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September 23, 2005

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

Dear Judge Boren:

Enclosed is the response by the Marin County Mental Health Board to the 2004-05 Civil Grand Jury Report entitled "Disharmony in Marin's Mental Health Services." The Mental Health Board's response addresses all Findings and Recommendations.

Respectfully submitted,



Robin Wilner Mullin
Chair, Mental Health Board

✓ CC: Civil Grand Jury

RESPONSE TO GRAND JURY REPORT FORM

Report Title: Disharmony in Marin's Mental Health Services

Report Date: May 9, 2005

Response by: Marin County Mental Health Board

FINDINGS

- We agree with the findings numbered F1, F7, F8, F9.
- We agree in part with findings numbered F2, F3, F4, F5, F6.

RECOMMENDATIONS

- We agree with recommendations numbered R1 and R2.

Date: 9/23/05 Signed: Robin White Mullen

MARIN COUNTY MENTAL HEALTH BOARD
Response to Findings and Recommendations from the Civil Grand Jury
Report
Disharmony in Marin's Mental Health Services, June 13, 2005

PREFACE:

The Mental Health Board (MHB) is very concerned about the issues raised in this Civil Grand Jury report. We believe that this report is worthy of serious consideration and contains important points that need to be addressed, particularly as the Community Mental Health System (CMHS) is in the process of developing a strategic plan and planning for the implementation of the Mental Health Service Act (MHSA). Many of the findings in this report are in fact consistent with community concerns recently expressed at public hearings and in focus groups and press articles.

The two most critical actions which the Mental Health Board believes are essential for CMHS to take are hiring outside expert consultants to review programs and services for all age groups and make recommendations for changes, and placing a strong and consistent emphasis on evidence based practices for all services delivered. In addition, attention should be placed on identifying the unserved and underserved within the community, addressing and improving access issues, more fully integrating mental illness and substance abuse treatments, and ensuring that client outcomes are specifically monitored using measurable standards, for all services delivered either by the County directly or through community non-profit agencies.

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.

There are some excellent programs currently offered through CMHS. However the Mental Health Board believes that there is a lack of information about the unserved and underserved in the County, and that there is also the need to expand and improve services, particularly in light of new treatments and approaches available. The County needs to focus on programs which are evidence based, proven approaches known to effectively treat mental illness, while still being cost efficient. The County also needs to ensure that the effectiveness of its programs are measured, by consistently using quality assurance measures that monitor outcomes and improvement in the quality of clients' lives.

A clear deficit in the delivery of services to those in need is the fact that the County does not track those people who are turned away when they request services, on a consistent and ongoing basis. This information should be tracked by reason for denial as well as age group, ethnicity, location, and other measures, in order to form the basis for decisions regarding serving the needs of the community. Although Marin County served 3,904 clients in 2004, or 119% of the State estimates for those under 200% of poverty, it should be noted that measuring subsistence or sustainability level rather than statewide poverty level is a more appropriate measure of need in Marin, with its extraordinarily high cost of living and high percentage of uninsured for among Low income workers. Data on those denied services will provide important information on unmet needs.

It should not automatically be assumed that additional monies are always needed in order to make any improvements to services or to maintain existing programs. The existing budget should be examined carefully to determine what changes will better serve community needs. The Mental Health Board encourages CMHS to evaluate existing cost allocations, including reviewing all existing programs and resources as outlined in the Grand Jury report. For example, a transitional age youth team could be established utilizing existing staff to address the needs of this currently underserved population. There are also new programs, such as implementing psychoeducation/illness management skills programs for clients and family members, which could minimize the dependency on more costly services.

The Board is also concerned about the difficulty parents, friends, and family members of those in need of services have in understanding the variety and scope of services available, as well as how to access these services. The gateways into the system, including initial phone inquiries or contacts, need to be more welcoming, informative, and user friendly. The County needs to develop resources to inform newly diagnosed individuals of the range of services available to them. The County needs to ensure that it is providing an inviting, caring environment throughout its mental health facilities.

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 community.

Response: Agree in part.

The leadership of CMHS is committed and caring, and many excellent services are provided. However, the Board believes that there are some changes which can and should be made in order to improve upon the services currently being provided, as discussed above. Most importantly, there must be a careful,

ongoing examination of the spectrum of services provided, particularly in light of new developments in the mental health field, and an increased focus on evidence based practices for all services provided.

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 in part.

CMHS is in fact currently examining some of the issues identified in the report, but there is no steady progress in many of these areas. In particular, CMHS must be more aggressive in determining who and how many are unserved and underserved and, once identified, in prioritizing and meeting community needs. Proven, evidence based practices should be the norm for all services, and measurable standards must be used to track and evaluate client outcomes.

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

Response: Agree in part.

The essential issue should be quality and cost of the program, not who provides it. The Board believes that services should be purchased where they can be provided most cost effectively while achieving desired outcomes. While Marin appears to be in line with or above some other counties with regard to the percentage of services which are outsourced, outsourcing should always be considered as an available option for any program or services delivered, particularly since Marin has access to a larger number of outside agencies to utilize compared to most other counties our size. Given the high demand for services compared to CMHS' limited ability to provide services, it is crucial that CMHS operate in the most cost effective manner. However, the responsibility for authorization for services must be retained by the County.

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: See F4.

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

Response: Agree in part.

As to the working relationship between CMHS and the Mental Health Board, there is room for and need for improvement and changes to allow for and facilitate the Board's mandated independent functions of providing oversight and input to the department as well as facilitating the Board's support of CMHS and advocacy for the clients and the community.

First and foremost, the MHB needs to be made aware of critical issues in a timely manner in order to provide thoughtful response and guidance. The Board needs to be an active participant in the development of the budget from the planning phases onward, and needs to be informed on an ongoing basis about budget performance. The Director should be encouraged to seek the counsel of the Board on a regular and ongoing basis. In addition, the MHB must be allowed to perform its daily workings autonomously from CMHS so as to enable the MHB to perform independent oversight and also maintain the appearance of independence necessary to assure the community of its diligence. To this end, the MHB must maintain independence from the CMHS Director and his staff in the taking of meeting minutes and by maintaining separate telephone, email, and correspondence, allowing the community to contact the MHB independently of CMHS.

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

Response: Agree.

The net cost to the county for providing mental health services is \$0.5 million, per CMHS Director, out of total County expenditures of \$353.6 million for fiscal year 2004-05 and \$367.6 planned for fiscal year 2005-06. The County funds less than 2% of the actual cost of providing Mental Health services. Planned County expenses for the coming fiscal have been increased \$22.1 million, or 6% percent, yet there is no planned increase in spending for mental health services. Looking to the Mental Health Services Act monies is not appropriate, as those funds are very limited and have specific restrictions placed on usage.

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.

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 from interviewees: "Build on the Current Situation" and "Rethink the Current Situation".

Response: Agree

The Mental Health Services Act presents an unprecedented opportunity for examination and "transformation" of the current system. The Mental Health Board believes that it is imperative that the County take full advantage of this opportunity, in the ways described above.

R1. The County take the opportunity in formatting 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 and 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 health resources.

Response: Agree.

The Mental Health Board strongly advises CHMS to hire outside expert consultants with knowledge of community mental health systems and expertise in evidence based and innovative programs, to look at all age cohorts for all of the bullet points introduced in Recommendation 1. The MHB should be involved in the final selection process for the consultants, and we also request that the consultants present their findings and recommendations to the Mental Health Board.

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: Agree.

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The Board encourages CMHS to maintain and improve relationships with community non-profits.

With regard to the relationship between CMHS and the MHB, the Board concurs with the recommendation of this report, as in F6 above.