Children's Advocacy Institute

May 29, 2009

County of San Diego Health and Human Services Agency
Behavioral Health Division
3255 Camino Del Rio South
San Diego, CA 92108

Re: Comments on MHSA Innovation Component Plan

To whom it may concern,

The Children's Advocacy Institute (CAI) of the University of San Diego School of Law would like to address three major issues concerning San Diego County's Mental Health Services Act (MHSA) Proposed Innovative Work Plan. First, the Proposed Work Plan continues to largely ignore the population best suited to receive MHSA funds, Transition Age Foster Youth. Second, the proposals pay a large price for relatively minor innovations. Third, some of the programs address issues already receiving substantial MHSA funding. CAI urges San Diego County to instead use its innovative funding to support truly innovative proposals that support otherwise underserved populations.

CONTINUED FAILURE TO INCLUDE TRANSITION AGE FOSTER YOUTH IN A MEANINGFUL WAY:

Foster youth are highly at risk of developing serious mental illness. These youth are part of the foster care system by virtue of having been abused, neglected, or abandoned as children. They then experience the instability of the foster care system — with many experiencing this uncertain, disconnected life for years. By the time they age out of the foster care system, these youth have experienced more trauma and instability in their young lives then most adults will see in a lifetime. The available literature reveals that up to 80% of foster youth have mental health issues. More conservative studies that focus on only the most serious mental illness found that 23% of foster youth have serious mental health issues — more than twice the rate found among youth who have not had involvement with the foster care system. Former foster youth experience post-traumatic stress disorder at rates higher then war veterans; they have substance abuse rates that dwarf those of their non-system-involved peers' many never graduate from high school; and most never see the inside of a college classroom. Instead, their parent — the state — gives them the option of either being pushed out the door to fend for themselves or remaining in a system similar to the one that has failed to find them a permanent and stable home. This population, more than any other, is in tremendous need of an innovative program that will help them transition into a healthy adulthood.

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Transition age foster youth are uniquely qualified for Mental Health Services Act (MHSA) funding — and particularly innovative funding. One of the key goals of the MHSA is to put a halt to California's habit of allowing at-risk Transition Age Youth (TAY) consumers to "fail first" into the juvenile or criminal justice system, homelessness, or institutional psychiatric care. Because most have not yet failed into other systems at age 16, transition age foster youth represent the ideal population for which MHSA funding should be used — one which has the potential to achieve the maximum impact for the dollars spent and prevent these vulnerable youth from "failing" while helping them to transition into a productive, healthy adult life.

Although San Diego County articulated the importance of providing appropriate mental health services to transition age foster youth in its MHSA-funded Community Services and Supports (CSS) plan, the County did not use CSS funding to address the specific and unique mental health and wellness needs of this special population. Doing so would have greatly contributed to understanding how to address the mental health issues associated with the trauma, neglect, and prolonged instability experienced by foster children.

Regrettably, San Diego County's proposed Innovative Work Plan also largely ignores transition age youth (TAY) as a group and completely ignores transition age foster youth in particular. The County's selected projects would direct only 16% of the total innovation funding for the transition age youth age group. Aside from a commendable, though questionably innovative, parenting program for fathers, foster youth are not addressed at all in the Innovation plan, and vulnerable transition age foster youth are not mentioned in any of the five programs proposed to receive innovation funding.

BIG PRICE TAGS FOR SMALL INNOVATIONS:

CAI questions how innovative the selected programs really are. For example, the Peer and Family Engagement Project does not appear to be especially innovative. Rather, it appears to be a repackaging of concepts already in practice. The TAY, adult, older adult and family engagement specialists reflect a concept used in several counties' CSS plans, including San Diego County's. Specifically, San Diego County's Adult CSS plan includes the following components that apparently mirror the role of the aforementioned specialists: peer support services, family education, integration of mental health services at primary care health clinics and wraparound services (including family integration). And San Diego County's CSS-funded Family Youth Peer Support Services program specifically assists children/youth with SED and their families currently receiving mental health treatment with <u>additional support and linkage to other services and community resources</u>. Compare this to San Diego County's Peer and Family Engagement Project innovation funding proposal:

> "The initial engagement visits by the Peer and Family Engagement Project (PFEP) team in the mental health clinic sites will orient clients and families using a recovery-based approach that conveys: 1) service options, 2) the need for clients to develop their own set of recovery expectations, 3) how best to use service options to achieve personal goals, and 4) the expectation that recovery will be possible. Clients will be guided by the PFEP team in the initiation of personal recovery plans based on their identified goals."

The additional support and linkages to other services and community supports already provided in the CSS-funded Family Youth Peer Support Services program, presumably, would include the above proposed components: advice and consultation on how to best use service options to achieve personal goals and some discussion of the expectation that recovery will be possible. Thus, they are not innovative.

The innovative piece of this program is stated to be an innovation to organizational care and coordination due to the integration of support specialist teams into provider teams at outpatient clinics and the Emergency Psychiatric Units (EPUs), to engage consumers prior to their first visit to a Mental Health clinic. This proposal lacks substantial innovation. First, the concept of integrating someone with some expertise on linkages and available services is part of several counties' CSS programs already. Second, the concept of engaging clients in the field is addressed in several CSS plans, in outreach and engagement, and in some PEI plans in the form of a mobile service. The one component of this program that is new is embedding peer and family specialists in the Emergency Psychiatric Units. This has not been done before and is not being done in any other county, but it is a minor innovation with an enormous price tag ($1.5 million).

INNOVATIONS PROVIDE SIMILAR SERVICES TO THOSE ALREADY FUNDED WITH OTHER MHSA FUNDING

San Diego County is proposing to use innovation funding for the Physical Health Integration Project, which would place a Behavioral Health Consultant with special training in serious mental illness (SMI) and a certified alcohol and drug counselor at a primary health clinic, and would place a Primary Care Registered Nurse Care Coordinator (CC) within a mental health clinic. The concept of integrating Primary Care clinics and mental health services is not a new one. For example, Los Angeles County utilizes a very similar strategy in its Older Adult Transformation Design Team. The LA County program integrates primary healthcare providers in the mental health treatment team.[1]

Further, San Diego County's own CSS plan includes several programs that integrate primary healthcare providers and mental healthcare providers. The County's Mental Health Services and Primary Care Services Integration[2] program, which utilizes MHSA Community Services and Supports funding, integrates mental health services at primary care clinics and is available to children, youth, adults and older adults. The mental health professionals will function as part of the Primary Care clinic team and provide services such as assessment, screening (including substance abuse screening), chronic disease management, and cultural competence.[3] The CSS program for older adults is a pilot project that addresses more specific mental and physical health issues, but operates on the same philosophy of integrating mental health and primary care.

The innovation in this component appears to be the placement of a specific type of mental health professional, a Behavioral Health Consultant, at a primary care clinic and the placement of a

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[1] Los Angeles County Community Services and Supports Work Plan Summary. Available online at: http://dmh.lacounty.info/stp/Tab6Exhibit4.swf?POPUP_ENABLED=true (Last visit 05/12/09) pg. 17 / 25.
[2] San Diego County Community Services and Supports Work Plan. Available online at: http://www.sandiego.networkofcare.org/contentFiles/CSS_plan_final.pdf pg. 365 (Last visit 05/12/09)
[3] *Id* at 318.

primary care Registered Nurse Coordinator within a Mental Health Clinic. Another innovation appears to be chronic disease management, though chronic disease management receives CSS funding in one adult and two older adult programs, the innovation here appears to be the approach to Chronic Disease Management (Wagner's Chronic Disease Management Model).

Therefore, while this program appears to have some innovative elements, it too carries a large price tag for a relatively minor innovation. Further, it includes other elements that are very similar on their face to programs already receiving substantial funding from the MHSA.

Mobility Management in North San Diego County is designed to assist older adults with transportation. Although this program's approach to facilitating transportation is innovative, San Diego already has a transportation component in an MHSA CSS-funded program designed for the same population - seniors (older adults 60+). The CSS program provides for the purchase of a van to facilitate access for this population.[4] Additionally, the CSS funded Mental Health Services and Primary Care Services Integration program provides for transportation for older (60+ years) consumers.

The innovative program selected for funding does innovate transportation options for older adults receiving mental health services. It creates "travel buddies," pairing consumers with experience taking public transit with consumers who are inexperienced utilizing public transit; it creates a "Transportation Lead" to assist consumers and staff with accessing transportation resources; and it creates a consumer "ride share" program that will train consumers to provide transportation to other consumers. Though the transportation options are innovative within the mental health system, this proposed program is addressing the same need in the same population to which other MHSA funding has already been allocated.

CONCLUSION

Some of the programs scheduled for funding do have some innovative features. In particular Wellness and Self Regulation for Children (INN-01) and the Positive Parenting for Men in Recovery (INN-05) have substantial merit, and most of the proposals will undoubtedly ameliorate some of the effects of mental illness. The Wellness and Self Regulation for Children program is innovative and complies with the guidelines. It is a new approach in that it is utilizing physical fitness, relaxation training, nutritional concepts, social skills activities, drama activities, and gardening to address mental health issues in children for which psychotropic medications and psychotherapy have traditionally been used. Further, Positive Parenting for Men in Recovery is innovative in its focus on men. There are many parenting programs in San Diego's mental health system, one in particular is funded by MHSA Prevention and Early Intervention funding (Triple P: Positive Parenting Program); however, none specifically target fathers in recovery.

Except for the aspects noted above, the programs do not evidence precedent-setting techniques or approaches — the required subject matter for MHSA innovation funding. San Diego County is continuing the cycle of "inside the box" thinking and perpetuating the inside game that pervades the social services industry and does not best serve the most vulnerable of the consumers who

[4] San Diego County Community Services and Supports Work Plan. Available online at: http://www.sandiego.networkofcare.org/contentFiles/CSS_plan_final.pdf pg. 353 (Last visit 05/12/09)

must rely on this industry for their health and well-being. The programs San Diego County has selected for innovation funding are not wholly new and innovative approaches; rather, they will likely be administered by the same organizations that have administered the same type of mental health programs for years. This is not innovation — beyond innovating new ways for the same organizations to receive money for providing services that may differ only slightly from those that already exist.

Finally, the proposals are deficient in their failure to target the highest priority population for prevention and innovative approaches — transition age foster youth. Former foster youth comprise up to 40% of the population in homeless shelters. They are abandoned at age 18 irresponsibly. And they are our own children — their legal parents are our courts. In a democracy, we are their parents. Regrettably, the selected grant projects continue a consistent theme of foster child neglect by our government in general, and by Proposition 63 programs in particular.