

PEI NEW PROGRAM DESCRIPTION

County: Marin

Program Number/Name: 10 Client Choice and Hospital Prevention Program

Date: _____

Instructions: Utilizing the following format please provide responses and refer to the instructions provided in the original PEI Guidelines, as noted in DMH Information Notices No.: 07-19 and 08-23. Complete this form for each new PEI Program and existing PEI Programs that made changes to Key Community Mental Health Needs, Priority Population, and/or funding as described in the Information Notice.

1. PEI Key Community Mental Health Needs	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
1. Disparities in Access to Mental Health Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. Psycho-Social Impact of Trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. At-Risk Children, Youth and Young Adult Populations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Stigma and Discrimination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Suicide Risk	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

2. PEI Priority Population(s) Note: All PEI programs must address underserved racial/ethnic and cultural populations.	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
1. Trauma Exposed Individuals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. Individuals Experiencing Onset of Serious Psychiatric Illness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3. Children and Youth in Stressed Families	<input type="checkbox"/>	<input type="checkbox"/>		
4. Children and Youth at Risk for School Failure	<input type="checkbox"/>	<input type="checkbox"/>		
5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	<input type="checkbox"/>	<input type="checkbox"/>		
6. Underserved Cultural Populations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

a. Summarize the stakeholder input and data analysis that resulted in the selection of the priority population(s) and describe how the PEI program will reach/engage unserved and underserved multicultural communities.

The Client Choice and Hospital Prevention Project is the result of a collaborative planning process conducted in Marin County that involved diverse stakeholders from throughout the county. This is a community planning process that began back in 2005 and continues to seek input from stakeholders. The PEI planning process, including analysis of data and community input, built on the successes and ideas generated in the Community Services and Supports section of the Mental Health Services Act process and has continued with the Innovation planning process.

The PEI Committee incorporated many sources of information in developing their recommendations: the data resulting from the early MHSA planning process described in Marin’s original PEI Plan; prevalence and penetration data from the County; resource mapping; client demographics and needs assessments from relevant organizations; and data from the PEI Community Engagement Process described in the original PEI Plan. Data from all of these sources was presented to the PEI Committee and to the MHSA Implementation Committee at appropriate times throughout the process.

Key related Themes from CSS Stakeholder Input:

- Develop in-county crisis residential service,
- Provide mental health services in more diverse and centrally located areas that are more accessible to clients,
- Reach out to mentally ill clients where they are,
- Co-locate mental health services within trusted community agencies,
- Use less conventional venues and methods for delivering and defining mental health services,
- Fragmentation of care and poor quality of inpatient hospitalization is exacerbated for minority and non-English speaking clients,
- Develop an awareness of “client culture”,
- Remove obstacles to accessing services, focus more on early intervention and prevention,
- Expand peer counseling and family advocacy programs,

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- Expand eligibility criteria to enable CMHS to serve clients at their highest level of functioning

Key related Themes from PEI Stakeholder Process:

- Support families and communities to increase their resilience (wellness factor)
- Create local alternatives to involuntary treatment and focus on early interventions
- Increase provider awareness (schools, clinics, etc) so they identify and respond earlier and more effectively
- Increase public awareness about mental health to increase access to community based resources and reduce stigma
- Services for unserved clients who do not meet current financial or medical necessity criteria
- Address basic needs first (housing, shelter, employment, medical care) so that mental health services are more effective
- Building effective community partnerships between CMHS and law enforcement, schools, substance abuse services, etc.

As the multi-year MHSA planning process entered its final phase, Innovation, it became apparent that in order to transform the public mental health system toward one that values prevention, recovery and client choice over institutional and involuntary treatment the method of intervening during crisis situations and psychiatric emergencies needed to change. Prevention and Early Intervention has an important role to play in dramatically changing this system. On August 16, 2010 the Marin Mental Health Board held a public hearing on whether or not to implement assisted outpatient treatment, AB 1421/Laura's Law, which highlighted the lack of alternatives to involuntary treatment for people in times of crisis.

AFTER POSTING:

This New Program Plan was posted on the County website for thirty days for public comment from DATE-DATE,. An email with the link to the Marin County website and date of the Public Hearing was sent to all of our child and adult contractors, Marin Mental Health Board, CMHS staff, MHSA Implementation Committee and the Marin County Mental Health Board.

The target population for this project is anyone who is a new or existing consumer in the public mental health system who is 18 years of age or older. Since crisis situations cannot be predicted, the goal is to develop a crisis plan for every client so that an individual's choice of how to best respond is made clear and put in writing in a permanent and protected health record. In order for consumers to have a choice of interventions when they find themselves in crisis situations it is necessary for them to know their options. This program will provide outreach to all adult clients, educating clients about the concept of consumer choice and the several choices available in crisis situations.

Individuals who have been exposed to trauma, individuals experiencing the onset of a serious psychiatric illness, and those at risk of suicide would be high priority populations.

3. PEI Program Description (attach additional pages, if necessary).

For the fiscal year 2009-10, 91% of mental health clients in Marin County who were admitted from the Psychiatric Emergency Services to acute psychiatric hospitals were admitted involuntarily. That means only 9% of those acutely hospitalized were admitted by free choice. One of the basic tenants of the MHSA is client and family choice. Choice of providers and types of treatment should not be limited to outpatient services but clients and families should have choices in crisis situations as well. By planning ahead and developing a crisis plan before a client is experiencing an acute episode of illness, we believe that a significant number of involuntary admissions could be prevented. If given a choice of possible interventions, clients would play a greater role in the resolution of the crisis and in their own recovery process.

This project will use peer counselors and/or family partners to assist all new and existing clients in developing an individualized written crisis plan that would become part of the client's health record. To quote the Mental Health Services Act: "This program combines prevention services with a full range of integrated services to treat the whole person, with the goal of self-sufficiency for those who may otherwise face homelessness or dependence on the state for years to come.." Involuntary inpatient treatment is the door to institutional care. Taking a recovery-focused alternative might well change treatment options by increasing client choice and improving compliance. In addition, crisis plans incorporate naturally existing supports, including friends and family, which leads to better outcomes and increased support for clients.

Peer counselors and/or family partners will meet with individuals or groups of consumers of mental health services while they are feeling well to develop a plan for their care in times of crisis. This process will require multiple meetings for most people. Family and support system involvement will be encouraged. The plan will include components such as: emergency contacts, current providers, health needs, preferred and unacceptable medications- and why, preferred list of services providers, crisis signs, triggers, support team members, who will take care of my pet or house or car, the most effective supports, likely behavior, recovery signs, and indicators that supports are no longer needed.

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This program builds on existing services in Marin County, such as client plans developed for all ongoing clients. This service would be provided in a variety of settings to reach the target populations. Groups of clients can work together on their plans at the drop in center at the Health and Wellness Campus. Clients in Full Service Partnerships will develop plans with the support of their teams. It will be essential for supportive housing and supportive employment providers to support development of crisis plans for their clients, Following a visit to Psychiatric Emergency Services, clients may wish to work on a plan so if they experience a psychiatric emergency in the future they will be well prepared. Crisis plans, including the Wellness Recovery Action Plans (WRAP), are used in many settings and considered by SAMHSA to be a promising practice.

PEI funds would provide staff time to:

- Educate mental health consumers about the purpose of crisis plans;
- Assist consumers in the development of individualized crisis plans;
- Ensure that clients’ wishes to have crisis plans become part of a permanent health record be honored;
- Be available to update or change plans as needed.

Milestones & Tasks

February 2011	Establish providing agency through an RFP process
March 2011	Establish contract and monitoring agreements to assure effective implementation
Ongoing	Participate in regular PEI Committee meetings to develop collaborations, problem-solve implementation challenges, and assist in evaluation of PEI projects
April 2011	Start developing crisis plans for identified individuals
May 2011	Establish process for developing crisis plans for new individuals and updating existing ones

Our implementation partners for this project will be determined through an RFP/RFI process. They will be required to show that they can service the target populations effectively, such as having culturally and linguistically competent staff.

The PEI project will be to teach participants recovery and self-management skills and strategies to respond to crisis situations in order to:

- promote higher levels of wellness and recovery
- decrease the need for costly involuntary treatments or institutionalized care
- increase each consumers understanding of their illness while decreasing stigma
- increase participants’ level of hope and belief in recovery principles
- increase participants’ sense of empowerment and personal responsibility
- increase social support
- increase appropriate help seeking from naturally occurring resources and community services

This plan is expected to achieve the desired outcomes because:

- Community, clients and families identified the need for this type of service
- The services will be provided in appropriate settings
- Crisis plans have been shown to be effective
- Self-help skills and strategies complement other treatment scenarios
- These prevention efforts will increase the level of wellness, stability and recovery for clients

4. Activities

Activity Title	Proposed number of individuals or families through PEI expansion to be served through June 2011 by type of prevention:		Number of months in operation through June 2011
		Prevention	
	Individuals: Families:		200 3
Total PEI Program Estimated Unduplicated Count of Individuals to be Served	Individuals: Families:		200

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5. Describe how the program links PEI participants to County Mental Health and providers of other needed services

Marin County is a fairly small county (250,000) with extensive relationships among providers. The CSS and PEI planning processes have increased the level of collaboration and linkages. Marin County CMHS will continue to convene the MHSA Implementation Committee and its PEI Implementation Committee. This will be an opportunity for ongoing linkage improvement. Marin County aims to create a network of care that includes CMHS, other Health and Human Services Divisions, CMHS contractors, and many other stakeholders that have participated in the planning process or are identified within the resource map. This network of care will provide a continuum of care in which individuals are effectively linked to the services they need, such as further mental health assessment and treatment, or other needed services.

This PEI project will be an integral part of the planned Innovation project to create alternatives to involuntary treatment and to become a “hospital prevention organization.” Staff hired by PEI funds will assist with developing crisis plans for clients that include a variety of community support services. Clients enrolled in CMHS case management, outpatient, or medication clinics will be encouraged to develop and individualized crisis plan. Clients receiving outpatient mental health services from Medi-Cal managed care agencies or through primary care providers will also be encouraged and assisted to develop crisis plans. The crisis plans themselves will contain information that assists in integrating CMHS services with other supports in times of crisis.

The contract agency for this project will maintain an updated list of local providers and maintain relationships with referral sites. Formal referral linkages have been developed among CMHS, other County departments, and CMHS contractors. CMHS contractors include agencies that provide mental health assessment and treatment, physical health care, substance abuse, domestic violence interventions, housing, and employment services. In addition, linkage relationships with other providers may be formalized over time as the network of care develops.

CMHS Contract Agencies include: Community Action Marin, Bay Area Community Resources, Catholic Charities, Child Therapy Institute of Marin, Community Institute for Psychotherapy, Family Service Agency, Corstone Counseling Center, Huckleberry Youth Services, Jewish Family and Children’s Services, Center for Restorative Practice, Buckelew Programs, and Novato Youth Center. Additional agencies that provide important services have been involved in the PEI planning process, such as Canal Alliance, Marin City Health and Wellness Center, Coastal Health Alliance, Marin Community Clinics, Marin Abused Women’s Services, NAMI and others.

The selected program is sufficient to achieve the desired outcomes listed in question 7 by:

- providing services in a variety of settings already accessed by clients in a non-stigmatizing manner;
- developing crisis plans that give clients a choice of interventions in a preventive manner;
- incorporating existing supports, such as friends and families. Into the crisis plan.
- identifying issues early and adjusting interventions based on outcomes.

Implementing agencies will be required to show that they can implement with fidelity, develop and maintain the collaborations described below, and provide the expertise and logistical support that will ensure effectiveness leading to positive outcomes. Creating client choice in crisis situations is well evaluated. There are core components that are important for successful outcomes, which will be required.

6. Describe collaboration with and system enhancements of other partners such as community based organizations, schools, and primary care.

Our implementation partners will be determined through an RFP/RFI process. They will be required to show that they can serve the target populations effectively, such as having culturally and linguistically appropriate staff and experience serving specific populations. They must also show their ability to implement the project effectively, meet the goals, and meet fiscal, administrative, and evaluation responsibilities. Agencies applying for funding will be encouraged to collaborate to most effectively meet the goals of the project.

The PEI Committee and MHSA Implementation Committee will review outcome data and determine reauthorization or adjustments to this and other projects to achieve identified outcomes.

For clients served by this program that are in need of further services, there will be referral processes in place to connect them to a range of services. As described above, linkages will be developed with mental health and other services. Specifically, CMHS has contracts and/or referral processes in place with most of the community mental health providers in the community, and will develop formal referral processes that include PEI contractors.

The program budget takes into account that the infrastructure for data collection and reporting, is already in place. Contracting agencies will be expected to contribute office space/expenses. Through the RFP/RFI process, agencies will be required to demonstrate their

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ability to fiscally manage and sustain this program. We anticipate that these programs will result in savings to the transformed mental health system by reducing the use of costly inpatient and other involuntary services in locked settings.

7. Describe intended outcomes.

Wellness Recovery Action Plans (WRAP) have been shown to be valuable tools for recovery for people living with serious mental illnesses. The development of a crisis plan in which each existing client as well as each new client entering the public system of care is assisted by a peer counselor or family partner in developing a well thought out systematic plan for how they would like to be engaged when and if they experience a life crisis or a psychiatric emergency. When people make choices for themselves rather than leaving those important decisions to others they retain control and actively participate in their own recovery process.

Many will choose family supports, crisis residential, or a brief time at Psychiatric Emergency Services as an alternative to acute inpatient stays. This will reduce involuntary admissions and eventually reduce admissions to long-term locked facilities for which acute inpatient is always the front door.

Outcomes will be observed on three levels: individual, system, and community. Below are some of the outcomes we would expect to see as a result of this PEI project:

Positive individual outcomes will include:

- Increased social supports for clients
- Increased level of appropriate help seeking
- A higher level of client satisfaction than with traditional crisis services

Positive systems outcomes will include:

- Increased choices for clients in the mental health system of care
- Decreased level of police involvement and fewer 5150 holds
- Increased number of individuals who use naturally occurring resources to resolve crises

Positive community outcomes might include:

- Reduced stigma as more clients are treated in the community
- Enhanced level of wellness and resiliency as perceived by clients and families
- Decrease in involuntary treatment at the acute and long term care levels making the program sustainable
- More resources can be redirected into voluntary recovery based interventions

8. Describe coordination with Other MHSA Components.

The PEI Committee will meet regularly to assist with implementation, including ensuring that providers are aware of available resources and effective referral processes among organizations. Protocols for referral from PEI projects to CSS programs will be developed in conjunction with PEI contracts. The MHSA Implementation Committee will include representatives from PEI programs as well as CSS programs to continue working on effective linkages. PEI project needs are being considered in the development of the Workforce Education and Training plan. For example, co-occurring disorder training is being considered by WET. The Technology plan is in development and will take into consideration the needs of PEI projects.

The Capital Plan will provide needed funds to refurbish and remodel an existing building to create a Crisis Residential Program that will be a community based, home-like environment that provides clients in crisis with a meaningful and efficacious choice in crisis situations.

Working closely with the proposed Innovation project, Becoming a Hospital Prevention Organization, this PEI strategy, Client Choice and Hospital Prevention Program, will provide consumers with the education, support, and techniques to clearly develop and express their personal choices and to let professionals and peer counselors know how to get through a crisis and get back on an individualized path to recovery.

9. Provide a budget narrative for costs identified for this Program, as outlined in Exhibit F. Please include the number of FTE personnel positions/classifications and a brief description of each FTE's functions. Please include a brief description of operating costs, subcontracts/professional services, and non-recurring expenditures associated with this PEI Program.

\$80,000 per year over a three year period.

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10. Additional Comments (Optional)

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