down the service delivery, the review and even the billing and reimbursement, because that's what I wanted to know.</p>
<p>Answer:</p>
<p>No, it does not bog down the system.</p>
<p>Question:</p>
<p>9. As described on page 15 of the mental health plan, last sentence of the first paragraph of 3 yr. plan, what should be the relationship of the "independent program evaluator" to the MHSA committee of the MHB board? Are there overlapping or duplicative responsibilities here?</p>

Answer:
The reference to “independent program evaluator” pertains to grants. MHSA services will be evaluated on an ongoing basis with Mental Health Board involvement.
Question:
10. How does the Mental Health Plan address the need for equitable access and reliable mental health services for children, adults, transitional age youth, and families living in Round Valley. More specifically, what is the plan to address the implementation and delivery and/or funding of culturally appropriate mental health services for Native Americans living in Round Valley.
Answer:
MHSA public forums are used to determine the needs of the communities and then available resources within the communities are researched to provide services. Data drawn from APS Healthcare External Quality Review Organization (EQRO) and Quality Improvement Committee (QIC) and the Cultural Competency Committee is used to address the disparities.
Question:
10a. I think for these outliers the funding question, like I don’t know how \$50,000 of MHSA came to be/have a destination of Gualala or Pt. Arena Action Network? The question would be from other outliers is; how can MHSA funds come to our corner of the county? So it’s not necessarily; when will you put a physician in a house or a clinic in Westport, It’ll be how can we get funding for services we have the ability to provide for ourselves but need the funding for?
Answer:
See answer for question 10
Question:
11. When developing the MHSA plan, for planning purposes, how many serious and persistently mentally ill people

were assumed to need services on the coast? For example: How many clients living on the coast are on the case load?
Answer:
The Mental Health Plan providers will be developing their plans to address this need.
Question:
12. What percentage of MHSA money is allocated to the Coast? Why does it seem that fewer services are provided on the Coast?
Answer:
29.3% of MHSA funds are used for coastal services.
Question:
13. There has not been a psychiatrist on the coast in months, and knowing that the mental health consumer population is great, how are our needs going to be met? Jim- Has there not been a psychiatrist on the Coast for months?
Answer:
The County currently provides a psychiatrist one day a week on the coast. The Mental Health Plan providers will be looking into psychiatrist options.
Question:
14. How often do you have to be seen by a psychiatrist if you're on psychotropic medications?
Answer:
This would be determined on an individual basis with the psychiatrist based on the clients needs.
Question:

14a. Consumer – Are Dr. Foster and Dr. Riley going to be local?
Answer:
Dr. Foster and Dr. Riley will provide a combination of face to face and tele-medicine medication support services.
Question:
15. Considering there is such a great success with Laura’s Law why has it not yet been implemented into this County?
Answer:
Currently the County has implemented the 11:00 Court Calendar.
Question:
16. We are concerned that domestic violence programs and services are not in the MHSA plan. Why are there not mental health programs for both victims and perpetrators on the Coast or in the County?
Answer:
All the organization providers participate in the victims of crime program.
Question:
17. Do you plan to put psychotic and suicide people in homeless shelters? If not how will you handle early intervention crisis care?
Answer:
The Mental Health Plan providers will provide crisis assessment for suicidal and severely psychotic people and will help them navigate the most appropriate resources available.
Question:

17a. I think the writer really wants to know is, what is the plan for people in crisis, out of ER or out of an office visit or off the street when they are in MH crisis at a semi-level, really suicide?
Answer:
The plan for crisis is multi-tiered. Crisis centers will be accessible 24-hours a day, 7 days a week. The two locations, coast and inland will have crisis response available. Also see the answer for questions 7.
Question:
18. With 110 clients on the Coast and 157 in Ukiah or re-phrased with the number of clients we have on the Coast and the number of clients we have in Ukiah why would you expand the population served by Wellness Centers to “everyone”?
Answer:
Mental Health Wellness Centers are open to anyone willing to work on a mental health or wellness issue or concern.
Question:
19. I just have a question that was actually referred to in the contract about waived clinicians. I don’t know what that....is the license waiver? There’s a listing in the staffing for MHSA, I don’t know if that was whether case manager’s qualification if they’re license was waived? I don’t quite understand.
Answer:
A waived clinician, either an intern or an intern finishing hours and waiting for licensure that is registered with the Board of Science or waived through Medi-Cal or the State.
Question:
20. When you talk about crisis tiers, are they going to be out of placement, are they going to be going to Yuba City? Like if they are in a crisis not a hold are they going to be placed in Yuba City?
Answer:
The Mental Health Plan providers will provide a variety of sub-acute services at the local level through crisis access centers and respite services. In addition the County, in collaboration with stakeholders, plan to apply for Senator

Steinberg's proposed "Call for Action" grants targeted for sub-acute services.
Question:
21. So what I would like to have clarified, where will these crisis access centers be? I don't believe I heard one will be in Covelo. How are people in Covelo or Gualala or Point Arena suppose to access these centers?
Answer:
Ortner Management Group (OMG) one of the Mental Health Plan providers shared that there will not be one in Covelo. There will be one in Fort Bragg and one in Ukiah. Partnerships with law enforcement and community partners in the smaller locales will be developed so that engagement during the crisis will be community centered. The Mental Health Plan providers will be working with communities to asses what has been done in the past, what are best practices and what new things can be explored.
Question:
22. What do you plan to do as far as outreach and social media and engaging people that are most at risk of onset of major mental illness?
Answer:
Refer to question #3. Also the State has two programs for destigmatization and education.
Question:
23. When you talk about sustainability, do you mean sustainable funding? (This question was asked in reference to the Innovation plan and how it is to be funded as required by the State.)
Answer:
Yes, when the MHSA Innovation funding is depleted the county has to be able to continue to fund the program
Question:
24. What is the timeline for putting the Innovation plan in place?

Answer:
Once the innovation plan is agreed on at the community level it is passed on to the State for approval. Sometimes the approval doesn't happen. RQMC, OMG and County Mental Health would like to see the Innovation program included in the MHSA 3-5 year plan.
Question:
25. How much money is allotted for the Innovation program?
Answer:
At this time there is \$1,139,738 set aside for Innovation.
Question:
26. Reference to page 9 of the MHSA 3-5 year plan – One child FSP - \$100,000 why so dramatically different? (Reference to page 9 of the MHSA 3-5 year plan – FSP funds - large amount spent on one child not the same for others / why so dramatically different?)
Answer:
This specific client is severely emotionally disturbed and requires intensive services and did not have funding.
Question:
27. Question about how will the FTE positions that are funded by MHSA be divided up between BHRS, OMG and RMC? In the last plan there were about 80.
Answer:
Refer to answer on question 32.

Question:
28. Question about defining what MHSA funded FTE positions will be retained by BHRS plan?
Answer:
Refer to answer on question 32.
Question:
29. Concern was expressed that funding is being paid out twice. With OMG also contracting with providers if the county was allotting funding to OMG to be paid to the providers and then is the county also allotting funds to be paid directly to the providers?
Answer:
Funding is not being paid out twice. As the transition moves forward, the County is/will terminate existing contracts as OMG subcontracts with community based organizations.
Question:
30. Is the MHSA future forums going to be 1 hour long and how will the forums be handled?
Answer:
The MHSA Forums will be done the same as in the past, but can change if needed as we move forward.
Question:
31. Define FTE – Who does it apply to, which employees are staying? (Would like to include the names of the employees and title of positions.)
Answer:

Full Time Equivalent (FTE). Revised organizational charts including names of employees and title of position will be provided.
Question:
32. How will the FTE positions be divided up between OMG, RMC and BHRS, the last plan had 80 FTE positions, how many positions will be retained by BHRS, in OMG and in RMC? Who will be filling those positions?
Answer:
Behavioral Health and Recovery Services will retain three FTE's with partial MHSA funding. OMG and RQMC will retain several FTE's (10 or less) allowing for more funds to be expended in direct services.
Question:
33. Contracts and Subcontracts: Is MHSA funding imbedded in the contract or are MHSA funds being dispensed separately?
Answer:
Imbedded in the contracts, core services and MHSA services are integrated.

Verbal Public Comments:

1. In the MHSA Plan under adult programs it talks about the 11:00 Court Calendar in the first full paragraph. It says the 11:00 Court Calendar has been created to monitor consumer being released from incarceration, at risk of incarceration, homeless that have the potential of harming to self or others as identified by a team developed by this program. That sentence needs to be revised a little bit. There is still a piece missing.

2. My comment addresses the lack of psychiatrists in Fort Bragg, which you have sort of covered. I doubt that we could ever dream to have a full time psychiatrist in Fort Bragg but I don't see why we couldn't have one on a steady basis that would come every two weeks, three weeks and take appointments and actually meet people face to face. Clarification: see question 13 for more info.

3. The population of Covelo is always counted in the County budget but we don't get services there. If we could somehow bridge with MHSA and hire the people from our community and things like that to start getting these county programs in place, it would be fabulous.

4. a. There's never clients or rarely clients, sometimes family members in the MHSA forums, there isn't much participation.

4. b. I think the idea of the survey and maybe MHSA funding training and hiring clients to go out on the ground to talk to other clients and get those surveys completed would be a much more effective instrument than the forums.

4.c. I think there should be clients involved in the Quality Assurance counsels not only on the County level but on other tiers too.

5. I'd like to see some outcome numbers in the MHSA plan. I'd like to see how many Latinos will be full partnership and how many will be housed. I think employment needs to be a real key element to have in the plan. I'd like to see more agencies that are stakeholders to be part of this process. Agencies that exclusively work with Latinos to be part of this stakeholder process. There's not enough peer involvement in the MHSA.

6. I think that the Laura's Law and the 11:00 Court Calendar is too specific as apposed to a more generic way of capturing or implementing assertive out patient treatment in our County.

7. The general population for the County was reviewed at the beginning of the draft, but no mention of the ethnic/gender

breakdown being served by the County Mental Health and the ethnic/breakdown of the current full partners.
8. Consumer felt the plan was very difficult to understand and would like to see a brief summery of services.
9. Can the MHSA logo could be posted on the door/building of the programs that are funded by MHSA such as “Your tax Dollars at Work”.
10. Consumer requested that an organizational chart be included in the MHSA 3-5 year plan, feels visual would be helpful along with a brief services description.
11. Suggestion from a consumer: It would be helpful on any plan that comes out to have an Addendum of Abbreviations included.
13. Wants a client/family survey tool developed for gathering community input in addition to meetings. Outreach to NAMI Mendocino and Client Wellness Centers quarterly for current concerns.
14. Recovery support programs for mental health clients on north coast, south coast, Boonville are needed. Self-help support groups, cognitive behavioral techniques, dialectical behavior therapy, guided meditation, health education classes, case management with wrap-around services, supported living program, transitional residential treatment program, board and care homes.
15. Community education about mental illness in multiple communities. Excellent videos about mental illness to precipitate lively discussion with audience questions and comments while covering key points and a handout with useful information and resources.
16. Family Services Coordinator. Contract position to MH Director to do education, support, referrals, outreach, and keep the director apprised of effectiveness of services for people with sever mental illness.
17. Education about mental illness for volunteer fire fighters.
18. Number of case managers and clinicians, i.e. number clients to case manager, outreach to clients, including surveys, clients on quality committees, vocational specialist for clients and job emphasis, respite – residential.

Question from Mental Health Board:
Written Comments not read or discussed at the Mental Health Board Meeting:
Question:
1. The general population for the county was reviewed at the beginning of the draft, but no mention of the ethnic/gender breakdown being served by the county mental health and the ethnic/breakdown of the current full partners. Why?
Answer:
Ethnicity is captured in the plan under “County Demographics”. Demographics will be expanded in the future. Data from the EQRO is utilized to better understand the disparities in order to provide necessary services.
Question:
2. Will the MHSA plan provide housing if necessary for 11:00 Court Calendar clients?
Answer:
There is a mental health housing project in the early stages and qualifying MHSA consumers will be served.
Question:
3. Will MHSA funding provide for crisis stabilization units and 5105 facilities in-county?
Answer:
Not at this time. They do not currently exist in Mendocino County. However, respite services will be provided at the access centers and at the community based organizations.

Question:
4. When will the public comment period lapse for the MHSA plan?
Answer:
June 19, 2013.
Question:
5. May a Mental Health Board member attend the MHSA Fiscal meetings, particularly an MHSA committee member?
Answer:
Yes.
Question:
6. Community issues identified through the community planning process: page 12, adults column, outreach to population resistant to seeking services.
Answer:
Refer to question 3, in first section of this document.
Question:
7. Will the County be hiring bilingual case managers and provide funding for Parent Partner training?
Answer:
Yes, MHSA does provide funds for Parent Partner services.

Question:
8. How does the new MHSA 3 year plan educate young people (K through 12) before stigma is ingrained in the population?
Answer:
Refer to MHSA Plan under the Education, Destigmatization and Peer Support section
Question:
9. Will the MHSA Plan provide for implementation of AB1421?
Answer:
Currently, there are several Senate Bills and Assembly Bills that provide clarity on funding for AB 1421. Consideration for implementation of AB 1421 will be based on the outcome of these bills and ongoing stakeholders planning. Regardless of the above, the patient's rights issues will be an ongoing discussion.
Question:
10. How will access to housing increase for our most vulnerable consumers?
Answer:
See #2 above.
Question:
11. What work force, education and training programs will be expanded?

Answer:
Over next 3 years this program will be explored and implemented.
Question:
12. What is the current status of SB585?
Answer:
Check State Legislature websites for updates. California Mental Health Directors Association supports this bill that is currently pending.
Question:
13. Will crisis stabilization housing be considered in innovations planning for fiscal year 2013/14?
Answer:
A community planning process is in place, it will be held over a six-month period to create an innovation plan. Six locations are scheduled and will be posted on the MHSA website.
Question:
14. Will a member of the Mental Health Board be included at the management level to evaluate the implementation of an informational system?
Answer:
Yes.
Question:

15. Request an organizational chart be included in the MHSA 3-5 year plan, feels visual would be helpful along with a brief services description.
Answer:
Will be provided.
Question:
16. Suggestion: It would be helpful on any plan that comes out to have an addendum of abbreviations included.
Answer:
Agreed, will provide.