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Evaluation of San Diego County MHSA Three Year Expenditure Plan

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The following identifies issues for potential oversight by the Commission, specific questions regarding San Diego County CSS plans to be addressed by the County or the Department of Mental Health, and comments intended to inform the continued work of the Commission, County and the Department of Mental Health.

Overview

The Committee finds this to overall be a good plan. Over the past ten years the County has been committed to building a system that embodies many of the MHSA goals. This plan builds upon a strong system in ways that are in alignment with the voter's wishes.

Consumer and Family Involvement

In its cover letter, the County reports that the plan “reflects the input and participation of over a thousand individuals.” The introduction reports collecting 950 client surveys (page 5). The California Department of Finance estimates the County’s population was 3,051,280 as of January 1, 2005. The County states, “72,000 individuals of all ages may be in need of mental health services.” Other figures within the report add to 99,800 clients within the county.

Involving 0.03% of the County population in the planning process meets a minimum requirement that plans be developed with local stakeholders, including clients. However, that level is admonishingly low. Orange, a similarly sized county, had four times the number of participants in its planning process. Santa Clara, a county almost half the size of San Diego, involved 10,000 people, including 6000 surveys offered in five languages. Mono, a county with 13,400 residents, involved 790 individuals, 6% of the county’s total population. While there is no established threshold a county must meet in the total number of participants it is clear when a county does not adequately tap into its community’s knowledge. San Diego is one such county.

The County does not detail who was involved with the planning process. Without this information there is no way to ascertain whether or not the County did an adequate job of including non-traditional participation.

While elements of the plan appear to be responses to community needs, like targeted services for the North County, the Commission wonders how much more the plan would reflect community needs if the planning process was broader and representative.

The County did an excellent job of proposing consumer- and family-run programs and creating positions for consumers within other contracted services. The Commission recognizes that by hiring clients in the majority of new programs, the County will be furthering cultural competence along with employing a best practice in recovery and resilience.

The Commission appreciates the County's use of client satisfaction surveys in a number of workplan in measuring outcomes.

OAC Concerns:

- The County must increase its inclusion of the community in future planning.
- What was the demographic breakdown of those involved in the planning process and how much does it pair with the county's overall demographics?
- Client surveys were conducted in the County's threshold languages of English, Spanish, and Vietnamese (page 11) but not into Arabic, the County's third threshold language (page 18).
- Are there plans for ongoing involvement of consumers and family in the implementation of the plan?
- The Commission encourages the county to continue to improve upon its record of 100 points out of 100 possible points in its most recent Cultural Competence Plan (page 26 addendum) by building upon these advances.

Fully Served, Underserved/Inappropriately Served, Unserved

The County offers a compelling case in analyzing available prevalence data and other data sources in identifying disparities. The County offers a credible definition of fully served, underserved/inappropriately served, and unserved. The County offers an exemplary analysis of underserved/inappropriately served.

The Commission commends the County on specializing services for two often unserved populations, survivors of torture and individuals who are either deaf or hard of hearing.

OAC Concerns:

- Exhibit 3 (page 40 addendum) identified two columns of "Percent of Individuals to Be Fully Served" as both "% Non-English Speaking." Should one of the columns been identified by a different measure?

Wellness/Recovery/Resilience

There was evidence throughout the plan that the County is proficient in 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, offering services in normalized settings, providing a "no wrong door" policy on access points, making services culturally competent, integrated, and appropriate. There is a commendable effort in assessing clients for substance abuse, transitional services, domestic violence, and the need for a primary care physician.

The System Development projects make efforts to move the system toward wellness. The emphasis on promoting recovery, maintaining independence and avoiding hospitalization are all recovery based goals.

Collaboration

The County heartily engages in collaborations for service, which results in supporting providers that are proficient in serving client populations. The Commission commends the County's efforts to collaborate with other public health partners like alcohol and drug service providers in its efforts to improve service integration. The less mental health is treated in isolation the better the recovery and resilience.

OAC Concerns:

- How can the County form collaborations that lead to leveraging MHSA funds with other fund sources?

Identify Matters of Statewide Interest

The County created a Cross Threading Workgroup charged with expanding the focus of planning beyond the age-specific workgroups to the overall mental health system and "to cross thread the workgroup recommendations" (page 12).

In its fully served, underserved/inappropriately served, and unserved analysis the County demonstrates a deft proficiency with numbers, populations, and services that positions them to possibly answer a question that is repeated throughout the state. How would the County answer a definition of Fully Served if it was broadened to include populations that are fully served at lower levels of care than those in Wraparound or AB2034?

In working with TAY with co-occurring disorders the County mentions its investment in the Comprehensive Continuous Integrated System of Care (CCISC) model (page 23 addendum). The Commission is not familiar with CCISC and would be interested in learning more, and, if appropriate, share the model with other counties.

Workplan CY-5.1, the Medication Support for Wards and Dependents, provides critical stabilization services for those under the public's care.

Workplan A-3 transforms current systems by going into a variety of settings like clubhouses, outpatient clinics, Board & Care facilities, locked long-term care facilities, and community centers to provide client-operated peer support services, key services in recovery and resilience.

Review of Workplans

Taken together the workplans propose a comprehensive compliment of care that will further MHSA's goals in serving each age group. Also, the County does an excellent job of focusing its workplans on positive public health outcomes and creating tangible performance measures. The County gives a thorough treatment in providing a workplan-specific answer to questions around cultural competence and how services will be provided in a manner that is sensitive to sexual orientation and gender matters.

OAC Concerns:

- A concern across all workplans was that the County did not budget in cost of living adjustments for contract employees.

CHILDREN

The Commission appreciates the "Exhibit 4 Overview," which gives a context for proposed workplans and promotes the county's progress since 1997 and lauds the County on such a variety of services for children. There is a good use of families throughout plans.

OAC Concerns:

- CY-1: The budget worksheet contains an unpermitted supplantation of \$7,207,703 annually for 173.08 FTE for the currently existing services. **DMH should not fund.**
- CY-1: The Commission asks DMH whether this would be better categorized as a FSP rather than OE?
- CY-2.1: The Commission asks DMH whether this would be better categorized as OE rather than Sys. Dev?
- CY-2.2: The Commission asks DMH whether this would be better categorized as Sys Dev rather than FSP?
- CY 4.2: How are service calls reaching the Mobile Psychiatric Emergency Response?

TAY

The first two workplans provide an underserved population the critical services of supported housing and wraparound along with the effective service in the population's resilience, peer support services. The Commission commends the county for specifically serving TAY veterans, a population few counties have begun to address.

OAC Concerns:

- TAY-3: The Commission would like assurance that the stay is open and voluntary, even if "additional length of stay is clinically indicated."
- TAY-4: The County describes these services as being "added to the procurement (that was already planned)." However the budget worksheet

contains an unpermitted supplantation of \$368,541 annually for 9.57 currently existing FTE. **DMH should not fund.**

ADULTS

The Commission appreciates the “Exhibit 4 Overview,” which gives a context for proposed workplans and promotes the county’s progress since 1999.

OAC Concerns:

- A-5: The County describes this workplan as “augmenting the budgets of each of twelve (12) Clubhouse programs.” However the budget worksheet contains an unpermitted supplantation of \$1,024,908 annually for 40.87 currently existing FTE in addition to expanding personnel by 25.0 new FTE. **DMH should not fund.**
- A-8: The County states “MHSA system development funds will be used to expand existing service capacity at 11 bio-psychosocial rehabilitation and recovery (BPSR) out patient mental health programs.” However, the budget worksheet contains an unpermitted supplantation of \$2,146,498 annually for 59.17 currently existing FTE in addition to expanding personnel by 71.97 FTE. **DMH should not fund.**

OLDER ADULTS

Taken together these three workplans provided this underserved population critically needed integrated services.

OAC Concerns:

- OA-1: What proportion of the housing resources will be dedicated for “short-term emergency and temporary housing” when stability is a recurrent need among this population.
- OA-2: In identifying isolated older adults the Commission recommends the County’s service providers consider using Meals on Wheels or creative methods.

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.