

RESPONSE TO GRAND JURY REPORT FORM

Report Title: **Cut Backs In Mental Health Services Impacting Law Enforcement**

Report Date: **May 1, 2013**

Response by: Tom Pinizzotto Title: HHS Assistant Director of Health Services/MH Director

FINDINGS

- I (we) agree with the findings numbered: F6, F4
- I (we) disagree wholly or partially with the findings numbered: F1, F2, F3, F5

(Attach a statement specifying any portions of the findings that are disputed; include an explanation of the reasons therefor.)

RECOMMENDATIONS

- Recommendations numbered _____ have been implemented.
(Attach a summary describing the implemented actions.)
- Recommendations numbered R1, R2, R4, R6 have not yet been implemented, but will be implemented in the future.
(Attach a timeframe for the implementation.)
- Recommendations numbered R3 require further analysis.
(Attach an explanation and the scope and parameters of an analysis or study, and a timeframe for the matter to be prepared for discussion by the officer or director of the agency or department being investigated or reviewed, including the governing body of the public agency when applicable. This timeframe shall not exceed six months from the date of publication of the grand jury report.)
- Recommendations numbered _____ will not be implemented because they are not warranted or are not reasonable.
(Attach an explanation.)

Date: 7/11/13 Signed: Tom Pinizzotto

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Number of pages attached 2

Findings:

F1: Disagree Partially

Agree to the extent that crisis services are provided after hours and weekends, however, one crisis worker is scheduled per shift, not one crisis worker per weekend.

F2: Disagree Partially

Crisis workers do not have conflicting responsibility and authority. Crisis workers receive specific orientation and training prior to being scheduled and receive ongoing supervision. Crisis workers are provided clear guidance and direction. However, there is a need for a psychiatrist after hours and on weekends to enhance current service delivery.

F3: Disagree Partially

Agree to the extent that the difference in views on the procedures for treatment of patients with dual diagnosis is specific to the patients presenting problems and the determination of which disorder is primary vs. secondary. Psychiatric hospitals do not accept dual diagnosed patients with a primary diagnosis of substance abuse.

F5: Disagree Partially

Agree to the extent that the current method of providing psychiatric services needs improvement. Tele-psychiatry is a best practice as recognized by numerous professional associations and Federal agencies (California Institute of Mental Health, Substance Abuse and Mental Health Services Administration, etc.). There is a shortage of psychiatrists state-wide and especially in small northern California counties. Direct services provided by a psychiatrist and tele-psychiatry are both expensive. Psychiatrists are the highest paid providers in all counties.

Recommendations:

R1: Effective July 15, 2013, additional crisis workers will be scheduled after 5:00 p.m. weekdays, weekends and holidays. Specifically there will be two crisis workers on duty per shift; one on the coast (Fort Bragg) and one inland (Ukiah). Ortner Management Group (OMG) and Redwood Quality Management Company (RQMC) are responsible to provide these services and County Behavioral Health will provide oversight. Crisis staff have been orientated and trained. OMG and RQMC have collaborated on this function. In addition, monthly data reports on crisis services (encounters, dispositions, etc.) will be provided to County Behavioral Health and reported back to the Mental Health Advisory Board. Crisis response times to hospital emergency departments will be tracked and received

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monthly at the County Behavioral Health Quality Improvement Committee. OMG and RQMC have ongoing communications with all county and cities law enforcement agencies. Within 90-days or less, OMG and RQMC will have two access centers (one in Ukiah and the other in Fort Bragg) operational and as appropriate, can be an alternative site to a hospital emergency department to perform 5150 evaluations.

R2: Effective July 15, 2013, OMG and RQMC will provide psychiatrist coverage 24/7-365 for consult or review of all 5150 evaluations, to authorize hospitalizations or rescind of 5150 holds.

R3: Requires further analysis. Currently Behavioral Health mental health services is run in a public, private partnership with OMG and RQMC to manage and provide mental health plan services for Mendocino County. Additional analysis is necessary to fully involve OMG and RQMC to assist with revisions of dual diagnosis procedures, provide training, implementation and supervision of revised policy and procedures. These tasks will be completed on or before September 2013.

R4: County Behavioral Health in collaboration with OMG, RQMC, California Forensic Medical Group (CFMG) and the Sheriff office are in discussions to develop and implement a discharge/follow up service for mentally ill inmates. The most recent meeting was on July 10, 2013. Elements of the service includes but not limited to care management, benefit enrollment, referral and follow up with primary care behavioral health services and probation. Funding will be from Medi-Cal reimbursement. Additional funding may be possible from the Mental Health Services Act (MHSA) innovation component for stakeholder planning and State approval. These tasks will be completed on or before September 2013. Goal of the services is to provide proactive and ongoing case management services to reduce incarcerations and/or hospitalizations. County Behavioral Health will continue the ongoing search for a county psychiatrist for the jail.