



2016 MENDOCINO COUNTY MENTAL HEALTH SYSTEM REVIEW

SUMMARY OF RECOMMENDATIONS IMPLEMENTATION PLAN

Draft

Mendocino County Mental Health System Review – Summary of Recommendations Implementation Plan				
Section	Topic	Recommendations	Timeframe	Responsibilities
III (1)	Fundamental Weaknesses of ASO Agreements Conflicting Approaches for ASO Accountability	<ul style="list-style-type: none"> Adopt specific changes to the ASO Contracts proposed in Appendix D. As set forth in Appendix D, require each ASO to develop a “System Design Structure Report” that fully describes each delivery system. Add Title IX requests to ASO contracts including audit findings 	July 1, 2016 June 1, 2016 June 1, 2016	TBD ASOs
III (2)				
III (3)	Inadequate County Decision Structure and Process	<ul style="list-style-type: none"> County Executive direct BHRS/MH Director to prepare a proposal in next 90 days for creation or assignment of ASO Contract Manager for administrative and financial oversight of ASO Contracts. ASO Contract Manager would, among other duties: <ul style="list-style-type: none"> Establish a mechanism for regular review of financial claiming and service delivery outcomes for both ASOs. Work with clinical Program Division to assure coordination of administrative and clinical oversight and onsite reviews of all ASO subcontracted facilities. 	July 1, 2016	Behavioral Health Director
III (4)	Delay of Electronic Health Records	County Executive direct BHRS/MH to hold both ASOs accountable for development and implementation of the EHR requirement by July 1, 2016 and take all necessary steps to enforce completion of this contractual obligation.	July 1, 2016	Behavioral Health Fiscal Manager
III (5)	Lack of Memorandums of Understanding	County Executive direct BHRS/MH to initiate development of MOUs in all of the following areas: <ul style="list-style-type: none"> MOU for the transition of TAY youth from the Children’s System to the Adult System. MOUs for the provision of county SUDT services to clients served by both ASOs. MOU with OMG, BHRS/MH and justice system defining roles, responsibilities and timelines for service delivery to misdemeanants. MOU with OMG, BHRS/MH, Public Guardian and justice system defining roles, responsibilities and timelines for service delivery to 5150s and responsibilities associated with conservatorships. MOUs with both ASOs and hospitals defining roles and responsibilities of each party for residents with mental health conditions who present at these facilities. MOUs with both ASOs and community health centers defining roles and responsibilities, processes and timelines for care transitions, and structure of communication pathways. 	March 1, 2017 (TBD)	Behavioral Health Director/ASOs

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III (6)	ASO Administration Costs Not Clearly Defined	<p>County Executive direct BHRS/MH to propose the following in the next 90 days:</p> <ul style="list-style-type: none"> Proposed <u>definitions</u> for ASO administration, direct mental health services, and Utilization Review and proposed <u>methodology</u> for determining payments for these activities. Proposed amendments to the ASO Contracts to incorporate these definitions and the methodology for determining payments. 	<p>June 1, 2016</p> <p>July 1, 2016</p>	TBD
IV (1)	Lack of In-County Residential Care & Crisis Residential Services	<p>County Executive, HHSA Director, new BHRS/MH Director and Board of Supervisors renew efforts to develop community consensus about developing in-county short-term crisis services and residential services.</p> <ul style="list-style-type: none"> County Executive direct the BHRS/MH Director to begin process of community consensus building by convening key public officials and community stakeholders in a public process to discuss ideas and options for moving forward. 	July 1 – December 31, 2016	Behavioral Health Director/HHSA Director
IV (2)	Lack of Defined Structure for Coordination with Health Care Providers	<p>County Executive direct BHRS/MH to:</p> <ul style="list-style-type: none"> Initiate MOUs with both ASOs and hospitals and community health centers to define and establish clear roles, responsibilities, and communication processes. Establish a clinical review process for review of more contentious 5150 decisions and recurring problems identified by health care and law enforcement communities, and establish a mechanism for local health care providers to bring forward client-specific concerns. 	<p>See Section III(1)</p> <p>July 1, 2016</p>	<p>Behavioral Health Director/ASO's</p> <p>Behavioral Health Director</p>
IV (3)	Ill-Defined Interfaces with the County Justice System	<p>County Executive direct BHRS/MH to:</p> <ul style="list-style-type: none"> Enforce ASO contract requirements regarding ASO services to misdemeanants and initiate/execute MOU with ASOs and justice system for provision of mental health services to misdemeanants. Enforce ASO contract requirements regarding ASO services to LPS clients and initiate MOU with ASOs and justice system for the provision of mental health services to LPS clients. Initiate required MOU with Public Guardian, OMG, and BHRS/MH and involve justice system partners regarding services for conserved clients; and, clarify initial/annual renewal documentation for conserved clients. Establish a clinical review process for review of more contentious 5150 decisions and recurring problems identified by health care and law enforcement communities. 	<p>See Section III(5)</p> <p>See Section III(5)</p> <p>See Section III(5)</p> <p>See Section IV(2)</p>	Behavioral Health Director

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IV (4)	Lack of Services for Seriously Mentally Ill in Remote Coastal Areas	<ul style="list-style-type: none"> County Executive direct BHRS/MH to: <ul style="list-style-type: none"> Work with both ASOs to define and describe mental services that will be provided to remote coastal and inland areas and the structure and reporting on such service delivery. Initiate MOUs with both ASOs and hospitals and community health centers regarding roles, responsibilities, and communication process. Develop and implement a “pilot project” MOU with both ASOs, BHRS/MH and RCMS that provides RCMS the authority to conduct the 5150 process under delegation by the BHRS/MH and the ASOs. County Executive direct the BHRS SUDT Branch to prepare a plan for establishing a stronger service delivery presence in remote coastal and inland areas, including Gualala and Pt. Arena, and present this plan to the County Executive for consideration within 90 days. 	<p>September 1, 2016</p> <p>See Section III(5)</p> <p>See Section IV(2)</p> <p>September 1, 2016</p>	<p>Behavioral Health Director</p> <p>ASOs</p>
IV (5)	Need for Clearer Transition of Youth to the Adult System	<p>County Executive direct BHRS/MH to:</p> <ul style="list-style-type: none"> Work with both ASOs to define the framework for a “crossover” care strategy of transitional services while the youth is still in the Children’s System. Develop MOU between BHRS/MH and both ASOs defining roles and responsibilities of each party. 	<p>July 1, 2016</p> <p>See Section III(5)</p>	<p>Deputy Director of Mental Health</p>
IV (6)	Lack of Interface with County Substance Use Disorder Services	<p>County Executive direct BHRS to:</p> <ul style="list-style-type: none"> Develop an MOU between the Mental Health and SUDT Branches and the ASOs that defines and describes service linkages and responsibilities between SUDT services and mental health services. Convene key stakeholders, including representatives of the two BHRS branches, the ASOs, and community health care providers, to begin discussions about opportunities under the State’s Drug Medi-Cal Waiver to achieve expanded SUDT treatment in the County. 	<p>See Section III(5)</p> <p>July 1 – December 31, 2016</p>	<p>Deputy Director of Substance Use Disorders Treatment</p>
V	Perceptions of Conflict of Interest	<ul style="list-style-type: none"> Defer to the Mendocino County Grand Jury on the question of a conflict of interest for the former BHRS/MH Director. County Executive direct BHRS/MH to provide continued oversight of OMG authorized placements and periodically report publicly on them. 	<p>Completed</p> <p>July, 2016</p>	<p>Quality Improvement Committee</p>

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VI	Community Engagement	<ul style="list-style-type: none"> County Executive, HHSA Director and new BHRS/MH Director establish a renewed spirit of openness and transparency with the MHAB through frank discussion of key issues and successes of the county’s mental health delivery system. BHRS/MH provide regular data reporting to the MHAB on the costs and performance of the ASOs and county staff delivered services. County Executive direct BHRS/MH to assess the current duties for the County Ombudsman/Patient Advocate position and develop a recommendation on how the position could be further developed for BHRS/MH to reach out to and receive feedback from individuals and communities. 	<p>In progress</p> <p>In progress</p> <p>July 1, 2016</p>	<p>Behavioral Health Director/HHSA Director</p> <p>Behavioral Health Director</p> <p>Deputy Director of Mental Health</p>
VII	County Financing, Budgeting and Financial Accounting for Mental Health Services	<p>County Executive direct BHRS/MH to:</p> <ul style="list-style-type: none"> Present quarterly “Financial Summary Reports” that provide information on financing, budgeting, expenditure, and service delivery information on ASOs and county staff-delivered services; and, include a description and outline of the overall structure of financing and budgeting for ASO delivered services and county-staff delivered services. Make a recommendation on when an independent financial audit of both ASOs will be conducted and for which time periods. 	<p>In progress</p> <p>April 1, 2016</p>	<p>Behavioral Health Director/HHSA Director</p> <p>Executive Office</p>