

IMPLEMENTATION PROGRESS REPORT FOR THE INITIAL THREE-YEAR PROGRAM AND PLAN FOR COMMUNITY SERVICES AND SUPPORTS (CSS)

Marin County Community Mental Health Services

1. Program/Services Implementation

A. Report on how the implementation of the program/services is proceeding.

▶ Report on whether the implementation activities are generally proceeding as described in the county approved plan. If not, identify the key differences.

▶ Describe the major implementation challenges.

Children's System of Care (CSOC) Full Service Partnership

The implementation of the CSOC FSP is generally proceeding as described in our MHSA Plan. Our current FSP enrollment is 22, with a target of 30.

The CSOC Program is now capable of 24 hour, seven day a week response to clients enrolled in the FSP. The goal was to implement this 24/7 coverage by June 2006, but this was delayed due to protracted mediation with the Service Employees' International Union (SEIU). The CSOC Program Supervisor and the CSOC Family Partner (FP) provided interim coverage beginning in mid September 2006. The issue was successfully resolved with the union and currently this coverage is shared equally among the CSOC clinical staff and Family Partners.

Transition Age Youth (TAY) Full Service Partnership

Implementation is proceeding as planned. Offices have been rented and furnished, several staff hired, Medi-Cal Certification awarded, one client received partial services. No major implementation challenges.

Support and Treatment After Release (STAR) Full Service Partnership

The STAR Program had been sustained by county bridge funding until MHSA funding became available in July 2006. Planned MHSA changes to the existing program which have been fully implemented include 1) the addition of a part-time peer case manager to the team in order to expand and strengthen peer-delivered services, 2) the provision of family psychoeducation and support meetings to better assist and support families of program participants, and 3) the addition of an on-call system during non-business hours to provide 24 hours a day, 7 days a week support.

Fully implementing the 24/7 on-call system has been the greatest challenge in Marin and required an extended period of negotiations with the Service Employees International Union, which represents Licensed Mental Health Practitioners. Agreement was reached in January 2007 and implemented in February. The STAR supervisor has been covering all of the on-call responsibilities in the interim.

In December 2006, Marin was awarded an 18-month Mentally Ill Offender Crime Reduction Grant (MIOCR) to expand and further enhance the STAR Program. New enhancements funded by the MIOCR grant include increased employment services, increased nurse practitioner services, increased clinical case management services, the addition of a Substance Abuse Counselor to provide assessment and treatment services, the addition of a Family Partner to provide support services for family members, and a peer-operated step-down service. As a result of this additional

funding, the STAR Program will serve an additional 25 individuals, bringing the total to be served by the full service partnership to 75.

Marin At-Risk Seniors Team (MAST) Full Service Partnership

Getting the program started has taken longer than expected primarily due to three specific challenges. First, after six months of negotiating with the Service Employees International Union, which represents Licensed Mental Health Practitioners, the County finally reached an agreement on an arrangement for 24/7 on-call on January 5, 2007. Second, finding office space suitable to the needs of MAST and convenient for older adult clients and peer providers took longer than expected. The County now has an office suite available that is located in the same building as the Division on Aging, Adult Protective Services, In Home Supportive Services, Veterans' Services, and the Division of Alcohol and Drug Programs. It is a few steps away from the Public Guardian's Office. There is free parking available and the building meets ADA standards for access. The location will greatly aid the collaborative nature of the work the team will do. Third, recruiting staff has been a challenge. We are now in the second full recruitment for the clinical supervisor for the team. The first round of interviews failed to produce an experienced candidate who was willing to accept the position. Recruitment of other staff positions will occur once supervisor is hired.

Enterprise Resource Center Expansion

Marin's client-operated Enterprise Resource Center continues to see over 600 client visitors per month in its multi-purpose drop-in center and, as identified in Marin's CSS Plan, has out grown its current space and management infrastructure. This program work plan includes establishing a Wellness/Recovery Center through enlarging and co-locating the Enterprise Resource Center with housing, employment and clinical services. CMHS' efforts to locate appropriate space for the new Mental Health Wellness/Recovery Center prompted the County to pursue developing a Health & Human Services wellness campus, of which the Enterprise Resource Center will be one component. An appropriate site in central San Rafael with several buildings was identified and in August 2006, the County purchased the property. Enterprise Resource Center staff participated in a series of meetings with the campus project architects and in February 2007, they approved the final plans for the expanded drop-in center. Ground breaking on the campus is scheduled to start in March 2007 and the new Enterprise Resource Center is tentatively scheduled to be ready for occupancy in December 2007. Both of the two new consumer management positions were filled by December 2006, increasing the program's capacity to manage its ever expanding operations.

Vietnamese Language Capacity Expansion

This program work plan has been fully implemented since 8/13/06, at which time the existing 0.75 FTE Vietnamese Social Service Worker II position was increased to 1.0 FTE. The staff member in this position is both bilingual and bicultural.

Southern Marin Service Site (SMS)

The implementation of the SMS (Southern Marin Services) program has gone somewhat slower than expected due to several unforeseen impediments. The first and perhaps most time consuming delay has been in locating an appropriate premises, which needed to meet several criteria and proved to be extremely difficult. The location had to be within walking distance of Marin City and also accessible to those living in Sausalito, Mill Valley and Tiburon. It also had to be ADA compliant, within budget, and large enough for five individual offices and one group room. Presently, the office space has been located and a complete reconfiguration of that space has begun. Because of permit delays with the city of Sausalito and several other construction-related delays, the original target date for completion has been moved back. The original completion date of January 1st 2007 has now been moved to March 31, 2007. Currently, the downstairs space is usable, and several Southern

Marin staff are now seeing clients in that space. Program delays have primarily impacted direct services, whereas outreach to the Southern Marin community began as planned in an effort to engage the community and make known the variety of opportunities and services possible through SMS. More details of that outreach effort will be touched on later in this report.

B. Briefly highlight the key transformational activity/activities in any of the five essential elements:

- ▶ community collaboration
- ▶ cultural competence
- ▶ client/family driven mental health system
- ▶ wellness/recovery/resiliency focus
- ▶ integrated services for clients & families

Children's System of Care (CSOC) Full Service Partnership

One of our strategies to provide more linguistically and culturally competent services for the youth and their families was to hire more bilingual, bicultural staff. Hispanic youth comprise 22% to 25% of the youth in the juvenile justice system and at the alternative continuation high school and many have monolingual Spanish speaking parents. One of the major implementation challenges was recruiting and hiring Spanish speaking staff. After a lengthy recruitment, a bilingual facilitator was hired in January 2007 and a bilingual, bicultural FP was hired in February 2007. This enables the monolingual parents to truly have a voice in the wraparound process with the support and guidance of the bilingual FP and the bilingual staff. This also begins to address disparities in access and quality of care by greatly diminishing the cultural and language barrier.

The hiring of a bilingual Spanish speaking FP and a bilingual Spanish speaking facilitator were key transformational activities that addressed cultural competency. Additionally, by diminishing the language and cultural barriers the family's concerns and needs are expressed and responded to in ways that are respectful and family centered.

Transition Age Youth (TAY) Full Service Partnership

Staff have networked and oriented to various service providers that will be accessed by participants, such as:

- College of Marin, Disabled Students
- Buckelew Employment Services
- Integrated Community Services
- Marin Employment Connection
- Marin Youth Center
- Homeward Bound (emergency shelter programs)
- Marin County Office of Education
- Regional Occupational Program

A twenty three year old African American woman was hired as a peer mentor. We began recruitment for the TAY Advisory Council, to include family members, youth, and clients. Staff attended several trainings on wellness and recovery. And in 2007 will attend Immersion Training at "The Village" in Long Beach. Protocols were developed for participants to receive psychiatric med evaluation and medication services if needed with Family Service Agency of Marin. We also began preliminary discussion regarding partnering with Matrix of Marin, so several hours of Family Partner/education/advocacy could be provided by Matrix Family Partner staff for TAY participants and their family members.

Support and Treatment After Release (STAR) Full Service Partnership

From its inception, the STAR Program has epitomized community collaboration, with a multi-agency, multi-disciplinary staff providing integrated services for clients and families. The program provides or brokers all services and resources that its clients need. Marin's Behavioral Health Criminal Justice Committee, a multi-departmental, multi-agency committee convened by the Board of Supervisors, regularly reviews the progress of the STAR Program at its monthly meetings. The MIOCR Grant expansion plan for expanding the STAR Program was developed by a committee convened by the Marin County Sheriff's Department with representatives from multiple agencies and organizations, including family and client representatives. STAR also has close connection with the Forensic Multidisciplinary Team, Marin's model of restorative policing, with its membership of 23 community-based organizations and public agencies.

Marin At-Risk Seniors Team (MAST) Full Service Partnership

System transformation has been taking place in several key areas. First, Community Mental Health Services management participated in a needs assessment for older adults conducted by the Division on Aging. Second, a .5 FTE Nurse Practitioner from the Division on Aging joined the Older Adult Mental Health Team and has become an important part of that service, by providing medication support for psychiatric issues as well as treatment of general health conditions. Third, Community Mental Health Services' staff worked with clients and families to develop a Family Partnership Policy to better involve families in decision making and in services to their respective family members receiving services. Finally, multi-disciplinary staff participated in a teleconference on the Outcome Based Treatment Planning system developed by Dr. Stephen Bartels at Dartmouth.

Enterprise Resource Center Expansion

An expanded client-operated Enterprise Resource Center that is co-located in a Wellness/Recovery Center with other services optimizes outreach and engagement possibilities, promotes consumer empowerment and, most importantly, embodies the concepts of wellness and recovery. Managed and staffed entirely by mental health consumers, the center promotes a strengths-based, harm-reduction approach and offers clients a one-stop central location to access and receive services such as socialization activities, peer counseling, mentoring, psycho-educational activities, and support groups. Consumers working to assist other consumers provide role models and a message of hope that further promotes wellness and recovery. The eventual co-location of the Enterprise Resource Center with other services that promote and support recovery, such as supported housing and employment services, will build trust, maximize opportunities for collaboration and increasingly engage clients in their own recovery process.

Vietnamese Language Capacity Expansion

This service expands Marin's capacity to incorporate the language and culture of the underserved Vietnamese population through the provision of linguistically and culturally competent services. This position provides mental health outreach and engagement to provide low-barrier access for Vietnamese-speaking individuals, as well as serving to translate language and cultural issues to ensure that staff psychiatrists can accurately provide medication support to monolingual Vietnamese clients.

Southern Marin Service Site (SMS)

Transformational activities include an emphasis on community collaboration. Agency representatives held 25 meetings with residents involving 119 individuals. A depression screening effort in Marin City reached 38 residents. 400 fliers were distributed through the public housing units of Marin City, offering drop-in counseling following a fatal shooting in October. In terms of cultural competence, Family Service Agency (FSA) has hired an African-American clinical psychologist to

head SMS. In addition to this, three bilingual therapists will work part-time at SMS. The family advocate is African American. Other interns and employees (part-time in the southern office) working out of SMS will be both Asian and Caucasian, meaning that SMS has successfully included all four of the major racial/ethnic populations in the Bay Area. Integrating services for clients and families has begun through our involvement with Bay Area Community Resources, Community Action Marin, the new Health and Wellness Center in Marin City, and collaboration with schools in the Southern Marin area. An SMS School-Based Counselor was hired and she initiated services at southern Marin elementary and middle schools. Meetings are being scheduled within the next few weeks, which will include clinicians, teachers and family advocates to strategize around integration of services.

C. Children's System Of Care (CSOC) FSP - SB 163 Wraparound Update

In May 2006, Marin County Community Mental Health Services (CMHS), Social Services (SS), and Probation formed a SB 163 Steering Committee and held an initial meeting to discuss implementing SB 163 in the county. Cheryl Treadwell, Program Manager, and Connie Hamilton, Analyst, both from the California Department of Social Services guided the discussion about the feasibility of implementing SB 163 in Marin County and integrating a SB 163 wraparound program with the current CSOC and the AB 1741 Youth Pilot Program. At subsequent meetings, training was identified as a priority and managers, staff and Family Partners from CMHS, SS, Public Health and Probation attended the California Wraparound Institute Training in June 2006, in Los Angeles. Additional Wraparound training was provided in October 2006 for the CSOC staff and Family Partners. Annual training in Wraparound was identified as a continuing priority to ensure fidelity to the process. In July 2006, San Luis Obispo (SLO) County staff and a SLO Community Based Organization (CBO) came to Marin County and presented to the SB 163 Steering Committee how the SB 163 public/private partnership works in San Luis Obispo County. The Steering Committee agreed on pursuing the public/private model for Marin County.

In January 2007 a subcommittee of the SB 163 Steering Committee was formed to write the plan for the Public/Private collaboration in implementing SB 163 Wraparound. This subcommittee included representation from Social Services, Probation, Mental Health, Education as well as four Family Partners.

The first Planning Group working meeting is scheduled for the first week in March. It is anticipated this taskforce will meet 3 or 4 times with much of the work being accomplished on the plan between meetings. The projected completion date will be within the next 3 - 4 months. The SB 163 Steering Committee will review the plan and direct the overall process.

2. Efforts to Address Disparities

A. Describe current efforts/strategies to address disparities in access and quality of care among the underserved populations targeted in the plan. Highlight successes and address any barriers or challenges encountered.

B. Describe outreach efforts and the progress made to involve the underserved populations that are specifically targeted in the plan. Be specific in identifying the strategies and approaches employed.

C. Describe the steps used towards providing equal opportunities for employment of individuals from underrepresented racial/ethnic and/or cultural communities.

D. List any policy or system improvements specific to reducing disparities, such as the inclusion of language/cultural competency criteria to procurement documents and/or contracts.

NOTE: There are no Native American organizations or tribal communities that have been funded to provide services in Marin County.

Children's System of Care (CSOC) Full Service Partnership (FSP)

One of our strategies to decrease disparities for our sizable Marin County Hispanic population was to increase Hispanic access to mental health services by hiring more bicultural, bilingual staff as described above. This was accomplished by hiring a bilingual, bicultural Family Partner and a bilingual wraparound facilitator. The expectation is that by having these bicultural, bilingual staff work closely with the CSOC FSP families, access and quality of care for this underserved population will be improved due to the enhanced cultural competency they bring to the program.

Transition Age Youth (TAY) Full Service Partnership

There are no FSP participants as of 12/31/06, so disparities have not been identified. TAY staff have met with staff of College of Marin Disabled Students and Homeward Bound (emergency shelters) to describe the program, services and to inform how to make referrals. Both entities see underserved youth in transition. TAY staff have met with three employment/vocational providers so as to learn how to refer participants for services to those three programs. Documents regarding confidentiality, community services available, and grievance procedures will be provided to participants in English and Spanish.

Support and Treatment After Release (STAR) Full Service Partnership

As described in detail in Marin's CSS Plan, CMHS has made long-standing efforts to recruit and retain bicultural and bilingual staff from underrepresented racial/ethnic/cultural communities by using a variety of strategies, including targeted recruitments, development of job descriptions that encourage a more diverse applicant pool, bilingual pay differential, bilingual internship stipends, and cultural competency requirements in contracts with community-based organizations. The STAR Program currently has 2 designated Spanish-speaking positions, one of which is filled by a staff member who is also bicultural. The MIOCR expansion adds a 3rd Spanish-speaking position to the program. In addition to the bilingual positions described in this program, each of Marin's other full service partnerships includes Spanish-speaking positions in order to more competently serve the county's fast growing Hispanic/Latino population.

Effort continues to be made by the program to enroll more clients whose race/ethnicity is African-American or Hispanic/Latino. This issue is discussed at the weekly STAR team meetings and African-Americans and Hispanic/Latinos are given preference on the waiting list.

Since submitting its CSS Plan, Marin CMHS has reconstituted its Cultural Competency Committee to assist with the implementation of the CMHS Cultural Competency Plan, identify ongoing staff development needs, and review and make recommendations regarding system practices, policies and procedures.

Marin At-Risk Seniors Team (MAST) Full Service Partnership

Efforts listed below should help reduce the disparities of services to underserved Hispanic clients and their families:

- Senior Peer Counselors have been recruited and trained to work with older adult clients in English and Spanish.
- The Department of Health and Human Services issued a request for proposals for a translation service to develop documents in languages spoken by its non-English speaking clients.

- Participating with the Division of Aging in the community needs assessment for older adults will provide the team with great data on unmet needs of older adults in Marin County.

Enterprise Resource Center Expansion

Known for its low-barrier access and welcoming environment, the Enterprise Resource Center already plays a key role in Marin's efforts to outreach to and engage with adults with serious mental illness in the county who are disenfranchised and reluctant to seek help and services. The new Wellness/Recovery Center will be located in a geographic area of the county that is largely Hispanic and Asian American, and underserved. Locating in that area reduces access barriers and increases the likelihood that the program's outreach efforts will be successful. The program will continue its efforts to recruit Spanish-speaking consumer staff by offering bilingual pay differentials. Enterprise Resource Center will also continue to incorporate the feedback of its clientele and the community in developing and adjusting program activities and curriculum, so that barriers are further reduced and all feel welcomed.

Vietnamese Language Capacity Expansion

The key emphasis of this program is to address disparities in access and quality of care for Marin's Vietnamese population through the provision of linguistically and culturally competent services. The existing part-time Vietnamese-speaking Social Service Worker had become well known to key stakeholders in the Vietnamese community, as well as staff and providers within the mental health system of care. As a result, she had reached capacity and unable to keep up with the demand for her services. Expansion of her position to full-time has enabled her to provide additional culturally competent services to existing, as well as new clients.

The Vietnamese Social Service Worker maintains close contact with community organizations representing and serving Marin's Vietnamese population, especially the Asian Advocacy Program of Community Action Marin. These organizations serve a vital role in identifying unserved Vietnamese community members who are in need of mental health services and they work closely with this position to help connect these individuals and their families with needed services. Frequently, the translation services provided by this position serve as an important strategy for outreaching to and engaging with monolingual Vietnamese individuals, both those with serious mental illness and their family members.

As described in detail in Marin's CSS Plan, there have been long-standing efforts to recruit and retain bicultural and bilingual staff from underrepresented racial/ethnic/cultural communities by using a variety of strategies, including targeted recruitments, development of job descriptions that encourage a more diverse applicant pool, bilingual pay differential, bilingual internship stipends, and cultural competency requirements in contracts with community-based organizations. In addition to the Vietnamese position described in this program, each of Marin's full service partnerships includes Spanish-speaking positions in order to more competently serve the county's fast growing Hispanic/Latino population.

Since submitting its CSS Plan, Marin CMHS has reconstituted its Cultural Competency Committee to assist with the implementation of the CMHS Cultural Competency Plan, identify ongoing staff development needs, and review and make recommendations regarding system practices, policies and procedures. The Vietnamese Social Service Worker is a member of this committee.

Southern Marin Service Site (SMS)

There has been a concerted effort by the head of SMS and other FSA staff to address disparities in services for the target area as compared with other populations within Marin County. This includes meetings with 7 mental health practitioners of color and an estimated 12 meetings with community leaders, who are African American, Caucasian, and other ethnicities. In addition to this, the head of

SMS has met with school-based teachers and clinicians who work with a predominantly African American population. Both the head of SMS and our family advocate worker have attended meetings of the community-based “ISOJI,” which focuses on issues within ethnic minority communities of Marin. This pair has also spent many afternoons speaking to housing officials, passing out fliers at various locations, meeting with members of the houseboat community leadership, and speaking to average citizens within these communities. Such practices include going door to door and simply asking inhabitants what their community needs in terms of mental health services. FSA staff has also met with residents of senior housing units in the area to help determine the needs of this population. The main goal for all of these efforts is to assess each community and gain insight into the best ways to reach these communities. Strategies are being developed, based on these meetings, to reach and serve these communities with increased efficiency and effectiveness. As mentioned previously, successful efforts have been made by FSA to provide employment opportunities for members of underserved populations.

3. Stakeholder Involvement

Provide a summary description of the involvement of clients, family members and stakeholders including those who are racially/ethnically, linguistically and culturally diverse and from other underserved or unserved communities, in the ongoing planning and implementation of the initial plan.

Children’s System of Care (CSOC) Full Service Partnership (FSP)

The oversight committee for CSOC is the Criminal Justice Behavioral Health Committee (CJBHC), which meets monthly and dedicates a minimum of two meetings annually to the CSOC. This diverse committee consists of representation from the Board of Supervisors, the District Attorney, Public Defender, County Counsel, Probation, Social Services, CMHS, Education, Family Partners, Community Foundation member and community members. This committee is updated regularly on the progress of the CSOC FSP Program. At these meetings the public is also encouraged to comment, and identify needs and barriers to services for this population. The CJBHC also, continues to focus on the cross-jurisdictional collaboration and public-private partnerships necessary for providing integrated services to Marin’s youth and families.

Transition Age Youth (TAY) Full Service Partnership

The Transition Age Youth Advisory Council will be comprised of family members, youth, and clients. TAY staff will meet with the Council to apprise committee members of the implementation of the program. The Council will also be asked to give input regarding progress of program implementation, and also to identify barriers to services, and needed resources. The role of the Council is to assure that young people, their families, and the community perspective are fully integrated into all facets of developing and operating the program.

Support and Treatment After Release (STAR) Full Service Partnership

Progress on implementation of this and Marin’s other CSS programs is reported to the Marin MHSA Strategic Planning/Implementation Steering Committee at its regularly scheduled meetings. Membership in the 28-member committee includes 9 consumer and family members in addition to service providers, law enforcement, Marin’s local First Five Commission, County Division of Social Services, representation from the Latino, Asian and African-American communities, Marin County Office of Education, the Mental Health Board, National Alliance for the Mentally Ill (NAMI-Marin), and CMHS staff. Additionally, hiring panels for all new program positions include representatives from key stakeholders, including peer service providers and family members.

Marin At-Risk Seniors Team (MAST) Full Service Partnership

Examples of involvement of stakeholders in the planning and implementation of the MAST program include: 1) The Marin MHSA Strategic Planning/Implementation Steering Committee has regularly scheduled meetings to monitor implementation. Membership in the 28-member committee includes 9 consumer and family members in addition to service providers, law enforcement, Marin's local First Five Commission, County Division of Social Services, representation from the Latino, Asian and African-American communities, Marin County Office of Education, the Mental Health Board, National Alliance for the Mentally Ill (NAMI-Marine), an Older Adult Peer Counselor, and CMHS staff. 2) Hiring panels for all new program positions include representatives from key stakeholders, including peer service providers and family members.

Enterprise Resource Center Expansion

Current staff and clients of the Enterprise Resource Center have been and continue to be actively involved in both the planning and implementation of this project. Progress on implementation of this and Marin's other CSS programs is reported to the Marin MHSA Strategic Planning/Implementation Steering Committee at its regularly scheduled meetings. Membership in the 28-member committee includes 9 consumer and family members in addition to service providers, law enforcement, Marin's local First Five Commission, County Division of Social Services, representation from the Latino, Asian and African-American communities, Marin County Office of Education, the Mental Health Board, National alliance for the Mentally Ill (NAMI-Marine), and CMHS staff.

Vietnamese Language Capacity Expansion

Progress on implementation of this and Marin's other CSS programs is reported to the Marin MHSA Strategic Planning/Implementation Steering Committee at its regularly scheduled meetings. Membership in the 28-member committee includes 9 consumer and family members in addition to service providers, law enforcement, Marin's local First Five Commission, County Division of Social Services, representation from the Latino, Asian and African-American communities, Marin County Office of Education, the Mental Health Board, National alliance for the Mentally Ill (NAMI-Marine), and CMHS staff.

Southern Marin Service Site (SMS)

Thus far, stakeholders have been able to benefit from the location of SMS. Many of those who are now being served have stated that it would have been difficult or impossible for them to get to the San Rafael office. Several Spanish-speaking clients are also being served in the southern office. Our family advocate has been working consistently with five African American families on a weekly basis. The program head is currently meeting with one racially mixed person, one African American person, and one member of the gay community on a weekly basis for psychotherapy. We are offering in-home services for select cases in a limited way. We are also willing to do initial intake evaluations within the homes of our target population. The idea being to simply demonstrate effort and create a comfort level for these underserved individuals. Most of these services have been limited, as there simply is not enough space for a full operation, pending the completion of construction. As stated in the previous paragraphs, ongoing outreach continues in an effort to reach underserved populations. A formal "grand opening" will be announced upon the completion of construction. Members of all Southern Marin communities will be invited to attend and see the new building that will be hopefully serving their community for years to come.

4. Public Review and Hearing

5. Technical Assistance and Other Support