

**COUNTY OF MARIN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF COMMUNITY MENTAL HEALTH
TOWN HALL MEETING #1
MENTAL HEALTH SERVICES ACT**

**THURSDAY, SEPTEMBER 29, 2005, 5:00 – 6:30 p.m.
San Rafael City Hall**

SUMMARY

DRAFT – PREPARED ON OCTOBER 5, 2005

Welcome

Beverlee Kell, Vice Chair of the Marin County Mental Health Board, welcomed participants to the second Town Hall meeting of the MHSA process. She also announced that the Mental Health Board was recruiting new members and encouraged people to apply. 55 people attended the meeting, held at San Rafael City Hall. Kell introduced County Supervisor Susan Adams, who serves on the Mental Health Board.

Board of Supervisors' Perspective on the Mental Health Services Act

Supervisor Adams also welcomed participants, noting that much work had been done since the last Town Hall meeting held on April 7, 2005, in the county, the region and the state. Since the last meeting, she and the mayors of San Francisco and Berkeley met to develop a regional approach to work with the homeless mentally ill with the goal of eliminating the relocation of people from one community to another based on benefits or policing methods. This effort is being sponsored through the Association of Bay Area Governments (ABAG) to help people to be safe and healthy in their own communities. Together the different counties and jurisdictions will contact the State Department of Mental Health for additional funding.

Overview of Planning Process; Review of Community Supports and Services Recommendations

Bruce Gurganus, Marin County Mental Health Director, thanked everyone for coming and for participating in the planning process. He announced National Depression Screening Day on October 6 as well as a stakeholder meeting with a technical consultant to discuss program development for programs for transition age youth (TAY) on October 13 from 3:30 to 5 p.m., at Marin County Office of Education.

Mr. Gurganus noted the high level of enthusiasm within the county, both among the voters and everyone who has participated so far in the planning process. About 900

people have participated in the planning process so far, including 529 surveys, 16 focus groups with a total of 215 people, and various stakeholder committees. The MHSA Steering Community and its subcommittees have proposed about \$5 million in ideas for programs. Marin County has been allocated about \$1.7 million in MHSA funds for Community Services and Supports, including funds which will be set aside as prudent reserves.

He reviewed the goals of MHSA, which are to:

- Expand mental health services in California
- Reduce long-term adverse impact of untreated mental illness
- Expand access to unserved and underserved population
- Focus on cost-effective services.

MHSA is funded by a 1% tax on taxable personal income over \$1 million. It is to be used to expand, not supplant services. He noted that the STAR Program and the Children's System of Care (CSOC) were kept running until Proposition 63 by bridge funding from county general funds. The State Department of Mental Health recently announced that if counties were using such bridge money to maintain programs that qualified under MHSA Community Services and Supports, it is not considered supplantation to use MHSA funding to expand and fund these types of programs.

Mr. Gurganus then reviewed the timeline for approval and implementation of MHSA funds in Marin County. The current step is to select the priorities for the first funding and to put these priorities into state requirement language. Between November 2005 and January 2006, the proposed plan will be published, there will be 30 days of public notice, followed by a public hearing conducted by the Mental Health Board. The Steering Committee will consider the impact of substantive comments, followed by submission to the Board of Supervisors and State Department of Mental Health.

Next, Mr. Gurganus reviewed the working assumptions used to develop the budgets for the priorities selected by the stakeholder groups.

- Services and program costs are estimates for planning purposes.
- Budget costs are based on County fully loaded employee costs for planning purposes only.
- Determination of who will provide services will be made after the plan is submitted.
- 25% of salaries and benefits were added for office expenses, such as desks, equipment, etc.
- 15% of salaries and benefits were added to cover administrative costs for whatever organization delivers the services.

Next, Mr. Gurganus reviewed the program options, by age group, under consideration by the Steering Committee, based on the MHSA community process.

Children

Children’s System of Care (CSOC). This program serves underserved youth who are involved with Probation and/or attend County Community School, a continuation high school, and do not meet the requirements for mental health services through the schools or Medi-Cal. Over 50% of the youth served are ethnic minorities. **Total Cost: \$417,000.**

Regional Service Sites. The planning process has shown that once people obtain services at CMHS, they are pleased with what they receive. However, it is hard to get into the system, difficult to find the access point. The stakeholder groups identified three underserved areas: South of Greenbrae, there are no contractor or county-operated services; Novato, has one small contractor, Novato Youth Services; and the Canal area of San Rafael has no direct mental health services. The Hispanic community is underserved. Services that could be provided at these regional service sites include outpatient therapy, psychiatry time for medication management, services for people who do not have Medi-Cal. This would broaden the gate to access. The priority is community-based, culturally competent services that are convenient with easy access to be opened in Novato, the Canal Area and in Southern Marin. Clients and families will benefit by a greatly improved service delivery system. Includes: Bilingual Clinician and Staff Psychiatrist for each site. **Total Cost for 3 sites: \$512,400.**

Bilingual Family Partner. A bilingual Family Partner who as part of the Wraparound process will provide family support systems, both formal and informal, in the community, which ensures that mental health services meet the needs identified by the families and that mental health services are respectful of and sensitive to the unique cultural context and history of each individual family. **Total Cost: \$63,000.**

Flex Funds. Promote the transformation of the existing Children’s System of Care intensive case management program by establishing an “AB2034-like” Flex Fund which may be used to purchase/provide services and supports necessary to comprehensively meet the needs of the clients and their families in the program. Flexible funding allows the addition of highly individualized, non-traditional supports and resources to the array of options available. For example, Flex Funds can be used to pay a security deposit for a client and his/her family wishing to move into an apartment or repair a car so that a child can continue to get to school and the parent can get to work. **Total Cost: \$25,000.**

Transition Age Youth (TAY)

Many become homeless and have difficulty making the transition to adulthood. A multidisciplinary TAY Team to serve 20 young people with comprehensive, culturally appropriate, integrated mental health and substance abuse services in the community that are strengths based, evidenced based and youth centered, along with housing support in the least restrictive setting. **Total Cost: \$772,200.**

Adult

AB 2034 Expansion. Expansion of Marin's existing and AB2034 Homeless Outreach Program to provide a comprehensive continuum of services to 20 adults in the West Marin region who are homeless and have a serious mental illness. Individuals enrolled through the expanded program will have full access to the range of service options available to the existing AB2034 program enrollees, including outreach, intensive case management, supported housing and an array of other support services. **Total Cost: \$304,600.**

Adult Wellness and Recovery. Expand/enhance the ability of the existing client-operated Enterprise Resource Center to provide a wellness and recovery-oriented center which is centrally located and accessible through 1) strengthening program infrastructure and 2) relocating to a larger, handicapped-accessible building in central Marin located near public transportation. Co-locating a variety of services with the drop-in center is a program goal. **Total Cost: \$205,000.**

Housing. Expand current available housing resources for 25 adults with serious mental illness consistent with the Marin CMHS Adult System of Care Guiding Principles for Housing adopted in FY 2003-04. **Total Cost: \$400,000.**

Regional Service Sites. Community-based, culturally competent services that are convenient with easy access will be opened in Novato, the Canal Area and in Southern Marin. Clients and families will benefit by a greatly improved service delivery system. Included: Clinical Psychologist, Bilingual Clinician, Staff Psychiatrist and flex funds for each site. **Total Cost for 3 sites: \$664,800.**

Family Advocate. Create a .5 FTE Family Advocate position to assist families of adults with serious mental illness with support, advice, and advocacy. **Total Cost: \$70,000.**

Vietnamese Speaking Clinic. In order to effectively serve the unserved Vietnamese speaking community, a small medication clinic will be created. A .1 FTE Bilingual Psychiatrist will be hired and a .25 FTE Social Service Worker I-Bilingual will be added to assist the psychiatrist and provide case management and outreach. **Total Cost: \$61,600.**

STAR Program. Replace county "bridge funding" to sustain Marin's Support and Treatment After Release (STAR) Program. The STAR Program is a multidisciplinary, multi-agency system for providing strengths-based assertive community treatment and comprehensive support to 50 adult mentally ill offenders with the goal of reducing their recidivism and improving their ability to function within the community. State and foundation funding for the program has been eliminated. **Total Cost: \$267,000.**

Adult Flex Funds. People with serious mental illness frequently need services and things other than traditional clinical and case management supports. For example, new shoes and socks or a few nights in a motel can be of significant benefit to a client. Flex

funds have proven effective in engagement with new clients and supports for on-going clients. **Total Cost: \$60,000.**

Older Adults

Community-based, multidisciplinary, multi-agency older adult mental health team providing a full range of integrated, culturally competent services to 100 adults, age 60 and older who are isolated and have serious mental illness. Services – including outreach, intensive case management, psychiatric and physical health care, substance abuse, and a range of other support services – will work together to assist program participants to control their illness, achieve their own personal goals, and develop skills and supports leading to a constructive and more satisfying life in the least restrictive environment. This does not include other revenues, for example, the doctors serving older adults can bill Medicare. **Total Cost: \$1,073,201.**

24/7 care. Full Service Partnerships require that staff be available twenty-four hours a day, seven days a week to respond to clients and families. This prevents crises from developing. **Total Cost: \$151,840.**

Stakeholder Questions and Comments

Services and Providers

Q. Why is there no psychiatrist for homeless?

A. There is one already working with the program.

Q. What is the difference between an advocate and family partner?

A. A family advocate is generally a licensed professional, such as a Licensed Clinical Social Worker (LCSW), who may or may not be a family member. A family partner is a family member first and foremost and is likely to be unlicensed.

Q. Clients must go through CMHS to see Dr. Glass. Why is there no psychiatric detox program?

A. The County has a social model detox. Currently, the program has a supervisor who has experience with co-occurring disorders. Dr. Glass sees people at Enterprise because it is a convenient location for them.

Q. What are the eligibility criteria for becoming a provider?

A. For example, if a community-based mental health services organization opened a regional clinic site in Southern Marin, that provider would have to become a Medi-Cal provider. With the additional funds from MHSA, the organization would be able to see uninsured people in addition to those with Medi-Cal.

Q. Would these services be ongoing or emergency?

A. They would be whatever the person needed. For example, our West Marin Service Center is staffed by a psychiatrist, psychologist, social worker and five interns.

Q. Will there be provisions in this plan for disaster plans in case of emergency, including evacuation plans for people in mental health facilities?

A. The county has a disaster response team. CMHS has been working with it since 9/11 and keeps training and trying to make it as efficient and effective as it can be. It includes calculations of how many staff will be needed to serve our current clients and how many might be available to serve elsewhere. We have mutual aid agreements with other counties.

Q. 24/7 coverage seems like a very large requirement to meet, in terms of staffing.

A. For a full service partnership, counties are required by the State Department of Mental Health Community Services and Supports to have staff available whom the client knows 24/7.

Revenue Enhancement

Q. Do you plan to bill Medi-Cal for these services?

A. CMHS will bill Medi-Cal to the extent possible. However, it is important to note that MHSA funds are to support services for people who are unserved or underserved, many of whom have no insurance.

Q. Why is there no calculation for revenues from other sources for different programs? This seems important.

A. This calculation will be the next step. CMHS needs to analyze the proposed budget priorities in terms of potential revenues from Medicare and Medi-Cal.

Q. The Board of Supervisors has adopted a resolution that services should be delivered in the most efficient way, to allow funding to be stretched out. Generally this means using community rather than county providers. Is there consideration of that?

A. Yes, this approach will be carefully considered. However, for the purposes of this meeting, we are asking participants to identify priority services, not the providers.

Q. Are there other sources of funding the county could access to supplement this funding?

A. CMHS will exhaust every possible revenue source. CMHS is exploring partnerships with other agencies within the county, such as Aging and Public Health. For example these divisions have nurses serving the older adult population and a partnership among them could provide more cost-effective services to more people.

Q. Is there a way to make sure that all services can be billed in order to provide the most revenue to the county?

A. CMHS already works diligently to assure that all claims are made for eligible clients and services.

Stakeholder Comment. We want to have peer-consumer run programs so that consumers can have oversight. It is important that MHSA services be voluntary.

Process Questions

Q. Would it be possible to start with only one or two of the regional services centers?

A. Yes.

Q. What is the process for whittling down the priorities and arriving at a final plan?

A. A draft plan will be submitted, but stakeholders will be given the chance to give their comments through a 30 day public notice process and a public hearing sponsored by the Mental Health Board. After this process, the final plan will be submitted to the Board of Supervisors for approval and then sent to the State Department of Mental Health for their approval.

Community Comments

Bobbie Wunsch, Pacific Health Consulting Group, and MHSA facilitator, introduced the process for the rest of the meeting. The Marin County MHSA Steering Committee needs more input about how to prioritize MHSA program options from \$5 million to \$1.7 million.

Additional Age Group Specific Stakeholder Questions and Comments

Children

Stakeholder Comment. I managed a program with a large flex fund and it goes quickly. It is a small amount, and might be used better elsewhere.

Transition Age Youth

Stakeholder Comment. The employment specialist is a 25% time position. Is that position going to be limited to those under 18? There are specific needs for people under 18.

Stakeholder Comment. Needs of this population are critical. The youth are going into the adult system and need their needs met now.

Stakeholder Comment. Youth ages 16 – 25 are not being served in the county. Enterprise should expand to reach out to this group.

Stakeholder Comment. Free or very inexpensive services for this population would be useful. It is good to have services the youth do not need to discuss with their parents.

Stakeholder Comment. This is the age period when kids are becoming adults and changing their relationships with their parents. When mental illness is added to the mix, the families and youth need support.

Stakeholder Comment. There should be some kind of collaboration with schools or colleges.

Stakeholder Comment. Consider integrating case management functions into existing teams, so that programs can share supervisors, nurse practitioners or employment services. Look at integration as a way to cost-effectiveness.

Stakeholder Comment. Peer counselors would be very useful for a youth having her/his first break. The youth would benefit from having someone in her/his 20s to talk to and it would be cost-effective.

Adults

Dual Diagnosis

Q. How were the priorities from the dual diagnosis workgroup incorporated into the Steering Committee priorities?

A. It is the hope of CMHS and the Steering Committee that each of the full service partnerships (FSP) will include dual diagnosis capability, cultural competency, etc. For example, the transition age youth (TAY) team has a substance abuse counselor built into it. CMHS wants to work in partnership with substance abuse providers.

Q. Where would one find evidence of this? Partnering between CMHS and substance abuse services is not apparent.

A. Data from the STAR program showed that 82% of clients have dual disorders and their needs are met. This is a model for how to partner.

Q. In terms of adults, one ought not to commit a crime to obtain adequate services.

A. Yes, AB 2034 is an example of a service for those who have not committed crimes.

Q. In the future, will people be able to find information as to how this partnership with substance abuse providers will be taken into account?

A. It will be more apparent when the programs are more fully described.

Q. Dual diagnosis sparks a question about facilities. Helen Vine Detox Center is located at a site that could be further used. What consideration has been given concerning the Southern Marin site?

A. This is probably one step ahead of the current place in the planning process. Once the Steering Committee decides that services are needed in a specific area of the county, then provider and location will next be taken into account.

Stakeholder Comment. AB 2034 has only one person who deals with dual diagnosis. This as an issue that needs to be addressed.

STAR Program

Stakeholder Comment. It would be good to expand the successful STAR program. Enterprise reaches out, but there are not enough staff for the homebound. Nursing staff should go to more than older adults, but to all adults.

Stakeholder Comment. The STAR program has been fantastic. Increase support for it to prevent premature release rather than send participants somewhere else. Unit B needs to be expanded. Unit A is hard to deal with.

Q. Please explain Units A and B.

A. Unit B provides psychiatric emergency services where people can stay 24 hours. This is run by the county. Unit A is the 17 bed inpatient unit run by Sutter at Marin General Hospital. When the 17 beds are filled, people must be sent out of county. There is no inpatient program for children in the county

Q. How does the county work with Sutter?

A. CMHS purchases beds from them for our clients.

General Questions and Comments

Stakeholder Comment. It is good to have the opportunity to make comments here. We need support groups in the community. Enterprise's groups are very good. Their peer provider program, warm line, peer companion program are all good. Many people come into mental health voluntarily. Some of these become held involuntarily. Some are put on forced medications or kept in locked facilities and have very bad situations. The only thing that can help people in involuntary services is to give them voluntary services. There is language that all state and local funding must be maintained at current levels. Marin should follow the letter of the law and continue to fund programs at the existing level and find money in the county to continue these programs.

Q. I have a homeless 33 year old daughter. She has been off her medication for two years. What will be the position of expansion of AB 2034 concerning taking care of someone with mental illness who does not know s/he is mentally ill?

A. Many people in the program did not want to participate initially. The staff work with them at whatever level they are. Staff might start with shoes or housing. Getting people housing is always a good start.

Stakeholder Comment. Change the name AB 2034 to something that is more descriptive.

Stakeholder Comment. Family Service Agency is providing mental health services to Spanish-speaking new moms. They can be seen while they are pregnant and 6 weeks post partum. There are many moms who are depressed and isolated after their delivery and when Medi-Cal terminates. FSA provides a support group, counseling and mental health services. This program needs to be continued.

Stakeholder Comment. Do away with the case manager term, and create a term that denotes helping people, not cases, and puts the clients on a more equal footing.

Older Adults

Q. An older adult might have a lot of medical prescriptions already. If s/he is put on psychiatric medications, the new medications would not be covered by Medi-Cal. How are these people going to be served?

A. This is important, but it cannot be addressed at this meeting.

Stakeholder Comment. Older adults are hard to define. A lot of people are concerned that their children or family members are in that category. While they are no longer in crisis, they do not have anything to do, and they spend their days doing nothing. This will be the first generation in which the children and adults are all aging together. Sitting around all day with nothing to do is a problem.

Straw Vote on Community Supports and Services Priorities

Participants were given \$1.5 million in virtual money to allocate to program options. The Steering Committee has already completed this exercise and will use the information from this meeting to make their final recommendations. The results are shown below.

Additional Ideas Identified at Meeting

- More focus on dual diagnosis
- Continue services to post partum women
- Homebound adults
- Integration of case management across ages
- Unit B

- Coordinate medical history
- Transition housing to accept prematurely releases patients
- Access to inpatient unit
- Flex funds (shoes, taxi fare, phone)
- Screen for access to Medi-Cal, Medicare Part D, Veterans, SSI and CalWORKs.

Program Options for MHSA Funding

	Estimated Cost	Virtual Money Allocation
CHILD		
Outpatient Clinic (3 sites: So. Marin, Novato, Canal)	\$512,400	25
Family Partner – Bilingual	\$63,000	6
Children’s System of Care (CSOC)	\$417,000	14
Systemwide Flex Funds	\$25,000	22
TRANSITION AGE YOUTH	\$772,000	136
ADULT		
AB 2034 Expansion	\$304,600	22
Enterprise Expansion	\$205,000	61
Outpatient Clinic (3 sites: So. Marin, Novato, Canal)	\$664,800	39
Housing (Shelter Plus Care model)	\$400,000	54
Family Advocate	\$70,000	17
Vietnamese Services	\$61,600	18
Support Treatment After Release	\$267,000	59
Systemwide Flex Funds	\$60,000	17
OLDER ADULT	\$1,073,201	64
24-Hour Coverage	\$151,840	17
PRIORITIES IDENTIFIED AT THE MEETING		
Dual Diagnosis focus		37
Transition Housing for people prematurely released		6
Access to inpatient unit		2

Please note: Each participant was given 15 dots, each of which represented \$100,000, for a total of \$1.5 million, the allocation given to Marin County by the State Department of Mental Health for Community Services and Supports (not including funding for prudent reserves). Each participant was then asked to purchase the full estimated cost of any program option selected. Therefore, if someone wanted to purchase services for Transition Age Youth, s/he would use 7, Older Adult services would require 10 dots and Children’s System of Care would require 4 dots. Many people started out following these directions, but toward the end, started to divide up their remaining dots. Therefore, for example, 64 dots for Older Adults should mean only 6 people wanted to purchase it, but that may not be accurate.