

**MARIN COUNTY
DEPARTMENT OF MENTAL HEALTH**

**Consultation on Services for Transition Age Youth
(October 14, 2005)**

Provided by

**National Mental Health Association
Of Greater Los Angeles**

Primary Consultant

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I. Purpose of Consult

Marin County's Mental Health (CMH) is seeking consultation in its planning process for utilizing the initial allocation of MHSA funds. Marin CMH has gathered input from various community stakeholder groups. Recommendations from the TAY workgroup, stakeholders meetings and the Steering Committee have proposed to:

- Create a multidisciplinary TAY team (for 16 – 25 year old clients) which is comprehensive, culturally appropriate, integrating mental health and substance abuse services for 20 young adults in the community.
- Housing resources with least restrictive conditions necessary geared for TAY as a foundation for a spectrum of services.
- A preliminary budget of \$300,000 has been allocated for TAY programming.

II. Background Data

- Approximately 12 Children's System of Care (CSOC) clients "age out" per year.
- Roughly 12 other youths leave/age out of the Marin foster care system per year – not all of whom have been identified as having SED/SMI.
- An undetermined number of TAY are currently being served by Marin County adult MH programs.
- An undetermined number of young adults with mental illnesses are incarcerated or involved with criminal justice (probation) in Marin County.

III. Stakeholder Input

A series of meetings were facilitated on October 16, 2005 with many children's and adult mental health staff, family members, community leaders and senior Marin DMH managers. General observations included:

- Children's Mental Health staff in general agreed that only a small percentage of their clients go on to receive mental health services in the adult system. One staff estimated that %85 of her child clients did not access adult services subsequent to discharge.
- Several reasons were cited for this perceived "disconnect" or "falling off the cliff" phenomenon. The misalignment between CMH's severely emotionally disturbed (SED) criteria and the more restrictive, narrower eligibility for defining severely mentally ill (SMI) adults was mentioned often. Other factors reported were; young adults may be anxious to avoid the stigma associated with the adult system; the adult system is not seen as "equipped" to effectively serve this target population; adult

services are not perceived as welcoming or as developmentally appropriate.

- TAY aging out from DCFS may have better access to services/supports than TAY aging out of the mental health system.
- There have been some recent successful collaborations in transitioning aging out youth from the CSOC to the ASOC.
- Some staff raised the concern that the more compliant, less disruptive – easier to serve young adults would be enrolled in a new TAY program (“creaming”) leaving the most impaired, least compliant young adults unserved.
- Several staff identified ongoing NIMBY issues as barriers to locating appropriate housing for this population.
- ASOC staff discussed how they are already serving a number of “1st break” clients and their families and are struggling to do that well.
- Several people commented on the different potential sub-populations of TAY; 1st break without prior MH histories, children diagnosed with SED’s aging out, and youth with backgrounds of trauma, abuse/abandonment. Questions raised about whether the presence of these different sub-groups argued for different treatment and rehabilitative approaches.
- The prevalence of drug and alcohol issues within the TAY population was emphasized by several participants.
- The needs of families for high support during this transitional period was recognized. The struggle to navigate a new system (ASOC) and coping with the complex grief issues were themes.
- The general perception was that supported education efforts in Marin were underdeveloped.
- Issues of continuity of care and relationships across system boundaries were explored. The possibility of extending wraparound services was advocated. The merits of the wraparound approach, especially in its inclusion of natural supports and community integration values were highlighted.
- Young adults with mental illnesses housed with older adults was cited as a problem.
- The challenge of identifying which TAY sub-groups should be prioritized was discussed.

IV. RECOMMENDATIONS

A transitional age youth – full service partnership (FSP) model has been proposed that would serve 20 young adults and fulfill state requirements. Initial total costs (including personnel and operating expenses) were projected at \$784,200. This figure was subsequently reduced to the \$300,000 allocation.

It is recommended that the first year TAY-FSP model be implemented and enroll the proposed 20 young adults. The per client/per year costs are projected to be \$15,000. The suggested staffing pattern would be as follows;

TAY Mentors – 2 FTE’s (as discussed, these staff don’t have to be licensed, but come from life backgrounds that establishes credibility and empathy). Staff would be generalists trained in harm reduction/motivational interviewing techniques, as well as being teachers of basic independent living skills
Career Developer .5 FTE Initial responsibilities would be primarily focused on capacity development, forming partnerships/collaborations with Marin’s educational and job training resources.

Unit Supervisor .5 FTE this would probably be the licensed staff.

A total of 3 FTE’s for total personnel expenditures of approximately \$200,000.

Other operating expenses recommended would be;

Flex funds -	\$20,000
Housing scholarships (subsidies) -	\$100,000
General office exp(25% of person.)	\$50,000
Admin & indirect (15% of person.)	\$30,000
TOTAL OPERATINGEXPENSES	\$200,000
TOTAL PERSONNEL	\$200,000
TOTAL COSTS	\$400,000

The 4 domains of TAY service delivery

Housing – It appears that Marin may have elements of a housing array that could reflect some degree of “developmental appropriateness”. The possibilities of contracting a few specialized, more structured/supervised beds with Buckalew or 4 Winds are worth considering. If due to economy of scale, and “ebb and flow” issues this proves impractical, would recommend concentrating TAY in one housing setting.

Career Development - The potential network for supporting this effort in Marin seems promising. A community organizer type is good for this position. Recommend mapping out community resources and begin incremental plan of adding career development “menu” options of internships, work/study, apprenticeships etc... Form partnership with Disabled Students Program and Services (DSPS) at College of Marin to promote access and on campus supports.

Community Living Skills – The mentors would provide this in a side-by-side, in-vivo fashion. Financial literacy skill classes perhaps could be offered by payee.

Wellness - Psychiatrists by appointment, how could therapy be accessed? Collaboration with Marin’s AOD service /recovery community would be important. The ongoing inclusion and support of the Marin “families in transition” is critical.

I agree with Placer County’s approach of initially prioritizing “youth with SED/SMI in transition from the CSOC to the ASOC”. The first bridge should be built between Marin’s CSOC and ASOC. Foster care and juvenile justice to be addressed in subsequent years. Continuity of care/relationship opportunities should be supported. Early intervention strategies to begin at age 16. Explore option of extending wraparound.