

## **Update to El Dorado County's Three-Year Program and Expenditure Plan FY 2008-09**

Date: August 19, 2008

County: El Dorado

Total Amount Requested: \$2,515,100

The El Dorado County Mental Health Department (EDCMHD), in conjunction with the local Mental Health Services Act (MHSA) Advisory Committee, provides the following update to the approved Community Services and Supports (CSS) Component Three-Year Program and Expenditure Plan in response to DMH Information Notice No. 08-10. EDCMHD requests a modification of its existing agreement to include funding in the amount of \$2,515,100.

### **FY 08-09 Process to Update the County's Three-Year Program and Expenditures Plan**

#### Community Program Planning

In support of the initial CSS component planning process, extensive community outreach and planning process took place between February and October 2005 to identify the priority unmet mental health needs in the community. Over 900 community contacts were made.

El Dorado County Mental Health conducted:

- 82 focus groups and MHSA trainings
- 23 interviews
- 5 written surveys resulting in 545 responses

In addition, 104 community representatives were involved in the workgroup planning process, including mental health consumers and their family members. In this comprehensive process, members representing a broad range of service providers were included in the workgroups and on the Advisory Committee, and updates were provided regularly to the Mental Health Commission.

Community feedback, collaboration and planning were achieved in a variety of ways. Individual interviews, focus groups, MHSA trainings, and written surveys were used to inform community members and solicit feedback regarding the MHSA. Workgroups and writing teams reviewed the information and data and established recommendations for priority populations, model programs, and effective strategies. An Advisory Committee reviewed these proposals and, based on the community process, made recommendations to the Director of the County Mental Health Department.

Since the CSS Component Plan approval in April 2006:

- Quarterly updates were disseminated via e-mail and posted on our website at 6 months intervals during the first year of operation and subsequently on a quarterly basis,
- The MHSA Advisory committee has continued to meet on a quarterly basis,
- Quarterly MHSA Community Update Meetings have been held since November 2007,

- Community Educational Meetings were held in Placerville and South Lake Tahoe regarding the Workforce Education and Training (WET) and the Prevention and Early Intervention (PEI) funding streams.
- Monthly community planning meetings regarding WET and PEI program development were held via teleconference,
- Written surveys for WET and PEI planning were widely distributed and 299 completed by community members,
- 39 focus groups were conducted for WET and PEI planning purposes, and
- 64 key informant interviews were conducted for WET and PEI planning, as well.
- Over 600 community contacts were made during this phase of planning.
- 30-day public reviews were conducted for two CSS Implementation Progress Reports, two CSS expansion plan proposals, the WET application, and in relationship to the Prudent Reserve.
- Public hearings were in regard to the two CSS Implementation Progress Reports and the WET application.
- A special Mental Health Commission Meeting was held in May 2008 to review the proposed changes for Prospect Place West.

Active community collaboration in support of MHSa programming has continued for both current and future services.

#### Local 30 Day Review Process

This update to the approved Community Services and Supports (CSS) Component Three-Year Program and Expenditure Plan was posted on the El Dorado County Mental Health Department's website:

<http://www.co.el-dorado.ca.us/mentalhealth/index.html>

between **May 30 – June 29, 2008** for a 30-day public review and comment period.

Notifications of this posting were sent via e-mail to the El Dorado County Board of Supervisors, the El Dorado County Chief Administrator's Office, the MHSa Advisory Committee, the Mental Health Commission, the EDCMHD staff, and the MHSa e-mail group.

Public service announcements regarding this update were posted in the Mountain Democrat, the Tahoe Tribune and the Sacramento Bee.

#### *Questions and feedback were directed to:*

The El Dorado County Mental Health Department  
 MHSa Project Management Team  
 670 Placerville Drive, Suite 1B  
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 (530) 621-6315  
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## Program Changes

### *MHSA Administration:*

#### MHSA Project Management

As the MHSA transformation process continues to move forward in increasingly diverse and intricate ways (WET, PEI, Capital Facilities and Technology), the dedicated staff project management support is critical. As a relatively small county, our strategy has been to create a MHSA Project Management team comprised of staff with a range of expertise who participate in this effort on a part-time basis. These team members include a Project Manager, a Contracts Manager, a Fiscal and Business Analyst, a Cultural Competency expert, a Housing Coordinator, a Data Analyst and Technology consultant, and administrative support.

### *Prospect Place West expansion*

The re-organization of the MHSA Behavioral Health Court and Prospect Place (Integrated Services Program for the Homeless) county-wide has been submitted as part of an expansion proposal for the existing CSS Three-Year Program and Expenditure Plan. Stakeholder support for county-wide availability of both of these programs has been strong.

In addition, stakeholder support for supervised treatment options for seriously mentally ill adults – many of whom are either court-involved, homeless and/or dually-diagnosed - has become increasingly evident as the Department has been involved in targeting these high-risk individuals through the MHSA programs. In the Western Slope in particular, the Behavioral Health Court Team is seeking structured treatment alternatives for adults who have recently been incarcerated as we work to integrate them into safe, community settings.

The previously approved CSS Three-year Program and Expenditure Plan included a plan to renovate county-owned property to create (what we called at the time) a Wellness Center and supervised transitional housing. It was subsequently determined by an architectural assessment that the renovation for the specific location (lower level of the Psychiatric Health Facility) was not feasible for our purposes.

However, at this time we have a viable structural renovation plan and cost estimate for an upper level of this facility that will allow us to create a 4 to 6 bed **Crisis Residential Facility** next door to our existing Psychiatric Health Facility (PHF). As a short-term treatment facility, it will not provide transitional housing, but this level of intervention is seen as a critical step in our treatment continuum for the community that we serve. In addition, we recently acquired additional space at the leased property where our Prospect Place West program is located. This free-standing 1500 square foot facility has been identified as our site for the new Wellness Center.

Therefore, the program changes identified here are in essence variations of the originally conceived CSS plan for Prospect Place that have been modified based on resources and an updated understanding of our population needs. These plans have been discussed in community update meetings, MHSA Advisory Meetings, and Mental

Health Commission meetings with positive results as these proposals reflect the community-identified needs and concerns.

We have been consulting various experts on the establishment of Crisis Residential Facilities in California, as well as learning from other county experiences and models. We will be seeking the appropriate credentialing and licensing from DMH and through Community Care Licensing.

MHSA CSS funds that have recently been identified for the Western Slope Behavioral Health Court have been allocated to provide staff for the Crisis Residential Facility (CRF) as many of these clients will be served by this facility. 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. Our experience is that this option for voluntary and brief treatment allows individuals to choose to engage in treatment in the earlier stages of decompensation thereby mitigating the potential need for involuntary treatment and a more protracted course of intensive treatment.

This program will be provided with the support of being co-located at the PHF facility and being staffed, in part, by individuals who provide Crisis Counseling as part of a 24/7 Crisis Response Team. This team will provide proactive measures by which to outreach and engage individuals into various levels of treatment thereby avoiding involuntary care. On each shift, at a minimum, there will be one MHSA-funded staff member, one crisis counselor and an on-call Mental Health Aide or Worker who is often a consumer or family member who can effectively serve in a peer counseling capacity.

Administrative and facility costs will be shared proportionately allocated to the Crisis Residential Facility and thereby MHSA funding.

We project that 48 clients will be served a year. The proposed effective date is January 2009.

The services provided include psychiatric assessment, medication stabilization services, individual, family and group counseling, skills training, community integration activities, and 24/7 clinical supervision and residential care.

Funds from the Prospect Place West program will also contribute to the staff support of the **Wellness Center** as many of these clients will be served by this facility.

The target population includes adults with serious mental illness who meet medical necessity for specialty mental health services and who are at various stages of readiness for services and treatment engagement. On an outpatient and drop-in basis, we seek to serve those who are recently released from institutional settings (the PHF, jails, IMDs), those actively engaged in outpatient mental health treatment, and those contemplating their need or interest in accessing mental health services.

Further, the Wellness Center provides a site for capacity-building in relationship to service provision. We will bring in our partners who are increasingly joining us in providing co-located services (substance abuse treatment providers, public health,

vocational services, human services, social security, etc.) for those that we mutually serve. We will join with NAMI, consumers, and diverse volunteers and provide training and supervision in a range of intervention strategies. Peer counseling and consumer and family employment opportunities will play a vital role in this Center.

This previously approved CSS project is now being proposed for minor renovation of a non-county owned facility. Funds have been approved and will be leveraged from an existing MIOCR grant to pay for furnishings and appliances.

We project that 1500 clients will be served a year. The proposed effective date is October 2008.

The services projected to be provided include:

- 12 step meetings – including those for individuals with co-occurring disorders
- Classes in Promoting Resiliency and Recovery
- W.R.A.P. Classes
- Social and Independent Living Skills Training
- Social and recreational events
- Vocational Services
- Housing Services
- SSI Advocacy
- Family psycho-education classes
- Community Meetings
- Supportive Counseling
- Group Work

The service delivery methodology includes the use of a core team of staff (one Mental Health Clinician and two Mental Health workers) under the supervision of a Mental Health Clinical Coordinator. This team will also have access to extra help/part-time staff (Mental Health Aide and Mental Health Driver). Further, they will work in collaboration with their three partner Teams (each team is similarly staffed) – one that serves homeless and court-involved clients, one that serves client in Board and Cares and institutional care, and another that serves older adults in the community. These teams provide back-up, linkage to diverse client groups and community partners, and bring a richness to the Center.

*Project Uplift – Friendly Visitor Program transfer to Workforce Education and Training Component*

Funds for a peer support program for older adults (the Friendly Visitor Program) were originally allocated via a county MOU between the EDCMHD and the Department of Human Services (DHS), Area Agency on Aging (AAA) Division. At the time, the relationship between AAA and the existing Senior Peer Counseling program suggested that operationalizing the program in this department was a practical solution.

However, in a recent conversation with DHS, it was determined that the MHSA allocation was insufficient for the Friendly Visitor Program to continue in their department as constructed, and that it was their perspective that both the MHSA

program and the Senior Peer Counseling program were more appropriately aligned with Mental Health service delivery. Funds from DHS to support this program are NOT available in FY 08-09.

Simultaneously, the local MHSA Workforce Education and Training plan (which is currently under review by the public) includes a Consumer, Family and Volunteer Program under which the Friendly Visitor Program can be operationalized. This approach is also consistent with the Community Program Planning discussions in which stakeholders who included older adults, consumers, family members, and representatives from the Latino community all stated that peer counseling programs were desirable for diverse communities and that much of the training needed was common to diverse groups and could be centralized to be efficient and collaborative in nature.

Therefore, an agreement was identified by which the MHSA CSS funds available for the Friendly Visitor Program in FY 08-09 would be used to fully fund the program at no cost to DHS for the first 6 months of the fiscal year. It is anticipated that the MHSA WET plan and application for funds will be submitted to the State DMH by the end of July 2008 and therefore funded by October 2008. This timeline allows the Department time to transfer the Friendly Visitor Program costs and oversight to the EDCMHD under the MHSA WET component by January 2009.

There is no impact on the population being served. The Consumer, Family and Volunteer umbrella program will include training, supervision, and opportunities for serving as a Friendly Visitor and Peer Counselor to diverse populations – including older adults. The WET Coordinator will provide oversight of the program and a full-time Mental Health Aide will be hired to provide direct services for the program.