



HEALTH SERVICES DEPARTMENT

MENTAL HEALTH DIVISION

Treatment Works, People Recover

El tratamiento es efectivo, las personas se recuperan

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Mental Health Service Act (MHSA)

FY 2009/10

Community Service and Supports

Budget Narrative

El Dorado County previously submitted the MHSA Update to the County's Three-Year Program and Expenditure Plan for FY 2008/09, requesting the initial allocation in the amount of \$2,515,100. During FY 2008/09 the County requested the additional FY 2008/09 planning estimate of \$338,600. Both plans have been approved.

The County is now requesting the FY 2009/10 planning estimate in the amount of \$3,744,800 and the remaining FY 2007/08 unapproved planning estimate in the amount of \$295 for a total requested of \$3,745,095. The work plans are as follows:

Work Plan #1: Youth & Family Strengthening

Work Plan #2: Wellness & Recovery Services (includes Crisis Residential Treatment)

Work Plan #3: Health Disparities Initiative

The Health Disparities Initiative has been determined to fit the Prevention & Early Intervention (PEI) model and will be requested to be incorporated into the PEI model in the PEI Plan Request.

The Community Services and Supports (CSS) Annual Update includes a request for funding in the amount of \$3,745,095 combined with FY 2007/08 carryover funds of \$1,520,312 for a total of plan amount of \$5,265,407. The total combined funds are requested to be allocated as follows:

Work Plans:

Full Service Partnership (FSP) \$ 1,921,260

General System Development (GSD) \$ 990,464

Outreach and Engagement (O&E) \$ 811,886

Work Plans Total \$ 3,723,610

County Administration: \$ 923,637

Operating Reserve: \$ 464,725

To Prudent Reserve \$ 153,435

Grand Total \$ 5,265,407

Each of the target populations, service strategies and anticipated number of clients serviced by Service Category is as follows:

Full Service Partnership (FSP) - \$1,921,260

Youth

The target population for the FSP Wraparound Program continues to include both Medi-Cal and non-Medi-Cal (“scholarship”) youth and families. These at-risk youth typically are in grades K through 6 and their out-of-home placement option usually is foster care, not a group home, rendering them ineligible for the SB163 program as defined in this County. All youth age groups are eligible. These Wraparound services will be available to at least five full service partnerships distributed county-wide as need arises and capacity allows. Generally, we anticipate that the treatment course for this high level of care will be approximately 6 months and therefore we anticipate serving at least 10 families per year. Supports such as youth activities, food, and transportation, may be funded by MHSA for stabilization purposes.

Adults

A highly individualized and community-based level of intensive case management will be provided via Assertive Community Treatment (ACT) for seriously mentally ill individuals who are at risk of criminal justice involvement, homelessness and/or institutionalization. Some of these individuals will be eligible for the limited transitional housing beds and/or housing subsidies available for Full Service Partners (FSPs). Access to a supervised transition house for older adults who are at risk of institutionalization or homelessness is also available on a limited basis for FSPs.

In a new component of this FSP Work plan, the ACT model will be used with severely mentally ill El Dorado County adults who are underserved (in out-of- county Board and Care homes) and/or institutionalized in Institutes of Mental Disease (IMDs) upon readiness for community placement. This new component seeks to consolidate dedicated partnerships between clients, family members, the public guardian, courts and housing providers to facilitate recovery and progress toward the least restrictive level of care. This component anticipates serving 40 FSPs a year. Food, household supplies, activities and transportation may be funded.

General Systems Development - \$990,464

Youth

The Family Strengthening Academy provides a range of promising, best, and evidence-based practices (including but not limited to the Incredible Years, Aggression Replacement Treatment and Trauma-Focused Cognitive Behavioral Therapy) and will be offered in a variety of settings to promote family unification in a cost-effective manner. MHSA funds will also be used to provide a limited number of “scholarships” for uninsured or under-insured youth and families to participate. Food, household items, childcare and transportation to and from groups may be offered. It is estimated that 200 youth and families will be served by this modality per year county-wide.

The Transitions Project provides support to strengthen the families of detained, at-risk transition age youth by providing discharge planning and family-reunification services for juvenile hall wards in

both the SLT and WS regions of the County. This augmentation to the service delivery system is designed to engage transition age youth and their families in mental health, addiction and other specialized treatment services upon the youth's release, in order to reduce recidivism and out-of-home placements. It is estimated that 120 youth and families will be served by this modality per year.

Adults

Overview

The Adult Wellness and Recovery Services program serves as the umbrella for the transformed adult mental health system of care. As such, much of what is provided under MHSA represents a "general systems development" approach. However, within this system of care, outreach and engagement and full service partnership services are provided, as well.

The Wellness Center will provide life skills training (through a program developed to teach Social and Independent Living Skills out of Dr. Robert Liberman's UCLA Psych REHAB program, which is a component of our MHSA Workforce Education and Training Plan), onsite and community-based groups for co-occurring disorders and drop-in groups for purposes of outreach and treatment engagement. As indicated in the approved FY 2008/09 CSS Plan, the Wellness Center provides the setting in which we are building our local capacity to meet the diverse needs of the seriously mentally ill and their families. Collaboration with other disciplines, community-based agencies, NAMI, consumers, and volunteers allows us to provide enhanced services, including family and peer support. Community reintegration activities and life skills training will be provided for Crisis Residential Treatment program clients and others deemed appropriate. The target population includes clients who reside in Board and Care Homes. Food and general household supplies may be funded, along with transportation support and petty cash for laundry, toiletries, etc. Early intervention and brief treatment services (e.g., the Impact Model) will be provided onsite and in the community. This approach typically targets the older adult population and includes strong elements of health promotions and prevention. Individuals who prefer to receive medications alone will be provided case management services and a medication clinic to support their ongoing stability. We project that 300 unique clients will be served per year under system development funding.

The Crisis Residential Treatment Program applies General Systems Development funds to provide 1) an option for voluntary and brief treatment in the earlier stages of decompensation thereby mitigating the potential need for involuntary treatment and a more protracted course of intensive treatment, and 2) a facility in which to transition back to the community for adults served by the County Psychiatric Health Facility (PHF). The services provided include psychiatric assessment, medication stabilization services, individual, family and group counseling, life skills training, community integration activities and 24/7 clinical supervision and residential care. The target population includes adults with serious mental illness who meet medical necessity for specialty mental health services and who require 24/7 supervision for a brief period of crisis stabilization or resolution on a voluntary basis, typically as a transition from institutional care (such as a PHF, IMD, psychiatric hospital or residential care) or for those who require a temporary increase in services over that received in a community placement – such as a Board and Care in order to regain a level of functioning needed to maintain this community placement. Meals, household supplies, activities and transportation may be funded. We project that 48 clients will be placed at the CRT each year.

Resource Management Services applies General Systems Development funds to support time spent by managers, supervisors or designees to develop key relationships and build access to resources for the

consumers and families served (e.g., housing, vocational, educational, benefits eligibility and substance abuse treatment). As indicated in the approved FY 2007/08 Expansion Proposal, we will also utilize MHSA-funded psychiatry time to serve un-insured MHSA clients and engage in general systems development planning to improve access and service delivery. The psychiatry time will be used to evaluate and re-design psychiatry services to be effective within our Wellness and Recovery Programs. These individuals will also provide program evaluation and quality improvement oversight for the CSS programs. Funding needs include training in data management and program evaluation skills and the supplies and equipment necessary to administer and score the psychological test batteries. Food, services, equipment and supplies may be purchased, as well.

Health Disparities

These services are being delivered by local contract providers who were assessed to have the appropriate qualifications to work effectively with these communities and who will work with all of our MHSA programs to decrease disparities in service access and treatment outcomes for both the Latino and Native American populations. General Systems Development funding provides support for this addition to the Mental Health System of Care – contracted services with community-based agencies provide a local access point for screening, assessment, service linkage and case management. Upon approval of the PEI plan, we will request transfer of this work plan to the PEI program. The focus of services funded is outreach, engagement, and early intervention. Lessons learned in the early CSS years indicate that models of health promotions, peer support, prevention, and brief treatment are well-received and effective. It is estimated that we will serve 225 clients per year.

Outreach and Engagement - \$811,886

Youth

The MHSA Wraparound program will draw upon these funds for brief services designed to engage identified families with youth at risk of out of home placement into the Wraparound program. Supports such as food, transportation assistance, and youth activities may be purchased. It is anticipated that 10 youth and their families will be served each year.

Adults

The Adult Wellness and Recovery Services Program will provide MHSA-funded outreach and engagement services as an extension of the Wellness Center and the Crisis Residential Treatment program. Under-served and un-served individuals at-risk who can benefit from mental health services are the target population – including those who are homeless, in jails, receiving services in primary care only, or older adults who require outreach to their homes. Supports such as food, transportation assistance, and emergency shelter may be purchased. It is anticipated that 148 clients will be served each year.

Health Disparities Initiative

These services are being delivered by local contract providers who were assessed to have the appropriate qualifications to work effectively with their communities and who will work with all of our MHSA programs to decrease disparities in service access and treatment outcomes for both the Latino and Native American populations. Outreach and engagement funding supports cultural peers (Promotoras or a Native American outreach worker) as a key first step in increasing access and decreasing health disparities. Upon approval of the PEI plan, we will request transfer of this work plan to the PEI program. The focus of services funded is outreach, engagement, and early

intervention. Lessons learned in the early CSS years indicate that models of health promotions, peer support, prevention, and brief treatment are well-received and effective.

Administration - \$923,637

The FY 2009/10 Administration allocation request of \$923,637 represents 24.8% of program costs which is in excess of the recommended 15%. The administration allocation request was determined based on a preliminary estimate but with the completion of the final budget it appears that a more realistic amount will be \$1,179,808, representing 33.17% of program costs. If administrative costs exceed the allocation request, the Operating Reserve will be used to fund the additional costs.

Representatives from small counties discussed the issue of the recommended funding limit of 15% for administration costs at a recent California Mental Health Directors Association (CMHDA) meeting and staff from several counties expressed the perspective that this percentage was inadequate for small counties. At this same meeting representatives from the State acknowledged that there may be merit to the argument that small counties require a larger percentage for administrative costs.

The administrative costs allocated to El Dorado County's MHSa program for FY 2009/10 were derived using methodologies consistent with both DMH Letter No. 05-10 and with former OMB A-87 Federal Register (now Title 2, Federal Regulations (CFR), Subtitle A, Chapter ii, Part 225). Also, Welfare and Institutions Code Section 5891 states, "The state shall not make any change to the structure of financing mental health services, which increases a county's share of cost or financial risk for mental health services unless the state includes adequate funding to fully compensate for such increased costs or financial risk." In consideration of these guidelines and regulations, the county respectfully requests approval for an allocation in excess of the 15% recommended for FY 2009/10.