

Grand Jury Report

REQUIRED RESPONSE FORM

Grand Jury Report Title : *Measure B - Mental Health Treatment Act ... Where Are We?*

Report Dated : June 19, 2019

Response Form Submitted By:

Mendocino County Board of Supervisors
501 Low Gap Road
Ukiah, CA 95482 (use address block as inserted on first page)

Response MUST be submitted, per Penal Code §933.05, no later than: September 17, 2019

I have reviewed the report and submit my responses to the FINDINGS portion of the report as follows:

- I (we) agree with the Findings numbered:
F1, F3, F4, F5, F6

- I (we) disagree wholly or partially with the Findings numbered below, and have *attached* a statement specifying any portion of the Finding that are disputed with an explanation of the reasons therefore.
F2, F7

I have reviewed the report and submit my responses to the RECOMMENDATIONS portion of the report as follows:

- The following Recommendation(s) have been implemented and **attached, as required**, is a summary describing the implemented actions:

- The following Recommendation(s) have not yet been implemented, but will be implemented in the future; **attached, as required**, is a time frame for implementation:
R3, R4

The following Recommendation(s) require further analysis, and **attached, as required**, is an explanation and the scope and parameters of the planned analysis, and a time frame for the matter to be prepared, discussed and approved by the officer and/or director of the agency or department being investigated or reviewed: (This time frame shall not exceed six (6) months from the date of publication of the Grand Jury Report)

The following Recommendations will NOT be implemented because they are not warranted and/or are not deemed reasonable; **attached, as required**, is an explanation therefore:

R1, R2

I have completed the above responses, and have attached, as required the following number of pages to this response form:

Number of Pages attached: 11

I understand that responses to Grand Jury Reports are public records. They will be posted on the Grand Jury website: www.mendocinocounty.org/government/grand-jury. The clerk of the responding agency is required to maintain a copy of the response.

I understand that I must submit this signed response form and any attachments as follows:

First Step: E-mail in pdf file format to:

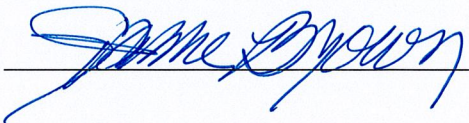
- The Grand Jury Foreperson at: grandjury@mendocinocounty.org
- The Presiding Judge: grandjury@mendocino.courts.ca.gov

Second Step: Mail all originals to:

Mendocino County Grand Jury
P.O. Box 939
Ukiah, CA 95482

Printed Name: Carre Brown

Title: Chair, Board of Supervisors

Signed: 

Date: 8/30/19

MENDOCINO COUNTY BOARD OF SUPERVISORS' RESPONSE TO GRAND JURY REPORT TITLED:

MEASURE B – MENTAL HEALTH TREATMENT ACT...WHERE ARE WE?

Discussion

The Board of Supervisors welcomes this opportunity to respond to the Grand Jury report titled "Measure B – Mental Health Treatment Act ... Where Are We?" and thanks the Grand Jury for focusing attention on this critical issue. The Board is equally frustrated that implementation of the Mental Health Treatment Act ("MHTA") has not progressed more rapidly. The Grand jury has correctly noted that it is the responsibility of the MHTA Citizen's Oversight Committee ("Committee") to make recommendations to the Board on implementation of Measure B. The Board quickly approved recommendations to hire the Kemper Consulting Group to conduct a needs assessment and make recommendations on allocation of Measure B revenues ("Kemper Report"). The Board also quickly implemented recommendations to pursue development of a Crisis Stabilization Unit ("CSU"), Crisis Residential Treatment ("CRT"), and a Psychiatric Health Facility ("PHF"), authorize hiring of an Administrative Project Manager, authorize issuance of a Request for Proposals for architectural services and secure a location for a Regional Behavioral Health Training Center ("Training Center"). In some instances, the Board has invited recommendations from the Committee.

The Grand Jury report focused on development of a CSU, CRT and PHF but did not discuss the Training Center or the development of a full spectrum of improved and expanded treatment and services that are needed to support and stabilize individuals with behavioral health conditions, including addiction and neurological disorders.

The Board believes it would be prudent for the Committee to focus on the recommendations of the Kemper Report, specifically: Section X. Key Policy Decisions and Recommended Actions; Section XI. Proposed Measure B Financing Plan; and Section XII. Program Development Action Steps.

The opening paragraph of Section X. states:

Our assessment of Mendocino County's current Mental Health service continuum is that it does not offer a robust set of alternative services that prevent crisis conditions and provide alternatives to inpatient psychiatric care. The system is heavily tilted toward responding to crisis conditions, with the primary service strategy of inpatient psychiatric care in out-of-county facilities.

The Kemper Report then includes a list of program services that ought to be provided and in Section XI. recommends that the Board adopt the following guiding principle for the use of Measure B funds:

The guiding principle for the use of Measure B revenues is the development

of a comprehensive mental health services continuum in Mendocino County that provides a broad range of services and supports that remediate mental health conditions at the earliest possible time and reduce the need for inpatient psychiatric utilization.

In addition to construction and operation of a CSU, CRT, PHF and Training Center, Section XII. of the Kemper Report includes a recommended budget for increased Support Services, an expansion of Full Service Partnerships, allocation of funds for Supportive Housing, and expanded Substance Use Disorder Treatment Services.

It is critical to develop local crisis facilities, but equally important to reduce the need for crisis facilities. Construction and operation of a CSU, CRT and PHF without the full spectrum of services and treatments will not shift the focus from being heavily tilted toward responding to crisis conditions.

The Board appreciates that the Grand Jury included in its discussion excerpts from the Specific Purpose of Measure B which states the Committee "...shall review the independent annual audit of expenditures and the performance management plan for compliance with the Specific Purpose of this ordinance. This committee shall also provide recommendations to the Board of Supervisors on the implementation of this ordinance."

A Specific Purpose of Measure B not mentioned by the Grand Jury is: *Conduct an independent audit and develop a performance management strategy which measures the effectiveness of the improved services, treatment and facilities and assesses the impact of the "Mental Health Treatment Act."*

Thus, a specific purpose of Measure B is to develop a "performance management strategy" and a charge to the Committee is to review the "performance management plan." Measure B does not further define the strategy or the plan or say who is responsible to develop them but it is the collective responsibility of the Board and the Committee to insure that metrics for accountability are in place and the Specific Purpose of the MHTA is carried out.

The Board of Supervisors believes that the Kemper Report's recommendations provide a basic outline for a performance management strategy or plan and that an annual evaluation of progress in fulfilling the Specific Purpose of the MHTA must be prepared, including measurements of the effectiveness of the improved services, treatment, and facilities, and an assessment of the impact of Measure B.

On July 24th the Committee, in considering recommendations from their own Kemper Report Ad Hoc Committee, voted to support the ad hoc recommendation to create a strategic plan. The Board, as indicated above, supports adopting the Kemper Report recommendations as the outline of a performance management strategy or plan as suggested by Committee member McGourty.

Section X. of the Kemper Report states that a responsible goal is “a 50% reduction in the use of inpatient psychiatric care within five years” which “would reduce daily hospital utilization from 15.1 persons per day to a more sustainable 7.6.” This would also greatly reduce the suffering of those individuals with behavioral health issues and the impact to their family, friends, and communities. If this goal is to be achieved, the pace of recommendations from the Committee must be increased and the focus expanded from developing crisis facilities to include developing a full range of improved services and treatment.

The following attachments are included for ease of reference:

Attachment 1. Section 5.180.040. Specific Purpose of Measure B

Attachment 2. Kemper Report Sections X., XI. and XII.

Pursuant to the request of the Grand Jury, the Board is responding to the following:

F1. Mendocino County does not have a designated CSU, CRT or PHF at this time.

The Board of Supervisors agrees with this finding.

F2. The Committee meets for two hours each month.

The Board of Supervisors partially disagrees with this finding. The Measure B Committee is scheduled to meet every month but at least one meeting has been canceled and special meetings may be added.

F3. The Committee has identified three potential sites for the CSU, CRT and PHF; however, no site has been chosen by the BOS.

The Board of Supervisors agrees with this finding. The Board of Supervisors has approved the recommendation from the Committee to pursue construction of a CSU, CRT, and PHF and has approved the hiring of an Administrative Project Manager and issuance of an RFP for architectural services but are awaiting a recommendation regarding the location by the Committee.

F4. All recommendations by the Committee must be approved by the BOS.

The Board of Supervisors agrees with this finding. However, the Board is not required to approve particular recommendations of the Committee but must do so if they are to be implemented.

F5. The Committee recommended, and the BOS approved, hiring a project manager.

The Board of Supervisors agrees with this finding.

F6. Two additional MOPS were recommended by the Committee.

The Board of Supervisors agrees with this finding, however, the recommendation was never presented to the Board of Supervisors for action.

- F7. The eleven-member committee can be unwieldy with its variety of perspectives, opinions and expertise.

The Board of Supervisors partially disagrees with this finding in that it is a statement of opinion and not a finding of fact.

Response to Recommendations:

- R1. The Committee form two ad hoc committees, one focusing on site location and construction and the other on operations and treatment.

The Board of Supervisors will not implement this recommendation as it is not within the purview of the Board to determine how the Committee uses its time. However, the Board recommends that the Committee carefully review Measure B as adopted by the voters to determine the appropriate extent of the duties of the Committee.

- R2. The Committee can address policies, procedures and job descriptions during construction.

The Board of Supervisors will not implement this recommendation as it is not within the purview of the Board to determine how the Committee ought to use its time. However, the Board recommends the Committee carefully review Measure B as adopted by the voters to determine the appropriate extent of the duties of the Committee.

- R3. The BOS prepare and publicize a plan with goals and timelines for the completion of the CSU, CRT and PHF, e.g. Mendocino County website and local news media.

The Board of Supervisors agrees with this recommendation which will be implemented on an ongoing basis although timelines are somewhat contingent on the pace of recommendations from the Committee. As suggested in the Discussion section of this response, the Board believes the Kemper Report's recommendations provide the outline of a plan not only for development of crisis facilities and a training center, but also for the full spectrum of improved treatment and services that are needed to fulfill the Specific Purpose of Measure B.

- R4. The BOS' priority should be planning and construction of the three facilities.

The BOS agrees with this recommendation but implementation is contingent on

recommendations from the Measure B Committee, after which the Board may take action. The Board is in support of moving forward with the three facilities and is in the process of hiring an Administrative Project Manager and has issued an RFP for architectural services to oversee the planning and construction of the facilities. The Board acted quickly on the recommendation of the Committee to secure a location for the Training Center. The Board also believes that while facilities are being sited and constructed, recommendations for improved and expanded services should be recommended and implemented to reduce the need for crisis facilities.

Behavioral Health System Gap Analysis & Recommendations

X. Current and Future Behavioral Health Service Needs

Our assessment of Mendocino County's current Mental Health service continuum is that it does not offer a robust set of alternative services that prevent crisis conditions and provide alternatives to inpatient psychiatric care. The system is heavily tilted toward responding to crisis conditions, with the primary service strategy of inpatient psychiatric care in out-of-county facilities.

Based upon our research and analysis and our discussions with Key Informants, we recommend the following program services are all needed in Mendocino County:

- PHF or other inpatient psychiatric care;
- Crisis Residential Treatment;
- Crisis Stabilization Unit (CSU);
- Expanded outreach, such as the Mobile Outreach Teams;
- Addressing service needs of outlying and remote areas of the county;
- Expansion of support programs and wellness efforts, with special attention to making these services more robust by including medication management, employment services, and other services to support families;
- Day Treatment;
- Supportive Housing;
- Partial hospital care/rehabilitative care/board and care; and,
- Expansion of substance use disorder treatment.

Among these, the need for an expanded support programs and wellness efforts – with direct services provided to individual consumers and their families – was most emphasized by consumers and family members. In our interviews, these informants shared their struggles in managing their needs, or in assisting with the care of their loved ones, and their feelings of isolation and lack of connection and support. Collectively, they pointed to a need for one-on-one coaching support for consumers to help them reach their goals for recovery and healing; more support for family members assisting their loved ones in recovery; broad based wellness efforts across the county, not just in populated areas; employment services; and, support with transportation to get to needed services.

Over the next five years we believe the primary principle that should drive Measure B policy-making is a commitment to developing a comprehensive mental health services continuum in Mendocino County that provides a broad range of services and supports that remediate mental health conditions at the earliest possible time and reduce inpatient psychiatric utilization. As a part of this, we believe policy makers should establish a policy goal of Measure B funding is to reduce the need for inpatient psychiatric care, while simultaneously assuring that inpatient psychiatric care is available in the County when needed. We believe

Behavioral Health System Gap Analysis & Recommendations

a goal of a 50% reduction in the use of inpatient psychiatric care within five years, by FY 2022-23, is a responsible goal. This would reduce daily hospital utilization from 15.1 persons per day to a more sustainable 7.6 persons per day.

With respect to the SUDT services continuum, as we discussed in this report, Mendocino County's current array of SUDT services is limited to a small set of services. The near-term expansion of these services hinges primarily on the County's determination of how it will proceed with the Drug Medi-Cal Organized Delivery System (ODS). If the County does not implement the new ODS, either through county administration or through Partnership Health Plan (PHC), then the expanded continuum of services will not be available to residents of the County. As of this writing, we do not know what the real viability of the PHC plan is, so we are not in the position to make a recommendation about this approach. However, we do know that county administration of the ODS would set a very high bar for the County because the County would be required to directly administer services under a managed care model that is similar in approach to that required for the County's Mental Health Plan, which the County has contracted out to a third party administrator.

In the near term, we believe it makes sense for policy makers to assess where Measure B funds can be allocated to expand access to SUDT services in the County, either through current service contracts or through new contracts with providers, so that more people can be served. As reported by BHRS, only 707 persons received SUDT services in FY 2016-17 from all funding sources. We believe this small number is far out-paced by the level of need, and an allocation of Measure B funds for an expansion of SUDT services is not only appropriate, but also essential. In addition, we believe some of these resources should be dedicated to dual treatment of SUDT and mental health conditions.

Behavioral Health System Gap Analysis & Recommendations

XI. Key Policy Decisions and Recommended Actions

It is recommended the Mendocino County Board of Supervisors approve the following policy approach pertaining to the use of Measure B revenues:

GUIDING PRINCIPLE: The guiding principle for the use of Measure B revenues is the development of a comprehensive mental health services continuum in Mendocino County that provides a broad range of services and supports that remediate mental health conditions at the earliest possible time and reduce the need for inpatient psychiatric utilization.

KEY POLICIES: The following policies are recommended to assist Mendocino County in meeting its goal of a comprehensive mental health services continuum:

1. Measure B funds should *supplement, not supplant*, existing sources of funding for mental health and SUDT services, which include Realignment, MHSA and Medi-Cal funding.
 - a. Prior to considering any proposed spending of Measure B funds that would supplant an existing source of funding for behavioral health services, a programmatic and fiscal analysis of such proposed spending should be prepared for consideration by the Board of Supervisors.
2. A biannual review process of Measure B spending and its impact on the mental health and SUDT continuums of care should be undertaken and presented to the Board of Supervisors.
3. A Measure B “Prudent Reserve” should be established and funded to provide additional revenue for behavioral health programs in Years 6-10 of Measure B, when funding will be less due to the drop from 1/2-cent to 1/8-cent sales tax.
4. In addition to standard accounting of behavioral health revenues and expenditures by BHRS, a separate annual accounting of all Measure B revenues and expenditures should be undertaken that is distinct from BHRS’ accounting.
 - a. The Board of Supervisors would determine the public or contracted entity that will be responsible for carrying out a separate accounting of Measure B revenues and expenditures; and,
 - b. A biannual accounting report on Measure B revenues and expenditures should be prepared for the Board of Supervisors by the responsible entity.
5. A 10-Year Strategic Spending Plan for Measure B revenues should be adopted that addresses top priority needs in Years 1-5 of Measure B funding, establishes a Prudent Measure B Reserve for use in future years, and provides a framework for continued funding of identified priorities in Year 6-10 that provides flexibility to refine and revise spending priorities over time.
6. BHRS, RQMC and its subcontractors should be directed to restructure the manner in which data is provided to the Board of Supervisors and the public on the populations served by current and newly funded behavioral health programs so that client-level data is collected and reported by program and by region, and quarterly monitoring of utilization and service trends can be more fully evaluated.

Behavioral Health System Gap Analysis & Recommendations

XII. Proposed Measure B Strategic Financing Plan

To effectuate program development, it is recommended the Mendocino County Board of Supervisors approve a 10-Year Measure B Strategic Financing Plan to guide current and future use of Measure B revenues. The Financing Plan proposed in this section is designed to address the key shortcomings of the current mental health and SUDT continuums of care that Kemper Consulting Group has identified through its assessment of service gaps and future needs. The proposed Measure B Strategic Financing Plan that follows would address the following priority areas of need for mental health and substance use disorder services:

1. Create an in-county residential treatment alternative to inpatient psychiatric care by funding construction of a Crisis Residential Treatment facility (land already purchased, plans approved, construction pending financing);
2. Create a centralized system for mental health crisis assessment and intervention through annual dedicated operational funding for a Crisis Stabilization Unit (construction included as part of Crisis Residential Treatment facility), along with Medi-Cal and other reimbursements;
3. Create in-county inpatient psychiatric treatment capacity by funding construction of Psychiatric Health Facility (pending RFP process); operations to be funded from existing revenue sources, including Realignment and Medi-Cal;
4. Reach more persons with mental illness through expansion of programs and supports in communities across Mendocino County, based on a plan to be developed by BHRS. Such plan would consider all of the following: expansion of mobile outreach; expansion of wellness programs to include more robust array of services (medication management, employment services, other supports); expanded monitoring of clients engaged with the mental health system through greater intensity support services; one-on-one consumer and family support programs; and, day treatment and/or partial hospital programs.
5. Reach more persons with substance use disorders through expansion of programs and supports in communities across Mendocino County, based on a plan to be developed by BHRS.
6. Expand the reach of Full Service Partnerships to more seriously mentally ill people by dedicated annual funding (pending proposal from BHRS);
7. Expand in-county Supportive Housing opportunities for mentally ill persons, including homeless mentally ill and individuals under conservatorship, by creating a Supportive Housing Pool for alternative housing support uses, such as construction, match for state/federal financing opportunities, rental subsidies and vouchers (pending proposal from BHRS and the county housing authority); and
8. Create a Prudent Reserve that is carried forward into Years 6-10 of the initiative, when the rate of sales tax collection drops from 1/2-cent to 1/8-cent and annual revenues drop from roughly \$7.5 million to \$2.0 million.

Behavioral Health System Gap Analysis & Recommendations

Proposed Measure B Expenditure Plan - <i>Revised After 8/29/18 Presentation</i>							
	% Allocation	TOTAL	Year 1	Year 2	Year 3	Year 4	Years
Available Measure B Revenue	-	\$38,000,000	\$7,600,000	\$7,600,000	\$7,600,000	\$7,600,000	\$7,600,000
Crisis Residential Treatment (CRT)	12.3%	\$4,660,000	\$4,660,000	\$0	\$0	\$0	\$0
Psychiatric Health Facility (PHF)	20.5%	\$7,800,000	\$0	\$4,000,000	\$3,800,000	\$0	\$0
Crisis Stabilization Unit (CSU)	5.3%	\$2,000,000	\$0	\$500,000	\$500,000	\$500,000	\$500,000
Support Services Expansion	13.2%	\$5,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000
FSP Expansion	6.1%	\$2,300,000	\$300,000	\$500,000	\$500,000	\$500,000	\$500,000
Supportive Housing Pool	7.9%	\$3,000,000	\$0	\$750,000	\$750,000	\$750,000	\$750,000
SUDT Services Expansion	10.0%	\$3,800,000	\$750,000	\$750,000	\$750,000	\$750,000	\$800,000
Measure B Prudent Reserve Set Aside	14.8%	\$5,640,000	\$0	\$0	\$0	\$2,900,000	\$2,740,000
Training Center	10.0%	\$3,800,000	\$890,000	\$100,000	\$300,000	\$1,200,000	\$1,310,000
TOTAL	100.0%	\$38,000,000	\$7,600,000	\$7,600,000	\$7,600,000	\$7,600,000	\$7,600,000

	% Allocation	TOTAL	Year 6	Year 7	Year 8	Year 9	Year 10
Available Measure B Revenue	-	\$9,860,000	\$1,972,000	\$1,972,000	\$1,972,000	\$1,972,000	\$1,972,000
Measure B Reserve Set Aside	-	\$5,640,000	\$1,028,000	\$1,028,000	\$1,028,000	\$1,028,000	\$1,028,000
Crisis Residential Treatment (CRT)	0.0%	\$0	\$0	\$0	\$0	\$0	\$0
Psychiatric Health Facility (PHF)	0.0%	\$0	\$0	\$0	\$0	\$0	\$0
Crisis Stabilization Unit (CSU)	16.7%	\$2,500,000	\$500,000	\$500,000	\$500,000	\$500,000	\$500,000
Supportive Services Expansion	41.7%	\$6,250,000	\$1,250,000	\$1,250,000	\$1,250,000	\$1,250,000	\$1,250,000
FSP Expansion	16.7%	\$2,500,000	\$500,000	\$500,000	\$500,000	\$500,000	\$500,000
Supportive Housing Pool	0.0%	\$0	\$0	\$0	\$0	\$0	\$0
SUDT Services Expansion	25.0%	\$3,750,000	\$750,000	\$750,000	\$750,000	\$750,000	\$750,000
TOTAL	100.0%	\$15,000,000	\$3,000,000	\$3,000,000	\$3,000,000	\$3,000,000	\$3,000,000
Redirection from Measure B Reserve		\$5,140,000					
Net Measure B Reserve		\$500,000					

Section 5.180.040. Specific Purpose.

Mendocino County is committed to improving residents' lives and the public's safety by strategically evaluating and enhancing resources for mental health treatment. Therefore, this ordinance is adopted to achieve the following, among other purposes, and directs that the provisions herein be interpreted in order to accomplish these purposes:

- A. Provide for assistance in the diagnosis, treatment and recovery from mental illness and addiction by developing: 1) a psychiatric facility and other behavioral health facilities; and 2) a regional behavioral health training facility to be used by behavioral health professionals, public safety and other first responders.
- B. Provide for the necessary infrastructure to support and stabilize individuals with behavioral health conditions, including addiction and neurological disorders.
- C. Conduct an independent annual audit and develop a performance management strategy which measures the effectiveness of the improved services, treatment and facilities and assesses the impact of the "Mental Health Treatment Act."
- D. Create a politically independent "Mental Health Treatment Act" Citizen's Oversight Committee which shall review the independent annual audit of expenditures and the performance management plan for compliance with the Specific Purpose of this ordinance. This committee shall also provide recommendations to the Board of Supervisors on the implementation of this ordinance. The committee shall be comprised of eleven members, including a citizen selected by each member of the Mendocino County Board of Supervisors, a Member of the Behavioral Health Advisory Board, the County Mental Health Director or his/her representative, the County Auditor or his/her representative, the Mendocino County Chief Executive Officer or his/her representative, the Sheriff or his/her representative, and a representative of the Mendocino Chapter of the National Alliance on Mental Illness. The Mendocino County Board of Supervisors is encouraged to include professional experts such as psychiatric and health practitioners, first responders and other mental health professionals among the five committee members selected by the Board. The meetings of this committee shall be open to the public and shall be held in compliance with the Ralph M. Brown Act, California's open meeting law.
- E. Create a Mental Health Treatment Fund entirely dedicated to fund improved services, treatment and facilities for persons with mental health conditions into which 100% of the revenue from this measure shall be deposited.
- F. For a period of five (5) years a maximum of 75% of the revenue deposited into the Mental Health Treatment Fund may be used for facilities, with not less than 25% dedicated to services and treatment; thereafter 100% of all revenue deposited into the Mental Health Treatment Fund shall be used for ongoing operations, services and treatment.