

Napa County Mental Health

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Mental Health Director

Responses to Questions Posed

What kind of document do you provide to all Providers each year?

- We do hold an individual therapy panel training once per year, and offer them a manual which includes provider rates by discipline, not by contractor.
- I do also provide the Chair of our Mental Health Board Budget Committee a monthly contract worksheet which identifies the total amount of the contract encumbered and what their monthly expenditures are, but I am not thinking this is something that would be widely distributed.
- Our Agency Director attends the Non-Profit Coalitions meeting and will announce future contract potentials when a program within any of the Health and Human Services Agency Divisions is about to be initiated, and will provide a general update on the status of contract funding in the Agency.
- Recently the Board of Supervisors issued a policy on local vendor preference and we are now starting to track in our contracts if the vendor is local.

How do you determine any changes to your service delivery system?

- Can you describe the process for determining that?
- Do you break things down in stages or parallel systems and then merge at some point? Or were they all together, or other?

My experience has been that recommendations for changes to the service delivery system or providers has mostly originated from the Mental Health Managers, either through their utilization reviews, identification of more problematic program implementation issues, or through the contractors themselves. Any recommendations to contracts are well discussed with Division supervisors and our assigned Fiscal staff. We have not had too many of these changes, examples include a provider that revised their program design to better position them to capture Medi-Cal revenue, some changed their cost reporting methodologies to better capture true costs and on some occasions we have been able to increase funding based on the particular contract's service delivery and associated reimbursements.

I try to keep the Non-Profit Coalition's Behavioral Health Committee informed of changes to the mental health services delivered through the County, and this has naturally flowed through our Mental Health Services Stakeholder Advisory Committee. Because when we make a change to the MHSA funded programs there is usually a change to core programs, I often review changes to both with the Mental Health Board and our Stakeholder Committee.

How do you determine what services you contract out, and what you provide by the county?

Most of this was already in place before I started in late 2006, but for the newer MHSA programs, if there is an agency in the community that has been providing services; we tend to expand the services already offered through that contract. We tried to keep a good balance between county run services and contactors (current about 43% county, 52% contractor, the other 5% overall operating costs).

For our newer PEI programs, we are almost entirely contracting out through the RFP process, but might have some sole source contracts that will be appropriate for the programs that we are proposing.

And for all 3 questions, are there different parts or stages where each entity is involved.

- **LMHB & NAMI-** We do not have a local NAMI chapter. I have included the MH Board in discussion regarding budget planning, the chair of their Budget Committee was invited to our budget summit and I keep them informed of decisions that have been made regarding reduction in services. They would like to be more involved in budget decisions, but we have not yet determined the most efficient and appropriate manner to facilitate that. They do review our contracts, conduct site reviews and offer recommendations based on information they learn in and around the community.
- **Consumers-** We have several committees that individuals are well represented on and with the exception of the MHSA Stakeholder Committee have not been actively involved in budget planning or decisions related to contractors. We did get more inclusive with our Housing, Capital Facilities, IT and WET plans.
- **County Partner Agencies-** As an integrated Agency, I have lots of discussion with my fellow Division Managers and budget shortfall strategies are discussed thoroughly with this group. I have received excellent recommendations from our Fiscal staff regarding potential budget impacts and strategies.
- **Other Community Partners-** As mentioned, the Non-Profit Coalition and their Committees are well represented in discussions, not always on the front end before cuts or changes are made though.
- **Staff**
 - Managers- always involved throughout the process
 - Supervisors- ideas are solicited throughout the process, in some cases, if lay-offs are on the table for discussion, we can't generally talk about them as the supervisors are represented and we would need to advise the Bargaining Unions first.
 - Line Staff- Updated on general ideas, and provided information about budget shortfalls, productivity, revenue, billing, etc. Asked for ideas often.