

Marin County Community Mental Health

Seeking public comment on the Mental Health Services Act (MHSA) Implementation Progress Report for 2007

June 5, 2008

30-day Public Comment Period begins

Marin County Community Mental Health Services (CMHS) is seeking public comment regarding the MHSA Implementation Progress Report.

The Implementation Progress Report document follows this page and is a review of the progress of Marin County MHSA programs for calendar year 2007.

If you would like to provide input to the report, please send your comments to:

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The required 30-day comment period begins on Thursday June 5, 2008 and will end on Monday July 7, 2008.

A. Program/Services Implementation

1) The County is to briefly report by Work Plan on how implementation of the approved program/services is proceeding.

- a. Report on whether the implementation activities are generally proceeding as described in the County's approved Plan and subsequently adopted in the MHSA Performance Contract/MHSA Agreement. If not, please identify the key differences.
- b. Describe the major implementation challenges that the County has encountered.

Children's System of Care (CSOC) FSP

The CSOC FSP implementation has progressed as described in the plan. The few initial obstacles mentioned in last year's progress report were resolved by the time that report was submitted in Feb 2007. Our target census was 30 and that was reached in the first quarter of FY0708. We are pleased to say that our recruitment of a Spanish speaking bilingual facilitator and Spanish speaking bilingual Family Partner have enriched the services available to the youth involved with the Juvenile Justice System who are predominantly youth of color, which is disproportionate to the ethnic numbers in the Marin County population.

Transition Age Youth (TAY) FSP

The implementation as proposed has been proceeding as planned with few exceptions. Staff of the TAY program served 79 individuals in 2007 (14 Full Service clients and 65 partial service clients). The program has been providing case management, medication oversight, peer mentoring, independent living skills training, and employment support. The program rents and furnishes a house with a capacity of three participants. The program provides housing subsidy assistance to several clients and placed two other clients in affordable apartments through collaboration with another agency. Through partnership with Family Service Agency, program participants receive psychiatric and psychological services.

In 2007, 40% of the program participants were engaged in work or vocational training. 100% of the program participants attended activities designed to improve independent living skills.

In 2007 the program hired an Independent Living Skills Counselor and a Family Partner to add to the existing Team Leader, Team Partner, and Peer Mentor.

Areas not yet implemented are developing a College of Marin based intern/work project that will provide dedicated work opportunities on campus for TAY

participants and developing a graduation and post graduation component of the program.

Support and Treatment After Release (STAR) FSP

In general, implementation of this FSP proceeded as outlined in Marin's CSS Plan, though Marin applied for and received approval to temporarily over-enroll the STAR FSP, our only Adult FSP, during 2007 due to an unanticipated increase in adults who had serious mental illness and were homeless or at serious risk of homelessness. The STAR Program served 68 mentally ill offenders and 95 adults who were homeless or at-risk of homelessness during 2007.

Additionally, Marin was further able to expand the STAR Program through its newly awarded MIOCR grant. New enhancements funded by the MIOCR grant and implemented in 2007 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.

One of Marin's main implementation challenges has been fully implementing the 24/7 on-call system, due to extended union negotiations. Those negotiations were successfully concluded in January 2007 and implemented in February. Prior to that, the team's supervisor had been covering all of the on-call responsibilities. The STAR Program also had difficulty in 2007 with maintaining an average enrollment of 50 clients who were mentally ill offenders because of a local commitment we had made to expand our STAR Court census by 10. Unfortunately, many mentally ill offenders referred to the STAR Program during 2007 either did not meet the STAR Court criteria or were not willing to participate in that component of the STAR Program. In late 2007, we renegotiated this expansion plan and anticipate being able to quickly achieve full enrollment in the program.

Helping Older People Excel (HOPE) FSP (formerly named MAST Program)

Marin's new full service partnership for older adults began operations in 2007 under its new name: the HOPE Program. Implementation of this program was delayed because of unanticipated delays in securing office space for the program and in recruiting and hiring staff. The HOPE Program enrolled its first client on July 1, 2007 and served 34 clients during the year. Sixty-five percent of these clients were Caucasian, 12% were Hispanic/Latino, and 9% were African-American.

All staff were hired by August and in-kind staff were assigned by both the Division of Social Services and the Public Guardian's Office. Funding for additional psychiatrist time was provided by the Division of Aging.

Outreach, engagement and other peer support services are provided by Marin's Senior Peer Counseling Program which has been integrated into the HOPE

Program. Our CSS Plan to increase the number of senior peer counselors by 25-30 in order to expand services in northern and southern Marin was not implemented in 2007, since our focus during this first year of operations has been on attaining full enrollment. Once this is achieved, emphasis will be focused on this expansion.

As noted above, Marin experienced implementation delays in finding office space suitable to the needs of the HOPE Program and convenient/accessible for older adult clients and senior peer counselors. The office suite that was eventually secured for HOPE is located in the same building as the Division of Aging, Adult Protective Services, In-Home Supportive Services, Veteran's Services, and Division of Alcohol, Tobacco and Other Drugs, and is near the Public Guardian's Office. This co-location of services provides a unique opportunity for integration of services for older adults. Once space was secured for the program in March 2007, there was considerable remodeling that needed to be done to ready the space for occupancy.

Recruitment and hiring of staff with the necessary training and experience for working with older adults also took much longer than expected, despite aggressive recruitment efforts. Hiring the new program supervisor was a priority and required a second full recruitment effort, which extended the process by several months. Once the supervisor was hired in March 2007, the remaining staff were quickly hired.

Affordable housing is a major challenge in Marin County and there were not sufficient CSS funds available to fund housing specific for the HOPE Program. During 2007, the MHSA Housing Program funds became available and we are partnering with Citizen's Housing Corporation, a San Francisco-based housing developer, to set aside 5 units for the HOPE Program in a housing project being developed in southern Marin. We anticipate submitting this proposed project for state approval in early 2008.

Vietnamese Language Capacity Expansion

Though this program work plan was fully implemented during Year 1 of Marin's CSS Plan implementation, we experienced staff turnover in this position in 2007 and the position was vacant for several months and then only partially filled the remainder of the year. Despite this, 43 Vietnamese clients were served during the year. In addition to outreach and engagement activities, this staff member provides translation services, assists clients to access physical health care services, and seeks to de-mystify the mental health system for them.

Recruitment and hiring of bilingual, bicultural staff is a major challenge in Marin County. As noted above, the existing Vietnamese speaking Social Service Worker left this position in early 2007. We were unable to find a replacement until August and that individual has not been willing to work fulltime, with the result that 0.2 FTE of the position increase remains unfilled. We continue our recruitment efforts to fully utilize this position.

Enterprise Resource Center Expansion

It is important to note the continued success of the two positions created and filled with MHSA Expansion Funds last year. The “Direct Service Float Supervisor” position has expanded into counseling and support for Peer Specialists Case Aides, Case Managers, and Senior Case Managers, with the result that Medical billing is up, case notes are written with a better clinical slant, and general Direct Service performance is up.

The former Peer Specialist Account Coordinator, renamed Mental Health Fiscal Administrator, position has expanded its duties because of increased mental health contracts. These contracts include Community Mental Health Services, Parents in Partnership, and Family Services Agency of Southern Marin. I can not stress how important the Mental Health Fiscal Administrator position is to the overall success of our peer run programs, as fiscal responsibility has always been the Achilles’ heel for mental health programs. The continued direct contact with the above agencies is testimony to the continued success of this position.

Implementation challenges include - Addressing Disparities: It can be and often is difficult when addressing differences between clinical diagnoses and general behaviors, when applied to creating positions for people with serious and chronic mental illness. The question becomes: “Does one create a position and duties based strictly on the needs and requirements of the position, or does one create a position based upon characteristics of behavior”?

We have opted for the following. Our positions are created and shaped by the needs of our mental health community, only. The philosophy of our mental health programs is and has always been this. We don’t guarantee that you will succeed at a given position, but we do guarantee you the right to try and fail, and fail again. This means that you don’t necessarily have to meet all of the qualifications of the position when you first begin, but it is hoped that given enough time you will become successful in that position.

In this way we have attempted to address the disparities and prejudices that exist between mental illness diagnoses. More often than not, using this format, we have been very successful - demonstrated by the successful implementation of the above positions.

Southern Marin Service Site (SMS)

During the 2007 year, Southern Marin Services generally met the goals described in the county approved plan. They are summarized as follows:

- Completed the renovation of a new southern Marin facility and held a community celebration to recognize the opening of the program;

- Recruited and trained six part-time pre-licensed staff from a variety of ethnic backgrounds to work in the SMS office;
- Retained three licensed mental health professionals staff members for the SMS team, one of whom is bilingual (Spanish);
- Successfully filled caseloads for all therapists, serving a total of 63 current cases. Services include child, adult and family counseling, case-management activities such as linkage to other programs, transportation assistance, and in-home therapy and support services for those who have difficulties with mobility;
- Reached out to target communities of those underserved and economically strained in the southern Marin (African Americans, low income houseboat communities, homeless residents)

Challenges include meeting Medi-Cal billing criteria and having enough clinical hours to meet demand. Currently, there is a wait list for services of about one month. Budget constraints do not allow for the hiring of additional clinicians

2) For each of the six general standards in California Code of Regulations, Title 9, Section 3320, very briefly describe an example of a successful activity, strategy or program implemented through CSS funding and why you think it is an example of success e.g. what was the result of your activity. Please be specific.

- a. Community collaboration between the mental health system and other community agencies, services, ethnic communities etc.

TAY

The Transition Age Youth program (TAY) has made numerous presentations to community organizations and developed collaborations as a result.

- Marin County Office of Education Special Education Parent meetings where the family of one participant was a member.
- Marin Community Clinic where participants receive medical care
- Client run Enterprise Resource Center which lead to clients/referrals being brought to the TAY program
- Buckelew Programs Employment services which lead to numerous clients receiving vocational counseling, job coaching and employment.
- Marin Employment Connection which lead to employment for participants.
- Department of Rehabilitation which funds some vocational services for participants.
- Regional Occupational Program which lead to one participant enrolling.
- High School Districts' Community Education Programs (TAY staff has worked with students and teachers on and off campus to ensure

participants receive supportive services and also to ensure participants complete their education).

- Volunteer Placement Programs which has lead to participants volunteering.
- Recovery programs, (such as AA). Staff has accompanied participants to meetings which has lead to reduction in substance abuse by some participants.
- Justice Community, where TAY staff was instrumental with the court system in getting a participant to St. Anthony's residential program for substance abuse rather than jail time.
- Homeward Bound housing, which lead to partial participants receiving TAY services.
- Sunny Hills Housing at Hamilton, which lead to two participants receiving affordable housing
- Juvenile and Adult probation, which lead to better overall care for several participants.
- Juvenile Hall staff which lead to a plan of services for a participant.
- Isoji in Marin City (a grass roots organization in a predominately African American community) which lead to an underserved young man receiving services from TAY.

Southern Marin Service Site

Agency representatives continue to attend monthly community meetings at two locations, meet with community organizations to provide educational and clinical outreach if needed, and to offer collaboration when deemed beneficial.

b. Cultural competence

CSOC

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. Many of the youth 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 Family Partner (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.

Southern Marin Service Site

Family Service Agency (FSA) has hired an African-American clinical psychologist to head SMS. There are two other African American therapists, along with one Hispanic therapist and one Asian therapist and several Caucasian clinicians. A monthly forum is held for clinicians to share concerns and ask questions regarding cultural or economic variables that may influence treatment.

c. Client/family driven mental health system

Adult System of Care (ASOC)

In late 2006, Marin's new Family Partnership Policy was approved by the Director of Marin County Community Mental Health Services and a Family Partnership Training Committee was convened to help implement the policy. Developed in partnership with consumers, family members, and mental health staff, much of the framework of our Family Partnership Policy was based on the work of Frances Steinberg and Richard (Rick) Whiteside in a New Zealand project designed to promote better inclusion of families by the mental health workforce. Marin's Family Partnership Policy states that family members are to be included and participate in the design, operations and governance of Marin's public mental health services, and in the development and implementation of their family member's treatment services where permitted by law and the client or the client's legal representative.

The Family Partnership Training Committee also consisted of consumers, family members and mental health staff. During April and May 2007, the committee conducted a Family Partnership survey to establish baseline data and gather information that was used to help them plan an effective training curriculum for implementing the Family Partnership Policy. In October 2007, a MHSA-funded 2-day training by Rick Whiteside on the philosophy and techniques of family partnership and Marin's new policy was well attended by providers (county and contractor), consumers and family members. Additionally, all CMHS staff employed in the Adult System of Care (ASOC) are now required to attend at least 2 sessions of the weekly family psycho-education and support meetings hosted by CMHS in order to further promote their understanding of family partnership.

During 2007, the committee also developed a more "family friendly" release of information form and a Family Historical Information form. Both forms serve the purpose of promoting family involvement and voice in the delivery of mental health services.

Finally, in 2007, MHSA-expansion funds were set aside to fund a 0.75 FTE Family Partner position for the ASOC to provide psycho-education, outreach and support for families of adults with serious mental illness by expanding the operations of our successful Children's System of Care (CSOC) Family Partnership Program. The Family Partnership Program has been instrumental in developing and implementing family/professional partnership activities with the

purpose of effectively engaging family members as full partners in the CSOC. Contract negotiations have been completed, a job description developed, and we anticipate hiring into this new position in early 2008.

While it is too early in this process to determine if we have been successful in fully implementing family partnership, feedback from the trainings and anecdotal reports from family members have been very encouraging and suggest that Marin is moving in the right direction.

Southern Marin Service Site

SMS staff include parents and other family members, whenever possible, in the treatment of any child or adolescent therapy case. The impact on families of individual treatment is underscored, as treatment is designed to improve emotional functioning in the service of increasing family harmony, economic or educational aspirations, health awareness, and the general stability of our clients. During the year, FSA received consultation from the Peer Mental Health Program operated by Community Action Marin. As part of the SMS program design, a Peer Aide job description was prepared and recruitment to fill the part-time position was initiated. Once hired the Peer Aide will be integrated into the SMS team and will assist clients to access services, as well as provide the team with the client perspective.

d. Wellness/recovery/resiliency focus

Adult System of Care (ASOC)

As part of Marin's approved CSS Plan, one-time funds were approved to develop and support training designed to develop a system-wide vision of recovery, wellness and resiliency. During 2007, Marin combined some of this MHSA funding with Department of Rehabilitation/Mental Health Cooperative training funds to implement an extensive series of trainings throughout Community Mental Health Services on core gifts, welcoming places, and recovery/resiliency-oriented leadership. These trainings were provided by Bruce Anderson of Community Activators.

In addition to the basic trainings on the Core Gift Identification process and Creating Welcoming Places, Mr. Anderson provided technical assistance through a series of follow-up meetings with individual teams/programs throughout the ASOC (county and contractor), and through quarterly meetings with staff who were implementing the core gift identification process. He also provided a one-day training on teambuilding and recovery-oriented leadership to the entire management staff of CMHS, both county and contractor. In late 2007, he provided a training to consumer providers – Telling Your Story – aimed at assisting them to learn to share their story and increase their listening skills.

Marin now has a dedicated group of staff who are using the Core Gift identification process as a routine part of their assessment process, in addition to the Core Gifts group that is facilitated by consumer providers. In 2008, Mr.

Anderson will be providing a one-day training to all of the management staff who will be co-locating at our new Health and Human Services Health and Wellness Center.

Southern Marin Service Site

The SMS program has as its basic philosophy a strength-based and wellness approach in working with youth, adults and families. Staff are oriented to the holistic needs of the individual and family, including encouraging and supporting employment, academic, physical healthcare, and basic needs. In addition, the staff works in conjunction with BACR, providing substance abuse counseling and relapse prevention. Further training on the principles of Wellness-Resilience-Recovery model, including use of the Wellness Recovery Action Plan (WRAP) are planned for 2008. In addition, the integration of the Peer Aide into the SMS staff is expected to contribute to the program's understanding and embracing of this focus.

Enterprise Resource Center Expansion

As our programs continue to expand, so to does the wellness, recovery, and resiliency of the Marin County mental health community, because, as a general statement, every peer associated with Community Action Marin's Mental Health Department (either employed full-time, part-time, or stipend position) affects the lives of mental health clients, by at least a factor of ten. Creation of the peer Events Planner and Information, and Referral positions are expressions of the resiliency of people face with disabilities, and how these two new positions continue to expand the services of the Enterprise Resource Center.

*e. Integrated services experience for clients and families:
changes in services that result in services being seamless or
coordinated so that all necessary services are easily
accessible to clients and families*

Adult System of Care

All of Marin's MHSA-funded full service partnerships are designed to provide an integrated, coordinated service experience for clients and families which promotes ease of access to necessary services and resources. One of our FSPs, the HOPE Program, exemplifies this integration of services through the program's co-location with other agencies serving older adults, including Division of Aging, Adult Protective Services, In-Home Supportive Services, Veteran's Services, and Division of Alcohol, Tobacco and Other Drugs, and the Public Guardian's Office. This co-location has set the stage for what we anticipate will eventually become the county "hub" for serving older adult and their families.

Further integration of services has been brought about by the in-kind contributions of staff from Adult Protective Services and the Public Guardian's Office as part of the HOPE Program and funding from the Division of Aging for

the part-time psychiatrist assigned to the program. This ensures truly seamless services in a number of key programs serving older adults.

The HOPE Program's integrated "whatever it takes" approach has been successful in reaching out to older adults and their families to engage them in services and to develop and access the range of extended supports and services that clients and their families might need in order to achieve their individualized goals.

3) For the Full Service Partnership category only

- a. If the County has not implemented the SB 163 Wraparound (Welfare and Institutions Code, Section 18250) and has agreed to work with their county department of social services and the California Department of Social Services toward the implementation of the SB 163 Wraparound, please describe the progress that has been made, identify any barriers encountered, and outline the next steps anticipated.

CSOC

Project Description: *Sustaining Families* is Marin County's, SB 163 Wraparound program. The program will serve youth involved with Child Welfare, Juvenile Probation, Education and Mental Health Systems who are currently in RCL 10-14 placement and/or those at risk of placement. *Sustaining Families* will provide intensive services to the youth and their families in the community as an alternative to residential/congregate care. This plan is the result of an integrated community planning effort including public agencies, family partners, provider consultants, foster parents, and youth.

Program Model: *Sustaining Families* will be a public-private partnership between the County Department of Health and Human Services (H&HS), Probation Department, Education and a Community Based Organization (CBO).

Progress & Barriers: Several proposals were submitted, and a provider was selected in December 2007. The objective, point-driven selection process resulted in the choice of an out-of-county provider. The major barrier experienced in Marin was the concern of local providers about the selection of a provider located outside of the county. As a result, Marin engaged in a relatively lengthy appeals process which moved the anticipated start of services back by two months. Seneca Center was selected as the agency to implement the SB163 Wraparound Program. The contract is expected to be finalized in April 2008, with Seneca beginning to accept referrals in May.

Program oversight will be provided on four levels

Table 1 Program Oversight Entities

Entity	Function
Child and Family team	Family driven multidisciplinary team that designs and implements services and supports
Interdisciplinary Placement Team (IPT)	Consists of representatives from each system, the CBO and a Family Partner. The team matches family need with SB163 services
Program Supervisor and CBO Manager	Oversees team progress toward goals and provides fiscal authorization
Social Services Manager	Oversees day-to-day wraparound program efforts and evaluates/approves funding requests (over \$500)
Integrated Executive Oversight Committee(IEOC)	Provides fiscal and policy oversight. Determines the use of program savings monies.

b. Please provide the total amount of MHSA funding approved as Full Service Partnership funds that was used for short-term acute inpatient services.

All FSP's

No MHSA money was used for short term acute inpatient services.

B. Efforts to Address Disparities

- 1) Briefly describe one or two successful current efforts/strategies to address disparities in access and quality of services to unserved or underserved populations targeted in the CSS component of your Plan. If possible, include results of the effort/strategy.

- 2) Briefly describe one challenge you faced in implementing efforts/strategies to overcome disparities, including where appropriate what you have done to overcome the challenge.

CSOC

A major challenge in Marin County is recruiting Spanish speaking bilingual staff for our CSOC FSP. However, finding a bilingual Spanish speaking Family Partner proved more of a challenge than finding a bilingual clinician.

A Family Partner is the rare individual who has the required combination of personal experience with a child in the mental health system and is also at a stage where their personal and family needs are not so overwhelming as to prevent seeking employment. Our recruitment efforts were lengthy and not resulting in any appropriate candidates.

However, one of our current Family Partners began advocating for a bilingual parent who still had a child in the system but had a great deal of experience and was already voluntarily helping other parents. Even though there was some initial apprehension about hiring someone who currently still had a child in the mental health system, the commitment and enthusiasm evidenced by this candidate was strong and this parent was hired in February 2007. This has proved to be a good fit and this Family Partner has tirelessly worked to bridge the gap between the mental health system and the parents as well as the cultural and language barrier since Hispanic youth are over represented in our CSOC population (alternative high school and probation system).

TAY

Transition age youth are known for being difficult to engage because of developmental issues of wanting to be independent which can impact whether they access services. To counteract this characteristic, the TAY program staff has made outreach and engagement an important aspect of the program.

The staff of TAY makes community presentations to inform the community of the program services. The TAY office welcomes youth dropping in for services or for socialization. Socialization is encouraged by staff, and the office is set up with comfortable couches, computers for participants to use, and ample snacks for participants. The office location is walking distance to the bus transportation center and to the Marin Youth Center.

The staff employs peer mentors to provide additional engagement and outreach to participants and potential participants. A successful example of this strategy is the attorney for a family made contact with TAY staff. The parents' nineteen year old son was in some legal difficulties and was now homeless. TAY staff met with family members, obtaining information on the youth and last seen whereabouts. Peer mentor looked for the youth at several locations, eventually finding him. After some time of making brief, supportive contacts, the peer mentor and youth developed a relationship, and the mentor was able to give the youth information for services, medications, housing, etc. When the youth accessed services for his Bi-Polar disorder for medications, he asked that the Peer Mentor be contacted and assist him.

Southern Marin Service Site

Much of this question has been addressed in responses to previous questions above. Additionally, there has been a concerted effort by the SMS Director and other FSA staff to address disparities in services for the target area. During 2007

a total of 1,796 individuals were contacted through 1,267 hours of outreach and engagement activities. These included meetings with mental health practitioners of color, as well as meetings with community leaders throughout the year, SMS-hosted community BBQ, Depression Screening, visits to southern Marin churches and clergy, school-based meeting and outreach, and others. By adhering to case-management strategies, SMS is able to see clients in their homes, as well as provide linkage and transportation (in some cases). Both the SMS Director and Family Advocate regularly attended meetings of the community-based "ISOJI," which focuses on issues within ethnic minority communities of Marin, and MDT (Multi-Disciplinary Team), a forum where various service providers come together to share strategies and clients.

- 3) Indicate the number of Native American organizations or tribal communities that have been funded to provide services under the MHSA and what results you are seeing to date if any.

No Native American Organizations have been funded under the MHSA in Marin County.

- 4) List any policy or system improvements specific to reducing disparities, such as the inclusion of linguistic/cultural competence criteria to procurement documents and/or contracts.

Adult System of Care

A key focus for reducing disparities in Marin is the development of the Health and Human Services Health and Wellness Center, of which the Mental Health Wellness/Recovery Center, partly funded by MHSA one-time funds, is a part. The new campus is located in central San Rafael, a geographic area of the county that is largely Hispanic/Latino, African American and underserved. Locating mental health services and the client-run Enterprise Resource Center on the new campus provides the opportunity to create a culturally friendly environment that will promote access and help reduce disparities. MHSA expansion funding will fund new bilingual staff (Spanish speaking) for the campus – a part-time psychiatrist and a fulltime mental health practitioner – to ensure that linguistically and culturally appropriate services are readily available.

The new campus is currently under construction and the mental health buildings are projected to be ready for occupation in early 2008.

Southern Marin Service Site

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 central Marin office. Several Spanish-speaking clients are also being served through SMS. Our Family Advocate has been providing in-home support and case management services consistently with five

African American families on a weekly basis. We have also provided services to the LGBT community, and now have a reputation for being a safe place for those within that population to receive services. The Peer Aide, who will be authorized to use a van from Community Action Marin for transportation, will assist in helping clients attend appointments that are deemed important for emotional, education, medical, or economic stability. As stated in the previous paragraphs, ongoing outreach continues in an effort to reach underserved. Finally, the SMS Community Advisory Council met three times in 2007 to provide overall feedback and input into the development of the program.

C. Stakeholder Involvement As counties have moved from planning to implementation many have found a need to alter in some ways their Community Program Planning and local review processes. Provide a summary description of any changes you have made during the time period covered by this report in your Community Program Planning Process. This would include things like addition/deletion/alteration of steering committees or workgroups, changes in roles and responsibilities of stakeholder groups, new or altered mechanisms for keeping stakeholders informed about implementation, new or altered stakeholder training efforts. Please indicate the reason you made these changes.

After the approval of Marin County's original CSS plan and approval of the CSS expansion of the MHSA funded strategies all members of the Steering Committee, the group of community stakeholders, were invited to continue to serve on the Implementation Committee. Membership in the 28-member committee includes 9 consumer and family members in addition to service providers, law enforcement, First Five Commission, Division of Social Services, representation from the Latino, Asian and African-American communities, County Office of Education, the Mental Health Board, National Alliance for the Mentally Ill, and CMHS staff. Additionally, hiring panels for all new consultants and positions included representatives from key stakeholders, including peer service providers and family members. Once the CSS plan had been developed and approved the focus shifted from planning to implementation of CSS and then the development of plans for WET and PEI. The County website and the Network of Care website have been effective tools to keep the community informed of meetings, activities, and plans.

CSOC 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, 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.

TAY FSP

The Transition Age Youth Advisory Council is comprised of family members, youth, and clients. TAY staff has met with the Council to apprise the 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.

HOPE FSP

Examples of involvement of stakeholders in the planning and implementation of the HOPE program include regular reports to the Marin MHSA Implementation Committee and the ongoing collaboration with the Division of Aging, the Public Guardian, and the Division of Social Services to create an Older Adult Service Center. By integrating many of the County's older adult services in the 10 N. San Pedro Road building the coordination of services will improve. Older Adult Peer Counselors are an essential component of HOPE daily operations.

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 for the expansion of the program as it moves into its new location at 3270 Kerner Blvd. in San Rafael. Progress on implementation of this and Marin's other CSS programs are reported to the Marin MHSA Implementation Committee at its regularly scheduled meetings. Staff from this peer run program participates on the Committee.

Vietnamese Language Capacity Expansion

Progress on implementation of this and Marin's other CSS programs are reported to the Marin MHSA Implementation Committee at its regularly scheduled meetings. One member of the Committee is an advocate for services to and a representative of the Vietnamese community.

Southern Marin Service Site (SMS)

Volunteer members of all Southern Marin communities have been serving on a Community Advisory Board to the Family Services Agency of Marin, which operates this service site. There have been regular meetings to seek recommendations from the local community.

Workforce Education and Training (WET)

After stakeholder interviews a consultant, Paul Gibson and Associates, was hired to assist the County in the process of assessing the workforce needs in Marin.

So far nearly 250 provider staff has been surveyed and focus groups have been conducted for clients and families. A WET Committee of stakeholders is working with the consultant on a three year WET Plan for the Implementation Committee to review prior to submission to DMH.

Prevention and Early Intervention (PEI)

Following a stakeholder interview process a consultant, Kristen Gardner, was selected to be the PEI Coordinator. She is working with a PEI Committee of stakeholders to identify needs and develop a plan for PEI to take to the Implementation Committee for review prior to seeking DMH approval.