

2007 Commission Retreat

Staff Report

Item 4.2

April 2, 2007

ACTION: _____

DISCUSSION: X

TITLE: Results of Mental Health Therapeutic Services Strategy Review, February 2007

Background

Mental health therapeutic services are provided for children and their families where children exhibit or are at risk of social, emotional, behavioral, and developmental problems. Most clinical services are paid for by MediCal or other insurance. First 5 funds support services for families without insurance coverage. In addition, First 5 has supported the introduction of “wraparound” to the mix of clinical interventions. Wraparound is a planning process for families with multiple critical needs or involved with multiple service systems. Specialized wraparound staff in each clinic help families assess their strengths, identify formal and informal resources, and develop an individualized team of supports to help the family surmount its challenges. This evidence-based practice has been found to be effective in increasing positive outcomes for families in mental health settings.

In FY 2006-07, the Commission allocated \$546,363 for Mental Health Therapeutic Services. First 5 contracts with the Department of Health Services, Mental Health Division, which in turn contracts with three community-based providers: Early Childhood Mental Health, We Care Services for Children, and Contra Costa ARC Lynn Center.

Strategy Review

In the case of this strategy, First 5 called on an independent evaluator, Todd Sosna, to review the current status of the program. Mr. Sosna is a former county mental health administrator and is currently attached to the California Institute for Mental Health. He assisted First 5 in designing the Mental Health Therapeutic Services strategy in 2002. First 5’s evaluators, Harder and Company Community Research, also contributed data collected over the last three years. Among the findings:

While the system of care for young children has some of the characteristics of a successful early childhood mental health program, it does not reach the level of a cohesive, countywide initiative that proactively promotes early identification of mental health problems and provides access to services for young children and their families. Such a system would

include more comprehensive outreach, collaboration with a wider set of agencies, and the use of additional evidence-based practices.

Wraparound is carried out in all three sites and the available data indicates that families achieve better outcomes when participating in wraparound. Families also report high satisfaction with the service. More work could be done to ensure that the wraparound service adherent to the model found to be most clinically effective. A concern is that wraparound not be confused with intensive case management, which in some cases appears to be happening.

Improved data collection will help inform the development more effective and comprehensive services. Providers should be consistently using standardized assessments and data collection tools and data should be collected on all clients.

PEC Strategy Review

PEC considered the evaluators' report at its February 21 meeting. After discussion and clarification of the findings, participants were asked to consider "current engagement" issues -- immediate concerns to be taken into account in the current strategy -- and "deeper impact" issues, those dealing with broadening and deepening the strategy. These included the following:

Current Engagement

1. More and better data still needed on effectiveness of interventions, Pre / Post tests would be one way
2. Need to connect mental health to reasonable indicators of child and family mental health
3. Fidelity to the Wraparound model is a concern; need to understand differences use of wraparound among agencies
4. Is wraparound fully understood by all providers? Concern that wraparound may still look like intensive case management
5. The model may have drifted; how do we know when / how much we have drifted?
6. We need to agree on the outcomes for wraparound.

Deeper Impact

1. Need to revisit cultural competence focus in the original MRMA
2. Look at training and implementing other Evidence Based practices; how to fund and sustain? Strategize collaboratively; possible tie-in with Mental Health Services Act?
3. Renew larger collaborative focus to get collective intentions regarding the system of services for young children, then pursue money / funders
4. CIMH California Institute for Mental Health has funding for training and infrastructure development
5. Use pre / post tests to establish programs are meeting short-term objectives

6. To find valid metrics for measurement, use what has worked elsewhere – learn what works / change as needed

Next Steps

Based on these findings staff propose carrying out the following activities in the coming year:

Continue to facilitate the developmental of a comprehensive system of care for young children and their families, including broadening the number of participating agencies and introducing additional evidence-based practices.

Work with providers and consultants to develop a process for strengthening the wraparound service, particularly in adherence to the effective model.

Work with evaluators review data collection procedures for the Mental Health Therapeutic Services strategy and ensure that comprehensive, standardized data is collected.