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Evaluation of Imperial County's MHSA Three Year Expenditure Plan

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Committee members: Sheri Whitt, Rosie Lamb, Carmen Diaz

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Overall the County is to be commended for writing a plan which is largely reflective of the transformation goals present in the Mental Health Services Act. Imperial County cited specific outcome goals for their various work plans which was well-liked by committee members. On page 9 of their plan, Imperial County spoke of "Building infrastructure to an on-going process of planning, action, learning and innovation..." which reflects the right attitude about the on-going process of transformation envisioned by the authors of the Mental Health Services Act. The County is also to be commended for its great outreach to communities and for its positive use of incentives as described on page 11 of the County's CSS Plan. The County is also recognized for its thorough planning efforts, for its extensive distribution of the plan, for its creative use of the media and for including schools in the planning process. Objectives, as described on page 41 of the Plan, also helped illuminate the intent of this Plan.

Consumer and Family Involvement

There were several things the Committee liked about how Imperial County intends to involve consumers and families in its system transformation. Right from the beginning during the planning process consumers and family members were involved and received stipends for their work in helping with the planning process (pg. 3). The Committee also liked that consumers from the Recovery Club House participated on the Steering Committee (pg 11). On page 52 Imperial County states "All new programs will have requirements as to hiring family members and consumers". This was seen as very positive by the Committee members. In addition, on pg 75 of the Plan it was stated there would be an emphasis on contracting with service providers who have the ability to identify, hire, train, and support clients and family members. It was not clear in the Plan if there is the necessary structure in place to support the hiring of these consumer and family member staff. **OAC would highly recommend Imperial County set clear standards as to exactly what kind of one-time and on-going training must be provided to consumers and family members working in contracted organizations as well as specific details about the level of on-going support that will be expected when its contractors hire consumers and family members, if this has not already been done.**

Fully Served, Underserved/Inappropriately Served, Un-served:

Overall Committee members were satisfied with Imperial County's analysis in this area. Initial concerns Committee members had about what was meant by Imperial County's use of the phrase "over-served" were met when Imperial County described this was a statement based on prevalence statistics and not on quality of service. The Committee is satisfied that Imperial County knows who its special populations are and what is needed to best serve them. **On pages 36 & 37 Imperial County identifies children and adults who are fully served. On page 38 the narrative states that these individuals who are fully served receive an array of appropriate services. The Committee would like more information in future reports detailing exactly what these appropriate services are and who has identified them as meeting the childrens' or adults' needs.**

Cultural Competency

The Committee reviewing this plan liked the language on page 5 about Imperial County being committed to building a culturally competent system of care but would like to have seen more details about what that will look like. It was noted page 27 contained a sensitive statement regarding barriers that prevent racial and ethnic communities from seeking services. However, a statement made only a few pages later on page 40 raised some alarm for Committee members. "...the majority of identified ethnic populations are hard to engage and are resistant to interaction with community agencies". This statement seemed to reflect an attitude of blaming cultural/ethnic communities for the fact that they have largely not received the services they need. This concern was raised at the DMH review meeting and the County seems to understand a failure to meet the needs of ethnic and cultural populations is largely the failure of our mental health systems to develop and implement programs which are meaningful and sensitive to those ethnic and cultural populations seeking services from us. The County's intent to use outreach workers to help with cultural competence and to build strong relationships in the community seems like a good strategy to begin to establish trust in communities which currently do not feel trustful of County services. The County is definitely to be commended for its outstanding Spanish language capacity amongst its staff. The Committee would also like to commend the County for including questions about immigration, acculturation and assimilation into the assessment histories which are collected from consumers. Finally, the County is also to be commended for recognizing and explicitly stating that some clients may come from families with gay parents and this is a treatment population which also deserves sensitivity. **The OAC would like to see Imperial County develop, describe and implement a plan for specifically monitoring shifts in its service demographics so as to ascertain if its outreach and engagement strategies are working.**

Wellness/Recovery/Resilience:

Overall the Committee would like to have seen more specifics in this area. We saw evidence of these principles in the County's stated intent to utilize self directed care plans but did not see the principles embedded in the system. It appears there is still a heavy reliance on the assessment and treatment being provided by experts. **The OAC would like to see a more detailed description in Imperial County's Annual Update about how they will be partnering with their consumers and family members to provide services which are truly recovery based and focused on supporting resilience towards the goal of overall health, wellness and prosperity for its consumers.**

Education and Training and Workforce Development

The County has made a strong commitment to training which the OAC was happy to see. There was little detail in the plan about workforce development so it was not possible to determine what is intended in this area.

Collaboration

It is clear Imperial County intends to contract out many of its services. While this is a potentially positive strategy, the Committee would like to have seen more detail about what these collaborative partners would be bringing to the table in terms of their own resources. Additionally, Imperial County identifies many agencies and community based organizations to partner with throughout the plan to provide services to consumers, including employment and housing agencies; however, there is no detail as to what this partnership will look like. Furthermore, Imperial County states that addressing consumers' substance abuse issues is a priority, yet the county has not identified any community agencies within the plan as partners nor is there any positions in the budgets that will receive training for substance abuse (as far as the Committee can ascertain from the CSS plan). **The OAC looks forward to hearing more about the development of these collaborative relationships in Imperial County's Annual Update and appreciates the County making the commitment to work with these groups in the coming years.**

Programs: FSPs

Ward Access to Supports and Services (WASS)-is a full service partnership designed to serve seriously emotionally disturbed (SED) youth between the ages of 12-15 and SED transition-age youth (TAY) between the ages of 16-18 that are exiting juvenile hall and aging out of the criminal justice system and returning to their home and community. This is clearly a needy population and the Committee is glad to see they will be receiving services which will clearly be of benefit to them. At the same time, the OAC is also clear that the long-term intent of MHSA money is to inspire a move away from a "fail first" model of service delivery towards a model of service delivery heavily invested in prevention. We will hope to see Counties rely less on "fail first" service strategies in the future as their prevention efforts become more successful at meeting consumer need prior to incarceration, hospitalization or out-of-home placement. There is also mention of Imperial County providing "wrap like" services in this FSP. **The OAC wants to see a very clear commitment by Imperial County to developing and implementing SB 163 services by Year Three of this plan or a clearly stated reason as to why this is not feasible and how the alternative service model will provide the same level of service to its children and youth.** At the Review meeting Imperial County stated they are working with DSS towards implementing WRAP. **The OAC will look forward to hearing more about the efforts to implement WRAP services in Imperial County's Annual Update.** As was mentioned at the Review meeting, 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.

TAY Supportive Transitional Services (TAY-STTS)- is a full service partnership that will be a community based, client-centered program. The program is designed to serve seriously emotionally disturbed (SED) transition-age youth (TAY) between the ages of 16-25 that are aging out of the mental health and/or social services system (s). The County is to be commended for recognizing the vulnerability of this population and making appropriate plans to serve them. The composition of the team looks very positive and again the Committee was happy to see the proposed use of self-directed care plans.

Jail Supportive Transitional Services (JSTS)- is a full service partnership program that will be client driven and community focused. The program is designed to serve seriously emotionally disturbed (SED) transition-age youth (TAY) between the ages of 18-25 and seriously mentally ill (SMI) adults between the ages of 26-64 that are incarcerated in the adult criminal justice system and transitioning to the community. Again, the OAC recognizes the tremendous treatment needs of this population and commends the County for its plan to serve these individuals. We will also repeat what was stated about the WASS program... **the OAC is also clear that the long-term intent of MHSA money is to inspire a move away from a “fail first” model of service delivery towards a model of service delivery heavily invested in prevention. We will hope to see Counties rely less on “fail first” service strategies in the future as their prevention efforts become more successful at meeting consumer need prior to incarceration, hospitalization or out-of-home placement.** The Committee likes the use of peer to peer mentoring and support in this treatment delivery strategy.

Senior Access to Supports and Services (SASS)- is a full service partnership program that will be client driven and community focused. The program is designed to serve seriously mentally ill (SMI) older adults 65 years of age and above that are isolated and home-bound, or homeless or at risk of homelessness. The Committee thought an excellent menu of services is being proposed for this program. The Committee wasn't clear what was being done for Older Adults living outside of Imperial County. At the Review team meeting the County stated its intent to bring its out-of-county folks home as soon as was feasible.

System Development

Recovery Center Program- will expand the current community-based program to further develop the client-operated, client-driven program. The program will offer self-directed care plans, such as Wellness Recovery Action Plans and offer age-appropriate rehabilitative and peer-support services, self help groups, and culturally competent mentoring for the TAY, adult and older adult populations. Overall the Committee liked

the description of this program and liked the use of peer workers. The activities, as described on page 162, sounded comprehensive. The overall concern expressed by the Committee had to do with the intent to serve three age populations at the same Recovery Center. The Committee has seen other Counties offer forward similar proposals and is interested in monitoring the efficacy of serving multiple populations from the same facility. It is anticipated there may be problems with access and some populations may not feel comfortable accessing the facility when other populations are present. Some Counties have proposed serving particular populations only on particular days or at particular times or in particular areas of the facility. It is thought this will alter the “drop in” aspect of the Recovery program in such a way as to seriously negatively impact its effectiveness. **The OAC will be very interested to hear more in Imperial County’s Annual Update about how this model is working for them, particularly with respect to the aforementioned issues.**

Outreach and Engagement programs

Community Outreach and Engagement- will provide outreach and engagement activities to unserved seriously emotionally disturbed and seriously mentally ill individuals in the neighborhoods where they reside, including those who are homeless, in order to increase utilization of mental health services. The Committee was pleased with this program and particularly with Imperial County’s intent to hire community outreach and peer workers.

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.