



1600 – 9th Street
Sacramento, CA 95814
(916) 654-5585

Evaluation of Sutter-Yuba MHSA Three Year Expenditure Plan

CSS Committee members: Rose King, Hector Mendez, and Fred Martin

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Introduction The following identifies issues for potential oversight by the Commission, provides comments intended to inform the continued work of the Commission, Sutter-Yuba County, and the Department of Mental Health, and identifies questions relative to implementation of the CSS plan. The CSS Committee was very impressed with the extent of community involvement in Sutter-Yuba Counties, the tremendous efforts of the Mental Health Departments, staff, and the Bi-County Mental Health Board Members and the personal attention of County Supervisors.

The Committee commends the counties for the quality of their Power Point presentation and encourages county leaders to continue to make this available in the community for education purposes. The plan includes an extensive effort to educate the community to better understand the intents of the Act.

Workplan objectives are generally consistent with the aims of the MHSA. However, the CSS Committee affirms the DMH request for greater detail regarding specific services and clarification of budget items.

Community, Consumer, and Family Involvement

Sutter-Yuba Counties compiled responses to 1,977 surveys, 943 people attended 74 focus groups, and county contracts with 15 consumers and family members assisted with engaging underserved and unserved communities. Open-ended questions circulated throughout the many communities of this region included asking respondents to describe what is wrong with the current mental health system and what can be improved. Consumers and family involvement in the planning process was well thought out and well documented. Utilizing various forums like Town Hall meetings, surveys, workgroups and focus groups, Sutter-Yuba stakeholders were actively involved. Special efforts were documented in reaching out to hard to reach communities such as Hmong and East Asian communities. Publicity materials written in these languages and Spanish are included in the submitted plan.

It appears that the role of the Mental Health Board is central in the planning and implementation of the plan; more than half of the Board members are consumers or family members. However, **the CSS Committee will want to review whether the counties were able to develop a mechanism for continuing involvement of**

communities. There is little or no description of the ongoing responsibility of a Leadership Group that took the lead in community education and participation. The Leadership Group is representative of the ethnic and cultural diversity of the region, appears to be a valuable resource, and could make an important ongoing contribution in implementation. The plans are very specific regarding outreach to many communities, **with the exception of the Native American population, and the CSS Committee should follow up on the success of efforts to reach and serve Native populations. What is current service access; do counties have any contracts with Indian Health Project providers?** Narratives do suggest some strategies that can be effective when including tribal leadership from neighboring communities

Fully Served, Underserved/Inappropriately Served, Unserved:

The plan is quite honest in reporting that no consumers are “fully served.” All consumers currently served by SYMHS Department are “underserved.” It is important for the DMH and OAC to further develop definitions and clarification of the quality and scope of services provided as Sutter-Yuba and other counties implement Full Service Partnerships. The CSS plan provided valuable demographics of populations and estimated need.

Wellness/Recovery/Resilience:

Sutter-Yuba Counties will be particularly challenged to incorporate the recovery model in culturally competent programs addressing needs of Hmong, Latino, and East Asian populations. It appears that the Mental Health Department, with the Leadership Group and/or Mental Health Board will need to develop training and retraining strategies to begin to integrate the recovery model into MHSA programs. It is not clear how “Parent Partners” and others will be trained.

Mental Health representatives discussed the difficulties of attracting personnel; they are recruiting at Sac State and trying to identify community partners. They also report that it is particularly difficult to address the needs of Lesbian/Gay communities because of local biases, but the Departments have utilized some novel approaches and are aware of continuing need to overcome obstacles.

Counties report that there are no nonprofits in the region that are capable of providing services; they cannot contract with new providers at this time. In some workplans, training costs appear very high. Sutter-Yuba references training in Village Immersion model, which is high cost for these counties. **The Sutter-Yuba plan is an example of the need for standardized curriculum in training and support for counties, an issue warranting the attention of DMH and OAC.**

Implementation strategies for all age groups include outreach to where people traditionally congregate. The counties believe this is necessary to achieve goals of reaching unserved populations. This type of outreach for services appears well-founded and supported.

The county has made great efforts in addressing the issue of inclusion of non-English speaking and recognizes the major task and challenge ahead. **The plan describes clinical approaches that are part of the training that will include families, consumers and service providers. The plans need to provide more specifics,**

however, about how the counties will maximize the inclusive planning experience and move toward a system transformation in which consumers and families are central to recovery and resiliency, being served in a less stigmatizing, humane and responsive system.

Workplans

CHILDREN: Sutter County's plan for Children's Wraparound Services has been approved by DSS, and Yuba County is developing a plan and will complete implementation within three years.

The CSS Full Service Partnership Plan for children 0-5 calls for the formation of an interdisciplinary, inter-agency assessment team that will attempt to shift "ownership" back to families. This is a noble direction that needs support and possible additional professional consultation. The plan is very attuned to the need for multi-cultural services for consumers and families. They propose an excellent investment in family education, and clearly understood aims for reaching underserved and unserved populations. The plan is conservative and proposes to serve 10 children. The inclusion of alternative treatment approaches to meet the service needs of diverse groups is well documented (pg 39 of plan).

A second plan for children is the concept of an Urgent Service Team for Children-Youth, which will develop capacity to act in crisis situations and provide intensive services for those youth at greatest risk of harming self or others. The inclusion of family partners and youth for support is a model to be closely followed for other regions of the state to consider. An additional role for this team will be to provide extensive training to families, consumers and other service providers. The success of this program will be an excellent model representation of the goals of the MHSA, and the OAC should review the program progress for purposes of promoting this approach

TRANSITION AGE YOUTH: A Full Service Partnership for transition age youth is an ambitious program, very expensive and intensive. The plan reflects an urgency of concern for developing the resources to serve high-risk youth with SED or SMI and with significant additional challenges. The County reports, for instance, that there are no Spanish-speaking counselors at Juvenile Hall. **The plan, however, lacks a great deal of detail as to how these resources will be marshaled and services effectively implemented.** The plan **does not sufficiently address components such as leadership development, resilience and self-reliance in order to empower these youth.**

There does not appear to be recognition of youth as central players in the solution of their own challenges. A personal service coordinator and peer mentor will be assigned to each youth, all necessary services will be identified, and consumers and family members will be included as team members. While these youth will assuredly benefit from access to the full range of intended services, their responses may be improved with greater emphasis on doing WITH instead of FOR. Sutter-Yuba may plan to incorporate these values in implementation, but that intent is not clear in the plan provided. The lack of detail may be responsible for the plan's seeming oversight of inclusiveness of youth in achieving goals.

ADULTS/OLDER ADULTS: A Full Service Partnership plan will create a collaborative team and has admirable goals. The plan will serve a population with co-occurring

disorders and includes a focus on housing and supports. The plan particularly aims to reach underserved ethnic populations, Hispanic, Asian Indian, and Hmong. This plan offers to deliver a range of services but offers very little in the form of progressive service strategies that may move the system toward transformation. The plan states that **“services to be developed” will be provided to this population. More detail about these services should be forthcoming.**

The CSS Committee also asks that forthcoming detail about this program give more focus to consumer and family involvement as a centerpiece of service delivery. This would seem to be a vital component of success for the population targets. The Commission **commends Sutter-Yuba for crafting agreements on cross-training and developing collaborative partnerships in which other agencies will contribute** to the program. This plan also calls for an \$800,000 investment in matching state and federal housing dollars. Older adults will have access to this housing expansion.

OLDER ADULTS: Sutter-Yuba County plans include a program to serve older adults. It describes a team of professionals (Mobile Team) doing assessment throughout the community. This team will provide support through existing providers, and take advantage of prospective clients’ contacts with primary care providers, but it is not clear if this is the exclusive means of service delivery. Research and outreach to underserved populations, particularly Hispanic, Asian Indian, and Hmong, has informed the design of this plan, and the strategies demonstrate sensitivity to cultural needs. More detail on the actual quality of services is needed. The plan is **vague in the description of how the team actually will work and how consumers and families will be involved. It is very short on detail and makes only passing reference as to consumer participation in developing service plan.**

The plans do note again that other participating partners will bring resources to the program—financially or in-kind. All participants will receive training.

Collaboration:

Sutter-Yuba County presents a plan that demonstrates an existing relationship with many service providers, and intentions to call upon their services to develop integrated service delivery. This is evidenced by the wide community education and outreach efforts described during the planning period. A wide range of participants representing various providers and county departments are involved. While County representatives state that there are not CBO’s capable of providing mental health or related services, the counties recruited the involvement of civic organizations.

Early community education efforts involved representatives of the Chamber of Commerce, churches, Ethnic organizations, migrant programs, schools, and Veteran Services. **No Regional Center representatives for the developmentally disabled were identified, nor agencies for the deaf. There did not appear to be any tribal organizations involved and this needs to be clarified.** The Committee also will clarify the population served by “California Exceptional People.”

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.