



MENTAL HEALTH SERVICES  
OVERSIGHT AND ACCOUNTABILITY COMMISSION

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## **Evaluation of Glenn County’s MHSA Three Year Expenditure Plan**

CSS Review Committee Members: Mark LeBeau, Nicette Short and Rosie Lamb

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### **Consumer and Family Involvement**

Many consumers and family members attended the planning/focus group sessions. Effort was put forth to outreach non-traditional participants and isolated community members; additional outreach could have strengthened this aspect of the plan/proposal. OAC commends Glenn County for providing outreach to the migrant farm worker community. With the exception of some consumers, such as the American Indian mental health clients that utilize Northern Valley Indian Health to receive their mental health services needs, the impact of many in the target population is evident in the plan. Ethnic and cultural diversity among consumer and family member participants will be achieved by outreach and engagement activities intended to increase access to services to the target population and via a system development strategy intended to increase the cultural competence of the system.

### **OAC Concerns:**

- *Given that the county’s questionnaire administered to the consumers and family members participating in the planning (See Appendix B) did not include any standing question about the role/type/establishment of culturally competent services needed by diverse communities, outreach to and involvement of many diverse communities needs further development. Additionally, a survey that takes into consideration such needs should be administered in many of the diverse communities to ensure the goal is achieved.*
- *The plan includes evidence of involvement of many in the target population. Additional description of how this part of the program will be maintained and include additional members of the target population not included at the onset of the plan would be helpful.*
- *Given that there is an established and well known American Indian mental health services provider in the county and noting that this provider is the most culturally competent provider to serve the American Indian population in the county— Will the county partner with this provider and thereby support its effort to expand services in line with county goals and objectives?*

## **Fully Served, Underserved/Inappropriately Served, Unserved:**

### **OAC Concerns:**

- The Committee would like Glenn County to further explain its definition of service levels especially given that some of the data in the plan on the target population is inaccurate. For example, because the majority of American Indian mental health clients utilize the consumer and family based Indian MHS provider and the county data does not take these user numbers into consideration in its calculations and planning, the number of Native Americans receiving mental health services in the region is probably higher and the provider probably sees a need to expand services. If this is the situation for this provider, there is a chance other community-based providers could be in similar situations.

## **Wellness/Recovery/Resilience:**

The programs to be developed by Glenn County are intended to be client-directed, strength-based, needs-driven, utilizing best practice models of service delivery and be recovery and resiliency oriented. Furthermore, the County intends to use a ‘whatever it takes’ service approach--including providing housing services. Multi-disciplinary teams will be drawn from the existing county mental health system and include the involvement of peers, youth, consumers, parent partners and others.

The intent of the important Children’s Services Team Program is to reduce ethnic disparities among children who have a serious emotional disturbance and families who are unserved or underserved, provide education and advocacy services, and values-driven, evidence-based practices to address each child and family’s needs—including providing housing. Outreach and Engagement funds will be used to engage the target population and build upon the existing Children’s System of Care and community collaboration. The program should strive to include additional non-traditional partners in moving the total system toward wellness. The Outreach/Engagement funds will enhance cultural competency and appropriate services if the diverse communities and their organizations become inextricably linked partners.

The Adult Services Program contains outreach services that will engage persons who are currently unserved and underserved and these identified individuals will participate in the program on a voluntary basis. The projected cost-of-service is \$24,000 per client per year.

### **OAC Concerns:**

- *Glenn County is not proposing a SB 163 wraparound program at this time. This will need to be done in year three of the MHSA plan to be in compliance with MHSA requirements (see MHSA requirements below). The county currently has a SAMHSA grant for children’s services that ends in 2007. OAC encourages Glenn County to work with Department of Social Services in designing a SB 163 program to begin when grant terminates.*
- *The role of the Wellness Center in the program needs to be further clarified.*

- The programs identified for children, TAY, adults and older adults will enhance cultural competency and appropriate services if the diverse communities and their organizations become inextricably linked partners. *Outreach and Engagement funding will be integral to reaching diverse communities and community based organizations.*
- The Senior Connections program is an important service. *Given the outreach, engagement, comprehensive assessment and service planning activities indicated in the plan, how will these strings of service be woven into a plan to meet the unique wellness needs of the program users?*
- The Transition Age Service Team program is an important service. *The committee requests more information regarding how the Transition Age Service Team will meet the unique mental health service needs of the target.*

### **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.

### **Education and Training and Workforce Development**

The plan generates human resource needs in the following areas: licensed clinicians, consumer positions, health services program coordinators, nurses, support staff, consumer advocates, peer mentors, Parent Partner/Court Liaison, interpreter services and other positions.

#### **OAC Concerns:**

- *The committee requests that future plans reflect more detailed information regarding the county plans to recruit employees to address its capacity needs.*

- There is evidence of training and retraining efforts. *Additional evidence of how the county intends to train/retrain service staff and consumer staff is requested.* The committee notes that comprehensive “retraining” of existing staff to insure a transformational outlook, focused on recovery and wellness, is an essential piece of any successful plan. The budget for training should be considered throughout the plan.
- There is reference to cultural competency goals included in the plan, especially at the service level. Again, given that the county’s questionnaire administered to the consumers and family members participating in the planning (See Appendix B) did not include any standing question about the role/type/establishment of culturally competent services needed by diverse communities, outreach to and involvement of many diverse communities needs further development.

### **Collaboration:**

The plan includes evidence of county commitment to collaboration, especially among many of the existing county services providers. The plan includes leveraging of some funding. For example, the Transition Age Youth Team will expand existing TAY services funded by the SAMHSA program, with special emphasis on TAY who are 20-25 years of age. The county is to be commended for such leveraging.

### **OAC Concerns:**

- More collaboration with non-government agencies, especially those that provide community based mental health services, would strengthen the plan. Additionally, the Committee encourages the County to continue to expand its relationships with nontraditional stakeholders such as business, labor and civic organizations.
- There is discussion of future plan revisions. An in-depth study of service impact and all MHS stakeholder perspectives on the new program and administered mid-way through the three year program would be very helpful in striving to meet the needs of the consumers and family members and continuing to work toward the goals outlined in the MHSA.

### **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.