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Evaluation of Marin County MHSA Three Year Expenditure Plan

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The following identifies issues for potential oversight by the Commission, specific questions or recommendations regarding this county CSS plan to be addressed by the County and the Department, and comments intended to inform the continued work of the Commission, County, and state.

Introduction

Overall, the County developed a comprehensive community plan that engaged community stakeholders and partners. The Full Service Partnerships, System Development programs and Outreach and Engagement Services, in addition to good use of one-time funds, reflects a robust, complementary array of programs to better serve the community and move the system towards transformation. The Committee appreciates the County's provision of bridge funding for programs to be expanded until the MHSA funds became available. The County is to be commended for their commitment to outcomes, training and collaboration.

The one serious shortcoming noted by the CSS Committee was the lack of a wraparound program for children and youth. 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 MHSAs 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 MHSAs 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.

One more deficiency noted in the plan was the lack of a program to provide crisis services for persons with mental illness. The Committee noted that every age group named crisis services as a priority, but there was very little written about law enforcement participating in the planning process. Marin County needs to overcome the cultural differences between the mental health providers and the criminal justice system services that now prevent one of the large transformations the MHSA envisioned. This County has started to involve law enforcement in limited ways—it needs to stretch to include state, local and regional participants in the system.

Finally, the Committee was concerned about the out of county placement issue. The County response was vague. The Committee requests information regarding how the contract provider (Value Option) will discourage the County from assigning people for treatment outside of Marin County and discourage people being assigned into Marin County away from their homes? **The STAR program seems to tolerate, if not encourage, out-of-county treatment and services with no strategy for reducing them.**

Consumer and Family Involvement

The effective facilitation of the stakeholder process, as well as the early investment in training for stakeholders, is reflected throughout the plan. The county should be commended for providing transportation and stipends to encourage consumer and family involvement. Marin County held 22 focus groups, almost half were targeted at consumers and family members – two in high poverty, ethnically concentrated areas. The Steering Committee was very diverse, and had a good representation of clients and family member.

The Committee was impressed that 45 members of the Marin County staff self-identified as consumers. There is a need for additional minority representation on staff, but the County acknowledged the difficulty in hiring. There was a good education and training component for families proposed in this plan.

The County plan proposes moving the Wellness/Recovery Center closer to Hispanic and Asian American populations. It also acknowledged the need to expand the Enterprise Resource Center—this speaks directly to the success of peer run enterprises.

The provision of transportation stipends had a positive effect on increasing consumer involvement in the process, so that will be replicated to insure on-going involvement through elected representation of consumers. There was also a commitment to continued involvement of consumers and family members in the planning process.

Fully Served, Underserved/Inappropriately Served, Un-served

The population groups served was well defined. Marin acknowledged that 200% of Federal Poverty Level underestimates those actually living in poverty and at risk of becoming homeless as well as not reflecting those receiving services through AB 3632 or emergency services, regardless of income. The plan also reflects good insight regarding AB 3632 services (reflecting that the Medi-Cal pool is underserved).

Wellness/Recovery/Resilience

There was evidence throughout the plan that Marin County understands recovery models. The FSP's designed for every age group in the County reflect a "whatever it takes" approach. Additionally, there was an emphasis on meeting clients where they are, providing numerous access points, making services culturally competent, integrated, and appropriate.

The System Development projects make efforts to move the system toward wellness. The goal of the Assisted Housing program is to promote independent living and well-being. The emphasis on promoting recovery, maintaining independence and avoiding hospitalization are all recovery based goals.

Education, Training, and Workforce Development

This plan identifies the need for more peer mentors, the need for more ethnically and racially diverse staff, and the need for more consumers and family members to be involved in the process. There was evidence of serious training and retraining efforts by the County in the plan. The County acknowledged the need for more training and retraining of staff on wellness and recovery models. The County also acknowledged the need to be more culturally aware of the diverse population. There is a need for cross training from all partners—law enforcement, community based groups, primary health providers and mental health providers.

All four FSPs include hiring of bilingual staff (with differential pay), in addition to the hiring of a part-time Vietnamese speaking social service worker. As there is just one psychiatrist in the County who provides outpatient medication management, the plan included the utilization of an Intensive Case Management (ICM) team nurse practitioner furnishes medications to the program participants under the supervision of the team psychiatrist.

The County is to be commended for doing outreach to local universities to attract a more diverse workforce. There was a specific plan to hire more consumers. It is notable that the consumer-run resource center includes two consumer management positions.

Collaboration

The County has an impressive list of collaborators. The Committee would like to hear what resources each partner brings to the table. The County noted that it will expand their collaboration with education & probation, Interagency Case Management Council.

The best narrative on collaboration was the County's comprehensive interagency collaboration efforts (especially STAR and the Forensic Multi-Disciplinary Team). There was also evidence of collaboration with a community-based organization, SPECTRUM, which helps the county liaison with the LGBTQ community.

FSP's will improve access for unserved ethnic populations by partnering with ethnic service organizations, primary care providers and deploying services to specific neighborhoods. Expanding services to 24/7 is a good start, but the need for crisis services need to be developed. The Committee encourages the increased focus on client culture by increasing consumer participation in all programs, at all levels.

The Committee encourages the County to continue to look outside the mental health system to determine what is working among the other system partners and collaborators. Each collaborator needs to develop an appreciation for the ideas and resources brought forward by each entity.

The Committee requests additional information on the “Model Policy: A Community Policing Response to People with Mental Illness” and the four days of training their police officers received (associated costs and outcomes).

Programs

Full Service Partnerships

Children and youth: The County designed a comprehensive and integrated FSP for this age group. This program will expand the existing CSOC program to serve additional 40 SED. The co-location of education and probation is appreciated as a positive program attribute. The Committee believes that housing is an issue in this age group and that the County should stretch to provide housing when appropriate within the FSP.

TAY: This plan provides intensive service team program for 20 TAY. It has the potential to bridge the Children’s System of Care with the Adult system for a seamless transition. Additionally, it utilizes the Interagency Case Management Council. The Committee looks forward to future updates that will reflect the collaboration efforts that will be built within this plan.

STAR: The adult FSP is the Support and Treatment After Release program. It provides intensive, integrated services to 50 mentally ill offenders. It works in conjunction with Marin’s mental health court—the STAR Court—a multi-disciplinary, multi-agency team that provides comprehensive assessment, individualized client-centered service planning and linkages to services and supports. The utilization of ICM nurse practitioner increases capacity to provide needed services and linkages. Peer case managers in the STAR program noted for the powerful message it sends to the consumers in the county, having a peer work side-by-side with a uniformed officer or mental health professional. There is an additional beneficial impact of the bilingual peer case manager they have.

This is a model collaborative effort, with each partner bringing with it resources to fully staff this FSP.

The Committee noted that although offenders are released throughout the county, only one police department is included in this partnership. That should be expanded to all police departments within the county. There is good participation by the sheriff. The potential savings from a program like this are so great that every relevant county and city agency should be involved. Studies show that fully 7 – 9% of calls to law enforcement involve indications of mental illness. Now, nationally, the largest providers of housing for persons with mental illness are our jails and prisons.

Older Adult Service Team: This program is an *integrated multi-disciplinary* team to serve 40 older adults and reflects good cross systems collaboration (enhanced by collocation of staff), outcome evaluation based on quality of life and maintaining independence.

System Development and Outreach and Engagement Programs

Enterprise Resource Center: This consumer operated resource center to be expanded and relocated closer to the minority population in the county. The Center includes consumer management positions.

Regional Service Site in Southern Marin: In response to community requests, the County will develop another community based mental health service center in an unserved area.

Vietnamese Language Capability Expansion: The County will develop an entire program around building capacity to speak to their Vietnamese-speaking clients. The intention is to hire a part-time bilingual worker to meet this identified need.

Supported Housing: The County has a plan to develop housing to address the needs of all of the population groups within each of the FSP populations.

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.