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### **OAC Review and Comments on Mariposa County**

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**Introduction** The following identifies issues for potential oversight by the Commission, and provides comments intended to inform the continued work of the Commission, Mariposa County and the Department of Mental Health. Mariposa County is a rural, sparsely populated region that includes Yosemite National Park. Park employees are among the residents served by the county, particularly minimum-wage employees in need of a range of health services. Behavior Health and Recovery Services is an agency of the Mariposa County Human Services Department.

### **Consumer and Family Participation in CSS plan**

Consumers and family members are in the majority on the county Mental Health Board, and worked closely with Behavioral Health staff in assessing needs and developing CSS plans. An organized consumer group was well represented in Mariposa County CSS planning. There is no formal family organization at this time, but the county is starting a family support group to join consumers in future evaluation and planning of MHSA programs and other mental health services.

The MHSA planning process utilized surveys and focus groups, identified key issues, and participants agreed upon strategies and priorities. County behavioral health leaders state that employment of consumers and family members is a challenge in the immediate future, but they are confident of reaching hiring goals in initial implementation years. One of the top priority issues is transportation, and Mariposa is addressing this by purchasing two vehicles. Drug and alcohol abuse also was identified by both consumers and the community at large as a priority. The county notes a common problem with history of individuals being referred back and forth between mental health and substance abuse counseling systems. This and other priorities are addressed in workplans enlisting participation of virtually all appropriate agencies.

### **Unserved, Inappropriately and Underserved**

County personnel report that there is conflicting data about ethnicity of residents, when comparing Department of Finance, US Census, and their own data such as school district reports. They state that the composition of county population appears to be changing, however, with an upward trend in the number of African-American, Latino, and Native American residents. For approximately 13 years, Mariposa County has devoted all of its SAMSHA grant funding to a health clinic serving Native American residents from

several counties; county staff met with individuals from the Mi Wu Mati clinic to ensure input and solicit feedback from the community.

Approximately 300 individuals of all ages receive mental health services in Mariposa County. Until two years ago, the county had contracted out behavioral health services for two decades. Behavioral Health and Recovery staff, including the Director who attended the DMH review team meeting, report that they do not consider any of the consumers to be fully served inasmuch as they do not have wraparound services for children and youth, and that available services for adults and older adults do not meet the county's high standards for full service.

### **Wellness, Recovery, Resiliency. Training**

Mariposa County staff are very committed to the recovery model of services for people with mental illness, and continue to seek new and evidence-based information and training. County leaders are also very committed to, and trained in, an approach to cultural competency identified as the Green/Tabbert model.

Discussions at the DMH Review Team meeting elaborated upon the plan narrative, further explaining this model for addressing cultural diversity issues on an individual and organizational level, and distinguishing between these two considerations. A service plan is developed to meet the needs of each individual and the recipient of services (or family of a child) defines his or her culture and cultural values. The strengths of each family's culture is utilized in developing service plans.

The CSS Committee commends Mariposa County for its commitment to implement a Children's Wraparound Program, consistent with SB 163 requirements.

### **Workplans**

The total three-year MHSA allocation for the CSS plan is \$1,161,548. Mariposa's proposal stressed that it would have been much more advantageous for this small county, with a relatively low allocation of MHSA funds, to have received Capital Facility and IT funding at the same time. It has been very difficult to move forward with services in the absence of such funds, inasmuch as the County Board of Supervisors would not approve expenditures prior to actual approval of CSS plan funding.

The Mariposa County Children and Family System of Care plan is an impressive full-service program, which will serve 35 children and families by the third year of MHSA funding. Remarkably, the county will implement a wraparound program consistent with the requirements of W&I Code Sections 18250-18252.

The Adult/Older Adult System of Care will serve 70 residents by year three of MHSA funding. Full service partnerships will provide the "whatever it takes" range of services, based upon the recovery model consistent with MHSA requirements. Mariposa County launched a transformation of its behavioral health system of services prior to passage of Proposition 63.

### **OAC Concerns:**

- Mariposa County identifies the difficulty in meeting its capacity needs for mental health staff and attracting qualified staff to work for the county. The OAC

recognizes that this is a difficulty many rural counties are faced with. *The OAC is interested to know if the county has developed a strategy to effectively deal with meeting its capacity needs.*

### **Collaboration**

Mariposa County faces numerous challenges to providing the quality mental health care envisioned by MHSA and the county's own transformative vision of recovery, wellness, and resiliency. In addition to the isolated nature of housing situations and minimal, if any, public transportation service in much of the region, the county also must address high poverty rates and high rates of substance abuse in families in need of many health and human services.

The county is meeting this challenge to a remarkable degree, demonstrated by the commitment of every public agency necessary to contribute to wellness, recovery, and resiliency for mental health consumers of all ages. Behavioral Health and Recovery Department also plans to conduct educational outreach programs to primary care providers, other professionals, and at sites likely to reach unserved populations.

In both the children's, youth and adult/older adults' systems of care, the county's other public agencies are designating staff to serve needs related to school, substance abuse, employment, housing, and other human services. Relevant agencies will operate at the same sites. Agency participants will work with individuals and families in the county's full service partnerships to develop a single case file and thus maintain full cooperation/collaboration among partners. Mariposa County has leveraged the MHSA monies by enlisting in-kind contributions from necessary departments, multiplying the available budgets for mental health services.

County personnel explained that the amounts budgeted for full service partnerships in the submitted plans do not accurately reflect actual costs. Expenditures are many times higher, and the county will recalculate these to indicate the actual costs when agency in-kind contributions, MediCal and other sources are included.

### **OAC Concerns:**

- The county identified community based organizations to collaborate with for the Native American community but did not identify within the plan any community based organizations for other ethnic/cultural groups to work with to reach other unserved populations. *Do other ethnic community based organizations exist within the county and if so, will the county develop a plan to collaborate with them as well?*

### **Conclusion**

Mariposa County submitted many attachments to their CSS plan that provide substantial background information on both the planning process and the current system. The OAC commends the county for its success in maximizing MHSA funds and recognizes the county's need for continued and additional funding to demonstrate progress. Commissioners will be interested in the success of the recovery models they will employ in both systems of care.

**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.