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Evaluation of Colusa County MHSA Three Year Expenditure Plan

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Introduction

Colusa County was asked by DMH to submit additional information based on the 15 question template developed by DMH. These 15 questions are to be addressed within each workplan. The additional information received by Colusa County included information on 6 workplans. Colusa County had 10 workplans in their original submittal and it is not clear what happened with the other 4 workplans.

On page 3 there is documentation that participants in planning meetings were asked to identify themselves; however, in the County's CSS plan there is not a listing describing who the participants are and who was represented such as: consumers, family members, age cohort represented, ethnic groups, community based organization staff etc. This information would have been helpful in evaluating if the County was able to draw in a cross section of their communities throughout the county.

In reviewing the workplans there was an overarching concern for the OAC: what type of grievance procedures will be implemented for each of the workplans if consumers and/or family members are dissatisfied with services or feel that services were coerced upon them by members of their treatment team? Is the right of consumers' informed consent protected?

Colusa did provide further detail the answering DMH's 15 questions within each workplan however the OAC CSS committee continues to have questions that require clarification by the county. The OAC is eager to work with DMH and the County in clarifying these matters so that the CSS plan is in compliance with MHSA standards and Colusa County can receive their funding.

Workplan#1: Family Reunification, Children's System of Care Pilot Project

OAC Concerns:

- Does this meet SB 163 standards by year 3 of Colusa County's CSS plan?

- In the budget there is funding for 1 FTE Probation Officer. Per the Attorney General Opinion No. 06-209, law enforcement salaries cannot be funded by MHSA funds. The money must be spent on mental health services for consumers. Section 5891 of the Act states *“The funding established pursuant to this act shall be utilized to expand mental health services.”* It is not clear to the CSS Committee how funding a probation officer will be expanding mental health services in Colusa County. Furthermore in the 05-06 budget the funding begins for this position however the county does not begin working with probation clients until 06-07.
- In treatment of LGBTQ youth there is little information on how this populations’ unique needs are to be addressed. The OAC would like to see more detail on how the county will be working with this population and how the staff will be trained to meet their needs.
- It is documented that Colusa County’s children placed out of county will be a priority population for this program which the OAC commends the county for. On the other hand it is not clear to the OAC CSS Committee how these children will be incorporated into this full service partnership. In the budget narrative it states that staff will be driving to the counties where these children are placed; is it to be assumed that services are being put in place to return these children into the family home within the year? Who will be going to visit these children, their case manager? Therapist? Also, will the family be receiving services at the same time to prepare them for their child’s return?

MHSA Requirement for Wraparound Services for Children, Youth & Families

The Mental Health Services Act includes a very specific requirement that all counties must develop a Wraparound Program for children and their families as an alternative to group home placement. This is a requirement of specific interest to the Oversight and Accountability Commission as it is an essential component of transforming children’s mental health services by reducing unnecessary reliance on institutional care and developing intensive community services and supports for seriously emotionally disturbed/mentally ill children, adolescents and their families. Specifically, the MHSA (Section 10, Part 3.7, section 5847(a) (2) states:

“Each county mental health program shall prepare and submit a three year plan which shall be updated at least annually and approved by the department after review and comment by the Oversight and Accountability Commission. The plan and update shall include all of the following ... (2) A program for services to children in accordance with Part 4 to include a program pursuant to Chapter 6 of Part 4 of Division 9 commencing with Section 18250, or provide substantial evidence that it is not feasible to establish a wraparound program in that county.”

According to Webster’s New Collegiate Dictionary, “feasible” means “capable of being done or carried out.”

Wraparound, as defined in W&I Code commencing with Section 18250(a), is intended “to provide children with service alternatives to group home care through the development of expanded family-based services programs.” Note that this statutory

language states that wraparound service is an alternative to group home care – not simply a step-down program. SB 163 programs, codified in Section 18250-18257 of the W&I Code, are very intensive services for children or adolescents who would otherwise be placed in high-level group homes at Rate Classification Level (RCL) Level 10 through 14. SB 163 makes the funds that otherwise would have been used for group home placement available instead for intensive Wraparound service as an alternative to the group home placement. This level of funding is essential to assure that the level of staffing and intensity of service required to support children with this high level of need is provided, so that SB 163 Wraparound Programs are in fact a viable alternative to intensive group home programs. The California Department of Social Services (CDSS) document “Review of Wraparound Standards, Guidelines for Planning and Implementation” (attached) includes the staffing ratios expected in a SB 163 Wraparound program.

It should be noted that SB 163 was based on the premise that the state and county share of the nonfederal reimbursement for group home placement would instead be made available to support Wraparound as an alternative to group home placement in a manner that was cost neutral to the state and to the county, i.e., it would cost the state and the county no more to provide intensive Wraparound services than they otherwise would have spent for group home placement for the same child. Because almost all the children that are, or otherwise would be placed in a group home program, are eligible for MediCal and EPSDT, very few MHSA funds other than the 5% EPSDT match are required to develop a SB 163 Wraparound program. The W&I Code commencing with section 18250, which is the code section for SB 163 programs, states, in part, “(b) It is the further intent of the legislature that the pilot project include the following elements: (1) making available to the county the state share of nonfederal reimbursement for group home placement, minus the state share, if any, of any concurrent out-of-home placement costs, for children eligible under this chapter, for the purpose of allowing the county to develop family-based service alternatives.” Section 18254 (c) states “The department shall reimburse each county, for the purpose of providing intensive wraparound services, up to 100 percent of the state share of nonfederal funds, to be matched by each county’s share of cost as established by law, and to the extent permitted by federal law, up to 100 percent of the federal funds allocated for group home placements of eligible children, at the rate authorized pursuant to subdivision (a).” Accordingly, any new or expanded Wraparound program meeting the requirements of the MHSA should include the state and county share of the group home rate for each wraparound slot to assure that the level of staffing and intensity of service required to support children with this high level of need is provided.

The Mental Health Services Act, anticipating that counties would need technical assistance to develop SB 163 Wraparound programs, includes a provision (Section 6, 18257(b) that funds from the Mental Health Services Fund shall be made available to the Department of Social Services for technical assistance to counties in establishing and administering these projects. This technical assistance is available, at no cost to the county, by contacting Cheryl Treadwell, Program Manager, CDSS, at (916) 651-6023.

Workplan #2: School District Services SMI/SED Collaboration with First Five Commission

OAC Concerns:

- The OAC CSS Committee's major concern with this plan is regarding the **danger of subplantation of services as this program mirrors services that are required under AB 3632**. These mental health services are provided on the school site to children in need of counseling and other mental health services. If these services are provided on school grounds would it not be appropriate to have these services funded by the school district?
- How is the program consumer and family driven when services are being provided on school grounds without the family being present?
- Are the classes being offered voluntary as services are required under MHSA and if they are mandatory a mechanism should be in place for the funding source to shift and for the family to refuse services under this program.

Workplan #3: Latino Male Outreach, Native American Collaboration with Cachil Dehe Wintan Tribe

The CSS Committee commends Colusa County in reaching out to these two ethnic populations and truly listening to the community in the planning process when requesting this service. It is in line with the ideals of the MHSA.

OAC Concerns:

- On page 84 it is documented by verbal agreement the Tribe will be offering cultural competency training to Health and Human Services Staff, Substance Abuse Staff and Mental Health Staff. What was the rationale behind this agreement not being formalized in written form? Is the \$45,000 budgeted for this portion of the program serving tribal members including compensation for the training?
- The training to be provided by a consumer or family member on Successful Parenting Relationship Skills as described on page 90 is not listed in the budget as a paid position. Will the consumer or family member be paid?

Workplan #4: Homeless Housing Program

The CSS Committee commends Colusa County for their collaboration with Glenn and Trinity counties to address their region's housing needs. The Committee understands that rural counties need to be innovative in combining resources to serve their consumers and family members. It is the understanding of the CSS Committee that the motel vouchers offered by the County will be to temporarily meet the emergency housing needs of consumers until housing is completed in years two or three.

OAC Concerns:

- Will the County be housing the consumers who are homeless ongoing with motel vouchers until the housing program is complete? Is \$10,000 enough to house these individuals until the housing is complete?
- What form will the housing take once it is built.? Will consumers of all age groups live together? Will housing be scattered throughout the community but located near services? What services will be offered through the program to assist these consumers in successfully living independently? Will each individual have their own room? How long will they be able to live in the housing once they are placed there? To be in compliance of the MHSA TAY consumers should not be housed with older adults; furthermore, to reduce stigma all consumers should not be housed in one location unless specifically requested by consumers during the community planning process.

Workplan #5: 24 Hour Crisis/Emergency Phone Line

The OAC CSS Committee commends Colusa County in that this program is transformative and will likely result in consumers and family members having fewer interactions with law enforcement to address their mental health needs.

OAC Concerns:

- *It is the understanding of the CSS Committee that a crisis phone line service will initially respond to the call. Based upon the needs of the consumer and/or family member making the call a plan of action will be devised. Either a member of the treatment team will be called to respond to the emergency if the caller is part of the pilot project or the crisis phone line operator will walk through the family safety plan with whomever has made the call. Is this a correct deduction made from the workplan?*

Workplan #6: Adults, Older Adults and Family Support

OAC Concerns:

- *Will the paid positions be split between consumers and family members if both are not given to consumers?*
- *The CSS Committee is concerned with the composition of the Multi-Disciplinary Assessment and Referral Team. Will consumers and family members be included as members of this team? What safeguards are in place for consumers to decline treatment? Will bilingual services be in place? Is this team accessible to everyone throughout the county?*

CONCLUSION

Question: The overarching question for the Oversight and Accountability Commission is:” How will the three-year Community Services and Supports plan move your county system toward 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.