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## **Evaluation of Solano County MHSA Three Year Expenditure Plan**

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March 7, 2006

**Summary:** The following identifies issues for future oversight by the Commission and provides comments intended to inform the continuing work of the Commission, Solano County, and the Department of Mental Health. Questions regarding the current Solano County CSS plan review process are highlighted as “**QUESTION.**”

Solano County reported that 1,200 individuals participated in planning and identifying community issues and mental health service needs. The CSS Committee is hopeful that the county will maintain this level of community attention to MHSA implementation. The plan included a clear assessment of priorities, a very thorough identification of needed services, and a frank discussion of barriers to meeting objectives. In addition, the county worked to identify system disparities. These efforts will continue to help Solano County, the Department of Mental Health, and the Oversight and Accountability Commission understand and properly address the gaps in service.

- The CSS Committee has an overall concern regarding a seeming disconnect between the charts on services, the declared intent to hire consumers and family members, and the accompanying budgets that do not seem to support the programs. Budgets reference contract services, for instance, but the narrative text does not support this. In addition, while the charts made the plan very readable, they were not always supported by the narratives.
- To a great extent, it appears that responsibility for continuity of consumer and family involvement rests with the people who are hired. The CSS Committee anticipates that Solano County will employ more transformative practices, gain knowledge and sensitivity to gender differences and sexual orientation, and identify needs of special populations such as the disabled and deaf communities and report this back to the commission in subsequent plans.

**Consumer and family involvement:** Education and training sessions, and extraordinary efforts to reach both unserved populations and underserved individuals not involved with advocacy groups appear to have succeeded in generating representative participation. Accessible meetings, focus groups, and traditional and nontraditional outreach methods connected consumers and family members in regions throughout the county. County

representatives involved in mental health appear to have an in-depth understanding of challenges. Special forums more effectively obtained input into the planning process:

The CSS Committee notes, however, there was no evidence in the plan that the county reached the disability community or the Native American communities. The plan nevertheless, presents an excellent effort in reaching out to the various geographical sectors of the County.

Consumer and Family involvement in the planning process was very intense and consistent. Consumers, families and cultural competence committees were formed to facilitate input.

**COMMENT:** The county’s success in attracting participation in the planning process has undoubtedly raised community expectations, and the county will need to plan for future involvement of consumers and family members. Beyond hiring goals, there are no specific plans for continued consumer/family oversight, evaluation, or development of program components—some of which are not yet spelled out. It appears in the plan that consumer and family participation was limited to the planning process. Some planning committees may ensure continued consumer and family involvement, but this is not delineated in the plan.

The workplans set ambitious goals indicating that consumers or family members will fill 22 of 50 new positions, but this is not clearly reflected in the budgets. How are consumers and family members to be paid? In programs for older adults and at the Wellness Center, for instance, there is not an indication of whether consumers and family members are paid.

- The county should track the results of consumer and family member recruitment, training, and placement in stable positions with competitive salaries and report this information back to the committee. There is no strategy spelled out to meet county objectives of hiring consumers and family members, and insufficient information regarding jobs and salaries.

**QUESTION: How will Solano County continue to maintain consumer and family involvement?**

**Fully Served, Underserved, Inappropriately Served.** Solano County acknowledges in meeting with the DMH Review Team that the estimates provided are inaccurate; those “in care” are not considered fully served and they will provide updated figures. (Chart “A,” for instance, says that only 280 of 2433 children in care are “underserved.”)

- As the county works to develop accurate assessments, the CSS Committee will want to be informed to assist the Commission in understanding the context for change and expanding baseline information. Descriptions of service gaps that are identified in estimating underserved and inappropriately served individuals should be provided.

**QUESTION: How will Solano County continue to pursue information to provide responses to the questions regarding service levels and when will this be provided?**

**Collaboration.** The Solano County plan demonstrates command of the demographic distribution of un-served and under-served populations. The planning process was outstanding in attracting many sectors of historically hard to reach populations, and would seemingly have established collaborative relationships with community agencies and community leaders that could promote success of programs. The plan acknowledges the challenges in developing culturally and linguistically appropriate services and staffing, *but does not attempt to seek any community-based contracts to achieve greater competency.* The Health and Social Services Department is responsible for all programs, including those for which consumers and family members will be hired, but the department will admittedly have a difficult time in hiring the diverse staff necessary to meet its service and collaborative goals.

The planning portion of the plan describes many forms of effective practices for culturally diverse populations and establishes a system structure ( Cultural Competency/Diversity Committee) to assure community input. The collection of data also supports the need to address services to critical Latino and Filipino populations.

**COMMENT:** The Solano County plan is invested in reporting the status of cultural inclusion through trainings (2x per year for staff), reports to the MH Board, Quarterly Reports by the Committee, but does not explain how the services for these populations will be realized. Collaborative partners were not mentioned as part of such bi-yearly trainings. Outreach to the Filipino community is actually postponed with no specific plan of action. No expenditure for multi-lingual materials is included.

Collaborative Councils are developed or intended for different age groups, and referenced in all planning. This is a very good foundation, but the Committee did not see strong relationships between mental health and public or private agencies, such as those providing substance abuse treatment/counseling. Agency leaders serve on many Councils, but it is not clear that the cooperation goes beyond that.

- The CSS Committee looks forward to reviewing the success of collaboration as it relates to meeting the county's stated goals for culturally competent services to underserved and unserved communities.
- The CSS Committee is concerned that collaboration with CBO's does not seem to be a part of any plans, and that this may make it more difficult to achieve objectives in the absence of such relationships.

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

Solano County plan had excellent timelines, very thorough performance measurements, and training and retraining programs are planned. They note that they do not have a training curriculum and this needs to be established.

- The CSS Committee is bringing the issue of assistance to counties, cost-efficiencies and standards in training programs before the OAC and DMH for discussion.

- Solano County acknowledges its concerns about establishing new models of service; the CSS Committee encourages the county to seek assistance with retraining.

**The workplans** exhibit the intent and understanding of new concepts, and the personnel presenting the plan were very straightforward about difficulties in changing the culture, but determined to see that it begins. The plan includes training for staff, special language in contracts, translation services etc. The plan also recognizes the need to reach out to the Latino and Filipino communities as they are significantly un-served and underserved. The plan suggests that special efforts will be made in the future with respect to the Filipino community. The county notes that under-served consumers who are in inpatient settings are in need of more effective service plans.

- The CSS Committee requests additional information regarding the strategies and the county’s evaluation of success in transforming the culture of its workforce and in reaching underserved communities in subsequent updates. The county has explained the need for training. There is no reference to efforts to reach out to gender preference groups, Native Americans (over 3,110 in the county) or the disabled community, and the Committee will want to know how the county extended its outreach programs.

#### CHILDREN

In children’s services, Solano County has a Stakeholders Services Planning Team, (SSPT) and describes objectives and measures. A Multidisciplinary Team Intensive Services program aims to mitigate adverse consequences of out of home placement of children and untreated mental illness. The Solano Plan defines services based on strength, family centered and a multidisciplinary team. A Family Advocate (1FTE) is to provide support services but the role and function of the Family Advocate is not defined and is not included in the SSPT. The program has many appropriate components, and may lay the groundwork for a Children’s Wraparound Program.

- The CSS Committee noted at the plan review and Solano County acknowledged that they need to develop a Children’s Wraparound Program, meeting criteria in SB 163 by year three of MHSA/CSS funding.

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.

**QUESTION: How will the Solano County CSS plan indicate the intent to establish a Children's Wraparound program by year three?**

Solano County notes that children served today are receiving a lower level of care than they need. Plans describe other support system structures such as an Inter-Agency Case Management Team, and a Children's System of Care Council that serve as an oversight, a cultural competency and policy development forum. Solano County is targeting two especially vulnerable populations in a system development program addressing needs of children and youth experiencing multiple foster care placements and monolingual Spanish language families. The county is to be commended for its effective outreach plans to schools, and use of bilingual clinicians.

- The CSS Committee will look for further program descriptions as they are implemented, particularly with regard to family involvement. The CSS Committee notes that the plan does not elaborate with respect to service for the 0-5-age population or children with disabilities. The budget makes no mention of EPSDT leverage funding although it includes additional Medi-Cal revenues.

YOUTH

The Full Service Partnership for Transition Age Youth is not set to start until July 2007, although the County states that it will have a plan in place by Spring 2006. The plan will be provided in an update.

- The CSS Committee requests updated information on this program.

ADULTS

Solano County plan includes a program to target an adult population who has been repeatedly incarcerated, in order to break this cycle by providing the appropriate level of services and supports. The plan will employ a Family Advocate, but not a consumer. The family advocate does not appear to be a part of the service planning team, however.

Concern: The CSS Committee notes that the county routinely includes in its planning list the intention to determine the best way to include consumers and family members or to hire consumers and family members, but the determination is not yet made in some cases. In a seemingly appropriate adult program, the plan does not consider hiring a consumer to further the service aims of wellness, recovery, and resiliency for these adults; it does not appear to be client-driven. The program narrative does not note that the population of incarcerated adults with mental illness in local facilities is disproportionately African American and Hispanic; incidence of suicide in this population should also be considered in the program.

**QUESTION: The CSS Committee requests that the role of consumer and family members (paid or unpaid) in this program be clarified?**

OLDER ADULTS

These services will be the first focused attempt to serve older adults who are seriously mentally ill. The Solano plan describes well the efforts to bring out isolated older adults while connecting them to all available and needed services, such as primary care. The plan offers to develop “meaningful activities” while mobilizing a corp of “peer volunteers” to assist and support. The plan does not seem to consider the aging disabled, or sexual orientation and gender differences

Concerns: The CSS Committee is concerned that the plan does not budget to support these volunteers. Further, the Committee questions the feasibility of relying upon “volunteers” for this critical age population. Stability, as well as issues of confidentiality and consistency is central.

- The CSS Committee encourages the county to continue to seek adequate support for this program. (The Committee does note that county staff stated the budget is higher than indicated in submitted plan, and the Committee anticipates detail in this regard.)
- The high rate of suicide among older adults warrants greater discussion and consideration.

**QUESTION: When will Solano County provide budget detail explaining hired staff for this program?**

MOBILE CRISIS/RAPID RESPONSE

Solano County proposes a major investment in a Mobile Crisis program that goes beyond the usual short-term/low-service response. The CSS Committee expressed concern about the level of investment and ability to follow through with appropriate services after an intervention, but Solano County described a program that is comprehensive in addressing issues triggering a psychiatric crisis and ensuring that client and family are properly connected to ongoing services.

Concerns: The program narrative describes the role of consumer and family member providers as a central part of a transformational process, but they are not specifically included in the staffing detail and they are not included in the proposed budget.

- The CSS Committee will want to review the county’s assessment of this program, identify the paid consumer and family member jobs, and determine whether these positions are an integral and ongoing part of services.
- The CSS Committee is concerned that there is an oversight of the consumer and family advocacy position described in the Mobile Crisis program. They are not being included in the budget.

**QUESTION: How are consumer and family member positions budgeted?**

## **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.