MARIN HEALTH & HUMAN SERVICES
Health, Well-being & Safety

COUNTY OF MARIN

MARIN COUNTY HEALTH AND HUMAN SERVICES
MENTAL HEALTH AND SUBSTANCE USE SERVICES

HEALTHY FAMILIES HEALTHY CHILDREN

Children's Mental Health Strategic Plan 2015-2020

Table of Contents

Acknowledgements

The Marin County Department of Health and Human Services, Division of Mental Health and Substance Use Services, Children's Mental Health wishes to acknowledge the leadership and contributions of many individuals and organizational partners in developing a Strategic Plan that will guide the delivery of a comprehensive continuum of specialty mental health and substance use services for the next five years.

Marin County Department of Health and Human Services

Grant Colfax, M.D., Director

Suzanne Tavano, PhD, Assistant Director, Mental Health and Substance Use Services

Maureen Lewis, Chief Assistant Director

Heather Ravani, Chief Assistant Director

Celia Allen, Chief Fiscal Officer, Office of Finance

Mental Health and Substance Use Services Division Program Staff

Ann Pring, PhD, Division Director

Brian Robinson PsyD, Mental Health Unit Supervisor

Cathy Zane, MFT, Mental Health Unit Supervisor

Dawn Hensley, Director of Family Partnership P:rogram

The Division of Mental Health and Substance Use Services (MHSUS) and Children's Mental Health would also like to thank the individuals who responded to survey requests and participated in key informant interviews and focus groups. Participants included young people, clients currently engaged in treatment, safety net and healthcare service providers, staff in community provider settings, school personnel, county division directors and other key community stakeholders.

Marin Health and Human Services Mission

The mission of the Marin County Department of Health and Human Services is to promote and protect the health, well-being, self-sufficiency and safety of all people in Marin County. Within that mission Children's Mental Health strives to provide child centered specialty mental health services in a culturally appropriate manner, using available county funds.

Introduction

Mental Health and Substance Use Services (MHSUS) is responsible for planning, coordinating and managing a continuum of publicly funded specialty mental health and substance use services for children and youth in Marin County that fall at or below 200% of the federal poverty level. Specialty mental health services are individual or group therapies and interventions provided by a mental health professional for seriously emotionally disturbed children and adolescents to assist the child to gain social and functional skills necessary for appropriate emotional development and social integration.

Approximately 50% of the services for these children and youth are provided by community agencies contracted by the County. This strategic plan focuses on the other 50% of services provided by county run programs under Children's Mental Health: Youth and Family Services (YFS) and Youth Empowerment Services (YES).

Executive Summary

Background

Children's Mental Health is responsible for planning, coordinating and providing publicly funded specialty mental health services for those children and youth that fall at or below 200% of the federal poverty level. One of the core values of Children's Mental Health is that services should be child centered and family focused, thus the types of services provided are determined by the needs of the child and family. Services are provided in the most normative environment possible with the ultimate goal being to support the child and family in their resiliency and recovery building on natural, reoccurring resources. Another important goal is to better address the needs of those with co-occurring mental health and substance use conditions, which entails working closely within Mental Health and Substance Use Services (MHSUS) with the Alcohol and Drug Programs to improve availability of such services for children and youth.

Local, state and federal initiatives, as well as changing circumstances within Marin County prompted this strategic planning for children's services. One significant change is that the responsibility for providing mental health services to special education students reverted back to the school districts from MHSUS in the Fall of 2012 (this change is described in more detail in the body of the report). In addition, referrals to the YES program decreased significantly due to a reduction in youth involved in the juvenile justice system. The purpose of the plan is to strategically improve services, maximize current resources, and address unmet needs based on an assessment and analysis that recognizes changing local circumstances and demographics.

Youth and Family Services (YFS)

Youth and Family Services (YFS) is one of two programs in Children's Mental Health Services providing a range of outpatient mental health services primarily to children, youth and families with Medi-Cal coverage. The YFS team, based at the Health and Wellness Campus on Kerner Boulevard in San Rafael, provides specialty mental health services to the safety net population of Marin County, those at or below 200% of the federal poverty level ($38,000 for a family of three). Our guiding philosophy is that children and youth with emotional disturbances should have access to an integrated and comprehensive array of services that address their emotional, social and educational needs in a coordinated and therapeutic manner. Mental health services, including individual, family and group services, are provided to children and youth at our Kerner offices, at selected school sites or in the community as appropriate. Additionally, several masters and Ph.D. level interns from accredited graduate programs provide family therapy, group therapy and limited individual sessions under the supervision of licensed YFS clinicians.

Services available in English and Spanish include:

- case management,
- individual counseling,
- wraparound services,
- substance use assessment and referral

- family therapy,
- parenting classes and coaching, and
- medication services.

Additionally, Family Partners (a parent who has had a child/family member in the mental health system) work alongside clinicians with children and families at the Kerner campus or out in the community. The Family Partner helps the parent navigate the different systems and environments, giving the parent's perspective a voice, and thus supporting communication and shared understanding about their child with other caregivers. The child's family and peers are important support systems that are actively engaged so that going forward the child and family will be able to access and utilize this support independently of the county program staff.

Youth Empowerment Services (YES) Full Service Partnership

Formerly known as Children's System of Care (CSOC), Youth Empowerment Services is a Full Service Partnership program for youth up until their 21st birthday, who have serious mental health and/or co-occurring disorders and/or may be at risk for high end services. Referrals for this wraparound/intensive case management service may come from schools, parents, pediatricians or probation, specifically youth discharged from psychiatric hospitals, youth/families with significant stressors that increase risk for homelessness or school disruption. This program will continue to operate under a 'whatever it takes' philosophy embedded in the Mental Health Services Act initiative (see page 8 for further details). This program provides culturally sensitive mental health services, intensive case management, and psychiatric care, as well as collaboration with partner agencies (i.e., education, probation, drug court, etc.) to facilitate integrated care and ongoing family support. YES providers support linkage between systems in which their child is engaged thus increasing access to available resources. Three of the four YES providers are bilingual Spanish speaking, since approximately 50% of YES clients are from monolingual Spanish speaking families.

The YES model is a supportive, strengths based model with the goal of meeting youth and families in their homes and in the community and providing a flexible therapeutic approach to complex family challenges.

Access to Services

The Access Line (1-888-818-1115) accepts referrals for Children's Mental Health. Access clinicians screen and assess as appropriate the child and family's needs and refers the child who meets medical necessity to the appropriate level of care.

Emergency mental health services are available at the local Psychiatric Emergency Services (PES) adjacent to Marin General Hospital.

Alignment with Local Initiatives

The Marin County Health and Human Services System Integration Committee, comprised of county staff and community partner agencies, met for a time limited period in 2013 with the vision to create a compassionate provider community that is welcoming and responsive to those with

complex needs. Some of Children's Mental Health staff participated in that process and have helped implement that vision within CMH.

Managing for Results is a county-wide initiative developed and implemented to achieve the vision of the county to "do the most important things well, by identifying priorities, aligning department and program activities to reflect those priorities and using measures to track progress in accomplishing them." The strategies outlined in this plan align with priorities and include measures and methods to assess the efficacy and quality of services.

Alignment with Statewide Initiatives

The Katie A. class action suit sought to improve the provision of mental health and supportive services for children and youth in, or at imminent risk of, placement in foster care in California. The settlement agreement in December 2011 sought to accomplish systemic change for mental health services for children and youth within the class by adopting new approaches that support sustained collaboration between the child, family, Mental Health and Child Welfare systems.

The California Department of Health Care Services (DHCS) now has enhanced oversight regarding the use of antipsychotics for minors, as well as medications in general for foster children. The Children's Mental Health psychiatry team is in alignment with this new state standard and provides second reviews as appropriate for foster children who have been prescribed medications. The psychiatric team is ready to respond to additional pending bills which appear to increase the focus on monitoring of the use of medication with foster children.

AB403 is a new assembly bill, proposed by Assembly Member Mark Stone (D-Santa Cruz). It is a comprehensive reform effort to make sure youth in foster care have their day to day physical, mental and emotional needs met; that they have the greatest chance to grow up in permanent and supportive homes; and that they have the opportunity to grow into self-sufficient, successful adults. The bill would support the long-standing goal of moving away from the use of long-term group home care by increasing youth placement in family settings and providing targeted training for foster families. The proposal to certify Short Term Residential Treatment Centers through county mental health plans will increase local involvement in monitoring and providing access to mental health services for foster children. This will continue to be a collaborative effort with our partners in Child Welfare and Juvenile Justice systems.

Trauma Informed Care has become increasingly important as professionals and community members alike recognize the long term negative impact trauma may have on individual lives. Seven Bay Area counties, led by San Francisco County, were collectively awarded a SAMHSA Grant to form a collaborative center, called Trauma Transformed (T2). The purpose is to change the way we understand, respond to and heal trauma and to foster resilient and safe communities by providing training, support and best practices for those dealing with individuals impacted by trauma.

Summary of Steps in Strategic Planning Process

The essential areas to cover in a strategic planning process are assessment, capacity, planning. implementation and evaluation. This plan presents a guideline for these areas of focus. However,

any worthwhile strategic plan is not a set of rules or limits, but a dynamic plan that allows adjustment of goals as data is gathered and analyzed so the implementation and monitoring is a continuous quality improvement process.

Three major priorities were identified through the assessment, capacity and planning phases:

1. To design a sustainable service delivery model that addresses the mental health needs and co-occurring substance use of children and youth living at or below 200% of the federal poverty level.
2. Increase identification of clients with co-occurring conditions and provide as comprehensive services as resources allow with our substance use services partners.
3. Continue to support and sustain evidence based practices with training and on-going consultation for clinical staff, Family Partners and parents.

From these priorities three broad Strategic Plan goals were identified:

1. Increase outreach and access to services.
2. Increase staff and system capacity.
3. Improve data collection, analysis and reporting.

Through a series of stakeholder meetings and feedback from key informants we identified sixteen specific objectives to meet the three broad strategic plan goals listed above. These objectives are described on pages 22 – 28 of this plan.

Fiscal Overview

Children's Mental Health is responsible for planning, coordinating, managing and delivering many publicly supported specialty mental health services responsive to the needs of the children, youth, and families of Marin County. Children's Mental Health is supported fiscally by county general funds, the Mental Health Services Act, Medi-Cal revenue and a SAMHSA Mental Health Block Grant. The total Children's Mental Health budget is approximately $5.6 million. All our services focus on low income children and youth, the majority of which have Medi-Cal insurance. Medi-Cal revenue is derived from federal and state monies (50% and 40% respectively), with the county contributing approximately 10%. This funding source is essential in supporting the services provided to the children and youth of Marin County. A small SAMHSA grant supports a portion of our staff training and Family Partner positions.

The Mental Health Services Act (MHSA), a 1% tax on all personal income over $1 million passed in 2004, supports our Full Service Partnership (FSP) for youth. The Youth Empowerment Services (YES) FSP is an intensive program for 40+ youth up to age 21, who are seriously emotionally disturbed or at risk for high end mental health and substance use services. This program, with a MHSA budget of approximately $650,000, provides 'whatever it takes' for youth and their families and is described below in more detail under # 5.

A second Full Service Partnership for Transition Age Youth, supported by MHSA funds and run by a contracted partner agency, Sunny Hills Services, serves youth age 16 – 25, and is detailed in our MHSA Three-Year Program and Expenditure Plan.

MHSUS Children's Mental Health Strategic Plan

The purpose of the Strategic Plan is to expand and adjust services to more broadly and effectively serve the safety net population and those underserved and unserved in our community using available funding. This plan will address actions to be taken over the next five years, from FY15/16 through FY19/20 for county run children's mental health programs.

As a division within the Marin County Department of Health and Human Services, Mental Health and Substance Use Services (MHSUS) strives to provide culturally competent and effective mental health services and substance use screening and referrals as appropriate, to underserved communities that is supported by analysis of the available data. Children's Mental Health is responsible for planning and providing mental health services to children and adolescents whose families fall below the 200% federal poverty level (FPL). These clients are covered under either Medi-Cal or Healthy Kids (a Marin County health plan that insures children not eligible for any other health coverage and who may be undocumented). Youth and Family Services (YFS) program staff provides outpatient services in a variety of settings: office, home, school or community. The Youth Empowerment Services (YES) program, a Full Service Partnership, funded primarily through the Mental Health Services Act, has provided wraparound services and 'whatever it takes' for youth involved in the juvenile justice system for many years. YES will now be expanding to accept referrals for any youth who meets medical necessity for specialty mental health services as well as those with co-occurring substance use disorders.

Strategic planning for Children's Mental Health was initiated to assess the current mental health needs of children, youth and families in Marin County and to identify specific ways to address these needs. The following section provides some background and recent changes which have impacted the mental health and substance use services that Children's Mental Health provides. Priorities identified by representatives from Children's Mental Health, staff and managers in juvenile probation and social services, MHSUS quality improvement and cultural competence groups, and community stakeholders across a variety of settings are described.

Programmatic Changes in Children's Mental Health

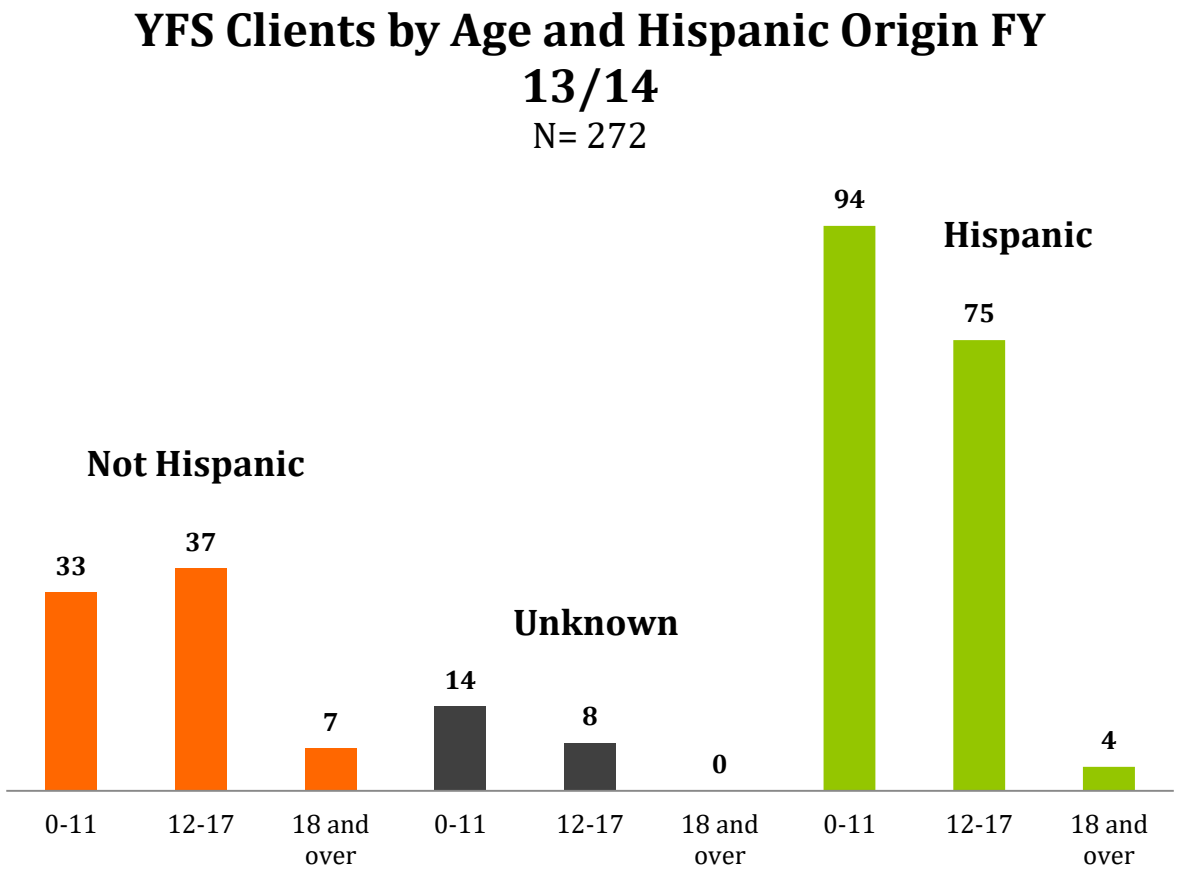
1. Ending AB3632

In 1984, Assembly Bill 3632 required a partnership between school districts and county mental health agencies to deliver mental health services to students with individualized education plans (IEPs). On October 8, 2010, the Governor of the State of California vetoed all state funding for educationally related mental health services and declared the mandate suspended. This returned the responsibility for educationally related mental health services to the school districts, but with reduced funding.

In FY11/12 MCOE and the Marin County school districts declined to contract with Children's Mental Health due in large part to a reduced budget. Some of the school districts decided to handle all the student's needs on their own, while other smaller districts joined together. Most local school districts hired additional counseling staff and expanded small contracts with community based organizations, but not near the level of staffing they were accustomed to when Children's Mental Health was providing the services.

In 2012, special education students receiving mental health services through the AB3632 mandate in our county YFS program were discharged or transferred back to their school district effective June 30, 2012. There were 359 students seen by Children's Mental Health clinicians for the school year 2011-2012. Of the 359 students, 110 were seen by MHSUS psychiatrists for medication management. Approximately 40-45 students with Medi-Cal requiring medication monitoring remained with their current Children's Mental Health clinicians and Children's Mental Health psychiatrists at their request.

Our goal starting in FY12/13 was to build our program for low-income children and families. At the end of the fiscal year 187 children and youth were seen in our YFS Program. In FY13/14, 272 children and youth were seen.



2. Enactment of the Affordable Care Act

Effective January 1, 2014 more individuals were eligible for Medi-Cal coverage due to the Affordable Care Act. This necessitated more available mental health services, as well as an increased capacity to assess the need for and provide substance use services. A fair amount of growth in eligible individuals and expansion of our substance use services is expected.

The expanded mental health benefits available to Medi-Cal beneficiaries who do not meet medical necessity criteria for specialty mental health services through MHSUS will be provided by Partnership Health Plan in conjunction with its contracted managed care organization, Beacon. Beacon will be contracting with mental health and substance use providers in the community to provide: individual and group therapy, evaluative services by psychologists, medication evaluation and management by psychiatrists, and consultation by psychiatrists to primary care providers. MHSUS will remain the specialty mental health provider in Marin and will maintain all current programs and services for individuals that need the level of care we provide. Partnership Health Plan provides services to those needing mild to moderate intensity services and MHSUS will continue to provide high intensity services. As the needs of individuals change over time, referrals for the appropriate level of care will be made. Crisis stabilization and inpatient hospital care remain with MHSUS regardless of the provider of outpatient services.

3. Implementing Katie A.

Katie A. is a case that was brought on behalf of a young girl who experienced multiple placements and inadequate mental health services while in the foster care system. The State of California agreed to a settlement agreement which meant taking the necessary steps to transform the way children in foster care, including those at risk of higher level placement, received timely access to quality mental health services. This agreement was intended to foster increased collaboration between the Child Welfare System (CWS), Children's Mental Health and the foster placement families and agencies in the community. This more focused approach to collaboration between Children's Mental Health and CWS began in the summer of 2013 and there are now procedures in place for all open child welfare cases with full scope Medi-Cal to be screened and then referred as appropriate to Children's Mental Health.

The appropriate Children's Mental Health staff and CWS staff meet with the family of those children who meet the criteria for the Katie A. subclass and form the Child Family Team (CFT) where they discuss possible/recommended services, such as Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services, Therapeutic Behavioral Services (TBS), Therapeutic Foster Care and Wraparound. The CFT follows the Core Practice Model (CPM) which supports the voice of the child and family in a culturally appropriate way while meeting the mental health needs of the child. Monitoring and adapting services is a shared responsibility of the CFT members and is an ongoing part of every CFT meeting as is a 'need to know' communication between the CFT and the family. Monitoring includes reassessment of the child as appropriate, and jointly reviewing the goals, interventions and services to ensure progress is made toward the CFT established goals.

Children's Mental Health and CWS staff meets regularly along with a Training Specialist from the Bay Area Academy which provides the Katie A. learning collaborative for counties. The first of a series of community stakeholder meetings was held in February 2014 and the most recent was in

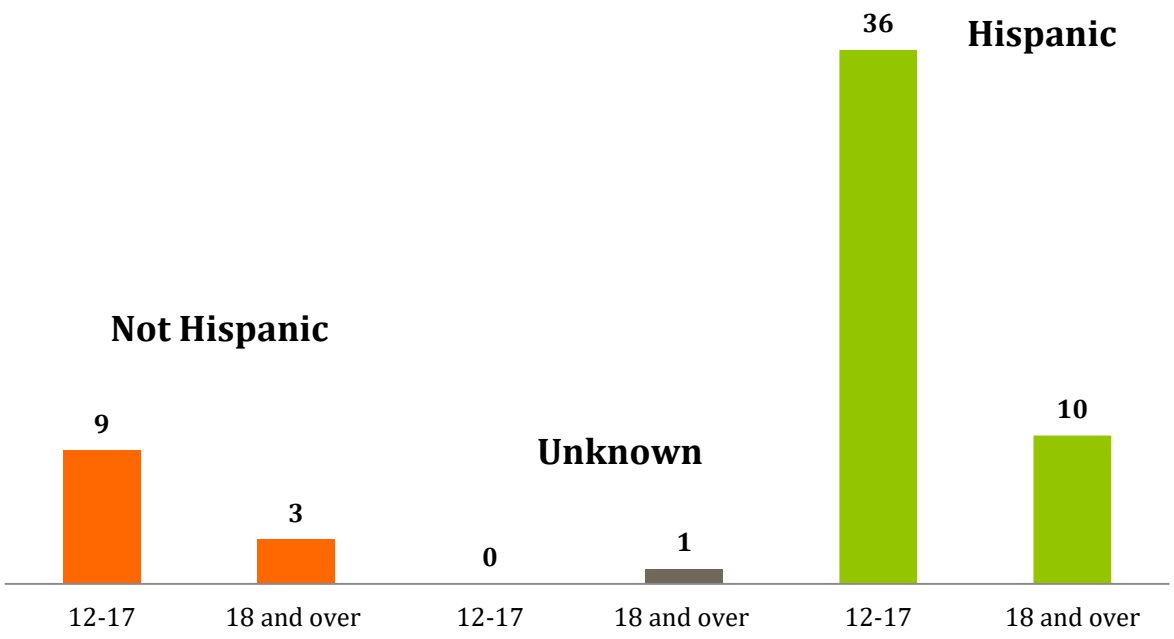
January 2016. Input from the stakeholders are addressed and incorporated as appropriate. Staff from both systems has been sent for training on 'teaming' and on 'facilitation'. This collaboration has built on a long standing cooperative relationship between CWS and Children's Mental Health. In the first year there were 25 children certified as Katie A. subclass members who received Katie A. intensive case coordination and other services as appropriate.

The California Department of Health Care Services (DHCS) has enhanced oversight regarding the use of antipsychotics in minors as well as medications in general for foster children. The Children's Mental Health psychiatry team is in alignment with this new state standard and provides second reviews as appropriate for foster children who have been prescribed antipsychotic medications.

4. Changing Trends in Juvenile Justice System

Marin County's Youth Empowerment Services (YES), previously known as Children's System of Care (CSOC), is a Full Service Partnership program (FSP) serving 40+ seriously high risk youth through age 18 who are involved with Probation and/or attends the Marin Community School, an alternative high school. This program provides culturally competent mental health services, intensive case management, and psychiatric care. In the original MHSA planning process, three priorities were identified for Children and Youth: poverty, homelessness, and lack of health insurance. To respond to these priorities, YES was expanded into a Full Service Partnership program (FSP) in FY05/06 to serve youth with serious emotional and behavioral difficulties who were either unserved or unable to readily access mental health services. Referrals came from probation officers and Marin Community School staff, who typically identified youth with substance use issues, multiple impairments in self-care, family and school functioning challenges, or who were at-risk for removal from the home and community. Without these services, these youth were at risk for co-occurring substance abuse disorders, not graduating from high school and continued involvement with the juvenile justice system.

In recent years, significant changes occurred in the juvenile justice system. Specifically, from 2010 to 2014, the number of referrals to Juvenile Probation decreased from 1,419 to 665, the number of bookings into Juvenile Hall decreased from 568 to 253, and the number of arrests decreased from 1,207 to 529. Although a decrease in these numbers was positive, it also created a downward trend in referrals to the YES FSP program. To highlight this change, in FY2012/13 the YES program served 91 clients, which then decreased to 59 in FY2013/14, and trended downward again in FY2014/15. This presented an opportunity to better identify and serve at-risk youth from other sources such as schools, pediatricians, parents and those who may not be readily identified by the usual methods.



5. Expansion of Children's Mental Health Full Service Partnership Program

Marin County Children's Mental Health intends to expand the existing YES Full Service Partnership program to reach seriously emotionally disturbed youth at risk for educational and substance use difficulties and high end services, beyond those involved in the juvenile justice system. The MHSA YES FSP budget for FY2015/16 is just under $650,000. The original target of serving 40+ youth up to age 18 will remain, but the target population will expand to include students at alternative/continuation schools, youth discharged from psychiatric hospitals, youth/families with significant stressors that increase risk for homelessness or school disruption, and other youth who present with intensive needs and serious emotional disturbance requiring additional coordination and support. This expanded program will continue to operate under the "whatever it takes" philosophy embedded in the MHSA initiative and will maintain its capacity to serve the Latino/Spanish speaking community with 2 bilingual clinicians and a bilingual family partner to support parents. Wraparound services, targeted case management and medication services will also continue to be available. Outcomes for this program will continue to focus on keeping youth in school, at home and out of the juvenile justice system.

6. Bay Area Trauma Informed Systems of Care Grant - Trauma Transformed (T2)

Marin County MHSUS Children's Mental Health joined together with six other Bay Area counties and applied for a Substance Abuse and Mental Health Services Administration (SAMHSA) Grant for a regional initiative to change the way we understand, respond to and heal trauma. This grant was awarded to the seven counties in the fall of 2014. This project is now called Trauma Transformed

or T2, and the East Bay Agency for Children (EBAC) is coordinating the efforts to develop a regional center to support and sustain a system of care that is trauma informed, youth and family driven and culturally competent, as well as to provide trainings and develop training resources for dissemination to county staff, providers and consumers. EBAC staff is traveling to all seven counties to gather information and present to key staff and stakeholders so as to better plan and implement this effort. A kickoff event in San Francisco is planned for late October 2015, featuring well known champions who have been profiled nationally for recognizing the negative impact adverse events/trauma have on children and youth.

Strategic Planning Process Overview

In fall of 2014 Children's Mental Health managers began the strategic planning process. Strategic planning for Children's Mental Health was initiated to identify the current mental health and substance use service needs of children, youth and families in Marin County and to identify strategies to address these needs. Our mission is to effectively meet the mental health and substance use needs of the children, youth and families we serve with child centered, family focused, and culturally competent services in the most normative environment possible.

The strategic plan describes the strategies we will use to attain the goals and objectives identified by the county and community stakeholders. This plan will move us toward a more sustainable and evidence based approach, which will guide us over the next several years to make sure we remain client focused and aligned with local, statewide and federal initiatives.

Steps in Planning Process

1. Assessment: Population needs, resources and readiness to address.
2. Capacity: Mobilize and/or build capacity to address needs.
3. Planning: Develop a comprehensive Strategic Plan.
4. Implementation: Implement evidence based programs and activities.
5. Evaluation: Monitor, evaluate, sustain and improve or replace those that are not successful.

Assessment and Capacity Planning

In the first months of strategic planning the Strategic Planning Committee members participated in various stakeholder meetings and trainings, conducted a needs assessment, gathered data and developed problem statements which were then presented to our stakeholders for discussion and strategies to address those problems. During this period County Alcohol and Drug Programs was also going through a strategic planning process which we were able to participate in and many of the needs addressed in that forum overlapped with the needs in Children's Mental Health for complex clients who struggle with alcohol and drug problems along with mental health issues.

Presentations were made to a wide range of stakeholder meetings including the MHSA Advisory Committee, MHSUS Provider Meeting, Marin Child Early Intervention Team, MHSA Prevention and Early Intervention, and the Mental Health Board. There were ongoing core group meetings between March and July 2015 which involved key stakeholders such as MHSUS staff, colleagues from other organizations, youth who had life experience in the system, and representation from the

LGBT community. The website www.marinhhs.org/childrens-mental-health-strategic-planning-initiative-spring-summer-2015 was promoted for those unable to attend and the following two questions were posted, soliciting answers and feedback from the community.

1. Do children and youth within Marin County's target population have adequate access to mental health and substance use services? Please describe barriers and your ideas on how to address them.
2. How could Marin County Children's Mental Health improve mental health and substance use services to children and youth?

In the community-wide meetings we discussed:

1. The number of children/youth seen in Children's Mental Health and the expected prevalence rate of children and youth with mental health and substance use issues. Data sources were also identified such as hospitalization rates and PES visits for these Medi-Cal beneficiaries. The data available suggests there are children and youth not receiving mental health services at a rate expected given the population that could benefit from those services and additionally, there was a lack of substance use services, especially prevention and early intervention, which was simultaneously being addressed by the AOD Strategic Planning process as well.
2. Developing Marin County specific problem statements such as: risk factors for stress and chronic sadness; the increased risk of depression for LGBT youth; specific barriers for low income families; need for expertise in prevention and early intervention with young children; and the limited acknowledgement among youth and families of the scope and consequences related to substance abuse.

The following represents some of the current capacity and resources available in the county to serve the mental health and substance use needs of children and youth, in addition to the county run YES and YFS programs which are the focus of this strategic plan:

- The Transitional Age Youth (TAY) Full Service Partnership is run by a contractor, Sunny Hills, for youth age 16-25 years with serious mental health issues, often complicated by drug and alcohol use. This program offers drop-in hours, job coaching, school support, group activities, intensive case management, therapy and medication monitoring.
- Several other agencies provide more traditional outpatient services for children and youth, including Huckleberry's intensive outpatient service for substance use for teens.
- Marin County currently has six local community coalitions and one county wide coalition implementing evidence based and community driven environmental strategies to prevent underage alcohol and drug use.
- Each school district participates in the California Healthy Kids Survey, the epidemiologists work closely with the Prevention Coordinator to ensure relevant data is being collected and utilized.

There was further discussion about the immediacy of each concern, whether it is solvable, whether it is a shared concern across different stakeholders, and if it is specific and measurable. Feedback was then solicited on strategies that were believed to meet the following criteria:

- Effective- able to drive positive outcomes supported by empirical data
- Relevant-addresses identified problem and targets opportunities for intervention
- Feasible –given the community and county capacity and readiness to act
- Sustainable-the strategy makes programmatic and fiscal sense with capacity to endure

The problem statements were revised based on written and oral feedback. One barrier often mentioned in other situations is a lack of sufficient bilingual bicultural staff to meet the needs of the Hispanic community, while on the Children's Mental Health Team the majority of clinicians are bicultural and bilingual Spanish speaking.

The Core Strategic Planning Committee was comprised of the Children's Mental Health Division Director, Child Welfare Division Director, Children's Mental Health supervisors, the Director of the Family Partnership Program and Alcohol and Drug Policy Analyst. Feedback and oversight was provided by the Director of Mental Health and Substance Use Services as well as Marin County MHSUS Senior Management Team.

From the various meetings of stakeholders and key informants described above the following initial priorities were established:

Initial Priorities/Guiding Principles of Strategic Plan

1. Design a sustainable service delivery model that addresses the mental health needs and co-occurring substance use of children and youth living at or below the 200% of the federal poverty level in Marin County ($38,000 for a family of three).
    - Data: Marin County has approximately 9000 children 0-18 who are Medi-Cal beneficiaries (FY1314: 0-5 yr. = 4000, 6-18 yr. = 5000). The estimated prevalence rate in any given year for mental health conditions such as a depression or anxiety disorder is 13% for children and youth under 18 years of age.
2. Increase identification of clients with co-occurring conditions and ensure a collaborative approach with our substance use service partners and primary health care that emphasizes prevention and early intervention and provides the most comprehensive array of services that resources allow.
    - Data: Youth are using alcohol and other drugs too early, too often and too much, leading to unintended consequences. First use or early onset has expanded to include e-cigarettes and prescription drugs.
    - Data: Individuals seeking services in the substance use system of care are often complex and often present with mental health and physical health issues.
3. Continue to support and sustain evidence based practices with training and ongoing consultation for clinical staff and family partners, as well as on going psycho-education and support opportunities for parents.

The first two guiding principles stated above - to design a sustainable delivery model and secondly to increase identification of clients and support collaboration with our partners - became focused on two areas: increase outreach and access and increase staff and system capacity to meet that need. From there even more specific problem statements were developed with strategic plan goals to address identified problems. The third priority area and goal - to improve data collection, analysis and reporting - would support the first two in monitoring the efficacy and outcomes of the services provided. These are described in the section below in greater detail.

Strategic Planning Communication

Children's Mental Health sought to have an open and transparent process by:

- Holding stakeholder meetings open to the community, with announcements distributed through the Marin County network of providers. Presentations at stakeholder meetings such as the MHSA Advisory Committee, monthly Provider Meeting, Marin County Early Intervention Team, MHSA Prevention and Early Intervention Committee, MHSUS Senior Management, and the Mental Health Board.
- Providing updates via email and on our website.
- Soliciting feedback via our website regarding access to services, barriers in seeking mental health and substance use services, and ways to improve services for children and youth.

Final Priority Areas and Goals

1. Increase Outreach and Access to Services

Ensure timely access to high quality mental health and substance use services for eligible Medi-Cal beneficiaries that are seeking services.

Focus Areas/Problem Statements

1. Clients/parents from low income communities experience difficulty engaging in services for various reasons, including geographic location, lack of transportation, day jobs with minimal flexibility, cultural or language barriers, stigma related to mental health treatment, past negative experiences, etc.
2. Binge drinking, prescription drug abuse and marijuana use are high but there are limited substance use services for adolescents and a culture of acceptance in Marin County.
3. Risk factors such as chronic sadness, trauma and stress appear to be high among young people in Marin – particularly among youth in "non-traditional" school settings.
4. Some foster parents/caregivers and social workers report delays in accessing mental health services under Katie A.
5. Referrals to existing YES program (FSP program serving youth on probation) have decreased significantly due to decrease in numbers of youth in the juvenile probation system.
6. Need to improve transition process for clients between YFS and other mental health services, including referrals to Beacon, TAY and the adult system of care
7. Need to increase capacity for screening and assessing young children (0-5 years) at risk.

Strategic Plan Goals

1. Increase timely and flexible client access to services by extending clinic hours into evenings, co-locating staff within schools, and providing more school and home based services by December 2015.
2. Identify school districts with significant Medi-Cal populations by October 2015 and increase outreach to them with updated referral forms, service descriptions and eligibility requirements for YFS services
3. Identify existing substance use resources for youth in Marin County and establish referral protocols in collaboration with substance use services providers in FY2015/16:
    a. Map current substance use providers and form a coalition that meets regularly to update resources, and
    b. Develop referral guidelines and flow sheet.
4. Establish process to ensure that 90% of out of county (OOC) foster care youth receive the necessary mental health services and case coordination by June 2016.
5. Implement an expanded Full Service Partnership (FSP) program to include referrals from probation, schools, hospitals, Access Line, etc. to provide services for 40 seriously emotionally disturbed youth that may have co-occurring disorders and are at risk for high end services with high needs families.
        i. Present to MHSA Advisory Committee for their feedback by December 2015.

ii. Hire one new staff to fill FSP vacancies by September 2015.
iii. Fully establish FSP eligibility criteria in FY2015/16. .
iv. Update FSP referral form and program information to distribute in FY1516.

6. Increase outreach and collaboration with providers serving 0-5 year old children with updated referral forms, service descriptions and eligibility for YFS in FY1516.

2. Increase Staff and System Capacity

Develop the necessary staffing and infrastructure to meet the need for mental health and substance use services and address training needs to serve Medi-Cal client's ages 0-18.

Focus Area/Problem Statements

1. Increasing number of clients are identified with significant trauma, including domestic violence, sexual trauma and exploitation, immigration trauma.
2. Clients and parents often experience difficulty engaging in services.
3. Staff needs training to effectively assess dual diagnosis clients and identify appropriate referrals.
4. LGBTQ youth present specific risks related to bullying, increased risk for depression and suicide.
5. Recent increase in referrals for 0-5 age group, requiring more expertise and experience with providing appropriate mental health services for young children.
6. Need for clearer process to access mental health and crisis services for high-risk youth.

Strategic Plan Goals

1. Ensure ongoing training for identified areas of need, including trauma based treatments (FY2015/16 –FY1920), LGBTQ issues (Summer 2015), early childhood mental health (FY2015/16, FY2016/17).
2. Provide training to staff in how to identify, intervene and access resources to address problematic use of alcohol and other drugs in FY2015/16.
    a. Increase substance use capacity at Children's Mental Health by training current staff or contracting with a substance abuse counselor.
    b. Identify next steps in collaborating with substance use providers.
3. Participate in the Bay Area Trauma Informed Systems of Care (BATISC) collaborative (AKA Trauma Transformed/T2) to increase resources and knowledge for trauma informed systems.
4. Develop system roadmap to address needs of high-risk youth in a more seamless manner (clarify roles of mobile crisis, Psychiatric Emergency Services, hospital discharge planning with assigned liaison).
5. Ensure ongoing staff training in cultural competency and increase diversity of staff (by age, sexual orientation, ethnicity/cultural background and language capacity) with anticipated new hires.
6. Identify specific staff to serve clients ages 0-5 and provide training and support to enable them to implement an evidence based practice, with a focus on trauma, in FY2015/16.

7. Implement one new Dialectical Behavioral Therapy (DBT) group in FY2015/16 to address high-risk youth with significant mood and self-regulation difficulties.

3. Improve Data Collection, Analysis and Reporting

Incorporate ongoing data regarding client outcomes, client/parent satisfaction and service utilization in order to improve service efficacy and efficiency.

Focus Area/Problem Statements

1. Need to increase capacity for data collection and analysis.
2. More outcome data is needed to assess effectiveness of mental health services.
3. Existing outcome measure is lengthy, not user friendly, and difficult for some clients to complete.

Strategic Plan Goals

1. Select new outcome measure by December 2015 to implement with clients at intake, at annual reassessment and upon discharge.
2. Collaborate with Quality Management to collect and analyze outcome measure data annually to determine program/service efficacy and determine needed changes.
3. Use California performance outcomes study (POS) data to monitor Marin service trends, including Marin demographics, penetration and utilization rates, cost effectiveness, etc.
4. Explore adding a satisfaction survey in addition to mandated POQI to obtain youth/parent satisfaction feedback and incorporate findings to continuously improve services.

Strategies for Implementation

Following is the actual working Plan that will guide us over the next five years.

SP Goal	Actions	Intended Outcome
1.1 Timely and flexible access to services for all clients	1. Conduct feasibility study of staff and clients about extending clinic hours into the evening by September 2015. 2. Increase co-location of staff within schools during FY2015/16 and FY2016/17. 3. Train staff to provide more home based services by June 2016. 4. Develop guidelines for use of taxi vouchers for transportation needs by September 2015. 5. Assign YFS staff as hospital liaison by September 2015.	Services will be more available at a variety of times and locations. Services in the clinic will be available in early evenings at least two days per week. Services will be available at two school sites by Fy1617. Services will be provided on a timely basis as evidenced by MHSUS Access Log and Children's Mental Health monthly Referral Log.
1.2 Ensure mental health services are available to Medi-Cal youth in the county	1. Identify school districts with significant Medi-Cal population and increase outreach by providing schools with updated services descriptions, eligibility requirements, and referral form by December 2015. 2. Outreach to districts/schools about providing services on site at schools with significant Medi-Cal populations as identified in Action # 2 by June 2016.	Number of unduplicated clients served in a fiscal year (261 in FY14/15) will increase by 50% over the next five years to 390 by June 2020.

SP Goal	Actions	Intended Outcome
1.3 Clients will be identified and referred to appropriate substance use services	1. Collaborate with Alcohol and Other Drugs Program to identify existing substance use resources and develop map of services during FY2016/17. 2. Participate in monthly provider's meeting to update resources during FY2015/16. 3. Establish referral protocols and flow sheet during FY2015/16.	50% of clients identified with substance use issues will have had substance use interventions such as Motivational Interviewing as evidenced in their medical record during regular Utilization Reviews of the program.
1.4a Consistent and timely delivery of Katie A. services for in-county youth	1. Track Child Family Team (CFT) meeting attendance on ongoing basis. 2. Regular cross training of CFS/YFS staff annually starting in 2016. 3. Monthly meeting with CFS management to review service delivery. 4. Quarterly meeting with YFS staff providing Katie A Services to reinforce protocols of Core Practice Model (CPM).	90% of Child and Family Teams will meet at least every 90 days by end of FY1516/June 2016; 100% by end of FY1617/June 2017. One cross training will be provided by September 2016 with improved communication between CFS and YFS. Staff will be consistently implementing the CPM value of family voice as evidenced by Client Satisfaction Survey (POQI).
1.4b Consistent and timely delivery of Katie A. services for youth in the foster system placed out of county (OOC)	1. Explore sharing LMHP between Child Welfare System (CWS) and MHSUS by October 2015. 2. Establish collaborative procedure with CWS' LMHPs to track OOC youth and provide Intensive Care Coordination (ICC) and coordinate CFT by December 2015.	90% of OOC youth will be assessed for Katie A services and subclass youth will receive improved coordination and access to Katie A services of ICC and CFT by June 2016; 100% by June 2017.

SP Goal	Actions	Intended Outcome
1.5 Expand the YES Full Service Partnership (FSP) program to include referrals from probation, schools, hospitals, Access, etc. to address the needs of 40 seriously emotionally disturbed youth wo may have co-occurring substance use disorders, have high needs families and may be at risk for high end services.	1. Present to MHSA Advisory Committee for feedback by December 2015. 2. Hire new bilingual staff by September 2015. Recruit for second vacancy as census increases. 3. Establish FSP eligibility criteria in FY15/16. 4. Update referral form and program information to distribute in FY15/16.	High-risk and high needs clients will have access to more intensive, culturally competent services, with a target of 30 unduplicated clients for FY15/16 and 40 unduplicated clients for FY16/17.
1.6 Increase capacity for screening, assessing and serving the 0-5 y/o population.	1. Update eligibility information, referral forms, and service description for YFS by September 2015 2. Increase outreach and collaboration with 0-5 y/o providers by June 2016	Increased awareness in provider community of available services for 0- 5 y/o children with a 5% increase in referrals to YFS for FY16/17 as compared to FY15/16 for 0-5 y/o children. Designated trained staff will be consistently implementing 0-5 y/o protocol.

SP Goal	Actions	Intended Outcome
1.7 Clients will experience a smooth transition from YFS services to adult system of care (ASOC) and other appropriate mental health services	Develop and utilize a consistent protocol to support transition to Beacon, TAY and Adult mental health services by: 1. Coordinating with Access Team manager to develop protocol for Beacon referrals by January 2016. 2. Coordinating with Sunny Hills TAY Program staff to provide smooth transition of clients during FY2015/16. 3. Identifying protocol for referral/transition to ASOC programs during FY2015/16.	Improved engagement of clients in new mental health services as measured by Client Satisfaction Survey (Perception of Access and Participation in Treatment Planning) of 75% or greater.
2.1 Ensure staff is trained to meet the needs of Marin County Medi-Cal eligible clients	Provide staff training for: 1. LGBTQ youth by June 2015. 2. Client/family engagement by September 2015. 3. DSM 5 by October 2015. 4. Early Childhood Mental Health (ECMH) assessment during FY2016/17. 5. Trauma based treatments by FY2016/17. 6. Eating disorders by end of FY2016/17.	Staff will provide more sensitive and effective services to address specific client needs. Individual and Program Performance Outcome Measure to be selected by June 2016. Program Performance Outcome software program to support individual and system improvement will be selected by June 2016.
2.2 Provide effective assessment services for youth with substance use issues.	1. Provide staff with American Society Addiction Medicine (ASAM) criteria training to improve assessment and referral skills by September 2015. 2. Provide staff with map of available substance use services for youth in FY2015/16. 3. Increase training for staff to effectively address substance use issues in ongoing mental health services in FY2015/16.	Baseline count of youth diagnosed with Substance Use issues for FY1516 will be completed by September 2016. 10% increase in youth identified appropriately with substance use problems and referred for appropriate services as evidenced by Penetration rates, HHS records, and Substance Use Access points in

SP Goal	Actions	Intended Outcome
		FY1718.
2.3 Increase knowledge and resources to address trauma experienced by clients.	Participate in the on-going Bay Area Trauma Informed System of Care (BATISC) AKA Trauma Transformed (T2) over the next four years. 1. Attend quarterly meetings to plan and collaborate with other counties. 2. Participate in ongoing trainings. 3. Distribute resources, shared language about trauma, and trainings with staff and across systems as appropriate.	Clients identified as having experienced significant trauma (through interview, CANS or Trauma Screen)will receive trauma informed services by staff trained in such practices and demonstrate improvement in trauma related symptoms as measured by the CANS every six months.

SP Goal	Actions	Intended Outcome
2.4 Consistent and timely delivery of services for youth at risk for high end services	1. Establish criteria to distinguish youth at risk for high end services from other clients in FY2015/16, by clinical assessment and those youth identified through First Episode Psychosis Mental Health Block Grant project. 2. Clarify role of mobile crisis and PES regarding youth in FY2015/16. 3. Develop protocols for communication with primary clinician by crisis staff in FY2015/16. 4. Develop protocol for hospital discharge planning with Marin Access Team in FY2015/16.	Youth in crisis and at risk for high end services will be identified and referred or provided appropriate services. Continuity of care will support improved outcomes. 75% of youth in inpatient care will successfully engage in outpatient services upon discharge (Access logs, Hospital Liaison logs).
2.5 Clients will have access to culturally competent services.	1. All staff will receive training in foundation principles of Cultural Competency by December 2015. 2. Increase staff diversity with anticipated new hires over next three years. 3. Increase staff competency in working with specific cultural, religious and LGBTQ communities over next five years. 4. Collaborate with established youth groups in schools and community for ongoing feedback about youth mental health needs.	Increased staff knowledge and awareness will improve client satisfaction as measured by Client Satisfaction Surveys.

SP Goal	Actions	Intended Outcome
2.6 Provide consistent and timely delivery of services for children ages 0-5.	1. Provide training for all staff in ECMH assessment by FY2016/17. 2. Implement use of assessment tool for children ages 0-5 by FY2015/16. 3. Provide training to designated staff in ECMH interventions in by FY2016/17.	Children ages 0-5 with mental health issues will be appropriately identified. Children ages 0-5 with mental health issues will receive age appropriate treatment by designated staff by FY2016/17.
2.7 Implement evidence based group for youth with significant mood and emotional regulation difficulties.	Initiate regular DBT group to teach skills of mindfulness, distress tolerance, emotional regulation and interpersonal effectiveness.	Youth identified with mood disorders that participate in DBT groups will improve mood and functioning as measured by the CANS at six month intervals.

SP Goal	Actions	Intended Outcome
3.1 Incorporate ongoing data regarding client outcomes, client/parent satisfaction and service utilization in order to improve service efficacy and efficiency.	1. In collaboration with Quality Management, select new outcome measure by December 2015 to implement with clients at intake, at annual reassessment and upon discharge. 2. Collaborate with Quality Management to collect and analyze outcome data annually to determine program/service efficacy and determine further program performance outcome measures by FY2016/17. 3. Use California performance outcomes study (POS) data to annually monitor Marin service trends, including Marin demographics, penetration and utilization rates, cost effectiveness, on an on-going basis. 4. Explore additional instruments to obtain youth/parent satisfaction feedback in addition to the POQI data to increase client satisfaction over the next five years.	Data collection and analysis will identify areas for future practice improvement which will be addressed through appropriate consultation and training for staff. Performance Outcome software program to measure individual client progress as well as overall program effectiveness will be selected in collaboration with Quality Management to implement in FY2016/17.

Evaluation

The often repeated goal for parents and in the community is to keep the children and youth we serve at home, in school and out of trouble. These goals are easily understood but what does that look like for children with mental health and substance use challenges and what are our strategies to accomplish this? This strategic plan addresses how we plan to meet those challenges and finally how we will measure progress along the way so we can make course corrections if necessary.

An on-going evaluation of services is essential in informing the design, successful monitoring and implementation of any program in order to achieve the desired outcomes. Attention and scarce resources must be focused on the truly critical tasks that will ensure quality improvement. Children's Mental Health will identify and evaluate program level outcomes associated with implementing the strategies, goals and objectives outlined above. The broad strategic areas that were identified are:

1. **Increase Outreach and Access to Services**
2. **Increase Staff and System Capacity**
3. **Improve Data Collection, Analysis and Reporting**

It is this last broad area of analyzing and reporting outcomes that will inform the first two areas. By incorporating ongoing data regarding client outcomes, client/parent satisfaction and service utilization into an ongoing feedback loop we will be able to improve service efficacy and efficiency, ultimately resulting in improved outcomes.

An essential part of our evaluation is to select a valid instrument that is capable of monitoring an individual child's progress as well as the effectiveness of a program in specific areas. After convening a task force of staff and soliciting input from other partners, the Child and Adolescent Needs and Strengths (CANS) has been chosen as that instrument. Training for staff and partners in Probation and CWS will be provided in the fall of 2015 on how to use the Child and Adolescent Needs and Strengths (CANS) instrument. Technical assistance will be provided on an ongoing basis to ensure successful implementation and adherence to standards and practices. A software program to analyze and generate salient reports from the CANS regarding the effectiveness of the program will be selected by a combined task force of Children's Mental Health managers, Quality Management, and IT staff in FY2015/16.

The Child and Adolescent Needs and Strengths (CANS) is a multipurpose tool developed for children's services to support decision making in regards to the level of care and provision of services and facilitate monitoring the quality of services as well as the intended outcomes of services. The CANS functions as an integrative tool that has demonstrated reliability and validity and supports the link in a meaningful way between the assessment of the child and the child's treatment plan. The CANS rates clients on a 0-3 scale on items that are already a part of a clinical assessment such as family and caregiver strengths, emotional and behavioral needs, and trauma and cultural factors, to name a few. These items are grouped into domains that help to organize this information, facilitate communication and coordination and serve as a tool to monitor, measure and

assess the client's progress. Each item is scored from 0 - no evidence - to 3 - severe. Only items rated 2 or 3 are considered of significant concern that then translate into an item to be addressed in the child's treatment plan.

The CANS can be completed every 6 months to measure change and monitor needs which may change due to many factors including the clinical support. These outcome measures will be used to identify areas of clinical strength and expertise as evidenced by improved client scores as well as areas for improvement in specific modules. Children's Mental Health management team will be working with the Quality Improvement Manager to identify areas for improvement and specific performance goals. Once areas of practice are identified as needing improvement, appropriate training, consulting and coaching will be implemented. Practice change is complex and challenging and there will be an ongoing dialogue with clinicians as they support change for their clients as well as in program effectiveness.

The actual working plan with identified goals and strategies on pages 21-28 describes the actual implementation steps, the expected outcomes and the scope of the data to be collected. Depending on the strategy and the goal, data will be collected as a baseline, semi-annual, annual or variable basis. The data collection times are based on the feasibility of administration, realistic time frames and the resources available. The data will inform our continuous quality improvement. Annually, the program specific data will be collected and analyzed, supported by our QI department, and then shared with our stakeholders. This Strategic Plan is ultimately a dynamic roadmap to support and help our clients towards resiliency and recovery.