

**RIVERSIDE COUNTY**

**MENTAL HEALTH SERVICES**

**ACT**

**Community Services and Supports**  
**2007-2008**

**Additional One-Time Funding**  
**Augmentation to**  
**Expand Local Mental Health Services**

**January 2008**

### **Introduction and Overview**

On June 30, 2006, the California Department of Mental Health approved Riverside County's Community Services and Supports (CSS) Plan. The approval was retroactive to June 1, 2006 and began disbursement of the \$16.7 million dollar planning estimate for Fiscal Years 2005-06, 2006-07 and 2007-08.

Since the initial approval, DMH notified counties that a higher than anticipated tax revenue was generated, and as a result, increased Riverside County's annual planning estimate to \$23.1 million (Growth Fund). In September of 2007, Riverside County submitted a CSS Growth Funding and Program Expansion Request to the State DMH. The request called for expansion of all previously approved programs in Riverside's CSS Plan. On November 6, 2007, the Growth Fund Expansion Request was approved.

In the fall of 2007, counties were notified that an additional \$64 million in unused State Administrative Funds would be redistributed to all 58 counties for use as one-time augmentation of local services. On October 18, 2007, DMH issued Information Notice 07-21, providing guidance on the application procedure. Riverside County's FY 2007-08 additional One-Time CSS Funding Augmentation is estimated at \$1,714,800.

Having just concluded a Community Planning and Stakeholder Process for the Growth Fund Expansion, Riverside determined that the Stakeholder Process would determine the use of the One-Time Augmentation funds, thus it would fund expansion of already approved CSS programs and expansions. This plan fits with service gaps identified by recent State Budget reductions specifically for Adult, Transition Age Youth, and Outreach Services.

In the request for One-Time Augmentation funds, Riverside County proposes to expand programs to adequately address service gaps including; expansion of Full Service Partnerships for Transition Age Youth and Adults, expansion of Clinic Enhancement Staff to support FSP expansion and provide linkage and discharge planning plus Outreach expansion to assist in the accessibility and engagement of consumers into those FSP programs.

**Services and Supports Expansion Proposal:**

The table below summarizes the proposed expansions under the One-Time Augmentation which will strengthen Riverside County's Services and Supports.

Previously approved CSS Budget:	\$16,878,027
Approved Growth Fund Request (07/08):	\$ 6,293,773
One-Time Augmentation:	<u>\$ 1,741,800</u>
Total Revised 2007-08 CSS Budget:	\$24,913,600

Work Plan #	Work Plan Description	Approved CSS	One-Time Augmentation	New Budget
Admin	MHSA Administration	\$2,750,908	\$0	\$2,750,908
FSP-01	Children's Integrated Services Program	\$5,921,673	\$0	\$5,921,673
FSP-02	Services for Youth in Transition	\$2,692,514	\$80,801	\$2,773,315
FSP-03	Comprehensive Integrated Services for Adults	\$7,526,510	\$1,365,360	\$8,891,870
FSP-04	Older Adult Integrated System of Care	\$2,957,029	\$0	\$2,957,029
SD-05	Peer Recovery/Support Services	\$903,524	\$0	\$903,524
OE-06	Outreach and Engagement	\$419,642	\$295,639	\$715,281
<b>Total Community Services and Supports Request</b>		<b>\$23,171,800</b>	<b>\$1,741,800</b>	<b>\$24,913,600</b>

**II. Process to Update the County's Three Year Program and Expenditure Plan**

The County must submit to DMH an update to its Three-Year Program and Expenditures Plan that is signed by the County Mental Health Director. The Update must include:

- A list of the proposed new and/or expanded programs/services, identified by the Service Category under which the program/service will be funded.
- A description of each program/service, including the population to be served, the number of clients served, services to be provided and methods of service delivery.

**FSP-02 – Integrated Service for Youth In Transition \$80,801**

With the one-time augmentation funds, the Integrated Services Work Plan for Youth in Transition will propose:

- Expansion of the Full Service Partnership Program (Western Region)

The original Integrated Services Recovery Centers (ISRC) were established to serve ages 18-25 year olds with intensive Case Management Services (24/7) that

also provide a range of educational, vocational, housing and peer supports essential for consumers who meet the target population criterion. The target population includes those TAY needing to transition to appropriate care in the adult system, homeless or at risk for homelessness or in the criminal justice system.

The expansion would specifically address service gaps identified in the Western Region ISRC/TAY by expanding services to an additional 13 TAY. This will be accomplished by adding a Behavioral Health Specialist II, a Community Service Assistant, and Office Assistant to the existing ISRC Team. These staff will provide necessary supports, intensive Case Management services, linkages/referral to other ISRC/TAY services (housing/vocational, etc.) for TAY consumers. The expansion will increase the program capacity to 388 TAY consumers.

Implementation of the expanded ISRC/TAY is targeted for March 2008. The net cost per client is \$6,198 and is not an increase, therefore Exhibit 5's do not require re-submittal. Exhibit 4's will be modified to reflect increases in clients to be served.

**FSP-03 – Comprehensive Integrated Services for Adults \$1,365,360**

With the one-time augmentation funds, the Adult Integrated Service Work Plan will propose:

- Expansion of its Full Service Partnership Program (Western Region)
- Expand Clinic Enhancements to support FSP volume increases

Full Service Partnership

The Integrated Services Recovery Centers (ISRC) are the Full Service Partnership programs focused on unengaged individuals (ages 26-59) who are homeless or at risk of homelessness, those with a history of cycling through acute care settings or long-term institutional settings and consumers referred through the Mental Health Court Program.

Based on service gaps and needs, the Augmentation Funds will be focused on expansion at the Western Region ISRC. The proposed expansion will increase capacity in the FSP Program from 396 to 519. This will be achieved by adding twelve Personal Service Coordinators (PSC), two Clinical Therapists, two Community Service Assistants, and Clerical Support staff. This will allow for intensive Case Management Services for the expanded caseload, 24/7 coverage, while maintaining the integrity of the programs with a 1:12 client/staff ratio. There are also two Behavioral Health Specialist to interface with referents and

the community to ensure proper outreach, access, and engagement of consumers into this program.

These FSP programs were previously approved CSS strategies. The net cost per client is \$8,483, which is not an increase; therefore Exhibit 5's do not require re-submittal. Exhibit 4's will be modified to reflect the increased clients to be served.

#### Clinic Enhancement Expansion

To adequately support the FSP expansion, the Department is also proposing Clinic Enhancements to support, outreach, and engage consumers. The Department seeks to add two full-time Behavioral Health Specialists to the Placement and Long-Term Care Program. The focus of these positions will be linkage and discharge planning activities that facilitate transition of consumers to appropriate levels of care and away from the most intensive or locked setting. It is anticipated that each staff would carry a caseload of 30 consumers annually.

#### **FSP-06 – Outreach and Engagement** **\$295,639**

With the one-time augmentation funds, the Outreach and Engagement Work Plan will propose to:

- Expand General Community Outreach (Law Enforcement Collaborative)

Within the original Outreach and Engagement Work Plan, activities were divided between General Community Outreach and Specific Outreach to ethnic populations. Embedded into the General Community Outreach Strategies is a Mental Health/Law Enforcement Collaborative designed to properly access, identify, and engage seriously mentally ill clients who come in contact with Law Enforcement. This strategy assists the Department in outreaching to the priority population identified through the CSS Planning Process including: homeless mentally ill and high users of services (consumers with a history of frequent use of inpatient facilities, outpatient crisis, IMD and State Hospitals).

The general Outreach expansion proposes the addition of three Clinical Therapists to provide crisis/triage mental health services for individuals who come in contact with local Law Enforcement officers. This collaborative allows Mental Health Service Staff to team with Law Enforcement 20 hours per day, 7 days per week, by responding to 911 calls involving mental health issues. The Collaborative also provides individuals who have mental health or substance abuse issues the opportunity to seek assistance in appropriate community services and supports and avoiding unnecessary hospitalization and incarcerations. The program anticipates 1,000 contacts through the Collaborative annually. The increases in contacts will be reflected in the Revision of the Exhibit 4's for Outreach and Engagement.

**An explanation of how each program/service relates to the issues identified in the Community Program Planning Process, including how each program/service will reduce or eliminate the disparities identified in the CSS assessment in the County's existing Three-Year Program and Expenditure Plan:**

The initial Stakeholder Process for CSS informed the Department of key community needs and priority populations to include in the MHSA Programs. These needs were addressed in the six main Work Plans for CSS that included all age groups, peer support, and outreach and engagement. The three Work Plans to be expanded under the One-Time Augmentation request came as a result of the CSS Planning Process and have been previously approved by State DMH. Therefore, the intent of the Department is not to change programs but to expand upon and build capacity for consumers accessing those services.

The original CSS Work Plans included measures to address disparities within respective programs. These efforts continue to develop and in fact more resources have been dedicated through the Growth and One-Time Augmentation to allow for even more expanded outreach and engagement activities. Outreach was carefully built into Full Service and Clinic Enhancement expansion to ensure access and cultural/ethnic disparities are properly addressed. The Cultural Competency Manager position has now been fully implemented and has over arching responsibility to monitor and to ensure disparities needs are being met within the programs being offered.

The Cultural Competency Manager has also dedicated resources and is now targeting efforts not only toward ethnic/cultural disparities, but outreaching to GLBT and deaf communities to clearly understand service needs and priorities. Consultants have been retained with expertise around GLBT, African American and Native American issues and perspectives. The same is true for consumers, family members and parents, as management positions are now in place to ensure each of these key areas have a voice and are involved in Departmental Policy decision.

**An assessment of the County's capacity to implement the proposed programs/services, including the factors listed in Section 3650 (a)(1) of the CCR:**

- The Riverside County CSS Three-Year Program and Expenditure Plan is currently being fully implemented.
- The CSS Growth Funding and Program Expansion Plan was submitted and approved on November 20, 2007. Implementation began in January 2008.

**- DRAFT -**

- The Department built and enhanced organizational infrastructure to accommodate oversight and management of rapidly expanding MHSA Programs. This allowed for more dedicated service array for Transitional Age Youth, Older Adults, and Outreach/Engagement activities.
- The Department has been a leader in the hiring of consumers, family members, and parents into its workforce. This includes management positions in each area, providing Peer Support activities in clinics and programs and the implementation of Consumer Operated Centers for Adults and TAY.
- Evidence of progress and capacity in MHSA programs was submitted in the Department's Annual Progress Report to the State in June 2007. An additional Project Update for community stakeholders was recently completed and is enclosed in Attachment A of this request.
- All required Exhibit 6's (Quarterly Progress Goals and Reports) have been submitted to the State since August 2005.
- Since the Augmentation Plan is a one-time funding request, sustainability is an issue. The Department will address this issue by using unspent CSS funds to sustain the program through FY 2007/08 and use the One-Time Augmentation Fund to sustain the expansion through FY 2008/09. This will fund the programs adequately until plan integration occurs in FY 2009/10.

**A statement explaining how the requirements of the Community Program Planning Process in Section 3300 of the CCR were met:**

Original Planning Process

To maximize community input, especially for consumers and family members, Riverside County offered community, specialty, agency and staff focus groups, surveys, and public forums. The community outreach included focus groups for family members of consumers (both children and adults), youth consumers, adult consumers, older adult consumers, and the general community (of all ages). To ensure that input opportunities were provided Countywide, focus groups and forums were held in all three County regions (Western, Mid-County, and Desert). Fifteen of the focus groups were conducted in Spanish, and outreach to Hispanic communities was included, in addition to the deaf and gay and lesbian communities.

The Department estimates close to 1,130 Stakeholders responded through Focus Groups and over 1,500 in total through the planning process. Paper surveys were distributed through such groups as NAMI and "Parent to Parent" support groups (64 respondents) and 213 Stakeholders responded to

a housing survey. The Department also provided a MHSA website and e-mail for input as well as an 800 number to call in with feedback.

### Stakeholders

Stakeholders included individuals and families affected by mental illness, providers and system partners, Social Services, Probation, Office On Aging, County Office of Education, Health Department, Board of Supervisors, Executive Office, Law Enforcement, Public Defender and the Stakeholder Leadership Committee to name a few. Key Stakeholders were the National Alliance for the Mentally Ill (NAMI), Family Advocate, and Parent Partners representatives. Focus Groups were promoted through our clinics, community centers, NAMI organizations, contractors, phone calls, and mailers. Community Forums were posted in regional newspapers in English and Spanish, County Clinics, flyers, website (English and Spanish) and through radio spots. To reduce barriers to consumer and family member participation, a contract was implemented to allow for stipends, transportation, childcare, food costs, and training along with financial and emotional supports as needed.

### Key Planning Highlights

Our original planning process was successful due to the following:

- 81 Consumer, Family and Community Focus Groups (15 in Spanish)
- 18 Staff Focus Groups
- 3 Housing Providers Focus Groups
- 4 Community Forums
- 213 Housing Surveys
- 64 Paper Surveys (NAMI/Parent-to-Parent)
- Meetings with Native American Representatives from Indian Health Inc., Inland/Desert Aids Projects
- E-mail and 800 phone numbers to provide input and website posting in English and Spanish
- 23 Member Stakeholder Leadership Committee

Based on community input and committee deliberations, each committee recommended a list of service priorities, which were the basis for the CSS Plan.

This Community Program Planning Process resulted in the development and eventual approval of Riverside County's Community Services and Support Expenditure Plan. The Growth Fund and Expansion Plan built upon this Stakeholder Process and both processes included posting for a 30-day Public Comment and Public Hearings:

**- DRAFT -**

- June 2006 – Three Year CSS Program and Expenditure Plan approval without conditions.
- November 2007 – Growth Funding and Expansion Plan Approval.

**Documentation of the Local Review Process required by Section 3315:**

The Department will post the One-Time Augmentation Request for a 30-Day public comment.

- An electronic copy will be posted on the Department's web-site: <http://mentalhealth.co.riverside.ca.us/opencms/>
- Copies will be sent to the Stakeholder Leadership Committee and Mental Health Boards.
- The request will be presented at a Community Open Forum.
- Hard copies will be sent and posted at all County Clinics and library locations.

Public comment will be made available by a link from the web-site, e-mail ([MHSA@co.riverside.ca.us](mailto:MHSA@co.riverside.ca.us)) by phone (951-358-5269) or by mail (4095 County Circle Drive, Riverside, CA 92503).

**Certification by the County Mental Health Director that the County will comply with the non-supplant requirements of Section 3410 of the CCR:**

See Attachment B

**For each new CSS program(s) or service(s) not already included in the existing Three-Year Program and Expenditures Plan, in addition to the elements set forth in Section 3650(a), the update shall also include;**

This section is non-applicable as no new programs or services were proposed.

**When the update expands an existing program, the following information shall also be included: A brief description of the proposed program expansion (e.g. populations to be served, increased number of clients served, new services added, new methods of service delivery, etc.) The amount of funding being requested and the proposed effective date:**

**- DRAFT -**

Funding Charts and Section II of this request clearly addresses the aforementioned areas. Exhibit 4's for each of the expanded Work Plans have been modified and are included in Attachment 3 of this request.

**The net cost per client resulting from the proposed expansion. If the net cost per client is greater than the originally approved program, the County must also submit a revised MHSA CSS Budget Work Sheet (Exhibit 5b).**

There were no changes in net cost per client for the proposed expansion in this request. Therefore this section is non-applicable.

- DRAFT -

**ATTACHMENT B**



JERRY WENGERD, DIRECTOR

**COUNTY OF RIVERSIDE**

**Department of Mental Health**

POST OFFICE BOX 7549  
RIVERSIDE, CALIFORNIA 92513

I hereby certify that Riverside County will comply with the non-supplant requirements of Section 3410 of the California Code of Regulations.

---

Jerry Wengerd  
Director, Mental Health

---

Date