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February 21, 2006

Comments on the San Mateo County Community Services and Supports Plan  
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A few preliminary comments: Overall, we agreed that this is a very good plan. It addresses the issue of transformation throughout the document. There are several expansions of existing full service programs that align with the goals of the Mental Health Services Act. Additionally, there are new full service partnerships, serving previously underserved individuals. There were clear indications of collaboration throughout the process and throughout the plan.

The committee was pleased to see the County leverage the new dollars with existing funds to transform the mental health system; this leveraging occurred on several of the new programs with hopes for a better set of outcomes. Additionally, the County proposed several innovative programs that show great promise. Finally, the committee noted that the plan was developed in conjunction with many in the community. Outreach was comprehensive as evidenced by the county seeking out groups traditionally underserved such as the homeless and incarcerated; the county's plan included a variety of diverse groups. The county's effort to survey consumers of mental health services to determine what specific areas were in need of transformation allowed for consumers to voice concerns and exercise their ability to ensure that the system does not continue in a business as usual mode.

### **Full Service Partnerships for Children/Youth/Transitional Aged Youth**

The committee liked the approach of dramatically increasing the services offered to children and youth in FSP. The seamless transition of the youth population to TAY within a full service partnership is a good idea. The program is directed at a population that is at high risk for mental health services; some children served under FSP will continue to require services once they reach transitional age. This is a unique approach that will allow providers to provide consistency in treatment to youth. There was an acknowledgement that developing a system of strength-based services would serve this population well. Contracting for services from other community-based agencies was a collaboration that is encouraged through the MHSA. Involvement of the families at every stage is a positive and transforming change. The creation of the drop-in center recognizes that TAY need somewhere they can go for additional services regarding

housing, self-help, skill building etc. without having an appointment; this is vital to this age group as some do not have the benefits of family support.

There is, however, a fundamental problem with the proposed FSP. The San Mateo County CSS proposal states that the proposed Full Service Partnership, Child/Youth/TAY, “expands the current Wraparound Program (15 slots) by adding another 15 Wraparound slots through the existing funding mechanism (authorized limit) and 50 MHSA slots.” The program description states that the goal of the proposed FSP is to help “our highest risk children and youth with serious emotional disorders remain in their communities with their families or caregivers.” The priority population to be served by the program is “SED children and youth and their families who are at risk of out-of-home placement or returning from residential placement or emancipating....” This is indeed the intended target population for a SB 163 Wraparound program.

However, the proposed staffing levels fall far short of the necessary staffing levels for a 30 slot SB 163 Wraparound program, let alone an additional 50 MHSA funded FSP slots.

In addition to being potentially dangerously understaffed for the severity and acuity level of the intended population, who would otherwise be placed in an intensive 24-hour/7day residential program, the proposed program does not include the state and county share of the group home funding intended to be available to a SB 163 Wraparound program. The proposed FSP program for Child/Youth/TAY does not meet the requirement of the Mental Health Services Act that every county must have a SB 163 program.

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” 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.

By revising its proposal to leverage the state and county share of the group home funds as intended for SB 163 programs, San Mateo County will be able to staff a true SB 163 Wraparound program, provide a viable alternative to group home placement and reduce its reliance on institutional care for children.

The committee did note that all the FSP plans need crisis pieces like the adult FSP program.

### **Full Service Partnerships for Adults**

Developing a FSP for adults is clearly envisioned in the MHSA. San Mateo will be providing “whatever it takes” services to 55 adults with serious mental illness. Referrals will come from a variety of partnerships within the community. This collaboration is essential in FSP. Flexibility is built into the plan, and into the budget. Law enforcement is an integral partner in the plan.

There is a good use of Peer Partners in the adult FSP. Additionally, the FSP builds in training throughout the community so that every agency is working toward the same ends.

The committee noted that the allocation of one half time vacation counselor might not be enough. With 55 adults in the full service partnership, that caseload may be too demanding.

### **Full Service Partnerships for Older Adults**

The committee thinks that this new program is a good start and a real stretch for the County. The county will be relying on families to help identify family members in need of these FSPs. The transportation piece to get older adults to medical appointments is a useful service. Also noted was the inclusion of the home-based support, which will allow older adults to live independently longer. The county’s collaboration skills will be a resource to them in this area as they partner with Adult Protective Services, adult day health centers, private practitioners and other agencies involved with older adults.

### **Community Outreach and Engagement**

This program will be an ongoing community outreach program to engage the community using community-based workers (navigator model) to reach differing ethnic groups of all ages in differing geographical areas. The key to this plan is collaboration with partners throughout the county. The workers will work to reduce stigma and point people toward mental health services. The program will work in primary healthcare settings to improve access to services for un-served populations. The use of stipends for student interns will help the county stretch its resources while diversifying its staff quickly. This stipend program will also add to the employment pool for San Mateo’s future employee recruitment.

The committee noted that Navigator skills need to include the ability to navigate the criminal justice system, as well as the mental health system. There was also concern expressed that in developing a culturally competent and linguistically diverse staff that some minority groups might be excluded. This can be mitigated by continual training.

The committee would have liked to see mobile crisis teams funded, since the community had voiced strong support for the teams. Perhaps the decision to create these teams can be reviewed for the second year plan. The county did note that they will convene all the

key agencies providing crisis and after hours responses in the county; it might be beneficial that since the county does not have their own response team to convene these meetings on a regular basis to evaluate the community's needs and be able to adjust accordingly and address any unmet needs. By the county participating these meetings they will be able to gather information on an ongoing basis for development of their own mobile response team.

### **School Based Services**

This is a plan that reduces stigma, increases access, and requires good collaboration with schools and mental health services agencies. The committee was impressed with this program. The stakeholder process was comprehensive. There was concern expressed that families and consumers be hired to help with this program.

### **Pathways—A Court Mental Health Program**

In this innovative program, San Mateo really stretched itself. It persuaded some of its partners to dedicate staff to this worthwhile plan. The dedication of probation officers and a judge will make this plan workable and effective. The fact that the County was careful about which components of this important program fall under the MHSA and which are county costs was commended.

Committee members were concerned that this program should apply not just after arrest, but also before arrest. Peace officers who are first responders should receive training to find pathways to mental health services before individuals commit the type of offense that leads to an arrest. The Criminal Justice/Mental Health Steering Committee is a good start but the inclusion of "local police chiefs as appropriate" indicates a lack of understanding of the crisis intervention role of law enforcement for the mentally ill. They need to be involved for pre-trial, pre-arrest, and non-arrest crisis incidents. The court program needs to apply to more than non-violent misdemeanants.

This plan builds on a long history of collaboration and partnership and will do a lot to transform the system for those individuals who benefit from the diversion program established here. This plan promotes recovery and resiliency.

### **Older Adult System of Care Development**

This is another innovative program that creates integrated services for older adults with severe mental illness and which allows seniors to maintain independence. The home care assistance component is a practical way to deal with the variety of issues that affect this population. Peer counseling will be offered by clients and family members. There was concern expressed that staffing may be insufficient to realistically serve the projected population. There was also a concern expressed that law enforcement should be brought into this collaborative team approach as they often respond to needs of older adults in non-criminal ways i.e. responding to needs of for medical care or abuse/neglect issues.

## **System Transformation and Effectiveness Strategies**

This is the kitchen sink plan—everything goes into it. The committee liked the way the county hit every single concept within the transformation paradigm. The plan is designed to focus on recovery and resiliency with an eye to increase capacity and effectiveness. The committee liked the emphasis on training, peer run services and parent partners. The mantra here is that everyone will need to change in order to align assumptions and expectations. The County stated their goal of leveraging existing funds to increase access to job developer and job coaching services so that more adults and TAY have access to employment supports and services.

A few concerns were noted. The System Transformation plan said that the Criminal Justice System needed transformation but didn't say how it would be accomplished. We would like a little more detail here.

The committee also had concerns that crisis services need more than modest investment and a hotline. The collaborative crisis planning needs more emphasis and priority. No matter what age group there needs to be "one stop/whatever it takes high priority" access to treatment and services for people in crisis and at high risk, especially referrals from law enforcement either in arrest or non-arrest situations.

The final concern expressed was the family and consumers who are hired into this program seem to get entry-level positions rather than a shot at staff positions. We would like to see more discussion on the training that staff will receive that would lead to promotional opportunities.

## **CONCLUSION**

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.