

**SAN MATEO COUNTY
HEALTH SERVICES AGENCY
MENTAL HEALTH SERVICES DIVISION
STRATEGIC PLAN**

SUMMARY REPORT

In the fall of 2001, the San Mateo County Health Services Agency, Mental Health Services Division, initiated a strategic planning process. This summary provides an overview of the goals for system improvement in San Mateo County.

MENTAL HEALTH—A CRISIS IN CARE

In 1999 and 2001, the Surgeon General documented the crisis in the nation's mental health care system. These reports--the first ever to focus exclusively on mental health^{1,2}--described the failures of existing treatment systems. Several themes emerged: 1) mental and emotional problems affect up to 20% of our population and result in profound disability and costs to society; 2) contrary to prevailing public opinion, mental illness is treatable and recovery is possible; 3) stigma about mental illness acts as the greatest barrier to seeking treatment; 4) racial and ethnic minority groups experience the greatest disparity in access to treatment; and 5) despite a growing body of knowledge regarding effective treatments, these approaches are often not translated into practice in our mental health service systems.

In California, a Little Hoover Commission report reinforced these themes and documented the widening gap between mental health needs and resources.³ In our State, and nationally, it is estimated that less than 50 percent of mental health needs are met.

A generation ago, California decided that people with mental illness should live in their communities rather than locked in institutions...Mental Health clients have in fact been integrated into our jails and prisons; They are disproportionately represented among the poor, the victims of crime, the unemployed and the homeless...Many of us are uncomfortable with what we see and are not sure how to respond. We too often avert our eyes from the face of mental illness and our public policies reflect this discomfort: Mental health programs are the chronic losers in budget debates.⁵

The findings of the Surgeon General and the Little Hoover Commission highlight challenges to be addressed in the mental health services strategic planning process.

San Mateo's history of excellence paves the way for continued improvement

San Mateo's mental health system is nationally known for innovation, quality, and its commitment to early intervention. The County's pre-to-three early childhood mental health services, its youth to adult system of care, and the children's system of care have received statewide and national recognition. San Mateo was among the first counties in California to implement a managed mental health care plan for MediCal beneficiaries and is continuing to field test service organization and financing options for the State through a unique 1915b waiver with the Federal Center for Medicaid and Medicare Services (formerly the Health Care Financing Administration). This history of excellence provides the foundation for the new initiatives described in the Strategic Plan.

The Strategic Plan identifies services improvement initiatives as well as infrastructure/business system requirements to increase the cost effectiveness of our operations. In addition, certain objectives provide direction for the Medicaid waiver and the upcoming two-year renewal process. The Strategic Plan incorporates the latest thinking in the mental health field about how to treat mental illness and how to organize mental health care to improve both consumer and fiscal outcomes.

Our plan reflects the work of dedicated staff and managers as well as the valuable input of mental health system partners—criminal justice and human services agencies, private providers and contract agencies, Mental Health Board members, families, parents, and consumers. Over 80 individuals participated in the planning process through an Oversight Committee, Children and Youth, Adult and Older Adult, and Business System work groups. While the need to continually evolve and refine any system is a given in our changing environment, the basic values, goals and objectives of the Strategic Plan provide a solid framework for the future.

ALIGNMENT WITH SAN MATEO COUNTY'S SHARED VISION 2010

The Mental Health Services Division's vision, mission and values (Figure 1) are consistent with the Board of Supervisors' *Shared Vision 2010 The Promise of the Peninsula* for San Mateo County. This includes ensuring basic health and safety for all and helping vulnerable people—the aged, disabled, mentally ill, at-risk youth and others—achieve a better quality of life and effective collaborative government. For example, the Strategic Plan prioritizes expanding housing resources for the mentally ill in partnership with the Human Services Agency (HSA); developing a plan for integrated services to clients with co-occurring psychiatric and drug and alcohol problems in conjunction with the Alcohol and Drug Services of HSA; and strengthening collaboration with system partners including Hospital and Clinics, the Human Services Agency, the Sheriff's Department and Probation.

Figure 1

Mental Health Services Vision, Mission and Values

VISION--A standard of excellence in mental health services.

MISSION--Promote wellness and provide public mental health services that support San Mateo County residents to achieve their potential in meaningful life activities, and to live as contributing and successful members of their families and communities.

VALUES

- **Partnership with clients and their families to promote recovery.**
- **Respect for strengths and choices.**
- **Commitment to honor diversity and to ensure culturally and linguistically competent services.**
- **Partnerships with county and community based agencies to address the psychological, spiritual, health, social, and housing needs of people with serious emotional disturbances/mental illness.**
- **Advocacy and public education to eliminate stigma and to promote understanding, acceptance and support for people with mental illness.**
- **Prevention and early intervention services to promote well being and to reduce avoidable costs of disability on individuals and on our communities.**
- **A learning organization dedicated to ongoing training, development and support of staff, providers, consumers and family members; recognizing the essential role of these stakeholders in our organization's effectiveness.**
- **Clinical and service excellence.**
- **Accountability for wise and cost effective use of resources with measurable results.**

GOALS OF THE MENTAL HEALTH STRATEGIC PLAN

The Mental Health Strategic Plan provides a specific blueprint and action steps to address a range of needs and challenges through focusing on three overarching goals:

1. Balancing the gap between mental health needs and resources;
2. Assuring service excellence; and
3. Providing an efficient and effective infrastructure.

1. Balancing the gap between needs and resources...

In California, public (county-based) mental health systems have been chronically underfunded. County mental health services provide comprehensive systems of services to treat seriously mentally ill and emotionally disturbed populations and operate as a safety net for individuals who are poor and uninsured. Since it is generally recognized that only about 50% of the need for mental health services is addressed, San Mateo, like other California counties faces the need to ration care—to balance the gap between needs and resources.

The challenge is:

- to assure that those individuals who have mandated access to care and those individuals who are most seriously mentally ill receive priority for services; and
- to assure that clients receive the right mode and intensity of service—no more and no less.

This balancing act is often described as the “**managed care paradigm.**”

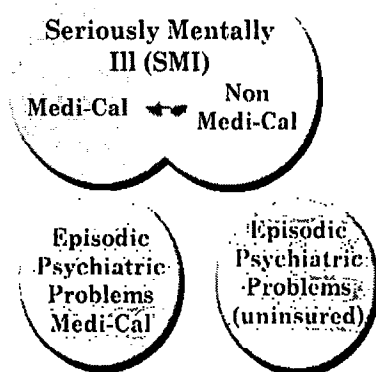
UTILIZATION	COST
QUALITY	ACCESS

Core Service Mandates--Priority populations for county mental health systems in California are specified in the Welfare and Institutions Code.⁵ County mental health programs must prioritize services for specific target populations including seriously mentally ill adults and seriously emotionally disturbed children and youth to the extent

resources are available, recognizing that the public sector can meet only a portion of the need for mental health treatment. There is also a legal mandate that county mental health systems must provide mental health services identified in the “individual education plans” of special education youth. In addition, San Mateo County Mental Health Services must provide mental health services to all San Mateo County MediCal beneficiaries who meet certain “medical necessity” criteria through its mental health plan contract with the State.

The Impact of Parity Requirements--With “parity” for mental health services becoming law in California in July 2001, private health insurers are now required to offer outpatient and inpatient mental health treatment services that are equal to physical health care coverage. One of the challenges of implementing parity is that insurance plans have not yet assured access. There are a growing number of consumer complaints about “phantom” provider networks or restrictive medical necessity requirements that eliminate or limit access. In addition, the parity law does not require insurance plans to provide the same range of mental health services that exists in county mental health systems. This means that insured individuals who are seriously mentally ill or seriously emotionally disturbed are eligible to obtain county rehabilitative and community support services that are not covered under mental health parity requirements. These individuals and most others receiving public mental health services are required to pay for services based on a uniform sliding fee schedule developed by the State. So far, mental health parity promises more than it has delivered and the burden cannot be shifted to the public sector.

San Mateo, like other California counties, does not have enough resources meet treatment obligations to mandated populations as well as address the range of mental health needs of the community. We confront hard choices on a daily basis about who to serve and how much service to provide. If adequate services are to be provided to seriously mentally ill adults, seriously emotionally disturbed youth, and MediCal beneficiaries, then we can offer nothing more than crisis intervention and risk assessment to individuals with episodic mental health problems or mental health problems secondary to substance abuse. In addition, seriously mentally ill/emotionally disturbed individuals with insurance must first seek treatment through their insurer and may receive lower priority for scarce public services.



The Mental Health Services Division must clearly communicate its core mandates in order to respond appropriately to the continuing gap (approximately 50%) between the need for mental health services and the resources available to address the need.

As the public mental health plan for San Mateo County, the Mental Health Services Division's primary mandate is to assure access to necessary services for children and youth with serious emotional disturbances, adults and older adults with serious mental illness/psychiatric disability, and MediCal beneficiaries. The Mental Health Services Division also functions as a partner in managing community risk by providing crisis intervention and a mental health response to critical community incidents and disasters.

2. Assuring Service Excellence

A key finding of the U.S. Surgeon General in his 1999 report on Mental Health and in his 2000 report on "Mental Health, Race and Ethnicity" is that mental health treatment can be effective. There is a growing body of mental health services research that identifies effective "evidence based treatment" strategies. However, mental health service systems do not necessarily incorporate evidence based treatment strategies into daily practice. Some of these evidence based or "best practice" approaches for individuals with serious mental illness include:

- Assertive Community Treatment—multidisciplinary, intensive case management and community support services in which there is a low (1:10-15) staff to client ratio and where the team is available 24 hours a day/7 days a week to respond to urgent/crisis needs.
- Intensive in-home therapeutic and support services for foster care youth.
- Supported employment and supportive housing—working with clients to find and keep real jobs and integrated normalized housing by providing flexible supports in the natural environment.
- Integrated treatment addressing both alcohol/substance use and psychiatric needs.
- Culturally competent services that respond to language needs and clients' cultural context, beliefs and values.

Timely, appropriate mental health treatment improves client functioning and reduces unnecessary reliance on costly acute services. This plan identifies the need to begin to organize treatment through a process that authorizes clients (based on an individualized clinical/functional assessment) for a level of care. The goal of this level of care assignment process is to assure the provision of the right intensity, type and amount of care for each client. Treatment planning will continue to recognize that there is a dynamic relationship between professional expertise and consumer guided services—both are essential to the process of recovery from mental illness.

San Mateo Mental Health already incorporates evidence-based treatment approaches in our system of care services. However, there is room for improvement. Several of the Strategic Plan's key system-wide objectives identify areas for development. These include: cultural competence, integrated services for individuals with co-occurring mental health and substance use problems, and supportive housing. The challenge that San Mateo and all mental health systems face is how to insure that our organization promotes continuous learning. The direct participation of consumers who reflect the diversity of our communities--parents, family members and clients--is essential to this process of continuous improvement.

3. Provide an efficient and effective infrastructure to support services

The Strategic Plan cannot and does not rely on additional County funding to succeed. Rather the Plan includes a focus on improving business operations, linking client information and service activity to individual and program outcomes and assuring compliance with state and federal regulations and requirements. Funding for necessary business operation enhancements will be available through revenue enhancement and redirection of resources.

Necessary operational and infrastructure improvements include:

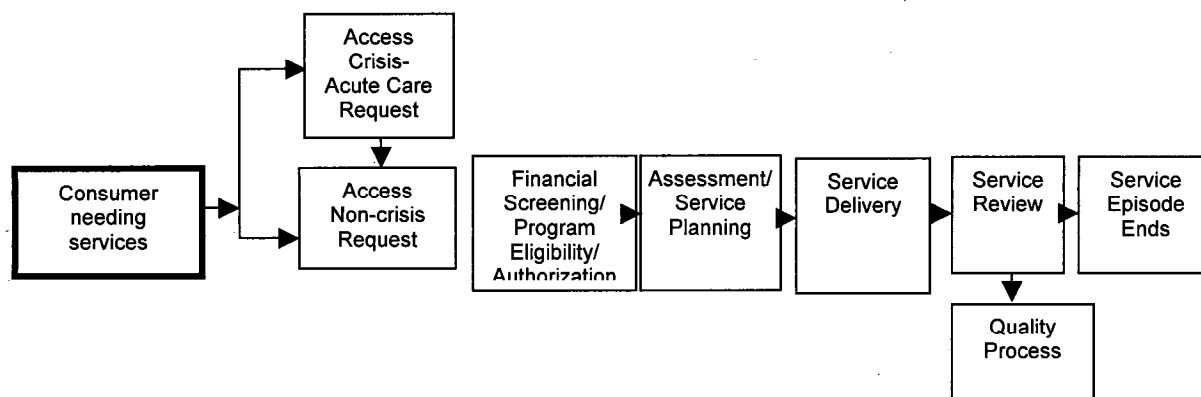
- Revenue enhancement—revise eligibility, billing and collections policies; clarify responsibilities and train all staff and providers; monitor;
- Replace outdated mental health information system to update accounts payable/receivable functions, client reporting and management decision support, and client outcomes tracking and reporting functions.
- Develop “corporate compliance plan” to insure compliance with Medicare, Medicaid, and HIPAA (Health Insurance Portability and Accountability Act).

THE STRATEGIC PLAN DEVELOPMENT PROCESS

A “Strategic Planning Data Book” was developed to provide a basis for current system review and planning. The data book provides information on San Mateo service penetration rates, expected prevalence of mental illness in the population, clinician hours per case and case mix, service costs, and presents benchmarks with other western United States county-based mental health systems.

Work groups were established to develop plans and priorities for Children and Youth and Adult and Older Adult Services. Each work group went through a process of developing a “map” of services available or needed in San Mateo County. Available and needed services were then arrayed in flow charts, as shown below, that describe the flow of services in sufficient detail to depict both the complexity of the existing systems and how services should function together in a coherent and effective system of care. As time permitted, the groups identified emerging national consensus areas of best practices.

Fig. 2. Process of Care Flow Chart



Goals with specific objectives were developed for each system of care. These are described in detail in the full planning document. In addition, there was a review of systems necessary to support service functions—information technology and business systems. Goals and priorities were then identified for mental health services’ infrastructure development.

The final stage of plan development was the identification of system wide goals and a time-specific action plan for each goal area. Action plans with projected timelines were developed for each goal and related objectives.

SYSTEM-WIDE GOALS

The goals that follow are listed in an order derived from the system process of care flow chart (Figure 2 above) and in the full Strategic Plan document and related Action Plan--one for children and youth and one for adults and older adults. The numbered order of the goals is not a statement about priority or time sequence.

1. Strengthen collaboration with system partners [Community Based Organizations (CBOs) as well as with other county agencies] to improve coordination of services to children, adolescents and families.
2. Develop and implement clear policy regarding the parameters of the mental health system. Specify criteria for who will be served, entry/level of care criteria and exit criteria.
3. Expand the use of data to plan, monitor and evaluate services and implement a prospective client level of care authorization system to assure that the “right amount of care” is provided to clients and that utilization and outcomes are tracked.

4. Develop new information technology to support the efforts of all members of the mental health system. Elements of an improved information system will ideally include an on-line client record system, a clinical and management decision support system, and an online education and community resource data base accessible to clients and clinicians.
5. Review the existing acute/crisis services continuum to identify potential improvements that will increase responsiveness to clients and relieve the impact on police and justice agencies as well as inpatient services. Service enhancements are different for each age group—the detail can be found in the separate sections of the full plan.
6. Add to or reconfigure ongoing services to improve responsiveness to clients. These service enhancements have been prioritized for the age groups—the detail can be found in the separate sections of the full plan.
7. Expand efforts to assure culturally competent services for current and prospective clients. Activities shall include: update the “Cultural Competence Plan;” human resource development including cultural competence training and targeted hiring of consumer and family partner staff from diverse communities; and more effective collaboration with community organizations that serve ethnic populations.
8. In collaboration with the Human Services Agency, Alcohol and Other Drug Services, create a comprehensive plan to improve the integration mental health and substance abuse services for individuals with co-occurring disorders.
9. Create safe and affordable housing for transition age youth, adult and older adult consumers of care through expansion of housing initiatives focused on community-based organizations, housing agencies and the housing industry. Assure availability of dedicated staff/resources to provide advocacy and community development activities that support the development of low income housing for mental health consumers. The Human Services Agency’s Housing Continuum of Care planning process and plan will continue to provide the framework and specify goals for special needs housing.
10. Address the impact of stigma on community support, access and availability of mental health services. Partner with the Mental Health Board and other stakeholder organizations to improve community awareness and information about mental illness and resources.
11. Improve the business services capabilities of the organization to ensure that all available revenue is generated and costs are properly managed. This shall include revising the eligibility, billing and collections policies and procedures to clarify the responsibilities of all staff (support staff, clinicians, clinical managers, financial staff) and developing a “corporate compliance plan” to respond to regulatory requirements and risk.

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1. U.S. Department of Health and Human Services. (1999). *Mental Health: A Report of the Surgeon General*, Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, Office of the Surgeon General.
 2. U.S. Department of Health and Human Services (2001), *Mental Health: Culture, Race and Ethnicity*, Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, Office of the Surgeon General.
 3. State of California Little Hoover Commission (2000), *Being There: Making a Commitment to Mental Health*, Sacramento, CA: State of California Little Hoover Commission.
 3. State of California Little Hoover Commission (2000), *Being There: Making a Commitment to Mental Health*, Sacramento, CA: State of California Little Hoover Commission.
 4. Ibid, page i.
 5. Bronzan-Mccorquodale Act (1991) “Realignment”; “Children’s System of Care” legislation (Wright, 2000) ; and Welfare and Institutions Code sections related to mental health services for MediCal beneficiaries and mental health services for special education students (Chapter 26.5, Division 7, Title 1, Government Code).