

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

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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.

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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 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.

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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.

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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					