



MENTAL HEALTH SERVICES
OVERSIGHT AND ACCOUNTABILITY COMMISSION

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Evaluation of Merced County’s MHSOAC Three Year Expenditure Plan

CSS Review Committee Members: Fred Martin, Jerry Doyle, Peggy Collins, Delphine Brody and Susan Rajlal
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Overall Review

Merced County has not had the funds previously to serve the community needs in a recovery model format. There is not only a very high incidence of poverty in this rural county but also an unusually challenging set of cultural needs for a rural county. The needs of the Lao and Hmong are so different from the Latino and Punjabi populations. This county has done an outstanding job of reaching out to and including respected groups and leaders in these communities. The plan reflects a real commitment to cultural competence and inclusiveness.

The Committee urges the continued collaboration with consumer and family members and the development of real individual level consumer input as the plan is implemented. The Committee commends the county on their choice to contract for the Full Service Partnership for the TAY and Adult populations with a group that has an excellent track record in delivering these services. It should be noted that for the Full Service Partnership, the TAY and Adult populations will be combined. The philosophy and model for this FSP is excellent.

Consumer and Family Involvement

Merced County did an excellent job of reaching out to all segments of the community. They were able to reach some disparate and culturally underrepresented groups within the community and were very thorough in their approach from the “platica” at the lake to the meetings with the Hmong, Lao and the NAACP. 3 CAW’s were hired and used in the planning process and the County is to be commended for this.

There is evidence of very good involvement of consumers and family members. This process has led to the initiation of a NAMI chapter and the hiring of consumers as CAWs and to run the Wellness Center. With the implementation of this plan, Merced County will make some huge steps forward in increasing cultural and ethnic diversity.

OAC Concerns:

- Were the CAWs hired consumers or family members or both?
- It is noted however that staff cannot become linguistically competent very easily and although the language classes in the department sound nice, they may not be very effective.

Fully Served, Underserved/Inappropriately Served, Unserved:

The Committee believes that the County may make some adjustments in defining its service levels of fully served, inappropriately served and unserved after the first year of service based on the numbers they find through outreach.

Wellness/Recovery/Resilience:

The plan philosophy on the Recovery models for full service partnerships is strong and well articulated. The full service partnerships have multidisciplinary teams and there is a single point of responsibility for the client. As documented earlier in comments the Committee does not feel that Merced County's proposed wraparound program meets SB 163 requirements. The Committee is concerned that there is no Wraparound for Children and that they are not proposing to have one until Year 3. The plan proposed does not meet the guidelines for Wraparound and is underfunded which would preclude the development of a true wraparound service. This children's population appears to currently be grossly underserved and has many competing needs. With the exception of a lack of a children's wraparound, the Committee believes that accessible, quality service delivery will be greatly improved with the implementation of this plan despite it not meeting the SB 163 requirements.

Merced County does a great job in integrating cultural competency with its wellness and recovery models. The County is using their outreach/engagement funds to enhance prospects of cultural competency and appropriate services to diverse communities.

OAC Concerns:

- The plan proposed does not meet the guidelines for Wraparound and is underfunded which would preclude the development of a true wraparound service. The funding allotted is not sufficient for a true wraparound program.
- The Committee asks the county to consider that foster care parents be paid with the state foster care supplement rather than MHSA dollars as proposed; there is some concern that services are proposed only for those in foster care rather than including families that could retain their children with mental illness in the home with like services.
- The Committee is concerned with the proposal to use MHSA money to fund a .2 drug and alcohol counselor as part of the WeCan FSP for children. The OAC does not believe that this is within the parameters of MHSA funding and that it should not be funded.

**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

Workforce needs include hiring persons at all levels from the 4 underserved cultural groups; includes a very serious need for bicultural staff (including clinicians) in several languages. The planned effort to test proficiency is important because of the level of skill that is necessary to translate or interpret in clinical sessions. The County is to be commended for its bilingual pay differential. Additionally the County has engaged some excellent resources with the use of one-time expenditures to train and retrain staff.

OAC Concerns:

- The Committee is concerned about the efficacy of offering language classes to existing staff.
- What measurable goals have been set for cultural competency?
- Although they are articulated in the plan in a broad sense, the Committee had difficulty finding specific plans for consumer and family member employment in the budget. *What are the staff titles and rates of pay for consumers and family members?*

Collaboration:

This planning process has resulted in several very collaborative projects as a part of the proposal. The County collaborated with government agencies and non-governmental agencies. This county should be commended for their plans to partner with various community groups. The collaboration with the SE Asian Community Advocacy Program is excellent as is the outreach effort to the Latino communities. The Committee applauds the mobile team going out to the worksites – it is a step forward that the team

includes a psychiatrist and that meds may be prescribed and dispensed in the field. Primary care physician would be a good addition to this effort.

OAC Concerns:

- The Committee did not see any mention of the plan to increase MediCal enrollments during the outreach and we believe that this would increase leveraging.
- The Committee noted the numerous cooperative relationships but the schools seem left out of this process.
- Committee did not see any evidence of a plan for future plan revisions.
- What will be the cultural barriers in attracting the Southeast Asian and Latino communities and how will they be overcome?

Identify programs of interest to monitor for statewide implications

Identify any budget-related questions

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.