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Evaluation of Butte County MHSA Three Year Expenditure Plan

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Initial allocation \$6,096,586

The following identifies issues for potential oversight by the Commission, specific questions regarding Butte County CSS plans to be addressed by the County or the Department of Mental Health, and comments intended to inform the continued work of the Commission, County and the Department of Mental Health.

Introduction

There were some particular positives the Committee wished to note in reviewing the Butte county plan. First, the use of art in treatment venues as a means of creating comfort and familiarity for culturally diverse clients was noted and appreciated. The Committee was also pleased to see specific mention of how language needs for the deaf community are being addressed. The use of stipends and paid internships as a strategy for building diversity among BCMH's providers was further noted and appreciated. The Committee was pleased to see outreach and engagement with the American Indian community and particularly BCMH's current contract with Feather River Tribal Health. Another indication of BCMH's serious commitment to serving underserved and inappropriately served consumers is reflected in its acknowledgement of needing to build relationships within the GLBT community to better serve these consumers. All these activities and strategies support system transformation consistent with the goals of the Mental Health Services Act.

The Committee did have one serious concern about the youth program. There is very little evidence that the services in the County plan are specifically targeting SMI/SED youth, and few mental health services are even explicitly mentioned. This is undoubtedly a population in need of attention and a wide range of social services. Further, the MHSA recovery model certainly supports the social rehabilitation and wraparound type services outlined in Butte's plan. However, **MHSA funds cannot be used to serve those who are not the target population, no matter how worthy the cause nor how tragic the results of societal neglect that needs to be corrected.** We have noted in a few other plans that counties stray from serving target populations and want to use funds for an expanded group in need—a group that may well include

SMI/SED consumers or lead to identifying those in need of mental health services, but as we have said in other Comments, this needs adjustment.

Consumer and Family Involvement

11 of 24 members on the Stakeholder Committee for Community Services and Supports identified their affiliation as being consumers and/or family members. Two family members and one consumer became members of the BCDBH MHSA Team. This represents a positive step in the right direction regarding consumer and family member involvement. The use of peers and family members as peer specialists was another good strategy for integrating consumer/family member voice and choice into the service delivery system. The Committee was pleased to see that the youth drop in center will be designed with youth input. **The Committee would like to hear more about on-going strategies for involving clients and family members in planning and service delivery activities for the mental health system.**

Fully Served, Underserved/Inappropriately Served, Unserved

Clear definitions for these populations are given on page 5 of the plan. On page 14 it is acknowledged that no ethnic group reaches the target for fully served. The plan then enters into a detailed discussion regarding service utilization based on factors including age as well as culture/ethnicity. One thing the Committee would like to note: translation services for the deaf community, the use of local art (purchased by local artists when possible) at treatment sites, the request for stipends in a recent SAMHSA grant application to support bringing in Latino and Asian students from local colleges, attending to the needs of the animals for homeless persons and the current contract with Feather River Tribal Health were all seen as culturally appropriate and positive interventions by Butte County to improve service delivery. The plans to serve local homeless populations also clearly included a cultural perspective regarding location of service, outreach to the service population, use of peer specialists, etc. Butte County is also to be commended for acknowledging it needs to build relationships with its GLBT community to better serve them.

Wellness/Recovery/Resilience

The plan makes mention of multidisciplinary teams and there is a single point of responsibility for the client. It is clear SB 163 Children's Wraparound services will be available due to a Circles of Care Grant received by the Youth Services Division of BCDBH.

Education and Training and Workforce Development

Many human resource needs are generated by this plan. **The description of what kind of training and orientation will be provided is very lean and the Committee would like to see more information in this area.** The Mental Health Services Act speaks eloquently about the need for education and training in order to increase the supply of professional staff and other staff able to meet the needs of consumers and their families. In the MHSA, Section 8, Part 3.1 Education and Training Program, 5822 (f) it says "Curriculum to train and retrain staff to provide services in accordance with the provisions and principles of Parts 3, 3.2, 3.6, and 4." is required. Part 3 refers to training staff regarding the Purpose and Intent of the Mental Health Services Act. Part 3.2 refers to training staff regarding the purposes of innovative programs (to increase access to underserved groups, to increase the quality of services, including better outcomes, to

promote interagency collaboration, and to increase access to services). Part 3.6 refers to training staff regarding the appropriate components of prevention and early intervention programs. The Committee feels this training is an essential part of helping staff to be full partners in transforming the mental health delivery system for all.

Collaboration

Overall Butte County did a good job in this area. The work with private landlords was particularly notable as a means of increasing housing options for clients. It was noticed that little was mentioned about collaboration activities with local educational partners such as schools, PTA's, etc. There was also little mentioned by way of collaborating with youth- for example, utilizing California Youth Connection. It is not known if this represents a lack of such collaboration or a failure to mention it in the plan. **The Committee would like to see more details regarding future outreach to these collaborative partners. Please note- the OAC will want to review the success and outcome of these collaboration efforts, inasmuch as many partnerships remain to be developed.**

Workplans

Full Service Partnership Projects:

SEARCH a project that will target homeless people with mental illness. The program will outreach to homeless mentally ill to provide support, employment, assistance, recovery, and housing. The Committee felt this was a good intervention strategy for meeting the needs of those already homeless as a result of their mental illness. **The Committee would like to see more discussion about how to outreach and intervene with individuals who are *at risk* of homelessness, thereby providing services before the crisis has occurred.** It is assumed a thorough assessment and diagnosis will be a part of this intervention.

LINK a program devoted to serving young people (14-24) who are homeless or at risk of homelessness. The program combines a drop-in center with overnight sheltering and supportive housing. The Committee felt this was a good strategy for helping homeless youth once they are homeless. **It wasn't as clear how this program would work with those youth who are *at risk* for homelessness and the Committee would like to see more discussion about how to effectively reach those youth.** Again, it is assumed a thorough assessment and diagnosis will be a part of this intervention.

System Development Projects: The Committee had questions about the use of System Development Project funds to support the SAN project, computer desktop packages, the BHIS Service, the client computers for the LINK program, and the client computers for the SEARCH program. **These purchases seemed most specifically aimed at making Butte County HIPAA compliant and it was thought there might be other ways to more effectively fund these purchases.**

Outreach and Engagement Projects:

23 hour crisis stabilization program a program to provide stabilizing mental health services for consumers experiencing acute psychiatric symptoms to determine if hospitalization is necessary, to avoid hospitalization if it is not necessary, and to refer to care services. The Committee felt this strategy could be very effective in helping individuals who are already in crisis.

MHSA Consumer Education and Training Office the focus of this program will be to embed the Recovery Model into all mental health work. The Office will employ consumers from every age group for which training is offered. Consumer and family representatives will assist in the prioritization of training needs, design and develop consumer relevant and oriented trainings, be involved in selecting contract organizations to provide training and coordinate peer-directed activities for consumers. It is questionable how effective 1 FTE Consumer Liaison can be without becoming overwhelmed. On the other hand, the Committee felt the office was a great concept and a good way to involve consumer voice in many areas of the program.

CONCLUSION

Question: The overarching question for the Oversight and Accountability Commission is: “How will the three-year CSS plan move your county system forward to meet the standard of comprehensive, timely, appropriate services in the Mental Health Services Act?” **The Commission asks that the county prepare to answer this question as the first year of CSS plans are implemented.**

The Commission recognizes the need to build a more reliable baseline of information available to everyone, so that answers can be understood within a context. To do so, the Commission is seeking to develop a description of the mental health system in your county, and in all counties, including an explanation of the structure of the service delivery system, access policies for all children and adults, and range of services received by those not in a categorical funded program.

The Commission is working to develop a baseline to assess the gaps between existing standards of care in mental health and the comprehensive, integrated services envisioned by the Mental Health Services Act. Statewide and national reports tell us that services have been limited and effectively rationed because funding is not tied to caseloads. The Commission believes it will be advantageous to all of the individuals and the private and public organizations involved in change, and beneficial to the public, to have a realistic understanding of the challenges to transforming the mental health system.

In the coming year, the Commission will seek information such as the average caseloads for personal service coordinators and/or case managers and for psychiatrists for the largest percentage of people served. We would like to know what percentage of all mental health consumers are receiving or have access to comprehensive, appropriate, and integrated services, such as individual or group therapy, family counseling, routine medical and dental care, educational or vocational training, substance abuse treatment, supportive housing, and other recovery-oriented services.

To begin with, the Commission will compile available data from traditional sources, and utilize the information you have provided in the CSS plan. In this first year of implementation, we will be enlisting your assistance in measuring the magnitude of changes taking place now and the prospective changes for many years to come. The Commission also will be asking you to determine and report on what resources are lacking in your county. The CSS Committee recognizes the tremendous effort involved in the planning process and commends the county on its many successes.