



**County Name**

El Dorado

**Work Plan Title**

**Work plan #2: Adult Wellness and Recovery Services – page 1**

**Population to Be Served**

Adults, including older adults, and transition age youth (18-25) who are homeless or at risk of homelessness, at-risk of institutionalization, and those who are institutionalized (jails, IMDs and psychiatric hospitals) due to untreated mental illness and in the process of under-going community-based placement. The population also includes those who have been significantly under-served in out of county Board and Care homes. In this consolidated Work plan, older adults who are at risk of homelessness and institutionalization due to untreated mental illness are also included.

Locally, adults with co-occurring disorders, the Latino and Native American populations, women, and older adults are all among the under-served populations.

**Work Plan Description**

**Program Description**

The Adult Wellness and Recovery Services program will serve as the umbrella for this program. Outreach and engagement services will be a component of this program, as well as FSP services (utilizing the ACT model) for appropriate clients.

**Wellness Center (General System Development – 300 clients/year)**

The integrated service delivery system 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 FY08-09 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 Facility 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.

MHSa CSS funds (General Systems Development and Outreach and Engagement) have recently been allocated to provide staff for the Crisis Residential Treatment (CRT) Program. Our experience is that this option for voluntary and brief treatment facilitates choice for treatment engagement in the earlier stages of decompensation thereby mitigating the potential need for involuntary treatment and a more protracted course of intensive treatment. 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. Meals, household supplies, activities and transportation may be funded.

**Crisis Residential Treatment Program (General Systems Development – 48 clients/year)**

The CRT is co-located adjacent to the PHF facility and is staffed in part by individuals who provide crisis counseling as part of a 24/7 Psychiatric Emergency Services response. This team provides proactive measures by which to outreach and engage individuals into various levels of treatment thereby avoiding involuntary care when appropriate. We project that 48 clients will be placed at the CRT each year.

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.

**COMMUNITY SERVICES AND SUPPORTS**

Annual Number of Clients to Be Served

\_\_\_488\_\_\_ Total

Number of Clients By Funding Category

\_\_\_40\_\_\_ Full Service Partnerships

\_\_\_348\_\_\_ System Development

\_\_\_148\_\_\_ Outreach & Engagement

**PREVENTION AND EARLY INTERVENTION**

Annual Number to Be Served

\_\_\_\_\_ Total

Number of Clients By Type of Prevention

\_\_\_\_\_ Early Intervention

\_\_\_\_\_ Indicated/Selected

\_\_\_\_\_ Universal