

The El Dorado County Mental Health Department (EDCMHD), in conjunction with the local MHSa Advisory Committee, provides the following update and expansion proposal to the approved CSS Three-Year Program and Expenditure Plan in response to DMH Information Notice No.: 07-21.

Program Updates

Program #1 - MHSa Wraparound

Through a competitive process, contracts were awarded to South Lake Tahoe and Western Slope community-based organizations to provide full service partnership Wraparound services to youth at risk of out-of-home placement who were also uninsured or underinsured for the necessary mental health services that might prevent their out-of-home placement.

Initially, in South Lake Tahoe, the contract became operational in October 2006, but an unusually high eligibility threshold for this full-service partnership and challenges with service units billing resulted in a slow start-up of MHSa enrollments. The resolution of this delay is underway now with a new contract which will offer a different billing rate for services and more clearly defined eligibility criteria and performance expectations.

In the Western Slope region, contract negotiations were prolonged and the contract did not become not operational until August 2007. This contract was implemented with a monthly flat rate payment contingent on meeting enrollment and performance expectations. To date, service delivery is going smoothly. The individual responsible for oversight of this contract is very experienced in the WRAP model and has assisted in preparing this expansion process.

Staffs' training in the Wraparound Model, Functional Family Therapy and Aggression Replacement Treatment were all MHSa-funded to support this CSS program.

In addition to the Exhibit 6 and FSP POQI data that are collected regularly, completion of the Wraparound Fidelity Index is part of the MHSa evaluation plan for this program. The WFI data are to be collected by a non-profit, independent third party with whom a contract is pending.

Program #2 – SLT Behavioral Health Court

This program will be described in greater detail below in the context of an amendment and expansion proposal.

Program #3 – Prospect Place

This program will be described in greater detail below in the context of an amendment and expansion proposal.

Program #4 - Project Uplift

MHSA funds were used to initiate the formal establishment of an Older Adult System of Care in El Dorado County by adopting three best practice models of service delivery. This program was initiated during April 2006. The umbrella program is called Project Uplift. The first of three services provided is now called the "Heroes" Program, which provides training to non-traditional referral sources so that they can identify and refer at-risk individuals to the senior services system. This service is provided on a part-time basis by a mental health worker who works in the Western Slope region.

During the start up year, this worker also provided outreach services to the South Lake Tahoe region and provided training to a member of the South Lake Tahoe staff who was later reassigned. The MHSA older adult position in South Lake Tahoe (0.5 FTE) remains vacant.

The second program is called the Older Americans Program. This program provides a mobile outreach, assessment, referral, case management and brief treatment team specifically targeting isolated and hard-to-reach older adults – many of whom may be suffering from depression. Therefore, one of the evidence-based practices applied is a form of cognitive-behavioral therapy (brief problem-solving therapy) along with the PHQ-9 screening tool. As seen in our process measures, the number of individuals served has far exceeded our expectations.

The third component program is the Friendly Visitor Program which is provided under contract with the Agency Area on Aging. The MOU for this program was not in effect until October 2006 and there were some adjustments to the structure of this program per the Agency's request (the funded position is now a half time permanent position rather than part time peer counselor position). This has increased the cost of the program and has shifted the program from that of a peer-run program to a County-run program. The impact of this shift will be evaluated over time.

The approach taken with *Project Uplift* is basically one of outreach, engagement and systems development, with an eye towards evaluation of an individual's specific needs and inclusion as a full service partner. At the time of the CSS expansion proposal in FY 07-08, we identified transitional housing for older adults who also require case management and mental health services to assist them in returning to self-sufficiency. A transition house opened in February 2008 on the Western Slope.

Staff training in Problem-solving treatment was MHSA-funded to support this CSS program.

Program #5 - Latino Engagement Initiative

Through a competitive process, two community-based organizations were selected to provide culturally-specific services to the Latino population as determined by the community program planning process.

In South Lake Tahoe, the Family Resource Center has a long-standing history of serving the Latino community and was awarded the contract to provide bilingual and bicultural mental health services. In the Western Slope region, the need for both outreach and mental health services was identified, and the Family Resource Center in this area, called Family Connections, was awarded the contract. This agency implemented a Promotora outreach program to engage the Latino community. They also began the recruitment process for bilingual/bicultural mental health professionals. This process was an extremely challenging one but we now have two part-time bilingual mental health clinicians and one is bicultural.

In the Western Slope, an outreach and engagement component to serve both Latino and under-represented adults was incorporated which is staffed by extra help staff. Funds for training and travel continued to be made available under this initiative.

Staff training in the Promotora model was MHSA-funded to support this CSS program. Staff training in Motivational Interviewing was MHSA-funded to support this CSS program.

Preliminary Data

In FY 06-07, process data were collected to reflect clients served in the various MHSA programs.

In this analysis, it is evident that in the first full year of operation (Year 2), three of the four age groups benefited from full service partnership services in reasonable proportion to our county demographics. Further, while the numbers are small, we are pleased to see that as a population identified as under-served and at-risk, TAY has achieved access to FSP services at a relatively high rate. In addition, on an average, 46% of the FSP population served was non-Caucasian compared to 12.5% of the total CSS population also indicating progress in decreasing ethnic disparities in comprehensive service access. The data below also indicate that we are making strides in serving previously identified underserved populations such as women, Latinos and older adults with these specialized programs.

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By Funding Category and Program:

Full Service Partners (FSP) served - 15
 MHSA WRAP - 3 Youth
 Prospect Place - 5 TAY and 7 Adults

System Development-funded Strategies - 296
 MHSA WRAP Parent Partner - 3
 SLT Behavioral Health Court Case Managers - 19
 Prospect Place - Peer Support/Engagement Clients - 48
 Project Uplift - Intensive case management - 145
 Projecto Alborada - Promotora Outreach - 81

Outreach and Engagement - 398
 Prospect Place - 89
 Project Uplift - including the Heroes Program - 265
 WS and SLT Bilingual/bicultural mental health services - 60

Rates of Service Delivery – Full Service Partnership funds

	0 -15	16-25	26-59	60+
African American	33%	25%	16%	
Asian				
Caucasian	33%	75%	50%	
Latino	33%		16%	
Native American			16%	
Other				

Rates of Service Delivery – All CSS funds

	0 -15	16-25	26-59	60+
African American	1%	4%	7%	
Asian	1%		2%	
Caucasian	88%	87%	71%	84%
Latino	5%		15%	
Native American		8%	5%	1%
Other				1%

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MHSa Program Year-end Totals by Gender, Age and Ethnicity – All Programs

(Total unique individuals for whom these characteristics are known = 416)

# of unique male clients: 145				
Ethnicity	Male		Male	
	0-15	16-25	26-59	60+
African American	0	0	2	0
Asian	0	0	1	0
Caucasian	0	20	47	34
Latino	14	5	6	5
Native American	0	1	5	1
Other	0	0	1	3
TOTAL	14	26	62	43
# of unique female clients: 271				
Ethnicity	Female		Female	
	0-15	16-25	26-59	60+
African American	1	2	0	0
Asian	0	0	0	0
Caucasian	1	9	34	83
Latino	5	1	5	4
Native American	0	0	1	0
Other	0	0	3	9
TOTAL	7	12	43	96

MHSa Program Year-end Totals by Gender, Age and Ethnicity – All Programs

(Total unique individuals for whom these characteristics are known = 416)

GENDER

Gender	Unique individuals
Male	145
Female	271
Total	416

AGE GROUP

Age Group	Unique individuals
Youth: 0-15	21
Transition Age Youth: 16-25	38
Adults: 26-59	218
Older Adults: 60+	139
Total	416

ETHNICITY

Ethnicity	Unique individuals
African American	5
Asian	2
Caucasian	242
Latino	143
Native American	7
Other	17
Total	416

Expansion Proposal/Contract Amendment

The El Dorado County Mental Health Department is proposing to apply the additional (one-time) MHSa CSS funds to expand three existing programs: the SLT Behavioral Health Court (BHC), the Western Slope Integrated Services Program called Prospect Place as well as the Latino Engagement Initiative. The Behavioral Health Court and Prospect Place programs serve transition age youth (18-25) and adults who are among the most vulnerable of the seriously mentally ill population – those who are incarcerated, homeless or at risk of these conditions. As a result of the extensive community program planning process, the BHC was identified as a priority need for the eastern region of the county (South Lake Tahoe) and Prospect Place was identified as the program priority for the Western Slope region. At this time, the community has identified the need and benefit of expanding the BHC to the western region and the integrated services program to South Lake Tahoe. Use of this one-time allocation will allow the County to leverage existing MHSa and MIOCR funds to create the infrastructure for this county-wide framework which will further provide the opportunity to leverage MediCal funding for future sustainability. In addition, we are proposing to expand our Latino Engagement Initiative that serves both our Latino and under-represented adults to include outreach and engagement activities in-house rather than solely through our contract providers. Our five-year projection indicates that with our current staffing levels, this additional funding will allow us to sustain county-wide services through FY 2010-11.

With the unanimous support of the MHSa Advisory Committee, the EDCMHD increased their allocation from 10% to 15% beginning FY 2007-08. Likewise, 15% of the expansion funds, or \$111,555 are allocated to the administration of the CSS programs for FY 2008-09.

Program #2 - South Lake Tahoe (SLT) Behavioral Health Court (BHC)

Update:

The SLT BHC, in operation since April 2006, served 19 TAY (18-25) and Adult clients total during FY 06-07. Mentally ill offenders receive treatment-oriented alternatives to jail (i.e., probation orders). Those adhering to their treatment plans receive incentives, such as reductions in sentencing, reductions or eliminations of fines and consolidation of court calendars and program requirements (e.g., instead of having to go to two programs for services, offenders attend just mental health's). The multi-disciplinary BHC team is comprised of a superior court judge, district attorney, public defender, sheriff, probation officer and mental health clinician/case manager.

In January 2007, El Dorado County was awarded a MIOCR grant to expand this successful model both in South Lake Tahoe and to the Western Slope in

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Placerville. This time-limited grant was intended to bring additional staff and some housing resources to this program. While this resource has been extremely helpful, the funding has been tenuous and therefore additional revenue streams are needed, as well.

Outcome data on those co-enrolled in the MHSA, old AB2034 and MIOCR programs were collected as part of these programs.

MHSA funds were used to support staff training in Motivational Interviewing in support of this program.

Amendment/Expansion Proposal:

This proposal is to amend Work Plan #2 originally identified as the Mental Health Court and later renamed the South Lake Tahoe (SLT) Behavioral Health Court (BHC), a Systems Development Program, by funding the Behavioral Health Court component in Placerville. The Western Slope region has had a BHC in operation since April 2007 funded by a MIOCR grant which is a time-limited revenue stream. Based on our collective experience with the MHSA BHC in SLT and the MIOCR grant, we anticipate that during FY 08-09, this proposal will allow us to serve 24 Western Slope clients. The total funding allocated is \$171,335, for a cost per client of \$7,139. The proposed effective date is July 1, 2008.

Program Description:

Behavioral Health Court Program Description:

The primary goal of El Dorado County's BHC project is to reduce the jail recidivism rates of mentally ill offenders by providing needed mental health and substance abuse treatment services. Since its inception, no participant been charged with any new crime while participating. The desired outcome of decreased repeat offences and fewer days in custody reflect an increase in days spent in mental health treatment, work and school.

Specifically, the Western BHC reports the following outcomes in the program's start-up year:

- 20 clients were referred to the Mental Health Department by the WS-BHC
- 16 clients were determined to meet BHC criteria
- 4 were seen for assessment only and determined to not meet BHC criteria
- The average age is 30 (range is 20 to 47)
- 75% are male - 25% are female
- More than half of the clients were provided supported housing
- 100% of the clients received 10-30 hours of dual diagnosis group therapy, individual therapy, case management and medical support services.
- Nearly 70% of the clients had no technical violation of probation (VOP) bookings

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- 4 clients had violations of probation (VOP's) that resulted in additional jail days; one of whom was remanded to State prison.

Services provided

The target population includes male and females, who are seriously mentally ill, and at risk of re-offending due to untreated or under treated mental illness and substance abuse issues. Funding from this expansion proposal will be used to serve 24 unique transitional age youth (18-25) and adults (26+) each year. Potential clients receive an initial outreach contact (often while in custody) to pre-screen them, followed by a comprehensive clinical evaluation. Those determined to be eligible for the BHC begin to design a program with a clinician to construct a treatment plan consisting of the following services and supports: mental health and substance abuse treatment; supported housing; supported education and/or vocational counseling; and peer support. These services become the probation orders assigned by the BHC judge.

These treatment services are provided within the Western Slope Integrated Services Program called Prospect Place. The BHC participants receive treatment along side non-BHC participants. The treatment team includes case managers, clinicians, family members and consumer staff. The program is offered Monday-Friday from 9AM -3PM in a large suite area that provides a client lounge, group rooms, computer lab, individual interview rooms, a kitchen, outdoor area and shower facilities.

Crisis support is available 24/7 through the county's psychiatric emergency service. Clients gather informally over a cup of coffee before going into group or individual sessions. The group topics include Motivation/Stages of Change; Medication Management; Job Readiness, Artistic Expression, Public Health News and Notes; Women's/Men's Support Group; Life Skills Training; and Dual Diagnosis Treatment Group. In addition, the participants conduct a weekly Community Meeting.

Funding categories

Systems Development: System Development funds will be used to implement the Behavioral Health Court in the Western Slope Region – a community collaboration model which provides for service integration amongst the mental health, substance abuse treatment, judicial system, probation, and law enforcement systems. These MHSA expansion dollars will be used to provide a full time mental health case manager, and part-time clinician, coordinator and program manager to participate on this inter-agency team. Furthermore, funds for resources such as client incentives and other basic supports such as resources for housing, treatment, and vocational rehabilitation, will be accessed, as well, in this client-centered intervention. Finally, System Development funds will provide funding for graduate students

through the Pacific Graduate School of Psychology to conduct client assessments through a battery of psychological tests. The assessments include measures of recidivism risk, personality disorders, symptoms, functioning and treatment recommendations. These tools help to identify the personality structure and how it relates to increased recidivism risk.

While outreach/engagement funds and full service partnership funds are NOT requested for this System Development Program, as indicated below, disparities in mental health service access are addressed by integrating outreach and engagement and full service partnership services with this program via the Latino Engagement Initiative and the Prospect Place Homeless Program.

Assessment of the county's capacity to implement

The commitment of the Department's and community's leadership and, the strong dedication of the multi-disciplinary team members, in conjunction with the clinical training and a year of program experience demonstrates the county's capacity to increase BHC services and successfully implement new aspects of the program.

Following the tragic death in October 2007 of a Prospect Place client (from an inadvertant drug overdose), the WS-BHC convened a special meeting of top-level County administrators and staff serving on the BHC team. The presiding Judge, together with the Sheriff, the District Attorney, the Director of the Probation Department and the Director of the Mental Health Department reaffirmed their mutual commitment to public safety, client security and wellness recovery. There was agreement to continue work to improve the communication and collaboration of the stakeholders on the BHC team through deepening the understanding of differences in each other's roles while not losing sight of the common goal.

In addition, there had been significant training offered in the first year by David Mee Lee, MD on Motivational Interviewing. Dr Mee Lee also conducts client-specific telephone consultations monthly. The BHC Teams meet at least two times per month, prior to each court hearing. It is in this "informal" setting that differing viewpoints can be expressed and new solutions can be brought forward that result in innovative and individualized treatment plans for clients. The Mental Health Department treatment team meet 3-5 days per week to review each client's status and to report any changes to the broader BHC team. These meetings offer a rich cross training opportunity between the substance abuse specialists, the housing staff, the vocational staff, medication prescribers support staff, case managers and clinicians.

Elimination of disparities identified in the CSS assessment:

The local community's feedback during the CSS planning period revealed the need for new resources for transitional age youth who are at-risk of criminal justice involvement.

This age group requires an emphasis on the processes of engagement, motivational enhancement, and discovery. Further, many of these high risk individuals have "aged out" of the child welfare and juvenile justice systems without the most basic of life skills or social support. As a result, access to mental health service is enhanced by integration with psycho-social support services. To this end, the interventions and resources identified by the community to eliminate disparities in mental health service access for this population included the following:

Culturally-specific outreach and engagement services: Engagement of the disproportionately underserved Latino TAY population will be addressed via collaboration with the MHSA Latino Engagement Initiative Program. A disproportionately high rate of Latinos in the jail was identified and collaboration with the Promotoras outreach program will be used to address this population.

The increased rate of victimization of the Native American TAY population will be addressed via the Native American Outreach Worker/Case Manager position and collaboration with the Shingle Springs Tribal Health Center.

In general, the need for increased cultural competence throughout the Mental Health Department will continue to be addressed as we are pursuing training in use of the California Brief Multicultural Competence Scale (CBMCS) Program.

Housing: The program has successfully housed TAY clients in T-houses, apartments and residential care. There is currently one TAY client who is living in his own apartment with another older client. Another TAY client is reporting positively on a new temporary living situation in a T-house with three older adults (over 60 years). The TAY client reports feeling more secure living in a house with older people and the older adults are responding positively also to living with younger people. Other identified resources for TAY Housing include: Choices Transitional Services, Remi-Vista Foster Family Agency, New Morning Youth and Family Services, WIND Youth Services, Independent Living Services, Hope House Ministries, Mother Theresa Maternity Home and El Dorado County Juvenile Hall-Placerville.

Integrated substance abuse and mental health services: The program is currently providing integrated treatment through weekly dual-diagnosis groups at Prospect Place-BHC. Collaboration with the Public Health Department Alcohol and Drug Division and Progress House continues.

Other identified resources for TAY Integrated services include: New Morning Youth and Family Services, Family Connections, Summitview Treatment Services, AA, NA, Juvenile Drug Court, and Western Slope Boys and Girls Club.

Employment: California Vocational Rehab is working with Crossroads to deliver ongoing services to Prospect Place-BHC. Clients meet in small groups or individually for a job assessment, training and assistance with placement. There is a dedicated staff member to help with vocational and educational services and supports. Many TAY clients often gain their first work experience while participating in the program. Other employment supports include El Dorado County Office of Education Adult Services, Cal Learn, and Job-One.

Financial and emotional support: The treatment team assesses the clients' financial status as part of the initial pre-screening and through the completion of a wellness recovery action plan. Clients receive ongoing financial counseling to help teach money management skills. Emotional support is provided as a TAY client engages in a new community and increases his/her sense of belonging, usefulness, influence and competence while working toward recovery of mental health.

Life skills: Participation in the daily program at Prospect Place allows TAY clients to experience a regular daily routine. Often these clients have been living without structure on the street or in the highly structured environment of juvenile hall or jail. Daily living skills including basic cooking, cleaning, shopping and banking are taught with "side by side" instruction. Other life skills supports include El Dorado County Office of Education Adult Services, Teen Youth Court, Youth Commission, and Public Health Department, and Los Rios Community College.

CPP Requirements:

During the initial CSS community program planning process, the Western Slope community expressed keen interest in implementing a SLT-like Behavioral Health Court in Placerville. Several key stakeholders (e.g., the Superior Court's Commissioner, the Department of Human Services, the Sheriff and NAMI) encouraged the Mental Health Department to develop a strategy with which to fund such a court. From this interest, the MIOCR grant seed money was used to develop a Western Slope Behavioral Health Court. As a result, there continues to be extremely strong community support to identify funds to help sustain this program in the Western Slope region.

Program # 3 – Prospect Place:

Update:

Prospect Place originated on the Western Slope and is an integrated services program designed to serve Transition Age Youth (18-25) and Adults (26-59) with serious mental illness, likely with co-occurring substance abuse disorders, who are homeless or at-risk of becoming homeless. This program served a wide range of individuals during FY 06-07; specifically, 89 outreach and engagement

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episodes, 48 unique systems development individuals and 12 unique full service partners.

FSP key events and outcome data were collected for this program.

MHSA funds were used to provide training in the recovery model, Motivational Interviewing techniques and seven Prospect Place staff members attended the Long Beach Village immersion training.

Amendment/Expansion Proposal:

CSS Work Plan # 3, originally identified as the Wellness Program and later renamed Prospect Place, originated on the Western Slope and is a Full Service Partnership Program that also utilizes System Development and Outreach and Engagement funds. With the loss of AB2034 funding, our local Tahoe Opportunity Project for homeless mentally ill clients became defunct at the end of FY 06-07. With the current application, we propose using MHSA expansion funds to expand the existing Western Slope Prospect Place program to South Lake Tahoe. The projected number of clients to be served during FY 08-09 is 30 at a cost per client of \$14,960 for a total amount of \$448,810. The proposed effective date is July 1, 2007.

Funding categories

Full Service Partnership Funds: FSP funds will support the majority of this program providing staff salaries for the Assertive Community Treatment services, group work, contracted services for transitional housing, outreach, dual diagnosis substance abuse treatment services, housing and food subsidies, transportation and medical services/supplies, as well as administrative/overhead costs.

While outreach/engagement funds are NOT requested for this program, disparities in mental health service access are addressed by providing outreach and engagement services to the jail in collaboration with the Behavioral Health Court Program via the MHSA Latino Engagement Initiative contract.

Program Description:

Overview

The MHSA 2005 community planning process established several themes that centered on gaps in services and unmet mental health needs in El Dorado County. They included:

- A desire for community collaboration with the Mental Health Department
- Safe and stable housing for transition age youth who are mentally ill

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- Integrated services with substance abuse treatment facilities, schools, health facilities and community agencies
- Mental Health treatment services for the uninsured and underinsured
- A need for case management
- Access to concrete supports, such as housing, transportation, financial supports, employment and financial assistance
- Improved outreach to underserved groups

Prospect Place Western Slope was established as an “Integrated Services Program” for the mentally ill homeless (or at risk of homelessness), and was designed for transitional age youth and adults in the Western Slope region. It would also serve as the program and service support center for the Western Slope’s newly established Behavioral Health Court Program.

The program was designed as a Recovery Co-Op, a community where members could participate in their recovery by obtaining safe and adequate housing and treatment for co-occurring mental illness and substance abuse issues.

The goal was to provide a full-service partnership program that would offer a continuum of housing options, along with a comprehensive array of integrated services and supports and a collaborative case management team within the psycho-social rehabilitation/recovery framework. Services were to be offered through the County Mental Health Department and community partner contract providers.

Assertive Community Treatment (ACT) and Motivational Enhancement techniques are considered fundamental clinical tools for this program and training for staff has been and will be provided.

The Prospect Place program expansion to South Lake Tahoe will allow the continuation of assertive community outreach and intensive supportive services to help full service partners there recover their behavioral well being and become self-sufficient. The goal is to assist partners live independently, work, pursue a meaningful role in the community and reach their potential. We use outreach and engagement, assertive community treatment, motivational interviewing, supportive employment, Cognitive Behavioral Therapy, medications, psycho educational programs and other evidence-based recovery model practices in our work with our partners. Training, education, supervision and support are given to staff, and great care is given to the hiring process. Staff received CiMH training in “Documenting the Recovery Journey” in a three-day, on-site program in July 2007.

Much time and care is spent with each partner in developing plans and supports. Depending on an individual’s needs, SLT and WS Prospect

Place staff, go to a new partner's residence to assist, support and teach various activities of daily living (e.g., cooking, hygiene, shopping) and to monitor medication use. Partners are encouraged to and rewarded for participating in program activities, such as independent living and community integration, group and individual treatment sessions, volunteer work and rehabilitation. We offer program activities seven days a week and support from the 24/7 crisis line. Those who work the crisis line include members of our Prospect Place staff; and they are always oriented and trained not only in Psychiatric Emergency Services but also in the Prospect Place program.

In SLT, Tahoe Opportunity Project community partners included the Sierra Recovery Center, the agency we contract with for a 40 hour per week Substance Abuse Specialist to provide outreach, mental health rehabilitative services and case management services to our dual diagnosis population, and for a dual diagnosis transition house. The Family Resource Center is the agency we contract with for a bilingual bicultural Personal Services Coordinator to provide outreach, mental health rehabilitative services and case management services to our Latino full service partners. We also work closely with law enforcement and the local jail, to identify homeless severely mentally ill offenders who might benefit from our program. The Department of Rehabilitation through a "Co-Op" grant, works extensively with our clients to promote their employment goals. The proposal to use these MHSA funds in expanding Prospect Place to SLT will allow us to leverage these already existing relationships with community-based organizations.

Target Population

The target population for this program is defined in W&I Code Section 5806. Services are provided to severely mentally ill adults and severely mentally ill young adults age 25 or younger who are homeless or at significant risk of being homeless. The target population is also defined in Section 5600.3 under definitions of serious mental illness. Days of incarceration are counted as days of homelessness.

Services, Housing and Employment

The primary goals of SLT Prospect Place will be to assist full service partners obtain and maintain self sufficiency through provision of services, housing and employment. Services include daily groups, intensive in-the-field case management, medication use and counseling and individual treatment as needed.

Homeless clients enrolled in the Prospect Place program may access a number of housing options immediately upon acceptance into the program. Typically, clients live in one of the local motels we partner with, in one of our community housing options' apartments with other clients or

in the Sierra Recovery Center transitional house (the latter provides residential living for up to five clients who would benefit from living in an abstinence based).. We have a Homeless Outreach Group that offers resources, referrals and support to all the homeless in our community. Our housing specialist is a MH Worker, a former consumer who has done such a great job we promoted her to this position from a MH Aide position within the past year.

Our goal is to support our clients' self-sufficiency. Every partner receiving housing or other financial assistance from the program has a self-sufficiency plan, which is collaboratively reviewed every three months. Clients begin paying for part of the cost of their housing as soon as they are able to do so. Clients who are not self-sufficient are strongly encouraged to participate in our Volunteer Program, which provides community service such as cleaning up trash from vacant lots, raking pine needles and pine cones and helping other clients move. Clients are also encouraged to participate in groups, such as Coping Skills, which can assist them in developing budgets.

SLT Prospect Place staff, like the TOP program staff in the past, will continue to work with members to obtain employment. For the last two years, through the Department of Rehabilitation Co-Op grant, we sponsored a Community Development Training series with four sessions each year that focus on using the recovery model to help clients with disabilities obtain employment. All the staff participates in these trainings; we widely advertise them; and they are open to the community, NAMI and our clients. We have added a Volunteer program that meets twice a week to do volunteer work, to help our members adjust to work habits and do real volunteer work. Our Volunteer program is coordinated by a former consumer and now an employed MH Aide. We attempt to fill as many MH Aide positions with consumers so they can train with us and then move on to positions within the community. We also have an employment support group which meets weekly. We assist members with access to Job One. We provide prizes and certificates to members at the Big Community Meeting for employment, education and self-sufficient housing.

Elimination of disparities identified in the CSS assessment:

The community feedback related to TAYs who are at risk of homelessness indicated the following needs which are largely addressed in the program description above.

- Housing
- Integrated substance abuse and mental health services
- Help with employment needs
- Financial and emotional support
- Help with learning life skills

CPP requirements:

The priority to address the needs of the homeless mentally ill community in South Lake Tahoe has been expressed repeatedly at numerous Mental Health Commission and MHSA Advisory Meetings over the past few years. The provision of services to meet the needs of this vulnerable population will be augmented by expanding Prospect Place to SLT. The proposal to use these one-time MHSA CSS funds to expand the Prospect Place program to SLT has been met with universal community support as a sensible approach to complement the already successful SLT BHC program.

Assessment of the county's capacity to implement:

Prospect Place South Lake Tahoe has a strong programmatic foundation upon which to operate its integrated services program. With the MHSA SLT BHC funds, MIOCR funds and these one-time funds, the integrated services program can be sustained for several years at this level. However, funds for long-term housing will need to be pursued from alternative sources – including the MHSA CSS Housing allocation. This important resource will also be used for permanent supported housing on the Western Slope as we continue county-wide strategic planning.

Prospect Place Western Slope is growing. The program recently acquired a new facility that offers badly needed space – including a 1500 square foot building that will be renovated to serve as a “clubhouse.” This facility offers tremendous opportunity for community-building and program development. A newly hired clinical coordinator is bringing strong programmatic leadership.

The past year has brought challenges to Prospect Place Western Slope too. A client inadvertently overdosed and died in one of the program's transition houses, resulting in tremendous strain on the system. The Prospect Place contract with the Gates Recovery Foundation to provide transitional housing on the Western Slope was ultimately discontinued and, as a result, the program currently lacks housing resources and integration for substance abuse treatment. However, quite recently, another contract provider has been identified to provide housing and a grant has been funded to provide integrated behavioral and primary healthcare to underinsured residents in the County. Hence, there are new opportunities becoming available for MHSA clients.

Overall, the Mental Health Department and community are deeply committed to the county-wide sustainability of the integrated services program as it truly addresses the issues functionally related to serious mental illness within a recovery-oriented framework.

Program #5 - Latino Engagement Initiative:

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Update:

The Latino Engagement Initiative originated on both the Western and South Lake Tahoe slopes to serve Latino and under-represented adults.

Amendment/Expansion Proposal:

In the Western Slope, an outreach and engagement component to serve both Latino and under-represented adults was incorporated which is staffed by extra help staff. Funds for training and travel continued to be made available under this initiative. The expansion of this program to include outreach and engagement activities will serve an estimated 25 clients at \$480 per client for a total amount of \$12,000 with a proposed effective date of July 1, 2008.

Certification of Compliance with Non-Supplantation Requirements

Funds do not supplant existing Community Services and Supports activities. Funds will be used to modify and/or expand existing programs and services to fully meet the fundamental principles contained in the Mental Health Services Act.

Local Review Process

This MHSA CSS update and expansion proposal was posted on the EDCMHD's website (<http://www.co.el-dorado.ca.us/mentalhealth/index.html>) for a period of thirty days effective April 29 – May 28, 2008 for a public review and comment period.

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

A request for public service announcements regarding this posting was presented to the two local El Dorado County newspapers: the Mountain Democrat and the Tahoe Tribune.

Questions and feedback were invited and were to be directed to:

The El Dorado County Mental Health Department
MHSA Project Management Team
670 Placerville Drive, Suite 1B
Placerville, CA 95667
(530) 621-6315
MHSA@co.el-dorado.ca.us

El Dorado County MHSa One-Time CSS Expansion Proposal FY 08-09

This proposal was presented for feedback and discussion in MHSa Community Update Meetings, MHSa Advisory Meetings, and Mental Health Commission Meetings with consistently positive responses.

No additional feedback or comments were during the public comment period.