El Dorado County Health Services Department - Mental Health Division
Mental Health Services Act (MHSA)
Community Services and Supports (CSS) Plan Update

The El Dorado County Health Services Department –Mental Health Division (MHD) proposes the following Community Services and Supports (CSS) Program and Expenditure Plan Update in response to the revised planning estimate effective Fiscal Year 2008-2009.

I. General Requirements

Consistent with the guidelines established in DMH Information Notice No.: 08-10 and 08-16, this update functions as a request to modify our existing MHSA Agreement to amend the approved CSS programs in an increasingly integrated and transformed service delivery system.

At this time, there are no other approved MHSA components and therefore they are not addressed in this document.

As required, the majority of the CSS allocation has been budgeted to provide Full Service Partnerships (FSP).

The FY 2008/09 funding request amount is equivalent to the full amount of MHSA CSS funds allocated to the County.

Consistent with Welfare and Institutions Code (WIC) Section 5847(a)(7), the MHD has recently established a prudent reserve for CSS based on the original CSS allocation. Included in the budget for this Plan Update is the necessary adjustment for the Prudent Reserve allocation.

II. FY 08/09 Process to Update the County's CSS Program and Expenditure Plan

Attached please find the following documents:

- A signed certification by the County Health Services Director that the County will comply with the non-supplant requirements of Section 3410 of the CCR. (Exhibit 1).
- Program Workplan Listing for FY 2008/09 (Exhibit 2) summarizing the FY 2008/09 funding requested for each amended Workplan (including a 10% operating reserve as described in DMH Information Notice No.: 07-25), CSS administration, and the local CSS prudent reserve. Exhibit 2 also demonstrates that the majority of the funds are directed to Full Service Partnerships in FY 2008/09 as required per Section 3620(c) of the CCR.

III. Community Program Planning Process Requirements

a. The overall Community Program Planning Process

The MHSA Project Management Team was responsible for the Community Program Planning Process. Representation was available Division-wide and we obtained participation from extra help staff, volunteers, family and consumer (adult and TAY) community members. Phase I for CSS planning took place between February and October 2005 and provided us with a strong foundation. This phase was staffed by 33 individuals.

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Staff Member	*Role/Functions*	*Average time per week*
Barry Wasserman, LCSW	*Director/Project Leader*	*5 hours/12.5%*
Chris Kondo-Lister, LCSW	*QI Program Manager/Project Manager/Facilitator for Advisory and Writing Teams*	*32 hours/80%*
Fay Sady, MSW	*Project Facilitator/Outreach Coordinator*	*36 hours/100%*
Rendy Criddle	*Administrative Support*	*16 hours/50%*
Carolina Meyer	*Consultant, Cultural Competency and Data Management*	*32 hours/100%*
Debra Brown, MSW	*Outreach Social Worker*	*Extra help, 15 hours*
Kaiahmi Quasne	*Mental Health Aid/Outreach and Administrative Support*	*Extra help, 20 hours*
Kim Brehm	*Mental Health Worker/Outreach*	*Extra help, 8 hours*
Anita Wallace	*Parent Partner*	*Extra help, 2hours*
Gregory Shaffer	*Consultant*	*80 hours total*
Mike Wright	*Mental Health Aid/Administrative Support*	*Extra help, 10 hours*
Carl Bower	*Mental Health Aid/Committee Member and Outreach*	*Extra help, 4 hours*
Lise Wright	*Mental Health Aid/Committee Member and Outreach*	*Extra help, 2 hours*
Deanna Hokansen	*Mental Health Aid/Committee Member and Outreach*	*Extra help, 2 hours*
Nancy Harp	*Mental Health Aid/Committee Member and Outreach*	*Extra help, 2 hours*
John Prock, MFT	*WS Adult Services Program Manager/Workgroup and Writing Team Member*	*4 hours/10%*
Sharon Colombini, MFT	*WS Day Rehab Coordinator/Workgroup and Writing Team Member*	*4 hours/10%*
Jane Williamson	*WS Geriatric Specialist/Workgroup and Writing Team Member*	*4 hours/10%*

Chart B, continued

El Dorado County Mental Health MHSA Roles

Staff Member	***Role/Functions***	***Average time per week***
Darryl Keck, LCSW	*Children's Services Program Manager/Workgroup and Writing Team Member*	*4 hours/10%*
Cheree Haffner, LCSW	*WS Children's Services Coordinator/ Workgroup and Writing Team Member*	*4 hours/10%*
Sally Williams, LCSW	*SLT Children's Services Coordinator/ Workgroup and Writing Team Member*	*4 hours/10%*
Sandra Branton, Ph.D.	*SLT Adult Services Program Manager/ Workgroup and Writing Team Member*	*4 hours/10%*
Arlene Hayward	*SLT Day Rehab Coordinator and Geriatric Specialist/ Workgroup and Writing Team Member*	*4 hours/10%*
Matthew Le Pore	*Finance Director/Writing Team Financial Consultant, Budget Development*	*Varies*
Brian Long	*Administrative Support*	*Varies*
Yolanda McGillivray	*Administrative Support/Latino Outreach*	*Varies*
Cheryll Kent	*Administrative Support*	*Extra help/varies*
Kevin Wilson	*Information Technology Specialist*	*Varies*
Marlene Hensley	*Psychiatric Health Facility Program Manager/Outreach*	*Varies*
Terry White	*Day Rehab Clinician/workgroup member*	*Varies*
Bob Kamena	*Day Rehab case manager/workgroup member*	*Varies*
Rebecca Norris	*Adult services clinician/workgroup member*	*Varies*
Cathy Leonard	*Community Volunteer*	*1 hour*

b. Coordination and Management of the Community Program Planning Process

Resources to lead and facilitate a collaborative, county-wide planning process were obtained in a variety of ways:

- A core Project Management Team was created by designating 80% of the Quality Improvement Program Manager's time to function as a project manager, hiring a project facilitator and outreach coordinator, and increasing two part-time administrative support positions. Later, consultants were hired to assist with the application writing, data and cultural competency components. Under the supervision of the Director, the Project Manager had overall responsibility for developing and executing the planning process.
- The 7 member Management Team provided ongoing consultation for the planning process and three of the Clinical Program Managers served as content experts in the workgroups and writing teams. The Managers and Director were recruited to contribute to the county-wide outreach efforts.
- Extra help positions staffed by consumers and community members were used at various times to provide administrative support and to participate in the outreach efforts.
- Additional staff members participated in the workgroups and/or writing teams on an ongoing basis.
- Staff members participated in the workgroups, on an as needed basis.
- Staff members participated in aspects of the planning process, as needed.

c. Stakeholder Participation in the Community Program Planning Process

El Dorado County encompasses a large geographical area (1,711 square miles) with a relatively small population (an estimated 178,000 in 2006). The county seat, Placerville, is located in a region known as the Western Slope (WS), and is surrounded by small, rural communities and unincorporated areas. South Lake Tahoe (SLT) is the most densely populated area of the county and features a resort community, a sizable transient community, and is much more ethnically diverse than the Western Slope. These two regions are connected by a 60 mile mountainous stretch that can be a difficult and time-consuming ride, particularly during the winter months. Local communities and services have developed out of the distinct characteristics of each of these regions and have historically operated quite independently. Based on 2000 Census data, approximately 22.5% of the population lives in the South Lake Tahoe region and 77.5% lives outside of this region which is essentially the Western Slope region.

Where do people in El Dorado County live?

	South Lake Tahoe Region Rate	Outside of SLT Region Rate	El Dorado County Total
Age Group	22.5%	77.5%	100%
0-19	22.1%	77.9%	100%
15-24	29.7%	70.3%	100%
20-59	24.7%	75.3%	100%
60+	16.1%	83.9%	100%
White	16.9%	83.1%	100%
Latino	64.4%	35.6%	100%
Other	38%	62%	100%

Therefore, the county-wide, collaborative planning efforts for the MHSA programs involved striking a critical balance between respect for and acknowledgement of regional differences and a need to work as a county-wide community. Since traveling between the two regions is sometimes dangerous or not feasible due to inclement weather, the Division conducted teleconferences for MHSA county-wide planning meetings.

Various Levels of Participation

A key feature of ensuring comprehensive and representative participation was providing a range of avenues for input. Opportunities to participate in the Community Program Planning process were ensured by mechanisms for information dissemination (posted fliers, mass mailings, and the MHSA website providing meeting announcements, updates, and meeting minutes), education and training, outreach (comprehensive and targeted), open planning meetings, and a representative MHSA Advisory Committee. Options for anonymous input included a local phone line with a voice mailbox, an e-mail address, and use of written and online surveys. Outreach efforts included community meetings, readiness trainings, focus groups and key informant interviews which were intended to offer convenient one time opportunities to gain information about the MHSA and to offer feedback. The detailed planning occurred in the planning and advisory committee meetings which were arenas for ongoing involvement. A mailing list of 390 individuals was created and over 500 survey questionnaires were completed.

Membership of the MHSA Advisory Committee was also established for the CSS Community Program Planning process to ensure representation from these groups, as well. This committee is represented by the following groups:

- El Dorado County Mental Health Division
- El Dorado County Public Health Division
- El Dorado County Department of Human Services
- El Dorado County Sheriff Department
- El Dorado County Probation Department
- El Dorado County Office of Education
- 1st Five Commission
- Parent volunteer
- Foster Parent Association
- NAMI – Western Slope and South Lake Tahoe Chapters
- Oasis – Consumer Support Program
- Mental Health Commission – Western Slope and South Lake Tahoe
- Shingle Springs Rancheria
- (Latino) Family Resource Center
- Marshall Hospital (physical health)
- Community Health Center
- Sierra Recovery Center (substance abuse treatment)
- The Center for Violence-free Relationships

The MHSA mailing list also includes <u>many</u> representatives from the required stakeholder groups.

The Results
El Dorado County's efforts to ensure a comprehensive and representative MHSA CSS planning process included the following accomplishments:

- 82 focus groups and readiness trainings reaching 925 respondents
- 23 key informant interviews
- 5 written surveys with a total of 545 responses
- An MHSA mailing list of 390 individuals used to send out announcements, surveys, meeting notifications, and update.
- Local media (newspapers, cable television and radio) were used to announce community meetings and to inform the public of the MHSA planning activities and contact information.
- The development of an MHSA website providing the public with:
    - MHSA Facts Sheets
    - MHSA announcements
    - MHSA meetings schedule
    - Meeting minutes
    - Forms for consumers and families to request financial assistance for travel and childcare
    - Surveys
    - MHSA updates
    - Information regarding how to get involved, including direct e-mail link
    - Contact information for the Project Management Team
    - A link to the DMH website

Mental health consumers (94) and TAY (116) were among the focus group participants that were included as a result of targeted outreach efforts. Many of these groups were conducted by a TAY facilitator who was a member of the MHSA Project Management and Outreach Team.

IV. Documentation of the Local 30 Day Review Process

This CSS Plan Update was presented via website to County staff and the local community of stakeholders on October 6, 2008 for a 30-day online review and comment by posting it at:
http://www.co.el-dorado.ca.us/mentalhealth/pdf/CSSupdateSep08.pdf.

Additionally, an electronic notification of the plan's web posting was sent to the MHSA e-mail group, the MHSA Advisory Committee, the Mental Health Commission, the County Board of Supervisors, the County's Chief Administrative Office and to all of the MHD staff informing them of the start of the 30-day review period with a link to the document. A request for a general public announcement was submitted to two local El Dorado County newspapers and the Sacramento Bee. The notice included reference to the El Dorado County Mental Health Division web-site where the document was posted along with a phone number and an e-mail address for requesting a copy of the plan.

The plan was reviewed and discussed in person with the MHD leadership staff on October 7, 2008; in a combined Western Slope and South Lake Tahoe MHSA Community Update meeting on October 15, 2008; in the MHSA Advisory Committee meeting on October 17, 2008; and in a joint Mental Health Commission meeting on October 21, 2008.

Summary of Public Comments-
The MHD received both verbal and written feedback regarding some aspects of the plan update. The need for clarification was expressed regarding the feasibility of the plan update. Further explanation was provided to describe how this update simultaneously provides for streamlined services, use of evidence-based brief treatment models, and thereby the ability to reach a broader range of needs with limited resources. Concern was voiced that the amended youth program (see ***Workplan #1*** below) will discontinue the services provided by one of the South Lake Tahoe vendors to uninsured children. One letter stated: "The [SLT] families that receive care under Wraparound do not qualify for Medi-Cal and so will lose all services in the absence of this program." While this vendor's contract to provide Wraparound services will be terminated to conform to this Workplan, the new Workplan actually expands the number of children to be served – some of whom will be uninsured (via the Youth and Family Strengthening Academy scholarships and TAY services in the Juvenile Hall) - and the locations in which services will be provided (e.g., clinic settings as well as schools and the juvenile halls).

On November 4, 2008, a presentation regarding this program was made to the County Board of Supervisors by this contract provider pointing out the value of this Wraparound model, suggesting cost saving compared to the risk of group home placement, and indicating concern that the families served are not eligible for Medi-Cal. While the work done by this provider with the youth served over the past two years of operation is valued and appreciated, absorbing the full cost of this program for uninsured youth limits the ability to use these MHSA funds to reach a broader range of unmet needs.

Finally, written concern was expressed by a staff member that the amended Latino engagement project (now ***Workplan #4***, below) decreases the number of bi-cultural, Spanish-speaking employees in the Division and, hence, diminishes the cultural competence and quality of ethnic-specific services. One time funds used to provide outreach and engagement services by hiring temporary, extra help staff were not sustainable. The new Workplan is designed specifically to address disparities in healthcare access and culturally-specific services for both the Latino and the Native American communities in El Dorado County by funding community-based organizations that have the relevant skills and capacity and working in partnership with them to serve the community.

V. Proposed Workplan Changes

Overview

On-the-ground experience to date with our approved MHSA/CSS programs propels us to propose the following modifications that are designed to better integrate services, streamline programs and leverage existing resources. These modified Workplans place a greater emphasis on a strengths-based approach to assessing clients' needs at the front-end of treatment so as to produce better functional outcomes, improved wellness and enhanced recovery. Evidence-based decision-support tools (such as the Levels of Care Utilization System for Psychiatric and Addiction Services) will be used throughout our systems of care to achieve appropriate treatment matching, client-centered practices and cost-effective service delivery.

An amended ***Workplan #1*** (the Youth and Family Strengthening Program) will continue to apply the Wraparound Model to address youth at risk for out-of-home placement and who are Medi-Cal eligible, but ineligible for the non-MHSA (SB163) funded Wraparound Program. In addition, we will serve Medi-Cal families who are involved with Child Protective Services (CPS) in stages of family maintenance or reunification through a range of evidence-based practices, including Incredible Years, Aggression Replacement Treatment and Trauma-Focused Cognitive Behavioral Therapy (General Systems Development). Also, high-risk transition age youth (and their families) about to be released from the County's juvenile halls will be offered mental health, addiction and other specialized treatment services to reduce recidivism and promote family reunification.

An amended ***Workplan #2*** (Wellness and Recovery Services Program) will better integrate and streamline the CSS adult services under a new program that incorporates the Behavioral Health Court (formerly Workplan #2), Prospect Place (formerly Workplan #3) and Project Uplift (formerly Workplan #4). Under this General Systems Development-funded program, a Wellness Services Program provides a diversified range of services, including Outreach and Engagement, Full Service Partnerships and housing assistance for eligible individuals at risk for institutionalization, incarceration and homelessness.

A new ***Workplan #3*** (the recently approved Crisis Residential Facility) is also a General Systems Development and Outreach and Engagement-funded program. As a short-term, residential treatment facility, this program fills a critical gap in our treatment continuum by providing crisis stabilization, residential care and service linkages.

And an amended ***Workplan #4*** (Health Disparities and Culturally-specific services) expands the Latino Engagement Initiative (formerly Workplan #5) to incorporate services for both the Latino and Native American communities.

Details

Workplan #1: Youth and Family Strengthening Program
Formerly the MHSA Wraparound Program
Proposed effective date: January 5, 2009
Additional amount requested: $0

Overview
The Child and Adolescent Service Intensity Instrument (CASII) is a tool to determine the appropriate level of care for a child or adolescent. The CASII links a clinical assessment with standardized "levels of care" and offers a method for matching the two. The method consists of quantifying the clinical severity and service needs on six dimensions (eight ratings) that are standardized using anchor points. The ratings are quantified in order to convey information easily, but also provide a spectrum along which a child/adolescent may lie on any given dimension. This allows for a broad range of users to employ the CASII. The CASII will be used as a component of the client and family assessment process to determine the most effective level of service delivery in light of the increased options this program plan update offers.

Youth FSP Strategy
The initial years of MHSA CSS implementation demonstrated that the MHSA Wraparound Program, which serves exclusively uninsured youth, is a high cost per youth served program that thereby limits the number of youth and families served with these dollars. In FY 2007-08, the actual cost for this program county-wide was $272,772 and we served 17 youth. Furthermore, as these children were uninsured, Medi-Cal reimbursement was unavailable. However, most WRAP services can be billed to Medi-

Cal, and, therefore, serving the Medi-Cal population allows us to leverage Medi-Cal funds and access more resources to serve more youth and families in need.

Therefore, one programmatic change includes a target population shift away from purely uninsured youth to under-served Medi-Cal youth and families in the FSP Wraparound Program. 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. In addition, youth who are at risk of out-of-home placement secondary to involvement with Child Protective Services (CPS) will be targeted for this FSP program and for the new General Systems Development-funded services identified below.

These Wraparound services will be available to five full service partnerships distributed county-wide as need arises and capacity allows. This Workplan change results in the termination of two existing contracts with two community-based organizations effective January 1, 2009. The Division is in communication with these providers to ensure transition planning for continuity of service delivery.

Outreach and engagement services as well as other supportive activities, such as food purchases, may be funded by MHSA for stabilization purposes. It is estimated that up to 10 youth and families will receive these services and supports per year.

Family Strengthening Academy (new service strategy)
A second youth service strategy to be funded under this modified CSS plan involves the establishment of a county-wide Family Strengthening Academy in which a range of evidence-based practices (such as Incredible Years, Aggression Replacement Treatment and Trauma-Focused Cognitive Behavioral Therapy) will be offered in a variety of settings to promote family unification in a cost-effective manner (General Systems Development funded). MHSA funds will also be used to provide a limited number of "scholarships" for uninsured families to participate. It is estimated that 200 youth and families will be served by this modality per quarter county-wide.

Transitions Project (new service strategy)
Finally, in an effort to support and strengthen the families of detained, at-risk transition age youth, discharge planning and family-reunification services will be provided for juvenile hall wards in both the SLT and WS regions of the County. This strategy 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.

Workplan #2: Adult Wellness and Recovery Services
Formerly Workplan #2, Behavioral Health Court; Workplan #3, Prospect Place and Workplan #4, Project Uplift
Proposed effective date: January 5, 2009
Additional requested amount: $135,323

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Community Services and Supports (CSS) Plan Update

Overview
The MHD seeks to integrate under one Workplan (#2) elements that are consistent with the MHSA transformational dimensions and designed to provide the various levels of care needed by the adult seriously mentally ill population in a cohesive fashion county-wide. The Level of Care Utilization System for Psychiatric and Addiction Services (LOCUS) evaluates clients along six dimensions and defines six levels of resource intensity. It also provides a methodology to facilitate rapid and consistent level of care recommendations. Use of the LOCUS will be employed as a component of the assessment process to determine the most effective level of care as this modified Workplan offers a broad range of treatment options.

Target Population
The target population continues to include adults and transition age youth (18-25) who are homeless or at risk of homelessness. However, to streamline services and integrate programs, the target population also will include adults and transition age youth who are institutionalized (outreach and discharge/transition planning) or at risk of institutionalization (jails, IMDs and psychiatric hospitals) due to untreated mental illness. The population also includes those who have been significantly under-served in out-of-county Board and Care homes. In this consolidated Workplan, older adults who are at risk of homelessness and institutionalization due to untreated mental illness are also included.

Program Description
The Adult Wellness and Recovery Services program will leverage various funding sources to provide a thoughtful array of assessment and treatment services for uninsured, CMSP, Medi-Cal and MHSA-funded clients. General System Development funds will provide funding for staff and student interns to conduct client assessments through a battery of psychological tests. The assessments include the LOCUS and other measures of recidivism risk, personality disorders, symptoms, functioning and treatment outcomes. The Wellness Services Program will serve as the umbrella for this diversified program. Outreach and engagement services will be a component of this program, as well as FSP services (utilizing the ACT model) for appropriate clients.

<u>Wellness Services Program (access, engagement and maintenance) – new service</u>
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. Community reintegration activities and life skills training will be provided for Crisis Residential Facility clients and others deemed appropriate. Early intervention and brief treatment services (e.g., the Impact Model) will be provided onsite and in the community. Individuals who prefer to receive medications alone will be provided case management services and a

medication clinic to support their ongoing stability (new service). We project that 300 clients will be served per quarter.

The costs for supplies, furniture and appliances for this Program are included in Workplan #2's budget, as well.

Outreach and Engagement Services
Mental health professionals, in concert with peer counselors, will provide outreach and treatment engagement services for homeless individuals, in the jails, in primary care settings (new development) and in clients' homes – in order to reach the at-risk adult population and CMSP population (new service). Community outreach and education will continue to be made available regarding the identification of older adults in need of mental health services (Heroes Program). Supports such as food and emergency shelter may be purchased. This component anticipates serving 100 clients per quarter.

Assertive Community Treatment (ACT) – Full Service Partnership (FSP)
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 current Behavioral Health Court, Prospect Place or Project Uplift clients. 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 Workplan, 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). 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 85 FSPs a year.

Resource Management Services (General Systems Development)
A Workplan coordinator will 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). This coordinator will also provide program evaluation and quality improvement oversight for the CSS Adult services program. 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. Supports such as food may be purchased too.

No formerly approved MHSA CSS services under Workplans #2, #3 and #4 are being eliminated – this plan update provides for re-organization, integration and streamlining of services.

Workplan #3: Crisis Residential Center

New program approved in the recent MHSA CSS FY 08-09 budget plan (agreement # 07-77309-000)
Proposed effective date: January 5, 2009
Additional amount requested: $0

MHSA CSS funds (General Systems Development and Outreach and Engagement) have recently been allocated to provide staff for the Crisis Residential Facility (CRF). 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 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.

This program will be co-located at the PHF facility and is 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. We project that 48 clients will be served a year.

Workplan #4: Health Disparities Initiative

Formerly the Latino Engagement Initiative (Workplan #5), now expanded to include culturally-specific services for the Native American population
Proposed effective date: January 5, 2009
Additional amount requested: $0

Overview

The Community Planning Process for CSS indicated a large unmet need for bilingual and bicultural mental health service engagement and delivery for the Latino population. After close to two years of implementation, we are just beginning to look at the issue of treatment matching in conjunction with readiness for change in the context of cultural norms. In addition, the unmet need of culturally-specific mental health services for the Native American population was addressed in a CSS plan amendment earlier, but the contract for service implementation was just recently approved.

These services are being delivered by local contract providers who were assessed to have the appropriate qualifications to work effectively with these communities. This minor re-organization of Workplans more clearly illustrates the role these providers will have in working with all of our MHSA programs to decrease disparities in service access and treatment outcomes for both the Latino and Native American populations. The funding for the Native American service contract remains intact and is now under this Workplan. The contracts for Latino services in South Lake Tahoe and Placerville remain intact, as well.

Western Slope
Family Connections in Placerville provides outreach and engagement services through Promotoras and bilingual/bicultural mental health services in a Family Resource Center setting.

South Lake Tahoe
The Family Resource Center in SLT provides Outreach and Engagement and bilingual/bicultural mental health services, including group work.

Native American culturally-specific services
The Shingle Springs Native American Healthcare Center in the WS region provides behavioral health and primary care services to its clients, including the MHSA-funded Native American outreach worker/case manager who provides behavioral case management services for adults with serious mental illness – many of whom are at risk of homelessness, suffer from co-occurring disorders, and may be involved with the Child Protective Services System. As a result, the case manager/outreach worker will be an asset in collaborating with the other MHSA program staff in serving these target populations.

Administrative Costs
The Division is requesting an additional ten percent of the direct service costs associated with the CSS workplan, or $13,532 to increase the operating reserve; fifteen percent of the direct service costs associated with the CSS workplan, or $20,298, for Administration expenses; and $169,447 to fully fund the County's Prudent Reserve.

Exhibit 1

Community Services and Supports

FY 2008/09 Plan Update

COUNTY CERTIFICATION

I hereby certify that I am the official responsible for the administration of Community Mental Health Services in and for El Dorado County and that the following are true and correct:

This Community Services and Supports Plan Update is consistent with the Mental Health Services Act. This Plan Update is consistent with and supportive of the standards set forth in Title 9, California Code of Regulations (CCR) Section 3610 through 3650.

This Plan Update has been developed with the participation of stakeholders, in accordance with CCR Sections 3300, 3310, and 3315. The draft Plan Update was circulated for 30 days to stakeholders for review and comment. All input has been considered, with adjustments made, as appropriate.

Mental Health Services Act funds are and will be used in compliance with CCR Section 3410 of Title 9, Non-Supplant.

All documents in the attached Community Services and Supports Plan Update are true and correct.

_____ _____

Neda West **Date**
Director
El Dorado County Health Services Department

Executed at Placerville, California, El Dorado County

Exhibit 2

FY 2008/09 Mental Health Services Act Community Services and Supports Summary Workplan Listing

County: El Dorado

Date: 10/6/2008

Workplans				Total Funds Requested				Funds Requested by Age Group			
	No.	Name	New (N)/ Approved Existing (E)	Full Service Partnerships (FSP)	System Development	Outreach and Engagement	Total Request	Children, Youth, Families	Transition Age Youth	Adult	Older Adult
1.	2	Wellness & Recovery Svcs Ce	E		$65,000	$70,323	$135,323		$7,713	$91,072	$36,537
2.							$0				
3.							$0				
4.							$0				
5.							$0				
6.							$0				
7.							$0				
8.							$0				
9.							$0				
10.							$0				
11.							$0				
12.							$0				
13.							$0				
14.							$0				
15.							$0				
16.							$0				
17.							$0				
18.							$0				
19.							$0				
20.							$0				
21.							$0				
22.							$0				
23.							$0				
24.							$0				
25.							$0				
26. **Subtotal: Workplans**[a/]				$0	$65,000	$70,323	$135,323	$0	$7,713	$91,072	$36,537
27. **Optional 10% Operating Reserve**[b/]							$13,532				
28. **CSS Administration**[c/]							$20,298				
29. **CSS Capital Facilities Projects**[d/]											
30. **CSS Technological Needs Projects**[d/]											
31. **CSS Workforce Education and Training**[d/]											
32. **CSS Prudent Reserve**[e/]							$169,447				
33. **Total Funds Requested**							$338,600				

a/ Majority of funds must be directed towards FSPs (Title 9, California Code of Regulations Section 3620(c)). Percent of Funds directed towards FSPs= 0.00%

b/ Cannot exceed 10% of line 26.

c/ Complete Exhibit 5a.

d/ Complete budget pages from relevant guidelines for each component.

e/ Complete Exhibit 4.

Exhibit 5a

FY 2008/09 Mental Health Services Act Community Services and Supports Administration Budget Worksheet

County: El Dorado

Fiscal Year: 2008-09

Date: 12/9/2008

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
1. Personnel Expenditures		
a. MHSA Coordinator(s)	$35,000	
b. MHSA Support Staff	$128,500	
c. Other Personnel (list below)	$222,888	
i. Fiscal Staff		
ii.Project Mgmt Team: Deputy Director		
iii.Project Mgmt Team: Contracts Analyst		
iv.Project Mgmt Team: Sr. Dept Analyst		
v.Project Mgmt Team: Sr. Dept Analyst		
vi.Project Mgmt Team: Admin Tech		
vii.Project Mgmt Team: Worker		
d. Total Salaries	$386,388	
e. Employee Benefits	$65,500	
f. Total Personnel Expenditures	$451,888	$0
2. Operating Expenditures	$126,795	$20,298
3. County Allocated Administration		
a. Countywide Administration (A-87)	$11,555	
b. Other Administration (provide description in budget narrative)	$0	
c. Total County Allocated Administration	$11,555	$0
4. Total Proposed County Administration Budget	$590,238	$20,298
B. Revenues		
1. New Revenues		
a. Medi-Cal (FFP only)		$0
b. Other Revenue	$65,136	
2. Total Revenues	$65,136	$0
C. Non-Recurring Expenditures	$30,000	
D. Total County Administration Funding Requirements	$555,102	$20,298

COUNTY CERTIFICATION

I HEREBY CERTIFY under penalty of perjury that I am the official responsible for the administration of Community Mental Health Services in and for said County; that I have not violated any of the provisions of Section 5891 of the Welfare and Institution Code in that all identified funding requirements (in all MHSA program budgets and this administration budget) represent costs related to the expansion of mental health services since passage of the MHSA and do not represent supplanting of expenditures; that fiscal year 2004-05 funds required to be incurred on mental health services will be used in providing such services; and that to the best of my knowledge and belief this administration budget and all related program budgets in all respects are true, correct, and in accordance with the law.

Date: _____ Signature _____

Local Mental Health Director or Designee

Executed at _____, California