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Reply To:  
Fax:

February 23, 2010

TO: Health Deputies   
FROM: Marvin J. Southard, D.S.W.  
Director of Mental Health

SUBJECT: **RESPONSE TO THE JANUARY 2010 SPECIAL REPORT OF THE CHILDREN'S ADVOCACY INSTITUTE (CAI) UNIVERSITY OF SAN DIEGO SCHOOL OF LAW PROPOSITION 63: IS THE MHSA REACHING CALIFORNIA'S TRANSITION AGE FOSTER YOUTH?**

This review is in response to the January 2010 report of the Children's Advocacy Institute (CAI) University of San Diego School of Law entitled: ***Proposition 63: Is the Mental Health Services Act Reaching California's Transition Age Foster Youth?*** The report describes the authors' perceptions of the impact of MHSA funding on foster youth in Los Angeles County and other California counties. We assert that the report provides an incomplete, inaccurate, and unfair characterization of the use of MHSA funding for services and supports to the TAFY in Los Angeles County. In this response we will provide further clarity and data that demonstrates our commitment to addressing the mental health needs of the TAFY population; fully recognizing that the needs of this population exceed the availability of resources to meet those needs.

**BACKGROUND:**

The State approved MHSA Community Services and Supports (CSS) Plan for Los Angeles County initially provided for various investments for Seriously Emotionally Disturbed (SED) and Severe and Persistently Mentally Ill (SPMI) Transition Age Youth (TAY); defined as youth and young adults ages 16 – 25. The initial programs included: Full Service Partnerships (FSP); Drop-In Centers; Housing Specialists an Enhanced Emergency Shelter Program; enhancement in Mental Health services to youth incarcerated in the Los Angeles County Probation camps; Permanent Housing Subsidies; and System Navigation services. Subsequent MHSA CSS funds were identified and are being used to provide 358 additional TAY FSP slots representing a forty-one percent (41%) increase over the 828 slots initially funded; fund the Tier II TAY FSP Wraparound program with 223 dedicated TAFY slots; implement a Field-Capable Clinical Services (FCCS) program; and implement the Transition to Independence Process (TIP) Evidence-Based project for TAY FSP consumers.

### **SUMMARY OF CSS-TAY IMPLEMENTATION:**

The Department of Mental Health (DMH) began to implement MHSA services to TAY during Fiscal Year 2006-2007. Within each of the initial MHSA CSS TAY programs Transition-Age Foster Youth (TAFY) have been targeted and continue to be served. For example, in Los Angeles County the stakeholders elected to identify the following populations as priorities for TAY MHSA funding:

- TAY who are homeless or at imminent risk of being homeless;
- Youth who are aging out of the child and adolescent mental health systems, child welfare system, and juvenile justice systems;
- Youth with history of involvement in long-term institutional care, involuntary hospitalizations and institutionalization;
- Youth who have experienced a first episode of major mental illness e.g. those with early onset symptoms and diagnoses; and
- Youth who in addition to the above having a Co-Occurring Substance Abuse Disorder.

As additional MHSA funding became available in the ensuing fiscal years (FY 08/09) DMH planned, developed, and implemented the Tier II TAY FSP Wraparound program. This program is solely dedicated to providing FSP services to SED/SPMI TAFY ages 16-21 that have an open DCFS case. This program provides intensive mental health services and supports to TAFY; youth are identified through the collaborative efforts with Department of Children and Family Services (DCFS). The program is funded with a \$1,000,000 annual MHSA-CSS allocation and this investment in TAFY is further enhanced by the leveraging of MHSA funding with Medi-Cal entitlement funds.

The Field-Capable Clinical Services (FCCS) program is another MHSA-funded and leveraged program implemented in FY 08/09 for SED/SPMI TAY after the initial CSS Plan was approved by the State. It targets TAFY similar to the TAY FSP target population; primarily focusing on difficult to engage SED/SPMI TAY as well as supporting a network-of-care for TAY transitioning out of more intensive services of the FSP.

The Transition to Independence Process (TIP) model is an Evidence-Based program specifically targeting SED/SPMI youth. This innovative and nationally recognized program focuses on assisting TAY in developing competencies and functional capacity in areas critical to achieving successful independence. Through additional MHSA funding opportunities identified after the initial CSS plan was approved, we implemented this program within six (6) TAY FSP programs. Over thirty-percent (30%) of youth receiving this intervention are TAFY.

While it is accurate that the Stakeholders did not specifically elect to identify TAFY as a separately funded group, DMH implemented the MHSA TAY programs by targeting this population within the various State-approved CSS programs. Although our MHSA plan includes services to TAY involved in other systems (e.g. probation), we have

maintained a high level of measurable commitment to youth involved in the foster care system.

The report does commend Los Angeles for our MHSA TAY housing program as well as our TAY Navigation teams co-located in the Transition Resource Centers serving Independent Living Program (ILP) eligible TAY. However, on balance, the report fails to recognize the significant impact of these investments on outreaching and engaging TAFY in addressing their mental health and co-occurring substance abuse problems; especially since this age-group is sensitive to the stigma associated with mental illness and related problems.

**TAFY SERVICES DELIVERY DATA:**

Los Angeles County has continued to show measurable growth in the portion of MHSA-funded services to TAFY consistently since program inception especially in the delivery of clinical services. The table below summarizes the unique number of DCFS TAFY served from the first full year of inception of MHSA. The table includes the intensive and less-intensive mental health services in the TAY FSP, Tier II TAY FSP Wraparound, and Field Capable Clinical Services. The data demonstrates a steady growth in capacity to serve this population as well as significant growth in the delivery of services to the TAFY population as an overall percentage of TAY-eligible consumers served in these programs.

MHSA Program	TAY	Fiscal Year 09/10 (July – Dec)			FY 2008-09			FY 2007-2008		
		Capacity	#Served	DCFS	Capacity	#Served	DCFS	Capacity	#Served	DCFS
FSP		1186	1083	40%	1172	1052	32%	1121	976	22%
TIER II TAY FSP		223	46	100%	N/A	N/A	N/A	N/A	N/A	N/A
FCCS		96	390	22%	96	196	tbd	N/A	N/A	N/A

The CAI report references data available at a very early point in the implementation of MHSA programs for TAY in Los Angeles County. See attachment (Summary of MHSA TAY Programs Services) for a summary of data by FY for the various MHSA investments in the TAY population. We have provided data for the TAFY population under the “DCFS” columns. It is important to note that these numbers generally represent “minimums” as some TAFY chose not to self-identify or “categorize” themselves as current or former foster youth. The disclosure of such information is not a requirement to receive DMH services.

The CAI report accurately notes that foster youth are at high risk of becoming homeless. The DMH TAY Navigation teams’ front-line experiences often encounter foster youth aging out of the child welfare system who are often hesitant and sometimes resistant to interfacing with traditional mental health providers or any entity viewed as “the system.”

To this end our TAY Drop-In Centers have served as a “high-tolerance” ‘low-demand’ entry point for such youth. Of the 1,449 youth served by Drop-In centers during fiscal

year 08-09, 24% reported DCFS involvement. Current fiscal year report is at 7%.

The CAI report indicates that adolescents who had been in foster care at some point in their lives were almost four times as likely as other adolescents to have attempted suicide. The DMH TAY Division is currently implementing the MHSA Prevention and Early Intervention suicide prevention program. Also, the TAY FSP program services address this through their clinical services and 24/7 availability. The DMH Psychiatric Mobile Response Team

(PMRT) program prioritizes field-deployed urgent response resources to children and TAFY involved in the Child Welfare system. However, prior to the MHSA funding, DMH core mandate has always included outreach and services to individuals identified as suicidal, and at immediate risk of self-harm.

#### **REVIEW OF CAI RATING CRITERIA:**

The following discussion is a review of the criteria utilized by CAI in rating California’s counties. The CAI report provides five (5) criteria in which they evaluated counties; Los Angeles received 51 of 100 points based on the following:

1. **TAFY Focus:** Does the county offer a program designed solely and specifically for TAFY? Has it tailored a component of a program specifically to TAFY?

**Points:** The CAI awards Los Angeles County: 0 of 10.

**Fact:** The Tier II TAY FSP Wraparound is solely and specifically for TAFY and is a tailored component of the FSP and other CSS programs.

2. **Priority Population:** Does the county designate TAFY to be a priority population? How many other priority populations are served by the program? If not named expressly as a priority population, how likely is it that TAFY will fit into one of the named priority populations?

**Points:** The CAI awards Los Angeles County: 13 of 20.

**Fact:** The authors demonstrate an incomplete understanding of how the TAFY are targeted within our programs; our outreach and engagement efforts especially the role of our TAY Navigation teams and the impact of the co-location with DCFS-Independent Living Program (ILP) offices.

3. **Capacity:** What is the capacity of the program? How does capacity compare to estimated need?

**Points:** The CAI awards Los Angeles County: 7 of 35

**Fact:** Los Angeles County has increased capacity and enhanced the core CSS funded treatment programs for TAY including FSP slot capacity (41%), Tier II

TAY FSP (100%), FCCS (100%), and TIP Resources (100%) available are being maximized and leveraged wherever possible; however the need will always exceed the resources.

4. **Sufficiency of Services Provided:** How many of the optimal elements are included in the program? Optimal elements for TAFY are deemed to be mental health services, immediate shelter, long-term housing, peer support/mentoring, flexible funding, education, and employment assistance.

**Points:** The CAI awards Los Angeles County: 30 of 30

5. **TAFY Tracking:** To what extent does the program track TAFY participation and outcomes?

**Points:** The CAI awards Los Angeles County: 1 of 5

**Facts:** Los Angeles County tracks TAFY participation and outcomes and has developed Outcome Measures Applications (OMA) for all FSP programs serving TAY. Participation is tracked for TAFY receiving services in all TAY Division programs. The CAI has not ensured that its statements are informed before publishing its assumptions as factually based.

### **SUMMARY:**

As the information in this report demonstrates, Los Angeles County has enhanced growth in services and capacity to serve TAY and TAFY who are suffering from mental illness and co-occurring disorders and as such are at risk of negative outcomes. Many of the programs are currently in the middle of their third year of operation; therefore it is premature but also unfair to characterize the transformed system of service delivery as a "failure." The conclusions reached by the CAI is based almost solely on the FY 06-07 and beginning FY 07-08. Finally, had the CAI chosen to contact Los Angeles County to confirm their facts and assumptions regarding the investments of MHSA-CSS funds for TAFY in our County, we could have been provided the opportunity to confirm or clarify before this report was published as factually based.

Attachment

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MJS:SDT:TB:kt