

# PATH PROGRAM

## PROVIDER INTENDED USE PLAN - FACE SHEET

Rev(3/02)

County El Dorado Fiscal Year: 2009/2010  
 Provider El Dorado Co Dept of Mental Health Allocation: 32,937  
 Provider Type Community Mental Health  
 Service Area (county, city, region, neighborhood, etc) County  
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**Indicate which of the following essential services will be provided by the provider with PATH funding:**

- Outreach
- Housing
- Staff Training
- Community Mental Health Services
- Screening and Diagnostic Services
- Supportive and Supervisory Services in Residential Settings
- Referrals for Primary Health Services, Job Training, Education Services and Relevant Housing Services
- Case Management
- Alcohol or Drug Treatment

Indicate which budget categories are funded by PATH:

Personnel                       Equipment                       Travel  
 Consultants                       Supplies                       Other

**Description of the flow of federal PATH funds in California:**

PATH funding in California is allocated to the counties from the California State Department of Mental Health. Each county has a Mental Health Program that provides services to the public sector in California; the PATH funds are distributed at the county level to either county or contract providers.

**Additional Required Items (ITEMS 1 - 6 OF THE INTENDED USE PLAN)**

To complete the INTENDED USE PLAN, please submit items 1 thru 6 as outlined in the Guidelines of these instructions. Limit is THREE additional sheets of plain (not letterhead) paper, with name of county indicated at the top of the sheet.

El Dorado County Health Services Department, Mental Health Division  
**McKinney Projects for Assistance in Transition From  
Homelessness (PATH) Grant Application  
FY 2009/2010**

**INTENDED USE PLAN NARRATIVE**

**PATH Service Delivery System**

1. Provide a brief description of the provider organization receiving PATH funds including name, type of organization, services provided by the organization and region served.

The El Dorado County Health Services Department, Mental Health Division (MHD) proposes to continue providing a comprehensive program of assistance to mentally disabled individuals in our County who are homeless or at risk of becoming homeless through continued use of a PATH grant. The program is designed to meet the special needs of our community and in compliance with the requirements of the Federal McKinney Projects for Assistance in Transition from Homelessness (PATH) Grant fund for fiscal year 2009/10.

2. Indicate the amount of PATH funds the organization will receive.

The amount of PATH funds that the El Dorado County MHD will receive is \$32,937.

3. Describe the plan to provide coordinated and comprehensive serves to eligible PATH clients.

**PATH Goals and Objectives**

1. GOAL: To increase housing opportunities for PATH clients.  
OBJECTIVES: To assess and secure appropriate housing.
2. GOAL: To increase financial resources for clients who are homeless and mentally disabled.  
OBJECTIVES: To assist clients in applying for Supplemental Security Income (SSI).  
To assist clients in securing employment or place in Supported Employment Program.
3. GOAL: To provide appropriate aftercare services when discharged to prevent future homelessness.  
OBJECTIVES: To refer to appropriate services and agencies for needed resources.  
To provide case management services after discharge.

**Projections and Measurements**

It is projected that 30 unduplicated PATH clients will be served, including approximately fifteen homeless clients being prepared for discharge from the PHF/CRT or identified by the MHD's staff will be provided with assessment, screening and referrals to appropriate agencies. Of these, all will

be provided with case management services during the first months of placement in their new housing situations.

4. Describe the participation of PATH local providers in the HUD continuum of Care program and any other local planning, coordinating or assessment activities.

**Alternate Resources for PATH Supported Services**

The County has Mental Health Services Act (MHSA) funding to provide services and assistance to severely mentally ill homeless, or at risk of becoming homeless, individuals who are discharged from the PHF/CRT will be referred to the MHSA programs. MHD staff located at both South Lake Tahoe and the Western Slope provides services to homeless persons and persons who are at risk of homelessness through the PATH grant and MHSA funding.

**Dual Diagnosis Services**

Severely mentally ill persons in the PHF and CRT with concurrent substance and abuse disorders will be treated for both while in the facility and referred upon discharge to the appropriate program within the Health Services Department, Alcohol/Drug Division or other community-based organizations.

**Housing/Support Coordination**

Housing and support services will be coordinated by the discharge planner and/or other MHD staff for PATH-eligible individuals through extensive knowledge and relationships of various levels of placement, matching them to individual client needs. The MHD sponsors a transitional living facility for clients and we also have access to board and care facilities on both the Western Slope and in the South Lake Tahoe Basin.

**Participation in HUD Continuum of Care program and other local planning, coordinating or assessment activities**

Local PATH Program staff work in cooperation with the County's housing development manager and staff to acquire and retain affordable housing for mental health consumers. This includes efforts to provide additional supportive services to mental health consumers in Section 8 housing and by facilitating the Section 8 application process for mental health consumers.

5. Describe (a) the demographics of the client population; (b) the demographics of the staff serving the clients; (c) how staff providing services to the target population will be sensitive to age; gender and racial/ethnics differences of clients; and (d) the extent to which staff receive periodic training in cultural competence.

**Demographics**

The client population's approximate age is as follows:

18-34 years	35%
35-49 years	41%
50-64 years	18%
65-74 years	6%

The client population is approximately 53% male and 47% female and is 94% white, non-Hispanic, 3% African American and 2% Hispanic or Latino.

The staff population funded under this grant is approximated as follows:

18-34 years	24%
35-49 years	47%
50-64 years	29%

These staff members are 65% female and 35% male. Of the staff 88% is white, non-Hispanic, 6% is Hispanic and 6% is other.

The staff serving the target population is sensitive to age, gender and racial/ethnics differences of clients as they are mostly the same demographics as the population they serve.

### **Cultural Competency**

County-wide, El Dorado County has a primarily Anglo-Saxon population with the exception of the South Lake Tahoe area in which approximately 20% of the population is Spanish speaking. In both South Lake Tahoe and Placerville we have Spanish-speaking staff available for translating when needed. In addition, our Medical Director is fluent in French and Vietnamese. We also have a Cultural Competency Coordinator who assures that staff receives training on a regular basis to attain a better awareness of cultural differences.

It is the goal of the County to maintain its high standards of service to culturally diverse clients. Effort is made to cultivate and maintain a close working relationship with the community to ensure that when needs arise they are communicated to the department. The challenges ahead in terms of systems changes and shifting demographics of the population require open communication and mutual support.

We have two geriatric specialists working with older clients in our community as a part of our adult services. Special attention is paid to all these issues by all staff members

In addition, consumers and family members are an integral part of all services provided by the MHD. Our Mental Health Commission is comprised of both consumers and family members and our Quality Improvement Committee (QIC) includes both groups. All services are monitored and reviewed annually by the Commission and the QIC.

Every effort is made to empower consumers in the implementation of all services provided for them.

6. Describe how homeless persons with serious mental illnesses and any family members will be involved at the organizational level in the planning, implantation and evaluations of PATH-funded services. Also, are persons who are PATH-eligible serve on governing or formal advisory boards?

El Dorado County has a close working relationship with NAMI whereby their membership helps advice and guide staff in program design and evaluation. In addition, the function of our Mental Health Commission is to advocate for new programs and oversee the delivery of services in the County. The members are appointed by the BOS and they include family members and consumers.

7. Provide a budget and budget narrative that provides details regarding federal (not State or local matching PATH funds).

The following is a description of the system implemented to provide for the responsible and efficient transition of homeless and resource-less persons from the Psychiatric Health Facility (PHF) and/or the Crisis Residential Treatment Facility (CRT) to appropriate placement in the community.

The discharge planner, totaling .23 FTE of a mental health coordinator (but may also be done by a mental health clinician) in consultation with the multidisciplinary treatment team, will provide screening and diagnostic treatment services to find placement appropriate to the level of functioning of acutely mentally ill patients in the facilities. The discharge planner will provide outreach services in assessing residential placement needs and aftercare services and referrals to prevent future or continued homelessness. Clients will be referred to such medical services, job training, educational and substance abuse services as deemed appropriate by the assessment.

Case management services will be provided by the discharge planner and the existing Mental Health Case Management Team consisting of a total of .15 FTE mental health case workers, who are mental health workers and mental health clinicians. These services include:

1. Referral to supportive employment, money management services, and preparation for independent living.
2. Supportive and supervisory services in residential settings.
3. Preparing a plan for the provision of community mental health services for the eligible individuals who are homeless, and reviewing such plans not less than every three months.

Habilitative and rehabilitative services will be by mental health rehabilitation worker who may be a mental health worker or a mental health clinician for a total of .21 FTE.

Administration expenses of \$659, or 2%, of the grant funding will be utilized to support the program.