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# THE BOARD OF SUPERVISORS OF MARIN COUNTY

September 13, 2005

Honorable Terrence R. Boren  
 Presiding Judge  
 Marin County Superior Court  
 3501 Civic Center Drive  
 San Rafael, CA 94903

Dear Judge Boren:

Forwarded herewith is the Board of Supervisors' response to the 2004-05 Grand Jury Report "*Disharmony in Marin's Mental Health Services.*" The Board of Supervisors' response addresses all Findings and Recommendations for which a response was requested from the Board of Supervisors.

Respectfully submitted,

Hal Brown  
 President, Board of Supervisors

cc: Civil Grand Jury ✓

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**RESPONSE TO GRAND JURY REPORT FORM**

**Report Title:** Disharmony in Marin's Mental Health Services

**Report Date:** June 13, 2005

**Response by:** Marin County Board of Supervisors


**FINDINGS**

- We agree with the findings numbered: F1, F3, F8 and F9.
- We disagree wholly or partially with the findings numbered: F2, F4, F5, F6 and F7.

**RECOMMENDATIONS**

- Recommendation numbered R2 has been implemented.
- Recommendation numbered R1 will not be implemented because it is not warranted or is not reasonable.

(Explanations attached.)

Date: 9/13/05 Signed: 

Number of pages attached 4

Response Form

Revised 3/28/02

## MARIN COUNTY BOARD OF SUPERVISORS

Response to Findings and Recommendations from Grand Jury Report  
*Disharmony in Marin's Mental Health Services, June 13, 2005*

### FINDINGS

**F1 Input from the mental health community in Marin indicates that CMHS does a good job of providing mental health services, given budget constraints. However, the mental health community believes that much more should be done.**

Response: Agree. As with many County programs, the need for services exceeds the resources available to provide them. For example, homeless and primary healthcare services are programs that have needs that exceed the County's ability to fund them. Given limited resources, the Board's goal is to allocate funds to the highest priority community needs.

The County does, however, provide mental health services to a larger portion of the County's residents than do most other counties. Unlike many other counties that have taken a policy position to only fund the minimum maintenance of effort (MOE) requirements of the State of California, Marin County provides funding significantly above the required MOE. Specifically, the County's FY 2005-06 budget includes approximately \$3.6 million above the required State MOE (approximately \$600,000). This is a significantly higher level of support than most other counties provide.

The level of service can also be analyzed using State estimates of the number of low-income individuals who would need County mental health services. Based upon epidemiological studies, the State Department of Mental Health estimates that Marin County has 3,290 low-income children and adults with serious mental illnesses. Although Marin CMHS may not have reached all of these individuals, the CMHS program did serve 3,904 clients last year.

**F2. The quality of CMHS leadership has been questioned by the mental health community. It is claimed that CMHS leadership is not progressive and is subservient to the demands of the civil service system.**

Response: Disagree. The civil service system neither promotes nor inhibits the provision of services. CMHS leadership has proven to be quite progressive; here are just a few examples:

- Employment outreach: Marin CMHS has been a leader in finding new ways to provide employment for mental health clients and has been a model for other California counties.
- Work with mentally ill offenders: Collaboration between CMHS and local law enforcement agencies has resulted in dramatic reductions in jail bookings of mentally ill offenders. For example, the STAR court has received state and national recognition for its innovative approach and effectiveness. It has become a model program for other counties.
- Homeless services: Marin's AB 2034 Homeless Outreach Team provides an array of services to the County's homeless mentally ill adults. This effort has shown remarkable results, with 89% reductions in days of homelessness, 80% reduction in jail and prison time, and 79% reduction in the number of days of hospitalization. Additionally, unemployment among participants was reduced by 33%.

- Reducing the use of acute inpatient care: CMHS continues to work on reducing the need for acute inpatient hospital admissions. The total number of acute hospital days for Marin Medical beneficiaries went from 2,643 in 2003-2004 to 1,853 in 2004-2005, a 30% decrease.
- Severely emotionally disturbed children: The Children's System of Care program works through a partnership among the agencies serving children in Marin County. Staff from the County Office of Education, Division of Social Services, Juvenile Probation Department, and CMHS work together to coordinate services to severely emotionally disturbed children and their families.

All of these program initiatives were developed, implemented, and operated through a mix of civil service and contract efforts.

**F3. CMHS and other County officials believe that it is making steady progress in many of the problem areas identified in this report. CMHS believes it does a very good job given the time and the resources available to it.**

Response: Agree.

**F4. According to many interviewees, the advantages of outsourcing are not being fully exploited because civil service protects in-house jobs.**

Response: Disagree. The County's approach, given limited resources and high demand for services, is to deliver high-quality services in the most cost-effective manner. Contract agencies provide all of the housing programs, inpatient hospital services, long-term care facilities, day treatment, crisis residential services, and nearly all of the outpatient psychotherapy. As shown below, Marin County's reliance on contract services far exceeds that of most other counties of a similar size.

**Mental Health Services (MHS) Comparison  
Counties with Approximately 250,000 Population**

County	Population	# MHS Employees	MHS Budget	Contract/County Ratio
Placer	292,000	150	\$25M	20/80
San Luis Obispo	253,000	142	\$24M	25/75
Santa Cruz	252,000	201	\$30M	60/40 Adult 35/65 Children
<b>Marin</b>	<b>246,000</b>	<b>115</b>	<b>\$26M</b>	<b>50/50</b>
Merced	232,000	205	\$20M	20/80

Marin County has the fewest MHS civil service employees of any of these counties with similar populations and mental health budgets.

**F5. CMHS says it is not resistant to some outsourcing. However, it is resistant to outsourcing existing jobs and claims that only CMHS can handle certain responsibilities. CMHS feels that the unions definitely influence their operations.**

Response: Disagree. With 50% of its services provided by contractors, CMHS is not resistant to outsourcing (see F4 for further details on CMHS contracting).

We clearly value the contributions of our County staff and believe there is a need for stable program staffing. Nonetheless, we are open to considering any proposals that would provide high-quality mental health services to our clients in a cost-effective manner, regardless of whether the services are provided by employees or by contracting with outside agencies.

**F6. There is a lack of collegiality between CMHS and non-profits in the mental health community and the Mental Health Board.**

Response: Disagree. Relations between CMHS, the non-profits, and the Mental Health Board are generally positive and are based on a long history of collaboration. We have a shared goal of providing high quality services to our clients.

**F7. There is a concern the County does not invest enough in mental health.**

Response: Disagree. Given the limited resources available to us, we believe the County has achieved a reasonable level of funding for our mental health programs. Marin County has an exemplary record of supporting and providing mental health services as compared to other counties. Prudent management of the Marin County budget has kept funding at a relatively stable level during the State budget crisis over the past three years, a period during which other counties experienced significant program and contract reductions, and staff layoffs. In fiscal year 2005-06, County general funds were used to bridge gaps in funding left by reductions in State and foundation grants to the Children's System of Care and the STAR Program, respectively. The County was also able to offer a 2% cost-of-living increase to local non-profit agencies who serve mental health clients through a contract with the County.

**F8. MHSA was enacted last year to provide funds to improve mental health services in California. MHSA emphasizes early intervention, innovative programs, and cost effective allocation of resources. In other words, MHSA emphasizes the activities that many of the interviewees have claimed to be lacking in CMHS.**

Response: Agree. CMHS operates innovative and cost-effective programs. With limited resources, the emphasis of the current system has been to serve the most seriously mentally ill clients with the most serious functional impairments, while providing limited services for prevention or early intervention. It is anticipated that the Mental Health Services Act (MHSA) planning process will enable CMHS and its provider agencies to intervene earlier and provide more prevention services.

**F9. MHSA offers a unique opportunity for CMHS to review its operations and to perfect its strategic plan. This opportunity can be realized if CMHS uses the seed money of MHSA to fully discuss and remedy the many issues discussed above with a completely open mind. Refer to Figure 3 for the two possible approaches that have been described by interviewees: "Build on the Current Situation" and "Rethink the Current Situation."**

Response: Agree. MHSA does offer a unique opportunity. It represents about a 7% increase in the CMHS annual budget. Community discussions and a comprehensive planning process

are underway. Input is being sought from clients, their families, providers, and other interested persons.

## RECOMMENDATIONS

The 2004-2005 Grand Jury recommends that:

**R1. The County take the opportunity in formulating the strategic plan for mental health services in Marin, not to limit itself to the approach that would "Build on the Current Situation" but to take the approach to "Rethink the Current Situation." HHS should hire an independent mental health consultant to aid in this extensive review to:**

- Evaluate the services that are or are not provided
- Determine which organization is most effective in providing needed services
- Explore how to optimize all mental health funding sources
- Determine the optimum level of outsourcing
- Determine how much the civil service process affects the provision of services
- Attempt to create a better relationship with and use of community mental health resources.

Response: Will not be implemented because it is not warranted. As a result of MHSA, a thorough planning process is currently underway, and the process is already designed to address many of the issues raised in the Grand Jury's recommendation. However, determining the appropriate mix of civil service versus contracted staffing is already being addressed by the County decision makers. It is worth noting that the Mental Health Board is also actively engaged in the planning for the needs of the mental ill in Marin County. The Mental Health Board includes community members, mental health providers, consumers and their family members. Their meetings are open to the public.

**R2. The County take steps to ensure that CMHS works more closely with the Mental Health Board, non-profits in mental health, and other interested parties in the Marin mental health community to achieve a collegial, cooperative atmosphere.**

Response: Has been implemented. As indicated in the response to Recommendation 1 above, a planning process is currently underway and the Mental Health Board, non-profits in mental health, and other interested parties are all part of the planning process. The County will continue to strive to improve mental health services for residents of Marin County.