Marin Mental Health Board
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May 10, 2010

The Board of Supervisors of Marin County
Administrative Building
1501 Civic Center Drive
San Rafael, CA 94903-4193

RE: County of Marin Mental Health Board 2010 Annual Report

Dear Members of the Board of Supervisors:

Thank you for the opportunity to review and recommend regarding Mental Health Care in Marin County. We appreciate the concern of the Board on such an important County program.

The MMHB also takes this opportunity to recognize the many dedicated and talented employees of CMHS and extend our gratitude for the cooperation of Division Director Gurganus and his staff.

For this Annual Report, individual Board members assumed responsibility for different aspects of the State mandate and examined parts of the community-wide mental health system in depth. As a result, Board members became well-informed with respect to the complex issues associated with our community-wide mental health system. This examination included on-site visits to Marin Community Mental Health Services (CMHS) offices and to the offices and facilities of CMHS contract agencies , focus group discussions with clients, and meetings with citizen advocacy organizations and neighboring County Mental Health Boards. In addition, the Board hosted several presentations by CMHS staff, held public hearings, attended state Mental Health Planning Council meetings, participated in California External Quality Review Organization (CAEQRO) review sessions, and attended other CMHS committee meetings. In the process, the MMHB also reviewed CMHS reports, budget information, revenue and expense documents, CAEQRO reports, newspaper articles and Grand Jury findings.

From the information obtained in our reviews, the MMHB developed the recommendations listed below:

1. **Develop a Community-wide Long Range Plan for Mental Health Services**

2. **Expand the STAR Program to provide opportunities for cost savings and address the impact on mental health services posed by increasing prison inmate releases.**

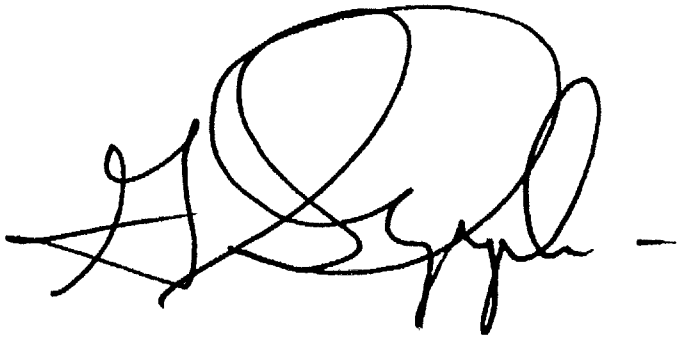
3. **Assess Outsourcing CMHS Services by creating a task group that includes providers, professionals and the public, to study the feasibility and potential cost savings of outsourcing current and future County mental health services.**

4. **Develop More Effective Outreach for Stakeholder Participation**

5. **Create a Standardized Performance/Outcome Report Using Intra-County Data**

The report is not indicating that CMHS work is of poor standard. We have found that considering the current and difficult funding conditions, CMHS is doing a credible job of providing services. This report is a recommendation to review current operations and seek different approaches that may allow reduced costs resulting in an increase of clients served. CMHS should seek all means of cutting costs other than reducing services to those who have serious mental illness.

On behalf of the County of Marin Mental Health Board,



Gary G Scheppke, Chair

Attachments:

MMHB 2010 Annual Report
Addendum 1 - Summary of Site Visits
Addendum 2 - Summary of Client Focus Group
Addendum 3 – Summary of Jail vs. Treatment

I. COMMISSION NAME/TITLE

Mental Health Board

Please enter any corrections or updates to the commission name/title in the below text box.
Marin Mental Health Board

II. COMMISSION PURPOSE/MANDATE

The mission of the Marin County Mental Health Board (MMHB) is to represent and advocate for the mental health needs of the people of Marin by being fully informed on all related issues in order to promote a creative, comprehensive and dynamic mental health system of care. The Board seeks to inform and advise the Community Mental Health Services Director and Board of Supervisors on behalf of clients, families, and the community-at-large and to facilitate communication between the community, mental health service providers and Board of Supervisors to ensure that the system is responsive to our community needs as outlined in California Welfare And Institutions Code § 5604.

Another duty that is unique to the MMHB is to review and comment on Marin County's mental health performance outcome data and communicate the Mental Health Board's findings to the California Mental Health Planning Council. The Board also promotes education, prevention and early intervention to meet the needs of the mentally ill..

Please enter any updates to the commission's purpose/mandate in the below text box.
Please replace the above mission with the following: The mission of the Marin County Mental Health Board is set forth in CA Welfare and Institutions Code 5604 which states in relevant part, that local mental health boards shall do all of the following:

1. Review and evaluate the community's mental health needs, services, facilities, and special problems.
2. Review any county agreements entered into pursuant to Section 5650.
3. Advise the governing body and the local mental health director as to any aspects of the local mental health program.
4. Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process.
5. Submit an annual report to the governing body on the needs and performance of the County's mental health system.
6. Review and comment on the county's performance outcome data and communicate its findings to the California Mental Health Planning Council.

III. UPDATE ON GOALS AND KEY INITIATIVES (FY 2009-10)

Please provide an update on the Commission's key initiatives and goals for FY 2009-10 (July 1, 2009 – June 30, 2010).

Goal 1: Continue to expand Mental Health Board knowledge of Mental Health needs and services in Marin County and implement proposals to address the Board's findings.

FY 2009-10 Initiatives	On Track (Yes/No)	Comments/Notes
Conduct additional site visits of County mental health programs.	Yes	
Participate in meetings with affiliated groups.	Yes	

Goal 2: Complete the review and evaluation of the 12 the largest recipients of CMHS contracts; extend this review to all and programs of County Mental Health Services.

FY 2009-10 Initiatives	On Track (Yes/No)	Comments/Notes
Promote use of reliable methodology to enumerate actual number of persons served either through full service partnerships or special services.	No	Data metrix are still not avaiable

Goal 3: Promote recovery and themes of independence among mental health consumers in the County.

FY 2009-10 Initiatives	On Track (Yes/No)	Comments/Notes
Plan, sponsor and promote Celebrating the Uncelebrated, the board's biennial banquet recognizing consumers, providers and supporters of recovery among mental health consumers on May 7, 2009 during national Mental Health month.	Yes	Added an Art Show to the celebration
Continue board participation in the County's new Supported Education Task Force, a collaboration between CMHS, the College of Marin, TAY, Community Action Marin and Buckelew Employment Services.	No	

Iç. **FY 2009-10 ACCOMPLISHMENTS**

List the most significant accomplishments that the Commission has achieved or expects to achieve during the current Fiscal Year 2009-10 (July 1, 2009–June 30, 2010).

- Introduction

  Over the past year the Marin County Mental Health Board (MMHB) experienced a change in leadership and as a result, refocused its priorities to comply with the Welfare and Institutions Code, Sec. 5604.2(a).

This examination included on-site visits to Marin Community Mental Health Services (CMHS) offices and to the offices and facilities of CMHS contract agencies , focus group discussions with clients, and meetings with citizen advocacy organizations and neighboring County Mental Health Boards. In addition, the Board hosted several presentations by CMHS staff, held public hearings, attended state Mental Health Planning Council meetings, participated in California External Quality Review Organization (CAEQRO) review sessions, and attended other CMHS committee meetings. In the process, the MMHB also reviewed CMHS reports, budget information, revenue and expense documents, CAEQRO reports, newspaper articles and Grand Jury findings.

From the information obtained in our reviews, the MMHB developed the recommendations listed below.

1. Develop a Community-wide Long Range Plan for Mental Health Services

With the severe budget cuts and reduction in CMHS services along with the many other community-wide barriers to mental health services, a County long range plan is critical to insure sufficient Mental Health indispensable. The MMHB should be a part of this process and will help ensure that citizen stake holders of the Marin County community are well represented.

2. Expand the STAR Program to provide opportunities for cost savings and address the impact on mental health services posed by increasing prison inmate releases.

STAR has significant success in reducing homelessness by 83%, hospitalization by 54%, incarceration by 83% and decreased arrests by 93% from 2006 through 2009.

The RAND Corporation completed a fiscal study of mental health court costs in 2007. The researchers found that government costs to provide additional mental health services would be fully offset by money the government saved because participants under mental health court supervision spent less time in jail in the first year after sentencing. Significantly, the study demonstrated that in the second year after sentencing the decline in jail time of mental health court participants (STAR) more than offset the costs to government of their continuing mental health treatment.

3. Assess Outsourcing CMHS Services by creating a task group that includes providers, professionals and the public, to study the feasibility and potential cost savings of outsourcing current and future County mental health services.

The budget documents provided to the MMHB by CMHS were very informative but we could not ascertain why CMHS administrative costs are such a large share of the CMHS budget. In reviewing the budget we found that CMHS' general, contracted and program administrative costs are near 29 percent of expenditures, whereas Community Based Organization providers keep their administrative costs near 15 percent.

In reviewing the budget and previous recommendations of the County Grand Juries, it appears that there may be a considerable cost-effective

potential in the enhancement of contracting by the County with Community Based Organization (CBO) service providers in favor of the direct provision of services by the County. In other words, the Board suggests that, based upon its examination during the past year of CMHS budget administrative burden, community contractors may be providing the most cost-effective care – which is a most important consideration given the budget crisis.

4. Develop More Effective Outreach for Stakeholder Participation

a. Solicitation of the views and recommendations of the MMHB and other advisory groups for recommended stakeholder participants;

b. Utilization of a secure website to post project information as a strategy to enhance communication with committee members and stakeholders between, before and after committee meetings;

c. Creation of a consolidated list and calendar of all CMHS public committees that are easily accessed by the public and advisory groups.

5. Create a Standardized Performance/Outcome Report Using Intra-County Data

Create a task force, including MMHB recommended stakeholders and contract providers (CBOs), be appointed to review data currently available and to determine what data, if any, needs to be developed to measure outcomes; such as un-duplicated clients served, cost per client per service, number of citizens denied access, recovery progress scales, etc..

The data improvement process be included in the mandates of current MHSA service and implementation committees; and
a process chart be created which will outline the various paths through the community wide recovery system in Marin County.

Conclusion

This report is a recommendation to review current operations and seek different approaches that may allow reduced costs resulting in an increase of clients served. CMHS should seek all means of cutting costs other than reducing services to those who have serious mental illness.

- One of the Marin County Mental Health Board's (MMHB) goals for 2008/2009 was to: "review performance indicators and outcomes for the largest recipients of CMHS contracts". To achieve that goal, MMHB members visited contractor agencies as well as programs operated by Community Mental Health Services. A total of thirteen contractor agencies and CMHS programs were visited by MMHB members. Of the 35 contractor agencies, MMHB members visited seven agencies (which were some of the largest grant recipients). Of the eight CMHS programs, MMHB members visited six.
  Using a standardized questionnaire, Board Members requested information from program staff related to:
  - the structure and scope of services the contractor agency/program provides

- the approach toward mental health treatment and the recovery
- how the program fits within the overall mental health system of care in Marin County
- any other topics the program staff, consumer, and/or family member wanted to discuss

Information gathered from the site visits was summarized and reported back to the MMHB. Board members' site visit experiences added context and a better understanding of the local mental health system. As a result, Board members meaningfully contributed to discussions around the CMHS budget, Quality Improvement, and changes to the local mental health service delivery system. The site visits also provided an opportunity for staff at contractor agencies and CMHS programs to learn more about the MMHB and the role it plays in the mental health system.

The following themes emerged from the contractor agency/CMHS program site visits:

In general, contractor agencies and CMHS programs are providing specialized services to small subsets of the overall population requiring mental health services. For example, there are programs to specifically address the needs of older adults, transition age youth, people recently discharged from the hospital, people on probation, and homeless populations.

Most of the sites visited reported lack of housing as the key impediment to recovery for their clients. Other impediments included lack of stable funding, lack of treatment options for dually-diagnosed clients, limited job opportunities, and lack of affordable and accessible transportation.

Contractor agencies and CMHS programs do not typically acknowledge when clients 'graduate' from a program. While staff work toward helping people recover from their mental illness and function in society to the best of their abilities, there was not a sense from these site visits that there is a system in place to support and acknowledge that recovery.

Contractor agencies and CMHS programs are implementing varying degrees of the Family Partnership Policy, with most falling short of adequate implementation. Challenges to actively engaging families/loved ones in treatment planning and on-going engagement include provider bias, lack of time and resources, lack of expertise and skill.

Client satisfaction surveys are used across almost all of the sites visited. These surveys provide an opportunity for clients to express their experience with treatment services. However, It is unclear how this data is used for program planning and how those who did not complete the survey (perhaps because they are dissatisfied with the service) are solicited for feedback. Family members are not generally solicited for feedback at the sites the Board visited.

As the Board learns more about the local mental health system through site visits, reviewing research and reports, and inviting experts to make presentations at Board meetings, more questions arise. The key questions the Board is grappling with at this point in time are:

Are there efficiencies within the local mental health system that are not

currently being realized (given the multitude of contractor agencies and CMHS programs caring for a relatively small population)?
How can the collaboration between CMHS program staff and the contractor agencies be strengthened to realize greater efficiencies and a stronger continuum of integrated health care? (e.g. CMHS Adult Services and Marin Community Clinic)
How are the CMHS budget cuts impacting mentally ill people, their families, and the network of providers?
What is the County's process for determining which services are provided through CMHS (and to whom) and which services are contracted out to non-profit agencies?
When mentally ill individuals seek out services either at contractor agencies or CMHS and are turned away for whatever reason (i.e. do not meet eligibility criteria, program is at capacity) where/how do they get the services they need?
How can the County ensure that CMHS programs and contractor agencies are providing the appropriate level of care to mentally ill populations? What needs to happen to ensure CMHS programs and contractor agencies 'graduate' mentally ill clients who are on a solid path to recovery?

The site visits proved to be a very valuable exercise for the Board (and hopefully for staff members of mental health services as well). Board members remain committed to deepening their knowledge of the mental health delivery system and intend to continue conducting site visits. A plan to visit new agencies/CMHS programs and return to sites already visited was on the annual retreat agenda.retreat on May 7, 2010.

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5. GOALS AND KEY INITIATIVES FY 2010-11

List the Commission's most important goals (up to 5) for Fiscal Year 2010-11 (July 1, 2010, through June 30, 2011). These goals should be statements that reflect the Commission's highest priorities, which may or may not change from year-to-year.

Below each goal, list 1-5 key initiatives (activities) that the Commission will be working on in FY 2010-11 that will help them make progress toward that particular goal. Typically, initiatives are discrete activities that can be achieved over the course of one or two years.

Goal #1: Review and evaluate the community's mental health needs, services, facilities, and
special problems with an emphasis on the following questions.

FY 2010-11 Key Initiatives

FY 2010-11 Key Initiatives
1. Are there efficiencies within the local mental health system that are not currently being realized (given the multitude of contractor agencies and CMHS programs caring for a relatively small population)?
2. How can the collaboration between CMHS program staff and the contractor agencies be strengthened to realize greater efficiencies and a stronger continuum of integrated health care? (e.g. CMHS Adult Services and Marin Community Clinic)
3. How are the CMHS budget cuts impacting mentally ill people, their families, and the network of providers?
4. What is the County's process for determining which services are provided through CMHS (and to whom) and which services are contracted out to non-profit agencies? When mentally ill individuals seek out services either at contractor agencies or CMHS and are turned away for whatever reason (i.e. do not meet eligibility criteria, program is at capacity) where/how do they get the services they need?
5. How can the County ensure that CMHS programs and contractor agencies are providing the appropriate level of care to mentally ill populations? What needs to happen to ensure CMHS programs and contractor agencies 'graduate' mentally ill clients who are on a solid path to recovery?

Goal #2: Advise the governing body and the local mental health director as to any aspects of the local mental health program.

FY 2010-11 Key Initiatives
1. Develop a quarterly advisory report
2.
3.
4.
5.

Goal #3: Follow up on 2009-2010 Recommendations

FY 2010-11 Key Initiatives
1. Advocate for Creation of a Standardized Performance/Outcome Report Using Intra-county Data
2. Advocate for an Assessment of Outsourcing CMHS Services by creating a task group that includes providers, professionals and the public, to study the feasibility and

FY 2010-11 Key Initiatives
potential cost savings of outsourcing current and future County mental health services.
3. Advocate for Expansion of the STAR Program to provide opportunities for cost savings and address the impact on mental health services posed by increasing prison inmate releases.
4. Advocate for the Development of a Community-wide Long Range Plan for Mental Health Services
5.

Goal #4:

FY 2010-11 Key Initiatives




Goal #5:

FY 2010-11 Key Initiatives
1.
2.
3.
4.

FY 2010-11 Key Initiatives
5.

çI. KEY CHALLENGES AND ISSUES

Please list any challenges or obstacles to achieving your FY 2010-11 goals.

- One of the major challenges is not having a set of performance standards that are pertinent to our review.
- Secondly, the unavailibility of a flow chart that outlines the paths of various types or categories of clients through the system is a barrier to understanding how the community wide system works. The flow chart should demonstrate how clients navigate the community wide mental health system from the point of entry to recovery and reentry if needed. The flow chart should also include typical wait times at various junctures, services provided and by whom, and the interactions between organizations
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çII. ADDITIONAL COMMISSION COMMENTS

Please provide any additional comments in the below text box.

CMHS is to be commended for maintaining certain critical core services. The Wellness Center continues to serve as a great success story in providing a one stop service site for most outpatient needs. Two other programs that have stood out in the face of budget constraints are the STAR (mental health court) and Odyssey (homeless) programs. Each of these CMHS programs is credited with reducing homelessness by 83% and 91% respectively, hospitalization by 54% and 58%, incarceration by 83% and 60%, and decreased arrests by 93% and 66% over a 3 year period.

This report is not indicating that CMHS work is of poor standard. In fact under the current difficult conditions, CMHS is doing a credible job of providing services. The MMHB recognizes the many dedicated and talented employees of CMHS and we are thankful for that. We would also like to extend our gratitude for the cooperation of Division Director Gurganus and his staff.

This report is a recommendation to review current operations and seek different approaches that may allow reduced costs resulting in an increase of clients served. CMHS should seek all means of cutting costs other than reducing services to those who have serious mental illness.

çIII. DEPARTMENT COMMENTS

If applicable, please use the below text box for comments from the County Department that the commission works with.

One of the Marin County Mental Health Board's (MMHB) goals for 2008/2009 was to: "review performance indicators and outcomes for the largest recipients of CMHS contracts". To achieve that goal, MMHB members visited contractor agencies as well as programs operated by Community Mental Health Services. A total of thirteen contractor agencies and CMHS programs were visited by MMHB members. Of the 35 contractor agencies, MMHB members visited seven agencies (which were some of the largest grant recipients). Of the eight CMHS programs, MMHB members visited six.

Using a standardized questionnaire, Board Members requested information from program staff related to:

- the structure and scope of services the contractor agency/program provides
- the approach toward mental health treatment and the recovery
- how the program fits within the overall mental health system of care in Marin County
- any other topics the program staff, consumer, and/or family member wanted to discuss

Information gathered from the site visits was summarized and reported back to the MMHB. Board members' site visit experiences added context and a better understanding of the local mental health system. As a result, Board members meaningfully contributed to discussions around the CMHS budget, Quality Improvement, and changes to the local mental health service delivery system. The site visits also provided an opportunity for staff at contractor agencies and CMHS programs to learn more about the MMHB and the role it plays in the mental health system.

The following themes emerged from the contractor agency/CMHS program site visits:

- In general, contractor agencies and CMHS programs are providing specialized services to small subsets of the overall population requiring mental health services. For example, there are programs to specifically address the needs of older adults, transition age youth, people recently discharged from the hospital, people on probation, and homeless populations.

- Most of the sites visited reported lack of housing as the key impediment to recovery for their clients. Other impediments included lack of stable funding, lack of treatment options for dually-diagnosed clients, limited job opportunities, and lack of affordable and accessible transportation.

- Contractor agencies and CMHS programs do not typically acknowledge when clients 'graduate' from a program. While staff work toward helping people recover from their mental illness and function in society to the best of their abilities, there was not a sense from these site visits that there is a system in place to support and acknowledge that recovery.

- Contractor agencies and CMHS programs are implementing varying degrees of the Family Partnership Policy, with most falling short of adequate implementation. Challenges to actively engaging families/loved ones in treatment planning and on-going engagement include provider bias, lack of time and resources, lack of expertise and skill.

- Client satisfaction surveys are used across almost all of the sites visited. These surveys provide an opportunity for clients to express their experience with treatment services. However, It is unclear how this data is used for program planning and how those who did not complete the survey (perhaps because they are dissatisfied with the service) are solicited for feedback. Family members are not generally solicited for feedback at the sites the Board visited.

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- Are there efficiencies within the local mental health system that are not currently being realized (given the multitude of contractor agencies and CMHS programs caring for a relatively small population)?

- How can the collaboration between CMHS program staff and the contractor agencies be strengthened to realize greater efficiencies and a stronger continuum of integrated health care? (e.g. CMHS Adult Services and Marin Community Clinic)

- How are the CMHS budget cuts impacting mentally ill people, their families, and the network of providers?

- What is the County's process for determining which services are provided through CMHS (and to whom) and which services are contracted out to non-profit agencies?

- When mentally ill individuals seek out services either at contractor agencies or CMHS and are turned away for whatever reason (i.e. do not meet eligibility criteria, program is at capacity) where/how do they get the services they need?

- How can the County ensure that CMHS programs and contractor agencies are providing the appropriate level of care to mentally ill populations? What needs to happen to ensure CMHS programs and contractor agencies 'graduate' mentally ill clients who are on a solid path to recovery?

The site visits proved to be a very valuable exercise for the Board (and hopefully for staff members of mental health services as well). Board members remain committed to deepening their knowledge of the mental health delivery system and intend to continue conducting site visits. A plan to visit new agencies/CMHS programs and return to sites already visited will be discussed at the Board's annual retreat on May 7, 2010.

Addendum 2
Summary of Client Focus Group

A focus group of 12 clients were interviewed using the following question:

Interviewer: What is your biggest problem accessing services in Marin County?

Clients: The number one problem was the inavailiblity of Dental Care. The clients said that when they have a dental problem they go to Marin General's Emergency room where they receive a pain killer and an authorization for one visit to the dentist. Many times the result is to have a tooth extracted and be left with a gaping hole where the tooth was.

Clients: The second most verbalized problem was the inability to get a live person on the phone when they called for help or sevices. Most often they access an answering machine with instructions to leave a message. Many times, no one returns their calls. They indicated they are very careful to leave their name and phone number and why they are calling.

Treatment Advocacy Center Study Reveals Severely Mentally Ill Persons More Likely to be in California Jails than Hospitals

As the nation observes the 49th annual Mental Health Month, the Treatment Advocacy Center is bringing awareness to America's shameful 50-year trend of exiling severely mentally ill persons out of hospitals and into the oblivion of the criminal justice system.

"Over the past five decades the needs of Americans suffering from severe mental illnesses have been forgotten," said James Pavle, executive director. "With little exception, incarceration has replaced hospitalization for thousands of individuals with severe mental illness in every single state."

"More Mentally Ill Persons Are in Jails and Prisons than Hospitals: A Survey of the States," a new report released today by the Treatment Advocacy Center and the National Sheriffs' Association, reveals that Americans with severe mental illnesses are three times more likely to be in jail or prison than in a psychiatric hospital.

"If societies are judged by how they treat their most disabled members, our society will be judged harshly indeed," said study author E. Fuller Torrey, M.D., a research psychiatrist and Treatment Advocacy Center founder. "The present situation, whereby individuals with serious mental illnesses are being put into jails and prisons rather than into hospitals, is a disgrace to American medicine and to common decency and fairness.

"The odds of a seriously mentally ill individual being imprisoned rather than hospitalized are 3.2 to 1, state data shows. In California the odds are 3.8 to 1, which is higher than the national average. The report compares statistics from the U.S. Department of Health and Human Services and the Bureau of Justice Statistics collected during 2004 and 2005, respectively. The report also found a very strong correlation between those states that have more mentally ill persons in jails and prisons and those states that are spending less money on mental health services.

Ratios of imprisonment versus hospitalization vary from state to state, as the report indicates. On the low end, North Dakota has an equal number of mentally ill individuals in hospitals as in jails or prisons. By contrast, Arizona and Nevada have 10 times as many mentally ill individuals in prisons and jails than in hospitals.

Recent studies suggest that at least 16 percent of inmates in jails and prisons have a serious mental illness. According to author and National Sheriffs' Association Executive Director Aaron Kennard, "Jails and prisons are not designed for treating patients, and law enforcement officials are not trained to be mental health professionals."

Once a part of America's dark past, criminalizing severely mentally ill people has returned. Five decades of closing psychiatric hospitals has forced large numbers of deinstitutionalized patients into the criminal justice system. "America's jails and prisons have once again become our mental hospitals," Pavle said.

In 1955, there was one psychiatric bed for every 300 Americans. By 2005 there was just one psychiatric bed for every 3,000 Americans. Compared to statistics from 1850, when there was only one public psychiatric bed available for every 5,000 Americans, America is heading in the wrong direction when it comes to caring for the severely mentally ill.