

**COUNTY CERTIFICATION
MHSA FY 2009/10 ANNUAL UPDATE
Exhibit A**

County Name: Marin

County Mental Health Director	Project Lead
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I hereby certify that I am the official responsible for the administration of public community mental health services in and for said County and that the County has complied with all pertinent regulations, laws and statutes for this Annual Update. Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code Section 5891 and California Code of Regulations (CCR), Title 9, Section 3410, Non-Supplant.

This Annual Update has been developed with the participation of stakeholders, in accordance with CCR, Title 9, Sections 3300, 3310(d) and 3315(a). The draft FY 09/10 Annual Update was circulated for 30 days to stakeholders for review and comment and a public hearing was held by the local mental health board or commission. All input has been considered with adjustments made, as appropriate.

All documents in the attached FY 2009/10 Annual Update are true and correct.

Signature

Date

Title
Local Mental Health
Director/Designee

Description of Community Program Planning and Local Review Processes
MHSA FY 2009/10 ANNUAL UPDATE
Exhibit B

County Name: _____Marin_____

Instructions: Utilizing the following format please provide a brief description of the Community Program Planning and Local Review Processes that were conducted as part of this Annual Update.

1. Briefly describe the Community Program Planning Process for development of the FY 2009/10 Annual Update. It shall include the methods for obtaining stakeholder input.

Marin County's Community Program Planning Process was a collaborative effort that included a wide array of community stakeholders, various system partners and Community Mental Health Services (CMHS). All Planning and recommendations were prepared by or presented to the MHSA Implementation Committee.

The MHSA 2009-10 Annual Update is being posted for 30-day public comment period from February 13, 2009 through March 15, 2009 on Marin County's website in addition to Marin's Network of Care website. An announcement was placed in the local newspaper, the Marin Independent Journal, announcing the posting, how to get a copy of the report and the date of the Public Hearing. An email with the link and date of the Public Hearing was sent to all of our child and adult contractors, CMHS staff, MHSA Implementation Committee and the Marin County Mental Health Board.

2. Identify the stakeholder entities involved in the Community Program Planning Process.

Marin County's Community Program Planning Process for development of the Annual Update involved consumers, family members, service providers, system partners and other interested community members, including individuals from diverse racial/ethnic and cultural backgrounds.

Stakeholder Entities Involved Include:

Law Enforcement
First Five Marin
Mental Health Board
Family Members
Consumers

CBOs
Commission on Aging
Alcohol & Drug Contractor
Social Services
Marin County Office of Education
Clinical Staff (Adult & Child)
Administrative Staff
Coastal Health
Peer Provider
Adult Case Management
Medical Director
Adult Services Chief
Youth & Family Services Chief
Community Representatives (African American, Latino & Vietnamese)

3. Describe how the information provided by DMH and any additional information provided by the County regarding the implementation of the Community Services and Supports (CSS) component was shared with stakeholders.

Information provided by DMH and CMHS regarding the implementation of the CSS component was shared with stakeholders through a variety of methods. All MHSAs information and documents were discussed at the MHSAs Implementation Committee meetings and relevant workgroups. The CSS update was provided in the context of Marin County's 2008-09 Annual Update. Penetration and utilization data from Marin's CSS programs and Marin's mental health system as a whole was presented to the MHSAs Implementation Committee and posted on Marin's MHSAs website in the context of the 2009-10 Annual Update. CSS implementation has been a frequent topic at Mental Health Board meetings.

4. Attach substantive comments received about the CSS implementation information and responses to those comments. Indicate if none received.

This section will be completed after the public hearing on March 16, 2009

5. List the dates of the 30-day stakeholder review and public hearing. Attach substantive comments received during the stakeholder review and public hearing and responses to those comments. Indicate if none received.

30-day Public Comment Period – February 13 – March 15, 2009
Public Hearing – Mental Health Board Meeting, Monday March 16, 2009

Public comments will be added after the Public Hearing.

**Report on FY 2007/08 Community Services and Supports Activities
MHSA FY 2009/10 ANNUAL UPDATE
Exhibit C**

County Name: ____Marin_____

Provide a brief narrative description of progress in providing services through the MHSA Community Services and Supports (CSS) component to unserved and underserved populations, with emphasis on reducing racial/ethnic service disparities. (suggested length – one-half page)

Marin County has five CSS FSP Programs, 1 System Development Program and 4 Outreach and Engagement Programs. FSPs include: Children’s System of Care (CSOC), Transition Age Youth Program (TAY), Odyssey, Helping Older People Excel (HOPE) and Support and Treatment After Release (STAR). System Development Program: Adult System of Care (ASOC). Outreach and Engagement Programs include: Enterprise Resource Center Expansion, Southern Marin Service Site (SMSS), Vietnamese Language Expansion and Coordination with Primary Care. Please see attachment D for the description of services and number of consumers served in each program.

Populations to be served in Marin’s CSS Programs were initially identified to include the following priority populations:

- Older Adults (60 and older)
- Unserved or underserved ethnic and cultural populations, including Asian and Pacific Islander and Latino
- Homeless Children, Youth and Adults
- Transition Age Youth

All CSS Programs provide outreach to unserved and underserved populations, with an emphasis on reducing racial/ethnic service disparities. The programs are designed to provide culturally and linguistically competent services and supports to consumers and their families. Programs include those that are staffed by consumers and family members and provide a full range of services with interventions and treatment that take into account cultural and religious beliefs and values. Two CSS programs are neighborhood based (Southern Marin Service Site and Coordination with Primary Care), which increases access to and utilization of the county’s unserved and underserved populations. One program, Enterprise Resource Center, is a consumer run multi-purpose drop-in center which operates in the new Marin County Health and Wellness Center in the Canal

area, which is located in a predominantly Latino neighborhood in San Rafael and was funded in part by Marin’s one-time funding from the Mental Health Services Act.

The utilization table below illustrates the racial and ethnic breakdown of consumers served in each of the MHSA FSP programs as compared to those we served in the County’s Mental Health Programs as a whole for 2007-08.

UTILIZATION RATES: FY 2007-08							
Race	CSOC	HOPE	Odyssey	STAR	TAY	Overall	System 07-08
	N=73	N=39	N=78	N=47	N=22	N=245	N=3476
African American	15.1%	7.7%	15.4%	8.5%	13.6%	12.2%	8.3%
American Indian/Alaskan Native (AIAN)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.4%
Asian/Pacific Islander (API)	1.4%	2.6%	3.8%	0.0%	9.1%	2.4%	3.2%
White	23.3%	71.8%	64.1%	83.0%	59.1%	55.9%	65.2%
Multi	6.8%	5.1%	10.3%	2.1%	13.6%	7.8%	6.8%
Other	35.6%	2.6%	6.4%	6.4%	4.5%	14.7%	11.4%
Unknown/Not Reported	17.8%	10.3%	0.0%	0.0%	0.0%	6.9%	4.6%
	CSOC	HOPE	Odyssey	STAR	TAY	Overall	System 07-08
	N=73	N=39	N=78	N=47	N=22	N=245	N=3476
Hispanic Origin	65.8%	2.6%	7.7%	8.5%	4.5%	24.5%	16.5%

- Overall, utilization by Hispanic and African American consumers in FSP programs is higher than the system in general.
- The number of Asian consumers served in the Odyssey and TAY programs is higher (much higher for the TAY program) than the system in general.
- Very high rate of Other and Unknown/Not Reported in the CSOC program due to the change in the way DMH requires counties to report race/ethnicity data.*
- The number of Multi Racial consumers is higher in FSP programs than the system in general.
- The CSOC has an extremely high utilization rate for Hispanic consumers, likely due to the fact that Hispanics are over-represented in the Juvenile Justice system.

With respect to reducing disparities, Marin’s ultimate goal is to demonstrate that we are increasing the penetration rate in unserved and underserved communities. Historically, the penetration rate of the Medi-Cal eligible population is the standard that counties have been compared with. Over time it has been recognized that the overall Medi-Cal eligible population is a much too restrictive definition and consensus is growing that the penetration rate of the 200% of poverty population is more applicable, especially here in Marin County with the extremely high cost of housing.

*State DMH took Hispanic out of race/ethnicity and put it in its own category requiring a Yes/No response. When a consumer, who considers him/herself Hispanic, fills out the race/ethnicity section and they consider themselves Hispanic and nothing else, they mark unknown/other which skews the data.

The next two tables illustrate both the Medi-Cal eligible and 200% of poverty population penetration rates for each population prior to MHSa implementation and after implementation.

PENETRATION RATES: FY 2006-07					
	Population			Penetration	
	Marin Co Clients 06-07	200% Poverty Pop 2006 Estimates	Medi-Cal Eligible Jan 07	200% Poverty Pop	Medi-Cal Eligible
African American	337	**865	1,880	39.0%	17.9%
AIAN	15	139	83	10.8%	18.1%
API	124	2,407	1,398	5.2%	8.9%
Hispanic	571	9,773	8,834	5.8%	6.5%
White	2,312	24,444	8,423	9.5%	27.4%
Other/Unknown	110	1,646	617	6.7%	17.8%
TOTALS	3,469	39,274	21,235	8.8%	16.3%

PENETRATION RATES: FY 2007-08					
	Population			Penetration	
	Marin Co Clients 07-08	200% Poverty Pop 2006 Estimates	Medi-Cal Eligible Jan 08	200% Poverty Pop	Medi-Cal Eligible
African American	330	**865	1,903	38.2%	17.3%
AIAN	21	139	73	15.1%	28.8%
API	131	2,407	1,403	5.4%	9.3%
Hispanic	585	9,773	9,598	6.0%	6.1%
White	2,279	24,444	8,381	9.3%	27.2%
Other/Unknown	130	1,646	620	7.9%	21.0%
TOTALS	3,476	39,274	21,978	8.9%	15.8%

Comparing the two fiscal years, there was a small increase in penetration rates for all unserved and underserved racial groups except African American, which decreased less than 1%. The following are the increased percentages:

- 4.3% for AIAN

- 0.2% for API
- 0.2% for Hispanic
- 1.2% for Other/Unknown

While the increases are small and not likely statistically significant, they do suggest trends that indicate Marin is moving in the right direction. Overall, our FSPs are seeing a much higher utilization rate for Hispanic consumers than the overall system, and the increased penetration rate from fiscal year 2006/07 to 2007/08 are both signs we are having the intended effect of increased access.

**The poverty population numbers are based on the estimates provided by State DMH Series P5 estimates and do not reflect actual counts. The poverty population would reasonably include the Medi-Cal eligible population and would be expected to be greater than the Medi-Cal eligible population.

Exhibit E

**COMMUNITY MENTAL HEALTH SERVICES
MHA PLANNING ESTIMATE
COMMUNITY SERVICES AND SUPPORT (CSS) FUNDS
FY 2009-2010**

	Program	FY 08/09 CSS Funds	FY 09-10 Growth Funds (DMH Info Notice 08-36)	Grand Total
		\$3,711,600	\$1,412,900	\$5,124,500
FSP-01	CSOC	488,389		488,389
FSP-02	TAY	360,736		360,736
FSP-03	STAR	308,681		308,681
FSP-04	Older Adult	438,097		438,097
FSP-05	Odyssey	500,000	650,000	1,150,000
SDOE-01	Enterprise Resource Expansion	245,159		245,159
SDOE-02	Vietnamese Capacity Expansion	18,736		18,736
SDOE-03	n/a	0		0
SDOE-04	Regional Services Site	264,504		264,504
SDOE-05	Health & Wellness Campus	156,324		156,324
SDOE-07	Adult System of Care	107,635		107,635
	Administration	339,900		339,900
	Prudent Reserve	483,440	762,900	1,246,340
	Total	\$3,711,600	\$1,412,900	\$5,124,500