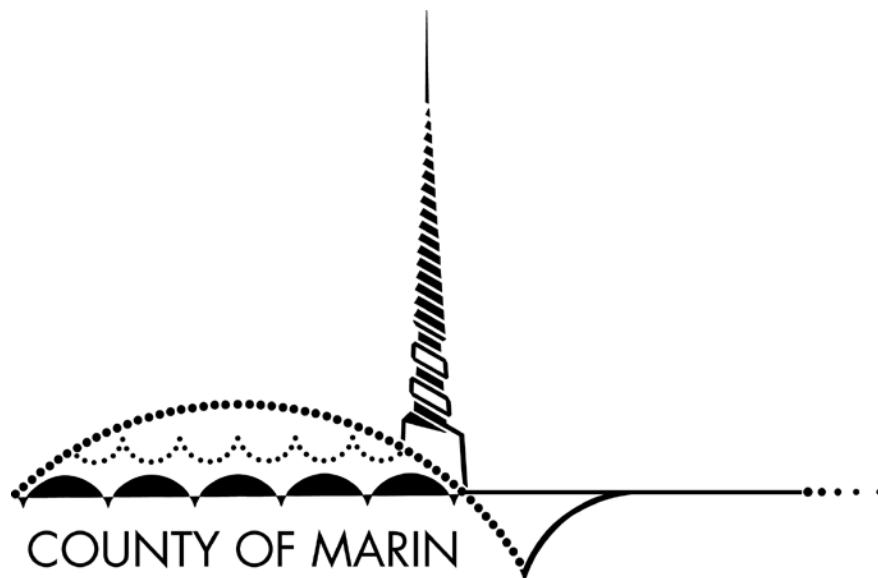
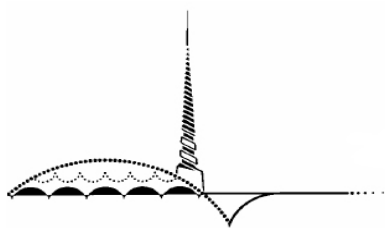


2014/2015 MARIN COUNTY CIVIL GRAND JURY

Marin's Mentally Ill: What's Being Done?

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MARIN'S MENTALLY ILL: WHAT'S BEING DONE?

SUMMARY

When state mental hospitals across the nation began to shut down in the 1970s, providing care for the seriously mentally ill became the responsibility of individual counties. What should Marin County do for its mentally ill? The Grand Jury investigated Marin County's mental health programs, services and related costs, and found an array of services being offered, but critical gaps exist and more can and must be done.

Mental Health and Substance Use Services (MHSUS), a division of Marin County's Department of Health and Human Services (H&HS), is responsible for public mental health services in the County. The population MHSUS serves is primarily the County's Medi-Cal¹ enrollees and the uninsured. The Grand Jury found that the County provides a comprehensive range of mental health programs and services following the model set forth by the State of California through the Mental Health Services Act (MHSA), 2004.

While MHSUS programs are well intended, the Grand Jury found it difficult to evaluate their costs, benefits, and effectiveness. The Grand Jury recommends that MHSUS develop a programmatic approach to budgeting that will track individual mental health program costs and benefits. Once the individual program costs are tracked and known, each program must be subject to a set of measurable outcome goals to ensure program effectiveness. Without this accountability, how can the County accurately represent to the community the costs and relative effectiveness of its individual mental health programs?

A key responsibility of MHSUS is to provide housing for mentally ill adults based on the severity of their illnesses. However, there is a lack of such housing, which results in a gap and a bottleneck for patients and imposes a significant financial burden on the citizens of Marin County. The Grand Jury recommends the County add more vitally needed housing for the mentally ill, including using the \$1.4M MHSA funds awarded over six years ago for this purpose.

The potential closure of the Helen Vine Detox Center would represent a huge loss in reaching and providing assistance to individuals with mental health and/or alcohol and substance abuse issues. The Grand Jury therefore recommends that MHSUS find a replacement location for the Center before its lease expires in 2016.

¹ Medi-Cal is California's Medicaid program, a public health insurance program for low-income people.

BACKGROUND

The Grand Jury heard from a Marin County citizen whose child suffers from severe mental illness. He told a story of his child's entanglements with law enforcement, of repeated hospitalizations, and of various treatments which were sometimes scarce or non-existent within the County. This story prompted the Grand Jury to investigate the services and programs provided by MHSUS.

METHODOLOGY

The Grand Jury conducted a six-month investigation including 20 interviews with high-ranking Marin County officials, financial and line staff within H&HS and the County Administrator's office, nonprofit service providers, representatives of the National Alliance on Mental Illness, the Mental Health Board of Marin, and a member of the Marin County Board of Supervisors. Additionally, the Grand Jury studied the 2006 Grand Jury Report *Detox Redux: Helen Vine Detox Center Revisited* and reviewed annual reports to the state from several counties regarding their use of Mental Health Services Act funds. Studies were also undertaken of state quality review documents of Marin's Mental Health Plan, budget documents, articles in the Marin Independent Journal, and other periodicals and on-line sources. The Grand Jury attended Marin County Mental Health Board meetings and made site visits to Marin's Health and Wellness Campus, to Psychiatric Emergency Services, and to the Ritter Center.

DISCUSSION

Introduction

When state mental hospitals across the nation began to shut down in the 1970s, regional facilities were expected to provide the replacement services. As a result, providing care for the seriously mentally ill is now the responsibility of each county.

In 2004, California passed a landmark mental health ballot initiative, The Mental Health Services Act (MHSA), also known as Proposition 63 (Prop 63). This proposition was intended to provide funds for additional mental health services and bold new programs to emphasize prevention and early intervention. Prop 63 pledged fewer mentally ill Californians on the streets and in jail, better community-based care, and strict oversight of spending. The MHSA's philosophy is of recovery and wellness, a belief in the strength and resiliency of each mentally ill person, and recognition that they are to be embraced as equal members of our community.²

Mental Health and Substance Use Services (MHSUS), a division of Marin County's Department of Health and Human Services (H&HS), is the entity responsible for providing mental health services to the County's children, youth, and adults as mandated

² County of Marin Mental Health Services Act 2014-2015 Annual Update, pg. 3.

by state and federal laws. Services are provided by County staff and through contracts with community-based organizations.

The population MHSUS serves is primarily the County's Medi-Cal enrollees and the uninsured. In human terms, this includes a 19-year-old schizophrenic young man living with his parents, a 58-year-old homeless man with major depression and alcoholism, and a single, 37-year-old bipolar mom with two children.

In fiscal year (FY) 2012-13, MHSUS reported approximately 3,700 mental health patients³ who were considered "seriously mentally ill."⁴ They suffered from conditions such as severe schizophrenia, bipolar disorder, and major depression. Left untreated, these disorders can become disabling, undermine physical health, and lead to legal entanglements, homelessness, and early death. The treatment for these conditions is very costly for all involved, including the taxpayers of Marin County.

Mental Health Services Provided

MHSUS provides mental health services through a "continuum of care," an integrated system that guides and tracks patients over time through a comprehensive array of health services spanning all levels of intensity of care, and embraces a Prevention and Early Intervention (PEI) model. To clarify, if mental health crises can be detected early and individuals can be linked to appropriate services, higher-level interventions can potentially be avoided or drastically reduced.⁵ PEI is aimed at breaking the cycle of violence, substance abuse, homelessness, crime, incarceration, and hospitalization that involves many who are seriously mentally ill—a cycle enormously wearing on them, agonizing for their families, and a drain on County resources.

In addition to PEI programs, MHSUS uses Prop 63 funds to offer many other community-based and County-run programs, including case management services, programs to reduce stigma and discrimination against the mentally ill, practice management tools such as electronic health records, and culturally appropriate training for providers, consumers, and families.

The Grand Jury commends MHSUS for its advances in providing for the well-being of its patient population. Most recently, grants funded two promising new intervention programs, one to de-escalate mental health crisis and another to prevent people from losing housing. In addition, MHSUS continues to systematically train sworn officers to identify and respond to mental health emergencies safely and effectively.

³ Ibid, pg. 13.

⁴ "Serious mental illness" is defined by the Centers for Medicare & Medicaid (CMS) as a person having one of five conditions: bipolar disorder, major depressive disorder, paranoid disorder, schizophrenia, or schizoaffective disorder. Medicarenewsgroup.com.

⁵ County of Marin, Crisis Continuum of Care Program Overview.

MHSUS Budgets⁶

The County's recommended FY 2014-15 budget included \$47.1 million to provide a safety net of mental health and substance use services, primarily to Medi-Cal enrollees and the uninsured. Clearly, this safety net comes at a price. Revenues from state and federal sources were expected to contribute \$36.2 million for these services, and the County's general fund was expected to contribute an estimated \$10.9 million prior to the end of the fiscal year.

In the course of the investigation of Marin's mental health system, it became apparent to the Grand Jury that the \$47.1 million budget process is flawed. The Grand Jury repeatedly requested budget information from MHSUS about its mental health programs, but a budget for each program could not be provided. Instead, the Grand Jury was told, "Marin County department budgets are developed based on cost centers and organized based on State required templates, which are not program specific." In the absence of a programmatic approach to budgeting, how can the County accurately represent to the community the costs and benefits of its programs? Specifically, how can the County determine whether it is meeting its obligation to provide this vulnerable population with the most effective programs? Notwithstanding the sizeable \$47.1 million budget, the County must ensure that the services are being delivered efficiently, which is essential to maximize available resources.

There remains a vital need for a financial reporting infrastructure able to track the individual program costs. The County can and should use the same state data to develop its own budgeting system that tracks individual program costs. Once the individual program costs are tracked and known, each program must be subject to a set of measurable outcome goals ensuring that each program's effectiveness, success, and efficiency can be confirmed.

The Grand Jury reviewed the County Health and Human Services FY 2013-14 Performance Plan (Plan) which provides metrics for the County's mental health programs. Generally those metrics provide no real understanding of whether the programs are effective, successful, or efficient. As an example, the Grand Jury reviewed in detail the metrics relating to the Support and Treatment After Release (STAR) program. The STAR program focuses on helping mentally ill people coming out of the criminal justice system. "*Since its beginning (2002), the program has served 189 program participants. . .*"⁷ Although the Grand Jury could not determine what amount of funds were attributed to STAR since its 2002 beginning, the budget for one fiscal year, 2014-15, was \$601,497.

The Grand Jury's review of these metrics raised more questions than were answered.

⁶ County of Marin Proposed Budget 2014-16, pg. 50.

⁷ County of Marin, Mental Health Services Act Three-Year Program and Expenditure Plan FY2014-15 through FY2016-17, pg. 38.

The following chart represents the metrics for the STAR program listed in the County Plan, page 7.

Program: Support and Treatment After Release (STAR) Program
Objective: Reduce the average number of days program participants spend in jail during the 12-month period following admission to the program

Workload Measures	2009/10 Actual	2010/11 Actual	2011/12 Actual	2012/13 Target	2013/14 Target
Number of jail bookings for participants after two years	8	N/A	20	18	18
Effectiveness Measures	2009/10 Actual	2010/11 Actual	2011/12 Actual	2012/13 Target	2013/14 Target
Percent reduction in the average number of offenses by participants in the program	67%	42%	90%	70%	75%
Number of jail days for participants enrolled in the program for at least 12 months	440	535	427	300	350

The above chart, offered with no explanatory narrative, raised numerous questions, including, but not limited to, the following:

- What does “after two years” mean in the Workload Measure shown above? After two years in the program or two years after release from the program?
- What does the number of bookings indicate in relation to the number of persons in the program and/or the number released from the program? (8 of what? 20 of what?)
- What does “workload measures” mean?
- How are actual and target numbers used to determine effectiveness?

The Grand Jury learned the following in the course of its interviews:

- To establish the baseline for this metric (days spent in jail prior to admission to the program), the County accepted self-reported data from STAR participants without any known independent verification of their data.
- The metrics used do not show any range of results, thus masking a complete understanding of the outcomes. Perhaps only a few participants were jailed again while the majority was not, but those indicators are not illustrated.
- MHSUS had no access to incarceration data from the Marin County jail.
- The metrics leave uncertainty as to whether STAR participants were tracked beyond two years.

The STAR program metrics brought the Grand Jury no closer to understanding whether this program is effective, successful, or efficient.

Mental Health Housing Gaps

A key responsibility of MHSUS is to provide housing for mentally ill adults based on the severity of their illness. These housing options range from a high cost point of in-hospital psychiatric stays to long term, sub-acute locked housing, to unlocked crisis residential housing, to various levels of “step-down”⁸ supportive housing, including board and care facilities. There is an increasing demand for mental health adult residential placements.⁹

Optimally, as a person’s mental health stabilizes, s/he can be moved from costly short-term housing into less restrictive, more independent housing. Costs range from approximately \$4,200 for a 24-hour stay at Psychiatric Emergency Service to \$1,400 or more per day for in-patient hospitalization, to \$259-\$750 per day for locked long-term residential housing, to \$459 per day for crisis residential, and finally to less costly post-crisis housing.

There is a significant lack of appropriate housing for mentally ill adults in Marin; this creates a gap and a bottleneck for patients and imposes a financial burden on the County and its taxpayers. When no bed suitable to someone’s level of need is available locally, MHSUS must contract to house that patient in another county or out of state. This situation creates a “boulder to recovery,” per one person interviewed, by imposing a burdensome and painful distance between patients and their families. The other choice is to keep the patient in more restrictive higher-cost housing in the county for longer than needed. These higher service levels and out-of-county placements impose a financial strain on the County.

The following are examples of the lack of available mental health placements:

1. Marin provides **no** in-patient beds for any seriously mentally ill children under MHSUS care who may need placement.
2. Approximately 200 eligible patients for Section 8 (federally subsidized) housing vouchers for independent living struggle to find units they can afford.
3. The current supply of step-down housing, where different levels of case management, medication, and therapeutic services are provided, amounts to only a few hundred “beds” in homes and apartments throughout Marin, well below what is needed.
4. Marin’s greatest need, according to several officials interviewed, is for more adult transitional housing.¹⁰

⁸ Step-down housing provides on-site mental health services and assists patients transitioning from acute inpatient and institutional settings to the community by providing intensive mental health, substance abuse treatment and supportive services.

⁹ County of Marin Proposed Budget 2014-16, pg. 48.

¹⁰ Adult transitional housing is community-based, shared living arrangements of up to about a year for adult patients able to function semi-independently, whose goal is preventing a return to a more restrictive environment, while encouraging movement towards independent living.

Ironically, in 2009 the California Housing Finance Agency (Cal/HFA) approved a \$2,151,000 grant for mental health housing in Marin. Today, six years after the grant was received, over 65 percent of the initial funding, approximately \$1,400,000, has still not been put to use. To date, only five permanent supportive units for seniors at the Fireside Apartments in Mill Valley have been procured at a cost of \$750,000.

The Grand Jury questioned why MHSUS has failed to purchase additional mental health housing with the \$1,400,000. It is unfathomable to the Grand Jury that, during the recession as real estate prices plummeted, additional housing was not acquired. With housing values now soaring, those grant monies will not go nearly as far. One Marin official said that they were unsuccessful in finding suitable properties despite collaborations with Marin Community Foundation, a professional housing and community development consulting firm, and local developers. No interview or review of documents indicated MHSUS's employing or consulting with an experienced realtor.

A New Location For The Helen Vine Detox Center

More than one in four adults living with serious mental health problems also have a substance use problem.¹¹ People with mental illness and active alcohol abuse are less likely to achieve lasting sobriety and more likely to experience severe complications of their substance abuse and end up in legal trouble.¹² These scenarios lead to the very expensive and life-shortening consequences MHSUS is trying to avoid: jail, hospitalization, and homelessness.

The Helen Vine Detox Center (Center), a 26-bed facility run by the Buckelew Programs, is the only public detox facility in Marin County. It provides recovery-oriented services to those with alcohol and drug addiction issues, as well as to those with co-occurring psychiatric problems. It is losing its lease February 2016 after 16 years in San Rafael. In 2014, the Center served more than 850 people; the police delivered about 25 percent of them to its door. Without the Center, many of those people will "dry out" in jail or a hospital. Neither the jail nor the hospital offers the psychiatric services provided at the Center, and both are more expensive.

The Center's potential closure would represent a huge loss in reaching and providing assistance to this population. The County has known for well over a year that the Center's lease at Silveira Ranch will expire in early 2016, and yet no new location has been found. As a local pundit opined, "Either some of these substance abusers will find themselves on the streets, they'll end up at a hospital, or they will be sent to jail. Not only are hospitals not equipped to serve as the transition from abuse to recovery, but they are outrageously expensive. All jail does is keep abusers off the streets for a few days."¹³ It is time to find a new location.

¹¹ National Alliance on Mental Illness Alcohol and Mental Illness Fact Sheet

¹² *Ibid*

¹³ Spotswood, Dick. "Detox Center Is an Essential Community Service." Editorial. *Marin Independent Journal* (San Rafael), March 11, 2015.

FINDINGS

- F1. Despite Mental Health and Substance Use Services (MHSUS) providing a comprehensive range of mental health programs and services, there are major gaps and bottlenecks in Marin County's mental health system.
- F2. Since MHSUS's outcome metrics lack clear meaning and their program costs are not defined, neither the Grand Jury nor the public is able to assess the programs' effectiveness.
- F3. There is insufficient housing for the mentally ill in Marin County, resulting in costly out of county and/or unnecessarily higher level placements.
- F4. MHSUS' failure to identify and purchase additional housing for the mentally ill during the recent recession, despite having \$1.4 million in Cal/HFA grant funds available since 2009 for that specific purpose, is unfathomable.
- F5. The potential closing of the Helen Vine Detox Center, the only Marin County public detox center, represents a huge loss of service and treatment to individuals with mental health and/or alcohol and substance abuse issues.

RECOMMENDATIONS

- R1. Marin County Board of Supervisors and Mental Health and Substance Use Services develop a programmatic approach to budgeting able to track individual mental health program costs and benefits along with using quantifiable data to analyze programs for effectiveness and efficiency.
- R2. Marin County Board of Supervisors and Mental Health and Substance Use Services immediately add more crucial housing for the mentally ill, including using the \$1.4M MHSA funds awarded over six years ago for this purpose.
- R3. Marin County Board of Supervisors and Mental Health and Substance Use Services find a replacement location for the Helen Vine Detox Center before the current lease expires in 2016.

REQUEST FOR RESPONSES

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

From the following governing body:

- Marin County Board of Supervisors: All Findings and Recommendations.

The governing body indicated above should be aware that the comment or response of the governing body must be conducted subject to the notice, agenda and open meeting requirements of the Ralph M. Brown Act.

The Grand Jury invites a response from the following individual:

- Director of Health and Human Services: All Findings and Recommendations.

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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.
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