



July 25, 2006

Inyo County Community Services and Supports Plan  
Reviewed by: Tricia Wynne, Paul Geggie and Rosie Lamb  
Initial Allocation: \$1,139,376

A few preliminary comments: Inyo county received a budget of \$373,705 per year. With this, it worked to develop a plan to transform its mental health system. The County appointed a diverse stakeholders group and worked hard to solicit community input. There was an impressive effort on outreach—with a bilingual worker going door-to-door in some hard to reach communities. There were 6 community meetings that were held in different geographic locations. Great efforts were made to inform the community of these meetings; 125 people attended. In addition to the community meetings, targeted focus groups were held. Approximately 225 people attended. The focus groups targeted a variety of ethnic groups and ages. Additionally, there was a survey that was developed and circulated to people who did not participate in the group meetings. 381 individual surveys were completed. The county should be commended for circulating the survey to teachers. The county learned that there is a great need for services in every age group.

There were clear indications that attempts were made to collaborate with groups outside the county bureaucracy. The commission thought there could have been a greater effort to stretch with the collaboration efforts—community based organizations, faith based groups, business groups, law enforcement, drug courts, substance abuse programs, and medical treatment groups would all have added to a more comprehensive program. Although the commission thought that the survey was useful, it was not as inclusive or comprehensive as it might have been. The crisis response team was not addressed even though consumers and family members asked for it.

The County's work on the planning process educated it on the needs; it then spent time to identify the community needs and made efforts to address them. This county acknowledged the need to hire consumer and family members; it was important to make a stronger commitment to that hiring. The county also stressed the importance of training, retraining, and more training.

**One significant shortcoming noted by the committee was the lack of the required wraparound program for children and their 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.

**Consumer and Family Involvement:** This plan showed a commitment to including consumers and family members in both the planning and implementation of the MHSA. There was good involvement of consumers and family members on the Stakeholders group. The plan states the importance of keeping consumers and family members involved. Almost every workplan includes modest employment opportunities and training for consumers and family members. There was a great deal of outreach to get consumers and family members involved. The plan did address the need to train and retrain staff, consumers, families and partners. This was admirable.

**Notes:** The commission would like to see the counties commit to hiring consumers and family members to improve their diversity and cultural competence.

**The commission would like to see the county commit to keeping their Stakeholders together with regular meetings throughout implementation.**

**Fully Served, Underserved/Inappropriately Served, Unserved:** It is difficult for counties to define whom they are not serving or whom they are not serving appropriately. Although Inyo came up with a formula to define this population, it later admitted that this number would be zero if it applied the definition of fully served included in the MHSA. Using a formula is not necessarily consistent with a “whatever it takes” approach to services. With that said, the committee believes that this is a difficult task and applauds the county for making an honest attempt to inventory its services and evaluate where changes should be made.

**Notes:** The commission believes that DMH should develop guidelines for counties to quantify what services the underserved and unserved need to move them into the fully served category.

The commission will watch to see how these numbers are changed as the system moves toward transformation.

**Wellness/Recovery/Resilience:** The Inyo plan does embrace the language for wellness, recovery and resilience. The commission would like to see more evidence of broad outreach, strong collaborative relationships, efforts to aggressively develop full services partnerships, with a focus on cultural competence and a desire to meet the community where it lives. Additionally, the county recognized the importance of training and retraining, not only the staff, but also its collaborative partners. Throughout the plan, the county emphasizes the need to hire and train consumers and their families, but stops short of saying that it will hire.

**Notes:** The commission will watch to see if the County does the hard work to prove that this is more than language, but a real commitment to transform its system.

**The commission would like to see the county commit to hiring a more diverse staff.**

**Education and Training and Workforce Development:** This County stressed the need for training and educating its workforce to transform its system of services. Moving from a reactionary system to a recovery model will take training. Inyo committed to do this training, and stated that it would train consumers, family members and partners; this training must be comprehensive to meet the demands of the MHSA. **The commission would like to see a commitment to partner with consumers and family members to provide training.**

Although the county did not expressly acknowledge the challenges of hiring professional staff, with its geographic limitations, it certainly has challenges. It will need to be very creative to hire the kind of diverse and culturally competent staff to move their system toward transformation. The committee encourages the county to try very creative approaches when approaching workforce development.

The county should be commended for noticing that protecting the privacy interests of consumers in small counties where everyone knows everyone else is more challenging than in larger counties. The commission was pleased to see that the county was aware of this and would take steps to protect the privacy rights of consumers.

**Collaboration:** Inyo stated its willingness to build on and expand its existing partnerships. In order to do the kind of system transformation envisioned by the MHSA, the County will need to stretch to find new partners and new ways of doing business. Some counties have talked about building new relationships with business, law enforcement, the courts, client groups, family groups, community based organizations, faith based organizations, service organizations, social services, primary medical groups, substance abuse programs, etc. The commission hopes that Inyo will reach out to other organizations within its county and build partnerships to reach this population. Without comprehensive collaboration, the system cannot change. The commission would also like more specifics on the types of resources each partner brings to the table. This outreach effort will undoubtedly help the county to improve its cultural competency.

Note: **The commission would like to see Inyo County continue its stakeholders group through implementation.**

**Workplan #1—Children** This plan will utilize the Children’s Services Team to provide family-based services to children and families who are unserved or underserved. In its first year, the county will spend system development funds to improve services for children and families. In year four, the county will develop a full service partnership for children and their families.

The commission noted that the county hopes to partner with local agencies who already have established resources for the ethnic community in order to deliver culturally competent services. While this is a good first step, the county must do more to hire and train its staff to develop cultural competence.

This plan discusses the need for training, collaboration, and relying on consumers and families to guide the services offered. However, the budget does not indicate money to hire consumers.

The overriding concern in the children's plan is that Inyo has not met the fundamental and important requirement in its services to children. **The county must to work to develop a wraparound program. It should be spending some of its system development funds in the first year to do that.**

**Workplan #2—TAY** Inyo will develop a TAY Team that will provide culturally sensitive services to youth and families who are unserved and underserved. Inyo will spend the first year developing the team; outreach and engagement funds will be used to provide integrated services. The second year will be used to identify youth for FSP and will begin a FSP for one TAY. In the third year, the county will offer full service partnerships to 4 TAY. The TAY will be permitted to utilize the Wellness Centers for some specialized services and group activities. Wellness Centers will be in three different locations within the county with differing days of availability. The Wellness Centers will offer a range of services and will be peer run.

Inyo is starting small and smart—this is wise based on the amount of money that is available. Staffing in this program will include Peer Mentors. It will also utilize a buddy system, with youth in out-of-home placements to begin developing supportive relationships. This is a great idea.

The county hopes to provide housing and employment opportunities. The costs associated with this FSP are among the highest the commission has seen to date. What is driving the high costs?

The commission believes once again, that collaborative opportunities need to be expanded and that more relationships need to be cultivated. The county presents this plan as a “housing first” plan; this is an important concept for the OAC. The county has also placed a priority on employment and educational opportunities.

The commission was pleased to see the county address the out-of-county placements addressed forthrightly. It is great that the county plans to monitor and offer services in county to prevent out of county placements. In addition, the county is to be commended for implementing a buddy system for TAY placed out of county to assist them in maintaining connections to the region they are to return to in the future.

**Question: What types of housing will the county be developing? How do they plan to find the housing?**

**How many TAY are in out of county placements? It would be helpful to the commission to have an idea about what is going on in a small rural county in out of county placements.**

**Workplan #3—Adults** The County will develop a comprehensive adult service system that will include a wellness center and a FSP. The county is clear that this is a new program and a dramatic change in the way it delivers services. This is not a “business as usual” approach. The plan will offer a variety of services to adults in a client-directed, strength-based approach based

on wellness, resiliency, and recovery principles. The county acknowledges the need for hiring staff and providing training.

The proposed adult services plan will build upon existing community collaboration. This was the best list of partners in the plan. The commission commends the county and encourages it to stretch even further. The county plans to hire consumers and family that will lead to the kinds of transformation envisioned by the MHSA.

The commission is pleased to see an emphasis on housing and employment. Again, the costs seem high compared to other counties. Good emphasis on collaboration—again, the county needs to stretch. Program will bring services to the community—this is a good transformational approach.

The committee had two serious concerns with this workplan.

**With the geographical barriers that consumers and family members face, how will the Wellness Center be utilized? Will the county offer transportation?**

**The County acknowledges that it is not implementing an AB 2034 program. The Committee asks, “Why not?” Rather than create a new program, the county is encouraged to follow an established program that shows positive outcomes.**

Workplan #4—**Older Adults** The commission believes that this is the weakest and least ambitious of the workplans. The county will offer outreach and engagement services to older adults. It will also offer assessments of mental health. Finally, it will work to link older adults to services. It will hire 1.3 employees to do this work. The county did pledge to work with community-based organizations to offer services to this population. The committee understands fiscal limitations, but hopes that the county will stretch with this plan next year.

The Committee encourages the county to draw upon existing community resources for seniors, and foster inclusion of mental health services as part of other programs offering health services to older adults in need. The high rate of suicide among older adults with mental illness is linked to isolation. Can the county work to integrate mental health services into other socialization and recreation programs for seniors?

## **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.