

**COUNTY OF MARIN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF COMMUNITY MENTAL HEALTH
TOWN HALL MEETING #1
MENTAL HEALTH SERVICES ACT
THURSDAY, APRIL 7, 2005, 5:00 – 6:30 p.m., San Rafael City Hall
SUMMARY**

Welcome and Introductions

Bruce Gurganus, Marin County's Mental Health Director, welcomed everyone to the first town hall meeting for Marin County's Mental Health Services Act (MHSA) stakeholder planning process. Approximately 70 people attended the meeting, held at San Rafael City Hall.

Board of Supervisors Message

Supervisor Susan Adams discussed her advocacy efforts in support of Marin County for a fair allocation of MHSA funding. When Proposition 63 passed, Marin County expected to receive an allocation of approximately \$5-7 million, based on population. The California Department of Mental Health (DMH) is finalizing its allocation formula. The percentage of residents living in poverty will play a role in the allocation formula, which could decrease Marin County's allocation. As Marin County's representative to the California State Association of Counties (CSAC), Ms. Adams has been using two primary arguments to increase the county's allocation. First, along with other Bay Area counties, she is advocating the use of a Self-Sufficiency Index, which takes into account the cost of living in a county and the Bay Area's high housing prices. Second, she is arguing that because Marin County has such a large percentage of millionaires who fund the MHSA, they should be able to see results in their own community. Supervisor Adams also noted that Marin County has a growing reputation for excellent public mental health programs, including the county's STAR Court. She encouraged the stakeholders to create a high quality, transformed mental health system and to develop a plan to make the county's services excellent.

Role of the Mental Health Board

Robin Mullin, co-chair of the Marin County Mental Health Board, praised the MHSA as an opportunity to improve mental health in California. She described the county's Mental Health Board, which is overseeing the MHSA plan development. The Mental Health Board is comprised of 16 community members appointed by the Board of Supervisors, including representatives of clients, family members and the public interest. There are three client members and a member who is the parent of a child with bipolar disorder. The Board's role is to advocate for mental health services for all county residents, to act

as an oversight body for Marin County Community Mental Health Services (CMHS) and to provide input to the CMHS Director. The Board is an energetic group of people with diverse backgrounds. The Board's role in MHSA is a large one. Board members are involved in the Steering Committee and all workgroups and will sponsor the public hearing in late summer or early fall. Ms. Mullin encouraged people to apply to join the Mental Health Board to fill current openings at this exciting time.

What is the Mental Health Services Act and Why is it so Important to Marin County? Brief Description Of Current Services and Clients

Bruce Gurganus, using a PowerPoint presentation, reviewed the MHSA's key provisions relating to counties, and provided a brief description of current services offered in the county. He noted that 63% of Marin County voted in favor of Proposition 63. MHSA's stated purpose is to "expand mental health services" in California, not to maintain the status quo. The MHSA vision is to

- Reduce long-term adverse impacts of untreated mental illness, including reduction of stigma and discrimination;
- Expand access to successful service programs to unserved and underserved populations. Most people in surveys and focus groups say the system serves them well when they get in, but it is hard to figure out how to get in. For people who do not qualify for Medi-Cal or through an Individualized Education Plan (IEP), access is nearly impossible;
- Focus on effective services and cost-effective expenditures, including prevention and early intervention; and
- Ensure accountability.

MHSA is funded through a one percent tax on taxable personal income over \$1 million. Revenue is deposited into a Mental Health Services Fund (MHSF) in the State Treasury. It is to be used to expand, not supplant, services. The statewide mental health budget before MHSA is \$3 billion, of which Los Angeles County spends \$1 billion. MHSA is expected to add 15% to that.

In Marin County in Fiscal Year (FY) 2003-2004, 3,852 people received services from CMHS, of whom 31% were under 18, 63% were 18-59 and 7% were over 60. In terms of ethnicity, about 69% were white, 12% were Hispanic, 10% were African-Americans, and the remaining 9% were various other ethnicities or unknown. The county has 15 bilingual staff to meet the needs of Spanish-speaking and Asian clients.

Next, Mr. Gurganus described the county's MHSA planning process. Even before the passage of MHSA, the county conducted 17 focus groups attended by 262 residents from different communities, with clients, family members, parents, referral agencies, school staff, CMHS staff, drug and alcohol providers, Spanish speaking community members, and residents of Marin City, West Marin and the Canal district of San Rafael. CMHS distributed a written survey, both on-line and in print, that was completed by 529

residents, of which 20% were clients and 22% were family members. A total of 791 people were reached through surveys and focus groups.

The MHSA Steering Committee has 25 members, including clients and family members, families of children with mental illness, representatives of the Vietnamese, African-American and Hispanic communities, older adults, and various geographic areas of the county as well as law enforcement. There is an emphasis on learning and assessment, to determine who is unserved or underserved, and how to improve access. CMHS wants to move away from the current medical model to a model of wellness and recovery. The California Network of Mental Health Clients conducted a training session in March to assist clients in participating in the planning process.

The plan development from this point will include nine workgroups, each with a specific focus, which will feed recommendations to the Steering Committee. The workgroups will focus on specific outcomes: to identify meaningful daily activities, assure safe housing, supportive relationships, access to help in a crisis, reduction in incarceration and in involuntary services. The Steering Committee, together with CMHS staff and Bobbie Wunsch from Pacific Health Consulting Group, will develop the draft plan. After the plan has been completed in draft form, it will be released throughout the community, with a thirty day review period culminating with a public hearing sponsored by the Mental Health Board. The Steering Committee will review the feedback, incorporate changes, present the revised plan to the Board of Supervisors and then submit it to DMH.

The nine workgroups include 1) dual-diagnosis, 2) cultural and linguistic competence, 3) children and families, 4) transition-age youth, 5) adults, 6) older adults, 7) client empowerment, self-help and employment, 8) education and training to recruit new providers and train current providers in recovery and wellness and 9) information technology (IT) and capital projects.

Interested community members were urged to participate in workgroups. The first meetings will be held on April 19 from 10:00 am to Noon at Hollis Hall at the Marin County Office of Education, 1111 Las Gallinas Avenue, San Rafael. For more information, people can go to the following websites: CMHS Marin: www.co.marin.ca.us; DMH: www.dmh.ca.gov; the President's New Freedom Commission Report: www.mentalhealthcommission.gov; the California Mental Health Planning Council: www.dmh.ca.gov/mhpc; Network of Care: www.networkofcare.org; and California Network for Mental Health Clients: www.californiaclients.org.

Participant Feedback

Bobbie Wunsch, Pacific Health Consulting Group and consultant to CMHS for the MHSA stakeholder planning process, asked the participants the following two questions:

1. *How can we transform the public mental health system to make it better for the residents of Marin County? What is the single most important change that CMHS could make to be more effective? For children, transitional age youth (16-25), adults and older adults?*

2. *What would make it easier to access mental health services in your community?*

1. Single Most Important Change to Transform the Mental Health System

Children

- Provide early intervention and training and support for parents.
- Offer prenatal education to foster bonding.
- Provide support for the foster parents, who are often single mothers working hard as the treatment of last resort dealing with children with the most severe behavioral problems.
- Train child care providers and teachers working with children with SED to mitigate problems before they became crises.
- Place a mental health worker, preferably full-time, in each school in the county.
- Provide day treatment services for children outside after school to help children who do not fit in or have behavior problems.
- Make Psychiatric Emergency the stop of first choice rather than juvenile hall for children who hit their parents would keep children away from people who would be harmful.

Transition-Age Youth (16 – 25)

- This is the age when many people have their first breaks and their parents are often not educated for this life-changing event.
- Facilitate education for family members.
- Offer respite care, especially for single parents.
- Provide training for teachers and school staff. High schools create too much pressure and often seem to see mental illness as a character flaw in the children and treat them disrespectfully.
- Increase transition planning, including an emotional and treatment plan, such as the one used for children in special education, as well as teacher training in this area.
- Create support and therapy groups specifically for transition-age youth.
- Create programs or separate housing for group homes for transition-age youth, including 24 hour therapeutic care.
- Bring mental health services to Marin City, which has no mental health services. CMHS needs to work with the whole family in terms of jobs, management, academic skills building, life skills, wraparound. The proportion of African-American and Hispanic youth served by CMHS is much higher than their proportion in the county, because access to early intervention is limited.
- Transform the CMHS intake system: someone who does not know what today is unlikely to be able to make and keep an appointment for several days later.
- Rotate intake staff.
- Provide transition-age youth with an advocate from the beginning of intake.
- Consider a boot camp program for transition-age youth in the county.

Adults

- Improve communication between Kaiser and CMHS.

- Provide services in which clients have a real rapport with their providers, as they do at the Village in Southern California.
- Focus on wellness and recovery, including providing more information about and access to alternative methods of treatment.
- For clients in chemical dependence programs with severe mental illness, facilitate addressing the mental illness while the client is in treatment for the chemical dependence. It is too difficult for dual-diagnosis clients to qualify for services from CMHS.
- Promote new services aggressively, so that people know they are available: for every anti-smoking ad, there should be one about mental health, including success stories.

Older Adults

- Find a way to reduce anxiety about access to care and isolation, through increased staffing, better coordination of services, outreach and money.
- Set up a phone line with a live person answering it.
- Consider using mobile mental health services for seniors and providing transportation to get to groups and appointments.

All Ages

- Research Fountain House in New York City as a potential model. In operation for more than a decade, it incorporates the arts, tickets to theatre, and an art gallery to create and sell art for money.
- Develop anti-stigma education in the general public that mental illness is biological not a character flaw. A decrease in stigma would make it easier for people to seek treatment and take medication.

2. Feedback on Improving Access to Mental Health Services

- Increase case management services.
- Establish a mobile crisis team.
- Provide more crisis services in the county so that people do not have to go to San Francisco.
- Provide more supportive services at the county jail.
- Conduct more outreach and education for families to help them navigate the system.
- Provide more services in Marin City.
- Create publicity and a survey to obtain a better picture of the populations in need.
- Provide more socialization and vocational services for clients, especially since services at Linda Reed Day Center have been terminated.
- Use the successful smoking cessation program at Linda Reed Day Center as a model, to decrease the high rate of smoking-related deaths among the mentally ill.
- Despite involvement as a client, a former member of the Mental Health Board, and a founder of the local Client Network, one participant noted she had not been contacted about the stakeholder process, which spoke to the heart of the lack of

respect for clients and unwillingness of CMHS to truly transform the system, by funding more client-run services and doing away with involuntary treatment.

- A client noted that he had stopped taking his medications two years ago because of the side effects and can see clearly how medications affect people; many doze off, are unable to remember dates and appointments, and are unable to handle vocational services.

How to Promote the Planning Process

Mr. Gurganus noted that CMHS had placed an ad about the town hall meeting in the *Independent Journal*, which many people at the meeting had seen. Participant recommendations included

- Advertise in newspapers, Comcast, and television.
- Work to reduce stigma, by encouraging celebrities to come out about their mental illness in a campaign.
- Use the AIDS model of having teens speak at schools and parents at PTA meetings and using word-of-mouth.
- Hold trainings about MHSA and stigma reduction throughout the county, especially targeting Marin City and West Marin.
- Use a consultant to look at various best practices, especially for people of color.