

To: Mendocino County Board of Supervisors
From: Mendocino County Mental Health Advisory Board
Date: July 3, 2013
Re: Recommendations on the Mendocino County MHSA 3-Year Plan for FY 2013/14 to FY 2015/16
(hereafter referred to as the, "Plan")

On June 19, 2013, with 14 of 15 voting members present and Supervisor Hamburg, the Mental Health Advisory Board (MHAB) facilitated a public hearing on the proposed Plan. Components of the hearing included:

- Preliminary presentations by the Ortner Management Group (OMG) and Redwood Quality Management Company (RQMC), allowing for questions and answers on the presentation.
- Written and oral questions and comments from MHAB members were recorded and, on June 28, 2013, responded to by Behavioral Health and Recovery Services (BHRS) staff. Attachment A
- Motion to approve the Plan with recommendations.

On the advent of outsourcing all county mental health services from the public to the private sector, the Board was surprised at the dearth of correlated qualified and quantified data between the Plan and OMG, RQMC, and County strategies associated with Plan implementation, delivery, and oversight of services.

The MHAB passed a motion to support the Plan including recommendations the Board feel are paramount and must be addressed. They are:

1. Plan Data¹
 - a. The Plan identifies three FTEs with the remaining, "Levels to be evaluated by contracted mental health provider." The Plan includes no defined FTE data specific to meeting or expanding current service delivery capacity, data which is presumably necessary to measure service delivery capacity, strategize resource allocation, and service delegation.
 - b. The Plan provides a partial snapshot of current levels of utilization and service capacities with no indicators or benchmarks for future utilization, capacity, and outcomes.
2. Care Management Ratios² – The MHAB unanimously agreed care management ratios must be carefully weighed with consumer needs using the benchmark of 45:1. Weighted consumer need(s) will merit different care management ratios.
3. Psychiatry³ – Further evaluation and clarification of collaborated delivery of face-to-face and telemedicine service(s) for effective medication and symptom management, frequency and expected outcomes of service, and increased number of delivery points.
4. Assertive Outpatient Treatment⁴ – Expand "Forensic Mental Health Program" to include plans to implement assertive outpatient service methods such as Laura's Law (if/when legislation determines it practicable) and assertive outreach to identified underserved and unserved seriously mentally ill consumers.

5. Housing⁵ – In addition to MHSA-funded permanent housing and Medi-Cal supportive services, provisions for adequate in-county temporary crisis housing or units (inland and coast) for stabilization and recovery must exist to optimize treatment, discharge planning, and aftercare (i.e. in-county clinical and funded wrap services).
6. Vocational Education / Employment⁶ – In addition to life skills training, ensure adequate planning and resources for connection to or resources for basic vocational education and/or employment skills programs
7. Peer-to-Peer Involvement⁷ – Develop and deliver programs which cultivate collaborative consumer engagement, understanding, and skills for sustained personal recovery, wellness, and assimilation into the community.
8. De-stigmatizing Mental Illness⁸ – The Plan indicates education to transitional age youth (TAY) - this education must include all consumer groups. The Plan should also delegate the County to champion a collaborative campaign with agencies to deliver education about mental illness county-wide.
9. Geographic and Cultural Isolation -- The Plan identifies therapeutic service delivery to remote, tribal, and Latino communities as delivered (bilingual and bicultural) through a clinical team. The size and diversity of Mendocino County requires more dedicated resources to ensure service delivery to remote and culturally diverse populations. Essential to service access in isolated communities, the Plan would identify established and direct remote delivery points or bridged collaborations between existing remote clinical services, agencies dedicated enhancing access to services, and contractor delivery of services.

In closing, the MHAB expresses trepidation about the timelines surrounding our recommendation of the Plan to the Board of Supervisors. Between May 16 and June 19, we were expected digest, discuss, correlate information between the Plan and service provider contracts, hold a public hearing, and vote on our recommendation immediately after the public hearing.

The MHAB voted to support the Plan and make our recommendation to you with confidence the Board of Supervisors and the HHSA/Behavioral Health and Recovery Services recognize the importance and necessity of our recommendations to enhance the Plan.

Respectfully Submitted,

Jim Shaw, Chair
Mendocino County Mental Health Advisory Board
Attachments: 1

Recommendations on the Mendocino County MHSA 3-Year Plan for FY 2013/14 to FY 2015/16
(Attachment)

Attachment A

Health and Human Services Agency/Behavioral Health and Recovery Services
(Responses to MHAB Questions/Comments)

¹Bench Marks – Outcomes measures and benchmarks will be used to evaluate the services being provided.

²Care Management Ratio – Care management within the Mental Health Plan should be provided at the industry standard ratio. A proposed ratio to consider is 1 care manager to 45 consumers.

³Psychiatric Services – Mendocino County Mental Health Plan will review the current options of psychiatric medication services provided within the county specific to psychiatrist.

⁴Assertive Outpatient Treatment – Care management should consist of assertive outpatient services which include outreaching to consumers and meeting consumers where they are

⁵Crisis Stabilization Unit/Psychiatric Hospital Facility – Mendocino County Mental Health Plan will explore the options of a crisis stabilization unit or psychiatric hospital facility within the county.

⁶Life Skills – Mendocino County Mental Health Plan will review the current options of life skill trainings and job options for people diagnosed with a mental illness. Over the next three years more emphasis will be placed on life skills trainings for those diagnosed with a mental illness.

⁷Peer to Peer involvement – Mendocino County Mental Health Plan will work with community organizational providers to provide more peer to peer training and involvement.

⁸De-stigmatization – Mendocino County Mental Health Plan will continue to provide de-stigmatization information and training to the community.