

## 2004-2005 MARIN COUNTY CIVIL GRAND JURY

### Disharmony in Marin's Mental Health Services

Date of Report: June 13, 2005

Reports issued by the Civil Grand Jury do not identify individuals interviewed. Penal Code Section 929 requires that reports of the Grand Jury not contain the name of any person, or facts leading to the identity of any person who provides information to the Civil Grand Jury. The California State Legislature has stated that it intends the provisions of Penal Code Section 929 prohibiting disclosure of witness identities to encourage full candor in testimony in Civil Grand Jury investigations by protecting the privacy and confidentiality of those who participate in any Civil Grand Jury investigation.

## SUMMARY

The Grand Jury undertook a broad review of the mental health services provided through Community Mental Health Services (CMHS), a division of the Marin's Health and Human Services Department (HHS), which manages public mental health services within the County.

Representatives from the County mental health community generally stated that CMHS is composed of dedicated civil servants who do a good job of delivering services. However, they also felt that CMHS has a number of shortcomings such as: many services are being delivered incompletely or inefficiently; mental health monies are not being used as effectively as possible; the civil service system inhibits optimal provision of services; and there is a lack of collegiality between CMHS and those entities (the Mental Health Board and local non-profits) whose purpose is to enhance mental services locally.

A different story emerged when representatives of HHS were asked to respond to the list of purported shortcomings. The general response was that CHMS is doing as much as it can, given the level of resources available. Thus, the Grand Jury has found that there is a great difference of opinion between the mental health community and CMHS on the question of CMHS's effectiveness.

The Grand Jury also found that California's new Mental Health Services Act (MHSA) provides a unique opportunity to expand mental health services, optimizing the allocation and use of mental health dollars. The MHSA effectively requires CMHS to marshal mental health thinking within the community to formulate a strategic plan to rethink the current situation.

Based upon interview results and the research conducted, the Grand Jury is not in position to resolve the difference of opinion between the mental health community and CMHS. However, the Grand Jury does believe that the following recommendations will help resolve the differences:

- HHS should hire an independent mental health consultant to aid in formulating a strategic plan for mental health services in Marin.
- CMHS work more closely with the mental health community in the County, including the Mental Health Board, non-profits, and other interested parties.

## BACKGROUND

The MHSA notes "Mental illnesses are extremely common ... more than two million children, adults, and seniors in California are affected by a potentially disabling mental illness every year." The MHSA points out the high social cost of mental health to both families and the community as a whole. It goes on to say that California can save lives and money by expanding mental health programs of demonstrated effectiveness.

Community Mental Health Services (CMHS) is a division of the County's Health and Human Services Department. As mandated by the State, its responsibility is to see that any Marin

resident, young or old, receives support and treatment when suffering from an acute mental illness. Fees for treatment are assessed on a sliding scale such that some pay nothing while others pay the full cost. Many "clients" are supported by Medi-Cal; others come from outreach programs to the homeless, and some receive maintenance medicines from the Medication Clinic. Last year over 4,000 individuals were involved.

CMHS is composed of eight operating groups with 112 full time employees. Four of the groups, Adult Services, Managed Care, Youth & Family Services and Public Guardian, deal directly with clients. Their Budget Book descriptions and responsibilities are listed in the Appendix along with those for the closely-related Drug and Alcohol unit. CMHS is supported by the Mental Health Board, a group appointed by the Board of Supervisors composed of patients (clients), family members and community members.

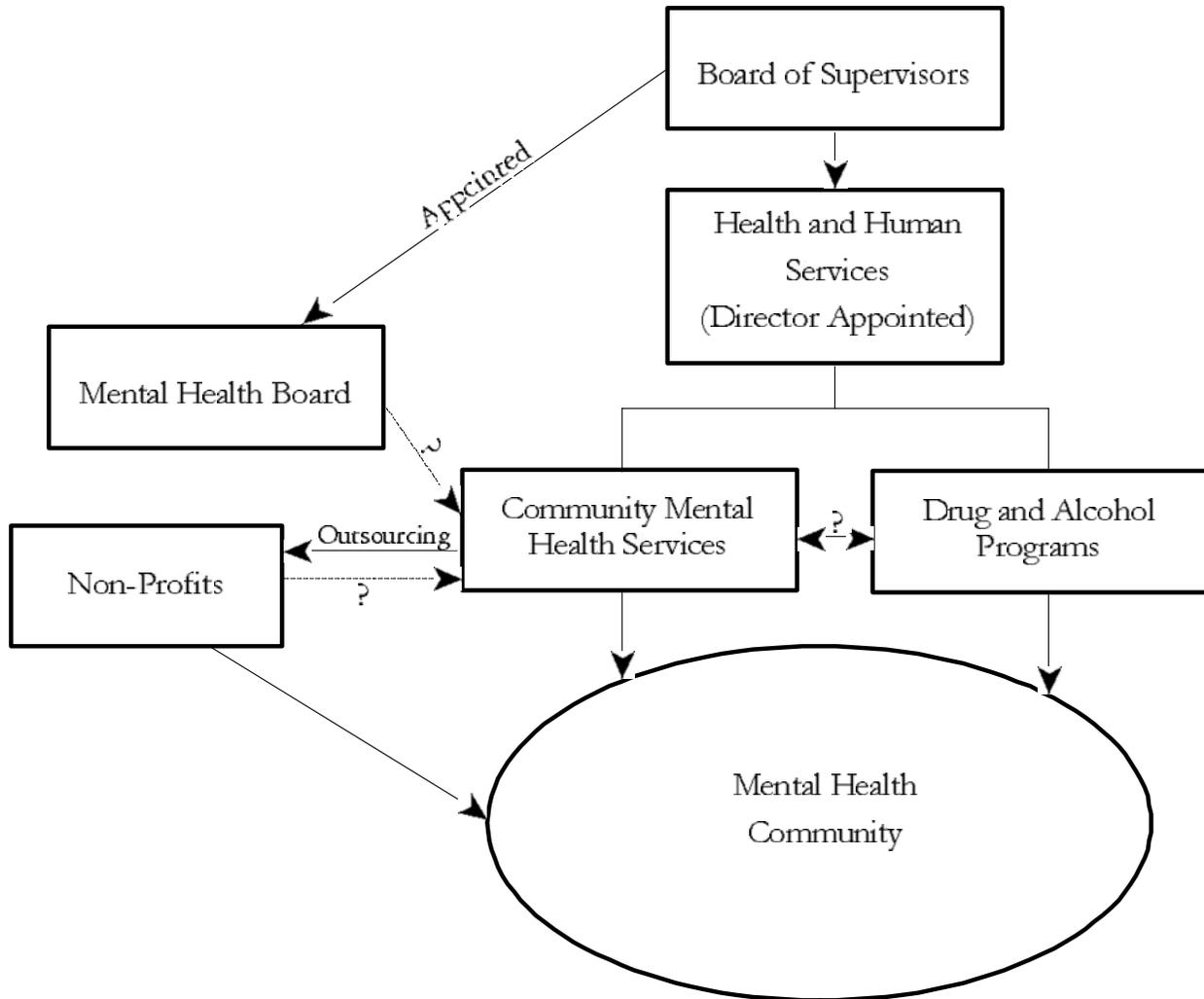
CMHS has a budget of approximately \$25 million. Surprisingly, only about \$0.5 million of this amount is County money with the rest coming from external sources, usually State or Federal money. CMHS estimates that MHSA should add several million dollars to the County's mental health budget.

The Grand Jury is interested in ensuring that all the mental health monies go as far as possible toward their intended purposes. This concern was the genesis of the investigation.

#### Defined Terms & Abbreviations Used in this Report

- County – County of Marin government
- HHS – The County's Health and Human Services Department (HHS)
- CMHS – Community Mental Health Services, a division of HHS
- Mental Health Board – A board, appointed by the Board of Supervisors, to represent and advocate for the mental health needs of the people of Marin.
- Mental health community – the Mental Health Board, local non-profits, patients and families, and the County
- MHSA – California's Mental Health Services Act
- EBPs – Evidence-Based Practices
- PES – County Psychiatric Emergency Services, provided by CMHS

We sought to determine how CMHS interacted with the other organizations concerned with mental health that are shown in Figure 1. Some of the interactions are clear-cut as indicated by the arrows. Some arrows have a question mark attached to show that we were unsure of the degree of influence between the groups. For example, it is clear that CMHS does outsource to the non-profits, but the non-profits have little influence on CMHS strategy. Likewise, communications from the Mental Health Board to CMHS, as well as communications between CMHS and the Drug and Alcohol Programs are of questionable efficacy.



**FIGURE 1**  
**Relationships of Selected Mental Health Principals**  
**in Marin County**

**INVESTIGATIVE PROCESS**

The Grand Jury interviewed several people from the Mental Health Board, several representatives from non-profits in mental health in Marin, top level representatives of the Department of Health and Human Services (including CMHS), members of the Board of Supervisors, mental health representatives from San Francisco, and a number of people from the Marin mental health community.

The Grand Jury reviewed numerous documents submitted by the interviewees and portions of the County budget and accessed the Internet for material on Evidence-Based Practices (EBPs), the Welfare and Institutions Code, and the MHSA.

## DISCUSSION

The Grand Jury wanted to focus on the status of CMHS to see if the organization is effective. To do this, we gathered information from both inside and outside CMHS. The Grand Jury was surprised at the extent of dissatisfaction with CMHS from the County's mental health community. When interviewees were asked how well the County does in providing mental health services, the answer typically started with: "The County does a good job ...". The answer typically ended with: "...but, there is much more that can and should be done."

The following discussion is in seven sections. The first four describe shortcomings as seen by interviewees from the mental health community. The next is an overview of CMHS's response. The last two sections discuss the impetus that MHSA can provide to rethinking the whole mental health process.

There may appear to be substantial criticism with only a modicum of support for CMHS. This is attributable to the large number of interviews with the mental health community, compared to the smaller group interviewed from HHS and CMHS. HHS and CMHS responded to the criticisms from the mental health community, and the Grand Jury believes that the weight of their responses should be viewed equally with the criticisms.

### Perceptions of Services Being Provided

Interviewees from the mental health community cited many areas where services could be improved:

- There is a shortage of mental health physicians who accept MediCal payments, since the level of MediCal reimbursements is too low. The County has the ability to increase the level of reimbursement.
- CMHS does not know whom it is turning away. There is a shortage of primary intervention programs (outreach).
- A high bar must be reached to even be eligible for benefits; eligibility has been characterized as requiring that the patient either be suicidal or hearing voices. The County has the ability to lower the bar.
- There is a crisis in residential housing. Once a patient is stabilized at Marin General Hospital, the location of most intensive care, there is no place for them to go. Clients need to be moved into a less intensive and less expensive environment as soon as possible to reestablish themselves in real life.
- There is a problem with accessing the County Psychiatric Emergency Services (PES) unit. The County's unit turns away too many people, "closing its doors" when the business day ends. It does not coordinate well with Unit A, Marin General Hospital's inpatient mental health unit.
- People can have a hard time accessing services.
- The County has a limited perspective on accessing all MediCal resources, thereby underserving people in the community with MediCal eligibility.

- CMHS should merge with the Drug and Alcohol unit, for synergies in delivery of patient care. Recently, HHS missed a golden opportunity to merge the two divisions when the top position at Drug and Alcohol was open.

Another source of concern to many interviewees was a feeling of a lack of progressive leadership in CMHS. Here are some comments to that effect:

- There is an absence of leadership in CMHS. There is no incentive for CMHS to be progressive. CMHS is tenured and bureaucratic.
- Treatment is too “seat of the pants.” There is a general failure to move into EBPs. EBPs are mental health services that are based on the best consistent scientific evidence available and improve outcomes and quality of life for people diagnosed with a mental illness.

Finally, issues with accountability (or lack thereof) were mentioned by a number of interviewees:

- The County is not accountable. Standardized measures to evaluate improvement in people being treated are absent.
- The CMHS budget is a bunch of glossy platitudes, not hard numbers.
- There is an absence of measurable standards in the Quality Improvement program.

The Grand Jury is not in a position to affirm or deny the statements of those interviewed. The fact that the statements were made indicates that the operations of CMHS at least deserve review.

### Perceptions of Effectiveness of Use of Mental Health Money

Many interviewees indicated that they felt that mental health monies were not being used as effectively as possible. Issues with the County's financial commitment were noted by several interviewees:

- The County does not invest sufficient money in mental health.
- The County fails to put up enough money to attract the most outside (i.e., Federal and State) sources of funds.
- Now is an extremely important time to maximize Federal dollars because Federal money may be moved to block grants. If so, it is important to get Marin's number high to maximize the block grant should the Federal contributions move in this direction.

These comments are troubling. As will be seen later in this report, the County is able to greatly leverage its mental health dollars. However, County staff acknowledges that the County makes only the minimum contribution needed to obtain the substantially leveraged revenues it does receive.

In addition to the comments made about the County's financial commitment, many interviewees feel that the County's allocation of available money is flawed. They contend that not only could the County get more “bang for its buck,” but the County could obtain better control over how the money is spent:

- The County should outsource more. It would be more efficient to outsource more and have the CMHS act in an oversight (management) capacity. There is no evidence that outsourcing lowers quality.
- Non-profits don't believe that CMHS is fully aware of the resources that non-profits provide.
- According to one non-profit, there are counties three to four times larger than Marin with smaller staffs. The reason is outsourcing.

There appear to be barriers to outsourcing in CMHS as illustrated in the following section.

### Perceptions that Civil Service Inhibits Cost Effectiveness

As part of the development of the FY2004-2005 budget for the County, departments were asked to construct budgets under three possible scenarios: potential cuts of 5%, 10%, or 15%. This requirement was passed down from HHS to its division, CMHS. As part of its process to complete this requirement, CMHS approached the non-profit community for help. The non-profits were asked to help alleviate CMHS's budget problems. The responses to CMHS pointed at a number of areas where savings could be realized through consolidation or realignment:

- There are many areas of duplication of services in mental health: duplicative case management between CMHS and non-profits; problems because CMHS has assumed full authority for assessment and intake of new patients; and duplicative functions of CMHS's Psychiatric Emergency Services (PES) and Marin General Hospital's Unit A.
- Cost effective realignment can be realized in several areas: outsource services provided by CMHS's Adult Case Management Team; create an Acute Diversion Unit (i.e., a Crisis Residential Unit) to divert high usage in high cost hospitals and skilled nursing facilities; optimize use of residential support services; and outsource services provided by the Adult Medication Clinic and the Clozaril Club (a support group).
- The functions of many full time employees (FTEs) could be contracted out from several CMHS units: Adult Case Management (approximately 10); Youth and Family Services (approximately 20); Children's System of Care (approximately 10); and a few others from Older Adult Services, West Marin Services, and Specialty Clinic. This represents about 40% of current CMHS staffing levels. (Increased outsourcing would probably not occur rapidly enough to significantly impact current budgets. It could, however, be implemented slowly by attrition, thereby lowering future budgets.)

The respondents provided additional recommendations and prioritized them as follows:

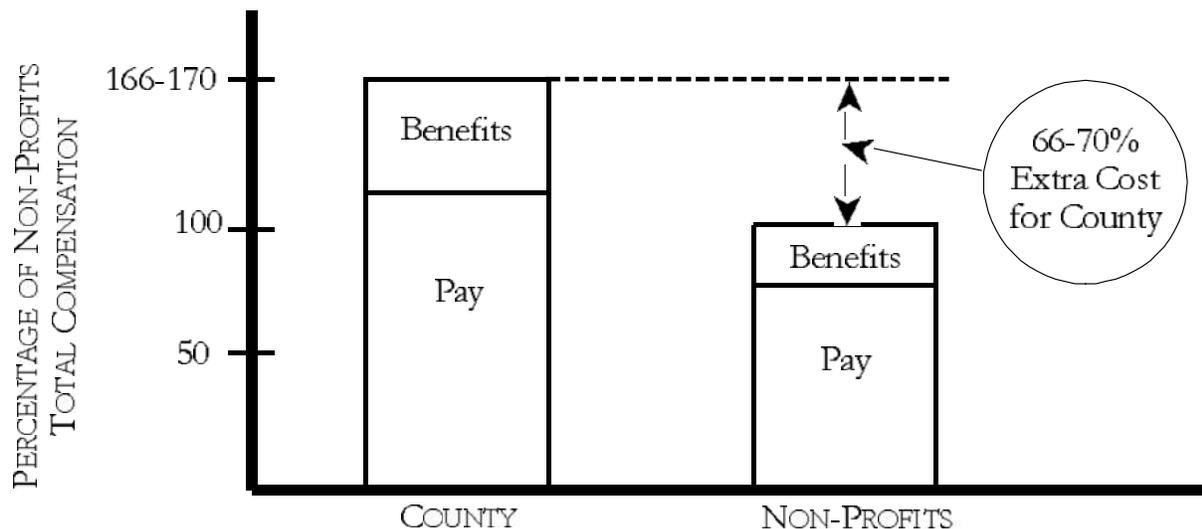
- Maximize all revenues, especially MediCal revenues.
- Consolidate CMHS with the Drug and Alcohol unit.
- Outsource a significant number of FTEs from CMHS to non-profits (i.e., the examples shown above)
- Create an Acute Diversion Unit
- Decrease out-of-county purchased services, before decreasing in-county services.

The respondents also cited some startling data:

- A 2002 salary survey attributed to the Marin Continuum of Housing and Services compared average salaries at non-profits with the County salaries for seven comparable positions. The survey showed that the County paid 52% more, on average, than corresponding salaries paid by the non-profits.
- Two non-profits provided their benefit costs. The range given (benefits as a percentage of salary) was 25-28% of pay.

The Grand Jury then looked at the CMHS budget. It showed that benefits were 40% of pay. Therefore, including benefits, County compensation levels would be about 66-70% higher than for comparable jobs in the non-profit community. See Figure 2.

The potential compensation differential of 66-70% of pay is alarming. This information implies the County is paying a huge premium to provide services internally, assuming the quality of service is equal when outsourced.



**FIGURE 2**  
**Illustrative Compensation Differentials**  
**(County vs. Non-Profits)**

According to a number of interviewees, outsourcing has advantages in addition to cost savings:

- Because the civil service system gives more security than non-profits, there is a greater tendency for CMHS to become stale, complacent, and inflexible. This can lead to less innovation and dedication.
- CMHS would be able to replace a service provider more readily than if the services were in-sourced.

- CMHS should adopt the model used by the Drug and Alcohol unit where essentially all is outsourced with only a few employees for management and oversight.

The interviewees also gave their impressions of why the County is often seen as disinclined to changing their mode of operation, especially when existing County jobs are at stake:

- Civil service and union pressures limit CMHS's ability to cut back. When resources go down, it is services, not staff, that are reduced, making CMHS very inflexible.
- The County has a closed system. The union protects jobs, and contractors recognize this, feeling they cannot make inroads into the county. The County system precludes competition.
- The County has been disinclined to solicit bids in some situations, saying that responsibilities cannot be delegated.
- Civil service restricts the opportunity to make sensible hiring and retention decisions.
- A high proportion of staff are represented by unions. If a couple of layers of top management were not represented, perhaps they could impart a more flexible, progressive style onto operations.
- Non-profits believe that there is an overarching concern to keep the civil service family happy. There seems to be a prohibition on cutting bargained jobs.

#### There is a Lack of Collegiality between CMHS and the Mental Health Community

Many interviewees from the mental health community (Mental Health Board and the non-profits) indicated that CMHS doesn't work well with them. Here are some of their statements:

- There is no partnership with the non-profits.
- Contractor meetings are lip service, a waste of time. Many top officials of non-profits no longer attend these meetings which they see as a waste of time.
- Non-profits aren't really allowed to participate in decision-making, despite "big" planning meetings.
- There is an insidious morale issue because the County pays itself so much more than it pays non-profits.

Several specific examples were offered to support the lack of collegiality and lack of open communication:

- According to one interviewee, the director of HHS said that contractors would have a say in helping to develop mental health performance standards. According to the interviewee, there has been no follow up.
- The County was working with a non-profit to develop an acute diversion unit to get people out of the hospital (cost of \$700/day) into something with half the cost. Late in the process, the County, without notice to the non-profit, entered into an arrangement with an out-of-county agency.
- There had been an understanding that when unions got a pay increase, then the non-profits would get the same percentage increase in reimbursements from the County. The

County reneged on this informal agreement. This was heard from CMHS staff rather than from CMHS management.

- County staff does not communicate fully with the non-profits. For example, County doctors or psychiatrists frequently change medications without talking to their non-profit partners.

### What CMHS and the County Say

Officials from the County, including CMHS, were queried regarding the provision of services. Their responses included the following:

- The County, including CMHS, is beginning to make progress in some of the problem areas noted above. As an example, it was indicated that CMHS is beginning to measure “outcomes” (the degree of success of treatment programs). In addition, systems are being developed within HHS to link measurement of outcomes to the information supplied to the County’s new personnel management system.
- The County (and CMHS) is moving toward the introduction of EBPs. This was acknowledged as being in the right direction and about time. The Grand Jury was shown examples of EBPs that have been implemented.
- CMHS indicated that an “exit strategy” for mental health was needed. What this means is that, once a person enters the mental health system, the system does not have a good way of determining when a patient has sufficiently resolved his or her issues.
- CMHS indicated that there is a group of underserved: the uninsured working population.
- The County is not systematically resistant to outsourcing. However, potential outsourcing is constrained to new money situations. That is, outsourcing may be considered only if there are new sources of revenue to be spent on programs.
- CMHS resists outsourcing when existing jobs would be at stake. The unions are cited as a barrier to outsourcing. County representatives have said, “Our hands are tied.”
- Another barrier to outsourcing is potential liability. If a program were outsourced, CMHS contends that it would lose some of its control.
- The unions influence the operations of CMHS. An example was noted where CMHS wanted to change its mode of operations. CMHS felt that it had to talk to the unions before making the desired changes.
- CMHS has more work than it can handle now. Therefore, outreach (searching out the underserved) has not been at the top of their agenda.
- CMHS gets tremendous leverage from monies spent on mental health from the County. The County invests \$0.5 million of its own money in mental health. The County actually budgets \$3-4 million for CMHS. However, there are staff reductions and other cost savings that are built into the mental health budget. When these are realized, they revert to the County, leaving the County’s effective cost at about the \$0.5 million noted. This amount generates about \$12 million in matching contributions from Federal and State revenue sources. CMHS would like more money from the County to generate more matching contributions.

- Representatives from CMHS indicated that because of the way the County's budgeting works, there is no incentive to be cost effective. In fact, some managers plan to spend a little over budget to get their budgets increased in future years.
- When asked about the recommendations of the non-profits, CMHS characterized the savings that could potentially arise from outsourcing at about 10% (a level far less than implied by the information supplied to the Grand Jury by the non-profits). This amount was not viewed as being sufficient to remove County employees because the County might then be unable to supply needed services if the outsourcing endeavors fail.
- CMHS says the following services should be outsourced: housing, hospital, board and care homes, and long-term care facilities. In-house services should include: psychiatric emergency services (PES), case management, and children's services.
- CMHS says that outsourcing would be a big challenge, due to civil service.
- CMHS claims that the Mental Health Board is with them, step-by-step, on the development of the strategic plan.
- CMHS claims that non-profits pay a little bit less than the County (not the 66-70% differential in compensation indicated by the non-profit data).
- The County's Management by Results program is supposed to be a device for measuring organizational performance. It does not, however, reward positive results or outcomes. In fact, CMHS says there is no pay-for-performance system. Doing a good versus a bad job makes no difference to an employee's level of pay. Destroying the budget or being a budget hero also makes no difference.
- CMHS has hired a consultant who is extremely well-positioned to obtain MHSA funds from the State.
- CMHS doesn't think that the CMHS workforce is atypically large for a county the size of Marin.
- CMHS does not necessarily feel that merging CMHS with the Drug and Alcohol unit would be better for patients because they believe the two divisions work closely together now.

### The California Mental Health Services Act (MHSA)

The MHSA was enacted as a result of the passage of Proposition 63 last fall. It will provide funding to the County, estimated to be between \$2 million to \$5 million, to improve services for the mentally ill. Certain parts of MHSA are instructive in that they provide insight into what MHSA was intended to provide and the opportunity that exists for the entire County to improve services. Here are some excerpts from the MHSA "Findings and Declarations":

- "Mental illnesses are extremely common ... more than two million children, adults, and seniors in California are affected by a potentially disabling mental illness every year."
- "Failure to provide timely treatment can destroy individuals and families." Yet, many Californians with mental illness find mental health services "fragmented, disconnected and often inadequate."

- “Untreated mental illness is the leading cause of disability and suicide and imposes high costs on state and local government.”
- “Today thousands of suffering people remain on our streets because they are afflicted with untreated severe mental illness.”
- “With effective treatment and support, recovery from mental illness is feasible for most people.”
- “By expanding programs that have demonstrated their effectiveness, California can save lives and money.”

The “Purpose and Intent” of MHSA is defined as:

- “To define the serious mental illness among children, adults and seniors as a condition deserving priority attention, including prevention and early intervention services and medical and supportive care.
- “To reduce the long-term adverse impact on individuals, families and state and local budgets resulting from untreated serious mental illness.
- “To expand the kinds of successful, innovative service programs for children, adults and seniors begun in California, including culturally and linguistically competent approaches for underserved populations. These programs have already demonstrated their effectiveness in providing outreach and integrated services, including medically necessary psychiatric services, and other services to individuals most severely affected by or at risk of serious mental illness.
- “To provide state and local funds to adequately meet the needs of all children and adults who can be identified and enrolled in programs under this measure. State funds shall be available to provide services that are not already covered by federally sponsored programs or by individuals’ or families’ insurance programs.
- “To ensure that all funds are expended in the most cost effective manner, and services are provided in accordance with recommended best practices subject to local and state oversight to ensure accountability to taxpayers and the public.”

According to many interviewees, the approach implied by the MHSA purpose and intent of providing mental health services has not been fully embraced.

The Grand Jury further understands that the County has received or will receive, through MHSA, slightly over \$100,000 to develop its plan to comply with the purposes of MHSA. In other words, MHSA is paying the County to perfect a strategic plan to implement programs that will promote MHSA’s intent and purpose.

There is broad concern from the mental health community about the disposition of MHSA funds:

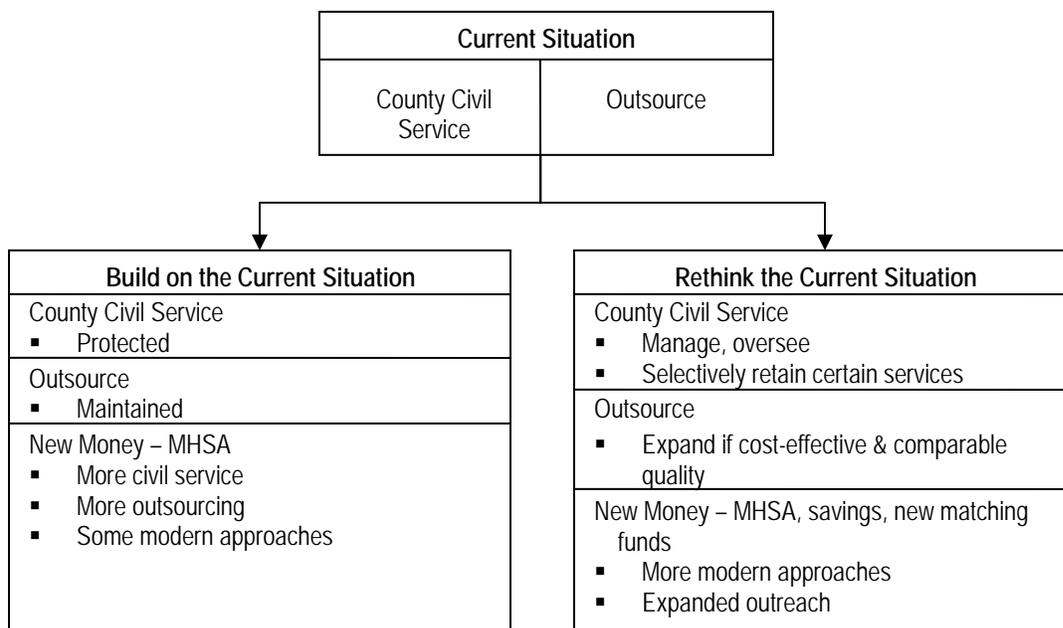
- Some interviewees feel that CMHS leadership cannot be trusted. They believe that CMHS leadership is blinded by dual loyalties: the mission of mental health and civil service.
- Implementation of the MHSA should not be solely under the purview of CMHS. Several interviewees believe that the County will do what it wants with MHSA money and will

essentially ignore the community. The mental health community is supposed to participate in the formulation of a strategy.

- Several non-profits and the Mental Health Board are concerned that MHSA funds will be used to backfill lost revenue sources, rather than building new services. The interviewees understand that MHSA is intended for new programs, not as funding sources for existing or lapsed programs.
- While CMHS has hired a consultant to aid in acquiring MHSA funds, interviewees are concerned that the consultant does not have the broad mental health expertise needed to formulate new approaches.

### Thoughts about the Opportunity to Perfect a Strategic Plan

The Grand Jury is excited about the County's opportunity to use MHSA funds to develop a strategic plan for provision of mental health services. This provides CMHS with a chance not only to introduce new practices and processes but also to improve those that are in place today. However, based upon our many interviews, there appear to be two distinct approaches that may be followed to developing the strategic plan. These are illustrated in Figure 3.



**Figure 3 Future of CMHS Mental Health Services**

One approach that we will label “Build on the Current Situation” starts with the premise that practices and processes that are in place are optimally configured. The status quo would be maintained, while new funds would be used to build upon these existing structures.

The second approach that we will label “Rethink the Current Situation” looks at the provision of mental health services from the context of a fresh start. Existing structures within CMHS and

CMHS's relationship to the mental health community should be put on the table for full, unbiased evaluation. Nothing should be viewed as sacred.

The Grand Jury feels that CMHS would miss an unprecedented opportunity to challenge the status quo if this first approach were adopted. And, a large number of interviewees from the mental health community fear that this is the approach that will be followed. In light of substantial input from the Marin mental health community, the Grand Jury strongly advocates the second approach, as do the interviewees who are not County employees.

## 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.
- 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.
- 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.
- F4. According to many interviewees, the advantages of outsourcing are not being fully exploited because civil service protects in-house jobs.
- 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.
- F6. There is a lack of collegiality between CMHS and non-profits in the mental health community and the Mental Health Board.
- F7. There is a concern the County does not invest enough in mental health.
- 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 by interviewees: "Build on the Current Situation" and "Rethink the Current Situation."

## 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.

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.

## REQUEST FOR RESPONSES

Pursuant to Penal code section 933.05, the Grand Jury requests responses as follows:

- To the Board of Supervisors: F1, F2, F4, F6, F7, F9, and R1, R2.
- To the Department of Health and Human Services: F1-F9 and R1, R2.
- To the Mental Health Board: F1-F9 and R1, R2.

The Grand Jury also respectfully requests these responses:

- To the Mental Health Contractors Association: F1, F2, F4, F6, F8, F9, and R1, R2.

## APPENDIX

CMHS contains the Adult Services, Managed Care, Youth & Family Services, and Public Guardian programs. Their description and responsibilities, taken from the County budget, is presented here along with that for the closely-related Drug and Alcohol programs.

### Adult Services

The Adult Services Program is responsible for providing an accessible, appropriate and comprehensive system of mental health care to county residents aged 18 and older, who have a serious mental illness impairing their ability to function and live in their community. The Adult Services program also provides emergency psychiatric services to Marin residents of all ages who are experiencing an acute psychiatric/psychosocial crisis. Services are provided by County staff and under contract with community-based organizations. Providers strive at all times to use the least restrictive and most normal level of care necessary. The major program responsibilities of Mental Health Adult Services are:

- Maintain or restore clients' functioning and reduce need for hospital admission.
- Promote independent living and well-being.
- Sustain a collaborative approach between service providers, service users, and their caregivers.
- Support caregivers and reduce the impact of severe mental illness on them.
- Ensure client's good physical health, safety and protection.

### Managed Care

The Marin Mental Health Plan (MMHP) is responsible for authorizing all mental health services to Medi-Cal Beneficiaries from Marin County. As part of a statewide plan, each county began authorizing hospital inpatient services in 1995 and outpatient mental health services in 1998. A network of individual and agency providers contract with the MMHP to provide these services. The major program responsibilities of the Managed Care Plan and Contract Administration are:

- To ensure that Medi-Cal beneficiaries in Marin County have access to high quality outpatient and in-patient mental health services.
- To ensure that Community Mental Health Services (CMHS) operates under a compliance plan that the meets state and federal requirements.

### Youth & Family Services

The Youth and Family Services program team is responsible for providing age-appropriate, linguistically and culturally competent mental health services to children and youth up to age 18 or up to age 22 for those still working toward high school graduation. The team works closely with schools, Social Services and Juvenile Probation (are) to make positive interventions for these emotionally disturbed young people and their families. The major program responsibilities of Mental Health Youth and Family Services are:

- Provide mental health services to seriously emotionally disturbed children, referred from the school districts according to legal mandates.

- Oversee the mental health services for Marin County Medi-Cal beneficiaries, 18 years and younger.
- Implement the Children's System of Care (CSOC) program, which works collaboratively with Probation and Social Services, to provide culturally competent, strengths-based, family driven, flexible services for youth at risk of out-of-home placement and their families.

### Public Guardian

The Marin County Office of the Public Guardian has responsibility for the administration of three programs established by State law: Lanterman-Petris-Short (LPS) conservatorships, Probate Conservatorships, and the Representative Payee Program. The major program responsibilities of the Public Guardian are:

- The Public Guardian serves as the LPS Investigator and Temporary Conservator for individuals who are referred for LPS conservatorship. LPS conservatorships are for persons gravely disabled as the result of a mental disorder requiring psychiatric treatment and possible placement in a locked facility. The Public Guardian is the only entity that can petition the Court for appointment as the Temporary LPS conservator. If the Court establishes a permanent LPS conservatorship, the Director of Health and Human Services is usually appointed conservator of the person. Since July 2000, the Public Guardian supervises LPS conservatorship services for individuals under permanent LPS conservatorship and may be appointed conservator of the estate. If the conservatee has only government benefits, the Public Guardian may apply to be Representative Payee. LPS conservatorships are renewed on an annual basis.
- The Public Guardian investigates, petitions and is appointed by the Court as Probate Conservator for individuals who have no family or friends who are willing or able to assist them and are substantially unable to manage for themselves or resist fraud or undue influence. A probate conservatorship of the estate provides the conservator with the legal powers to manage property and income, and a conservatorship of the person provides the conservator with the legal powers to fix the domicile of the conservatee and provide for the personal care needs of the conservatee. The Public Guardian serves as the conservator of the person only, estate only or person and estate, as appropriate. A probate conservatorship remains in effect indefinitely and is terminated if the conservatee demonstrates that he/she has regained the ability to manage their own affairs.
- The Representative Payee Program is an alternative to conservatorship with the Public Guardian designated as the office to administer the program. The Board of Supervisors established this program for individuals who have difficulty managing money or financial affairs but whose needs can be met without the formality and restrictions of a conservatorship. This program is limited to individuals whose source of income is solely from government funds and another agency is providing case management services.

In addition, many interviewees have indicated that Drug and Alcohol Programs are closely related. The description and responsibilities of Drug and Alcohol, a part of the Health Services Division, is also presented in the County budget.

## Drug and Alcohol Programs

The Division of Alcohol, Drug and Tobacco Programs (ADTP) works to prevent and treat alcohol and other drug-related problems in Marin County. The programs work in partnership with other County departments, numerous public and private agencies, and related groups and individuals to provide leadership in the planning, development, implementation and evaluation of a comprehensive countywide prevention, intervention, detoxification, treatment and recovery service delivery system.

The division serves as an administrative agency responsible for seeking and for allocating federal, state, local, and grant funds to deliver alcohol and drug services to Marin County residents. The division contracts for these services with local community-based agencies and individuals and provides contract management and monitoring to ensure delivery of quality services to the residents of Marin County and fiscal accountability.