



RIVERSIDE COUNTY DEPARTMENT OF MENTAL HEALTH

Jerry A. Wengerd, Director

Reply to: Mental Health Administration
P.O. Box 7549
Riverside, CA 92513

July 18, 2011

Local Program Support
Department of Mental Health
1600 9th Street, Room 100
Sacramento, CA 95814

Dear Program Support:

In compliance with DMH Information Notice No. 09-02, Riverside County is submitting the 'Older Adult Self-Management Health Team' Innovation Work Plan for review and approval.

Riverside County is requesting \$2.5 million to conduct a four-year pilot Older Adult project as part of the MHSA Innovation Component. This request will test a new integrated service delivery model for Riverside County Mental Health by establishing an Older Adult Self-Management Health Team for consumer engagement and self-management support.

Should you have any questions or comments regarding this plan, please contact me at 951-955-7122 or e-mail to bhbrenneman@rcmhd.org.

Sincerely,

Bill Brenneman
MHSA Manager
Riverside County
Department of Mental Health

cc: MHSOAC
1300 17th Street, Suite 1000
Sacramento, CA 95811

Enclosure

EXHIBIT A

INNOVATION WORK PLAN
COUNTY CERTIFICATION

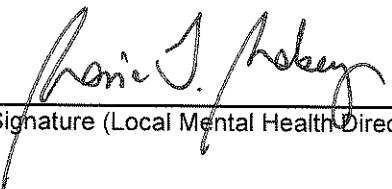
County Name: Riverside County

| County Mental Health Director | Project Lead |
|---|--|
| Name: Jerry Wengerd | Name: Bill Brenneman |
| Telephone Number: 951-358-4500 | Telephone Number: 951-955-7123 |
| E-mail: wengerd@rcmhd.org | E-mail: bhbrenneman@rcmhd.org |
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I hereby certify that I am the official responsible for the administration of public community mental health services in and for said County and that the County has complied with all pertinent regulations, laws and statutes for this Innovation Work Plan. Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code Section 5891 and Title 9, California Code of Regulations (CCR), Section 3410, Non-Supplant.

This Work Plan has been developed with the participation of stakeholders, in accordance with Title 9, CCR Sections 3300, 3310(d) and 3315(a). The draft Work Plan was circulated for 30 days to stakeholders for review and comment and a public hearing was held by the local mental health board or commission. All input has been considered with adjustments made, as appropriate. Any Work Plan requiring participation from individuals has been designed for voluntary participation therefore all participation by individuals in the proposed Work Plan is voluntary, pursuant to Title 9, CCR, Section 3400 (b)(2).

All documents in the attached Work Plan are true and correct.



Signature (Local Mental Health Director/Designee)

7-13-11

Date

ASST.
Mental Health Director

Title

INNOVATION WORK PLAN
Description of Community Program Planning and Local Review Processes

County Name: Riverside County
Work Plan Name: Older Adult Self-Management
Health Team

Instructions: Utilizing the following format please provide a brief description of the Community Program Planning and Local Review Processes that were conducted as part of this Annual Update.

1. Briefly describe the Community Program Planning Process for development of the Innovation Work Plan. It shall include the methods for obtaining stakeholder input. (suggested length – one-half page)

The Innovation Component Planning Process for this project was built upon previous Community Services and Support (CSS) and Prevention and Early Intervention (PEI) Planning Process efforts.

In the original CSS Planning Process, older adult consumers, family members of older adults, staff, aging network agencies, specialty groups, and general community stakeholders were involved in an inclusionary process. Feedback opportunities were offered through specialized older adult focus groups, as well as other focus groups, surveys, community forums, and public hearings. Translation services were provided for both written documents and interpretation needs. The Older Adult System of Care Committee served as the MHSA Planning Committee for this specialized population to organize, develop, and prioritize recommendations.

The Department estimated that approximately 1,100 stakeholders responded through focus groups and over 1,500 responded through the initial CSS Planning Process. Paper surveys were circulated through such groups as Office on Aging Advisory Council and Senior Centers.

During the PEI Planning process, an additional 108 focus groups and community forums were conducted with approximately 1,100 participants providing input. Within the 108 focus groups, there were approximately 25 age specific older adult focus groups. The planning process also included three different work groups (Trauma, Reducing Disparities, and Stigma and Discrimination) and addressed four age groups (Children, TAY, Adult, and Older Adult). A special PEI Steering Committee was established to review and evaluate the priorities set forth and develop final recommendations.

Exhibit B

Through the CSS Planning Process, the stakeholder community emphasized the need for consumer-driven and operated support services. Input drawn from the Older Adult Focus Groups also suggested Department support for self-management and empowerment focused medication management programs for older adult consumers receiving this service within our current system.

Based on the desired community recommendation, the Department is proposing an Innovation Older Adult Self-Management Health Team program.

2. Identify the stakeholder entities involved in the Community Program Planning Process.

The Innovation project was presented and input solicited from the MHSA Planning Committees, Office on Aging Advisory Council, and Mental Health Board.

The planning process of the CSS and PEI initiatives involved older adult consumers and family members as well as stakeholders which included the aging network service providers and system partners, representatives from the community-based organizations, Social Services - Adult Protective Services, Office on Aging, Law Enforcement, and the Stakeholder Leadership Committee to name a few. Key stakeholders were the Advisory Council on Aging, Family Advocates, and Peer Support representatives. In addition, consultants worked with the Department to provide Gay, Lesbian, Bi-sexual, Transgender, and Questioning (GLBTQ), Native American, African American, and Deaf community perspectives.

3. List the dates of the 30-day stakeholder review and public hearing. Attach substantive comments received during the stakeholder review and public hearing and responses to those comments. Indicate if none received.

The Older Adult Self-Management Health Team Project was posted for public review and comment from June 2 through July 6, 2011 on the Department's website and in County clinics and libraries. A Public Hearing was held on July 6, 2011 by the Mental Health Board. All input and discussion was documented and reviewed by the Mental Health Board and is incorporated as Attachment 1. There were no recommended changes to the Plan Update as directed by the Mental Health Board.

EXHIBIT C

Innovation Work Plan Narrative

Date: 7/12/11

County: Riverside

Work Plan #: INN - 04

Work Plan Name: Older Adult Self-Management Health Team

Purpose of Proposed Innovation Project (check all that apply)

- INCREASE ACCESS TO UNDERSERVED GROUPS
- INCREASE THE QUALITY OF SERVICES AS MEASURED BY IDENTIFIED OUTCOMES
- PROMOTE INTERAGENCY COLLABORATION
- INCREASE ACCESS TO SERVICES

Briefly explain the reason for selecting the above purpose(s).

Increase quality of services, including establishing measurable outcomes:

Currently, older adults with serious and persistent mental disabilities receive medication management services by a psychiatrist in an older adult mental health clinic. The psychiatrist sees the older adult every two to three months for approximately 15 – 20 minutes for medication review, during which the consumer and the psychiatrist review the current prescribed medications, side effects, symptom management, and effectiveness of the prescribed medications. Unfortunately, older adults generally have a minimum of three chronic physical health illnesses, including diabetes, arthritis, and heart disease. Physical and mental health systems are separate, with little or no collaboration or coordination of care. Due to the complexities of mental health conditions, co-morbid health conditions, and age-related variables, we are recommending an increase in the medication management services to 100 older adults currently receiving mental health services.

The primary purpose of the Older Adult Self-Management Health Team is to increase the quality of services to this population. Outcome measures will be developed to evaluate the efficiency and effectiveness of the program. This Innovation Project will contribute to our increased knowledge by monitoring the outcomes of intensive coordinated physical and mental health care received by the identified group cited above. An enhancement of the medication services through a chronic disease self-management, wellness and recovery-trained team approach has been recommended through MHSA Community Planning events as well as the Older Adult System of Care Committee. The team will use the Chronic Disease Self-Management Evidence-Based Treatment Practice as well as intensive collaboration and coordination with primary care providers.

EXHIBIT C

Innovation Work Plan Narrative

Currently, there is evidence in the literature to support the efficacy of medical homes in physical health care settings, such as primary care physician offices, community health clinics, and public health clinics. There is discussion about providing behavioral health services for the treatment of depression and anxiety within these venues through programs such as Improving Mood – Promoting Access to Collaborative Treatment (IMPACT) for late-life depression. However, these programs do not address the problems of long term specialty mental health needs. By adapting the Older Adult Self-Management Health Team Project and evaluating the effectiveness of the program, the Riverside County Department of Mental Health will be in a position to evaluate the effectiveness of this model with other populations. The Department will evaluate the effectiveness, efficiency, reduction of long term costs, and empowerment and recovery of our more seriously physically and mentally ill consumers.

This project involves an Older Adult Self-Management Health Team for consumer engagement and self-management support through the use of the Chronic Disease Self-Management Evidenced Base Practice Model as well as interagency collaboration/coordination. This model addresses both the physical and mental health care issues for older adults. Little or none of these supports-disease self-management or collaboration between physical and mental health-exist in the current mental health medication services system. This innovative model provides strategies to comprehensively address these issues in the older adult population.

This project involves identifying skills and resources necessary to promote interagency collaboration. The intensive collaboration and coordination of treatment with primary care providers is a key factor of this project. The project team will work with other agencies and providers in order to provide a complete array of support services to the mentally ill older adults with serious physical and mental health problems. Such agencies include but are not limited to the following: Health Services, Riverside County Regional Medical Center, Department of Public Social Services - Adult Protective Services, Grandparents Raising Grandchildren, Riverside County Office on Aging, Family Advocates, Inland Caregiver Resource Center, and other related consumer/community associations. The Older Adult Self-Management Health Team's coordination/collaboration efforts will not only maximize consumer's wellness and recovery, but also enhance and strengthen their community support systems.

Project Description

Currently, there is an emphasis in the literature on establishing medical homes utilizing primary care physicians in order to strengthen the physician-patient relationship and establish a long-term healing relationship between patient and provider. For older adults with serious and persistent mental illness receiving medication management, it is especially difficult to work with two or more doctors, follow medical directions and coordinate their own care. Often these multiple challenges severely restrict community involvement through increasing social isolation and increased mental and physical

EXHIBIT C

Innovation Work Plan Narrative

health problems. This Project would enable the psychiatrist, along with a team of mental health professionals, to improve the overall functioning and sense of well-being of the consumer through programs involving cognitive symptom management, education and through interagency collaboration/cooperation. The older adult will receive assistance in the following areas: coordinating their own care, developing skills to better communicate with physicians, effectively monitor and self-report their own general health and skills to improve their social activities and community supports. This project would utilize the Registered Nurse in a pivotal position to coordinate the medication services provided by the clinic psychiatrist with the treatment provided by physical health care physicians. To monitor the overall physical health of the consumer, the following laboratory tests will be ordered at the initial assessment upon entry into the program and every 6 months thereafter.

- Comp Metabolic Panel w/e GFR
- Lipid Panel W/Reflex LDL
- CBC
- TSH
- Lithium (if applicable)
- Valproic Acid (if applicable)

Labs will be monitored by establishing a graphing model. The registered nurse will be available to accompany the older adult to his or her appointments with the clinic psychiatrist as well as the physical health care providers in order to actively coordinate care and model active dialogue with health providers.

In addition, a pharmacist will be utilized to monitor all medications, including prescription, over-the-counter medicines, herbal and homeopathic treatments to assure there are no contra-indicated interactions between medications and that consumers fully understand their medication regiment.

This evidence-based program includes a series of once-weekly, two and half hour workshops over a period of six weeks. The workshops are led by two trained facilitators; an Occupational Therapist and Peer Support Specialist. Topics addressed in the workshops include: 1) skill-building techniques to cope with issues such as frustration, fatigue, pain, and isolation, 2) appropriate exercise for maintaining and improving strength, flexibility, and endurance, 3) appropriate use of medications, 4) communicating effectively with family, friends, and health professionals, 5) nutrition, and 6) how to evaluate new treatments. Older Adults will participate in pre- and post-test measures to assess the changes in their perception of their chronic disease(s) and ability to self-management the same.

EXHIBIT C

Innovation Work Plan Narrative

A designated room will provide access to technology and information systems for the participants. There will be computer, fax machine, and copier for participant usage. In addition, a Peer Support Specialist will provide ongoing support and concierge services to help participants navigate the new program and to find and utilize community activities.

Data collection will monitor the following:

- The number of consumers with improvements in and/or maintenance of various health indicators.
- The number of consumers who report adherence to medications for their chronic health conditions such as diabetes, high blood pressure, heart disease, and asthma.
- The number of consumers who have increased their understanding of the medications they take for chronic health conditions.
- The number of consumers who report improved satisfaction with their physical health and well-being following implementation of their wellness and recovery plans.
- The number of consumers who report a reduction in their social role/activities limitations and/or an increase in pleasurable activities and physical activities.
- The number and percent of consumers who report using cognitive symptom management and exercise to reduce health distress.

The team-based care is a critical component of the Older Adult Self-Management Health Team. It is a fundamental shift from psychiatrist-centered care to a team approach with the focus on physical and mental wellness and recovery. It emphasizes non-traditional mental health interventions. The consumer and the clinic psychiatrist will work together to achieve the consumer's goals of wellness, recovery, and resiliency, instead of the psychiatrist simply prescribing and monitoring medications. The team works in close collaboration to consult, coach, educate, and encourage the consumer to achieve his or her individualized wellness and recovery goals in spite of physical and mental health limitations.

This project allows for a holistic approach to consumer care. The expected outcome is the creation of a consumer based system of care that creates practical, supportive services based upon the interactions between the informed, engaged older adult and the treatment team. The consumer will overcome the challenges of the physical and mental health conditions, learning to live a life with compassion, empowerment and fulfillment.

EXHIBIT C

Innovation Work Plan Narrative

The Older Adult Self-Management Health Team addresses both systems in an approach to care with non-traditional strategies that are not exclusively mental health based. This program identifies strategies to empower consumers addressing their own care, increasing consumer access to resources; improve interagency collaborations, and improve the coordination for the older adult identified population. Additional outcomes are expected to include decreased outpatient visits and hospitalization days, reduced isolation and increased knowledge of physical and mental health care including appropriate use of medication supports.

- **Wellness, Resilience, Recovery:** The Older Adult Self-Management Health Team Project will be a strength-based model based upon wellness, resiliency, and recovery of the older adult that empowers these consumers to develop the skills and confidence needed to effectively manage their physical and mental health care. The consumer will receive the service in a welcoming, accessible office with a wellness and recovery team that is focused on the concept of the resiliency of the person. Each care visit will build toward the goal of self-management support through the development of a specific plan that addresses both the physical and mental health care of the individual and builds upon their strengths and skills to enable them to remain connected in their community and social network. Effective and intensive coordination of all medical services will improve overall functioning.
- **Individual/Family Driven:** Family members will be encouraged to participate in the wellness plan. Family is defined as a person who is significant to the older adult's well-being, and individuals do not have to have a blood relationship with the consumer to be considered family.
- **Community Collaboration:** This Innovation Project promotes close collaboration between community providers, enriches the continuum of services provided to older adults and increases the community involvement of consumer.
- **Cultural Competency:** The project will serve a diverse population within our community and will address cultural needs, in communication, role of family and cultural values
- **Outcome-Based:** This project will evaluate performance indicators to determine if a holistic health centered model is a promising and viable model approach to providing care at a mental health clinic for older adults.
- **Focus on underserved communities:** This project will provide specialized attention and services to older adult populations who are marginally engaged in services through our current system of medication services.

EXHIBIT C

Innovation Work Plan Narrative

The outcome is expected to evidence that the implementation of an Older Adult Self-Management Health Team to address the complex physical and mental health care needs of older adults will positively impact the Riverside County Department of Mental Health system. For example, there will be a reduction of the number of individuals who experience complications from the polypharmacy of physical and mental health medications.

Contribution to Learning

Increase the quality of services, including establishing measurable outcomes:
The primary purpose of the Older Adult Self-Management Health Team Project is to introduce a new approach to the coordination of mental health care for older adults that has been successful in non-mental health contexts. This concept of the medical home was introduced in 1967 and refers to a central location for an individual's medical record. This practice approach was developed by the American Academy of Pediatrics (AAP) to serve children. (In 2002, the AAP expanded the concept to encompass primary care for all and emphasizing timely access to medical care, enhanced communication between the patient and their health care team, coordination and continuity of care, and a focus on quality and safety). This concept has not been utilized to address consumers with long term specialty mental health needs. The team will utilize non-traditional mental health strategies to address both physical and mental health needs through education, empowerment, and intensive care management services.

The project is expected to contribute to learning through the evaluation of a new service model for the mental health system by introducing a promising practice of a self-management health team within a specialty mental health clinic for older adults. The team provides a venue for the consumer to receive services that address both their physical and mental health care issues, increase their repertoire of self-management skills, and provide them with enhanced educational and social activities. These strategies engage the consumer in taking the necessary steps to maximize his or her strengths and assets, incorporating these in the development of an individualized physical and mental health wellness plan. The results would be a decrease in the consumer's reliance upon the core mental health system.

Positive outcomes expected include improved physical and mental health outcomes and enhanced quality of life. The RCDMH will learn if this type of program is viable within the existing mental health service model and could lead to the model being replicated in other clinics and for other age groups.

Additionally, this project would contribute to overall knowledge in this area through data collected on the impact on consumer health and fulfillment, coordination of care, and inter-agency collaboration.

EXHIBIT C

Innovation Work Plan Narrative

- The project is expected to demonstrate strategies for improving consumer's sense of wellness and resiliency and empowering them regarding their physical and mental health care.
- The project is expected to introduce the importance of linking physical and mental health through the centralized role of the registered nurse, the self-management health team, non-traditional mental health activities and intensive interface between physical and mental health care providers and the community.
- This project is expected to demonstrate how the Older Adult Self-Medication Health Team is a creative means of consumer education, empowerment, holistic practices, and medical team advocacy to bring together consumers, health and mental health providers into coordinated care.

The Older Adult Self-Management Health Team project builds upon an approach which is currently not provided as part of Riverside County traditional mental health services.

EXHIBIT C

Innovation Work Plan Narrative

Timeline

Implementation/Completion Dates: 07/11-12/15
MM/YY – MM/YY

The time line for the Older Adult Self-Management Health Team Implementation in from July 2011 through December 2015 as outlined below.

| Implementation/Completion Dates: | MM/YY-MM/YY |
|---|--------------------|
| Develop Evaluation Methodology, Participant and Staff Surveys, and Measurement Tools. | 07/11-08/11 |
| Finalize Program Components, Train Staff, and Begin Transformation of the Medication Services Component | 08/11 |
| Begin Program Implementation | 09/11 |
| Review First Round Evaluations and Performance Indicators, Make Recommendations/Changes | 10/11-01/12 |
| Review Second Round Evaluations and Performance Indicators, Make Recommendations/Changes | 03/12-04/12 |
| Review Third Round Evaluations and Performance Indicators, Make Recommendations/Changes | 06/12-07/12 |
| Year-End and Second Round Evaluations and Performance Indicators, Make Recommendations/Changes, Conduct Focus Groups. | 09/12-11/12 |
| Evaluate and Communicate Final Results and Lessons Learned | 11/12-12/12 |
| Share Results w/Stakeholder Meetings/Older Adult System of Care Committee | 12/12 |

EXHIBIT C

Innovation Work Plan Narrative

Project Measurement

Outcome measures will be developed for pre- and post-test evaluation by those consumers participating in the project.

Measurements will be taken to monitor the following:

- The number of consumers with improvements in various health indicators.
- The number of consumers who report adherence to medications for a variety of chronic health conditions such as diabetes, high blood pressure, heart disease and asthma
- The number of consumers who have gained an understanding (how, when, why and what) of the medications they take for chronic health conditions.
- The number of consumers who report improved satisfaction with their physical health and well-being.

Assessment measures will be administered by the medical team and monitored by the RCDMH Research Department.

Leveraging Resources (if applicable)

Medi-Cal and Low Income Health Plan Revenue.

EXHIBIT D

Innovation Work Plan Description (For Posting on DMH Website)

County Name

Riverside County

Annual Number of Clients to Be Served (If Applicable)

100 Total

Work Plan Name

Older Adult Self-Management Health Team

Population to Be Served (if applicable):

Older Adult populations ages 60+ with complexities of mental health conditions and co-morbid health conditions.

Project Description (suggested length - one-half page): Provide a concise overall description of the proposed Innovation.

This project establishes an Older Adult Self-Management Health Team for consumer engagement and self-management support through the use of the Chronic Disease Self-Management Evidenced Base Practice Model as well as interagency collaboration/coordination. This model addresses both the physical and mental health care issues for older adults. Little or none of these supports-disease self-management or collaboration between physical and mental health-exist in the current mental health medication services system. This innovative model provides strategies to comprehensively address these issues in the older adult population.

**Mental Health Services Act
Innovation Funding Request**

County: Riverside County

Date: 7/12/2011

| Innovation Work Plans | | | FY 11/12 Required MHSA Funding | Estimated Funds by Age Group (if applicable) | | | |
|-----------------------|--|----------------------------------|---|---|-------|-------------|-----------|
| No. | Name | Children, Youth, Families | | Transition Age Youth | Adult | Older Adult | |
| 1 | 1 | Older Adult Self-Management Team | \$550,939 | | | | 550,939 |
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| 26 | Plans | | \$550,939 | \$0 | \$0 | \$0 | \$550,939 |
| 27 | Plus County Administration | | \$47,219 | | | | |
| 28 | Plus Optional 9% Operating Reserve | | \$50,289 | | | | |
| 29 | Total MHSA Funds Required for Innovation | | \$648,447 | | | | |

**Mental Health Services Act
Innovation Funding Request**

County: Riverside County

Date: 7/12/2011

| Innovation Work Plans | | | FY 12/13 Required MHSA Funding | Estimated Funds by Age Group (if applicable) | | | |
|-----------------------|--|----------------------------------|---|---|-------|-------------|-----------|
| No. | Name | Children, Youth, Families | | Transition Age Youth | Adult | Older Adult | |
| 1 | 1 | Older Adult Self-Management Team | \$513,275 | | | | 513,275 |
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| 26 | Plans | | \$513,275 | \$0 | \$0 | \$0 | \$513,275 |
| 27 | Plus County Administration | | \$56,663 | | | | |
| 28 | Plus Optional 9% Operating Reserve | | \$60,346 | | | | |
| 29 | Total MHSA Funds Required for Innovation | | \$630,284 | | | | |

**Mental Health Services Act
Innovation Funding Request**

County: Riverside County

Date: 7/12/2011

| Innovation Work Plans | | | FY 13/14 Required MHSA Funding | Estimated Funds by Age Group (if applicable) | | | |
|-----------------------|--|----------------------------------|---|---|-------|-------------|-----------|
| No. | Name | Children, Youth, Families | | Transition Age Youth | Adult | Older Adult | |
| 1 | 1 | Older Adult Self-Management Team | \$513,275 | | | | 513,275 |
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| 26 | Plans | | \$513,275 | \$0 | \$0 | \$0 | \$513,275 |
| 27 | Plus County Administration | | \$56,663 | | | | |
| 28 | Plus Optional 9% Operating Reserve | | \$60,346 | | | | |
| 29 | Total MHSA Funds Required for Innovation | | \$630,284 | | | | |

**Mental Health Services Act
Innovation Funding Request**

County: Riverside County

Date: 7/12/2011

| Innovation Work Plans | | | FY 14/15 Required MHSA Funding | Estimated Funds by Age Group (if applicable) | | | |
|-----------------------|--|----------------------------------|---|---|-------|-------------|-----------|
| No. | Name | Children, Youth, Families | | Transition Age Youth | Adult | Older Adult | |
| 1 | 1 | Older Adult Self-Management Team | \$513,275 | | | | 513,275 |
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| 26 | Plans | | \$513,275 | \$0 | \$0 | \$0 | \$513,275 |
| 27 | Plus County Administration | | \$56,663 | | | | |
| 28 | Plus Optional 9% Operating Reserve | | \$60,346 | | | | |
| 29 | Total MHSA Funds Required for Innovation | | \$630,284 | | | | |

**Mental Health Services Act
Innovation Funding Request**

County: Riverside County

Date: 7/12/2011

| Innovation Work Plans | | Required MHSA Funding | Estimated Funds by Age Group (if applicable) | | | |
|-----------------------|---|-----------------------|---|----------------------|-------|-------------|
| No. | Name | | Children, Youth, | Transition Age Youth | Adult | Older Adult |
| 1 | Older Adult Self-Management Team | \$2,090,764 | | | | \$2,090,764 |
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| 26 | Plans | \$2,090,764 | | | | \$2,090,764 |
| 27 | Plus County Administration | \$217,208 | | | | |
| 28 | Plus Optional 9% Operating Reserve | \$231,328 | | | | |
| 29 | Total MHSA Funds Required for Innovation | \$2,539,300 | | | | |

**RIVERSIDE COUNTY MHSA INNOVATIONS
BUDGET NARRATIVE
Older Adult Self-Management Team
FY 2011/2012**

| | Budget Amount |
|--|--------------------------|
| A. Expenditures | |
| 1. Personnel Expenditures Estimated 10 months salaries and county benefits for 4.2 new program FTEs. | \$393,495 |
| 2. Operating Expenditures Estimated 10 months cost of program rent, utilities, building maintenance, equipment rent, communication services , travel, transportation, general office expenditures such as postage, printing, and supplies, medication costs, and program overhead charges such as liability, malpractice, property, and insurance. | \$118,048 |
| 3. Non-recurring expenditures Estimated cost of equipping new program staff and acquiring and/or expanding current office space. These costs will include workstations, computers, printers, telephones and tenant improvements. | \$123,210 |
| 4. Training Consultant Contracts | \$0 |
| 5. Work Plan Management | |
| 6. Total Proposed Work Plan Expenditures | \$634,753 |
| B. Revenues | |
| 1. Existing Revenues | \$0 |
| 2. Additional Revenues a) MediCal New program generated Medi-Cal revenue. | \$83,814 |
| 3. Total New Revenue | \$83,814 |
| 4. Total Revenues | \$83,814 |
| C. Total Funding Requirements | \$550,939 |

EXHIBIT F

Innovation Projected Revenues and Expenditures

County: Riverside County

Fiscal Year: 2011/2012

Work Plan #: _____

Work Plan Name: **Older Adult Self-Management Team**

New Work Plan

Expansion

Months of Operation: 09/2011-6/2012

MM/YY - MM/YY

| | County Mental Health Department | Other Governmental Agencies | Community Mental Health Contract Providers | Total |
|---|---------------------------------------|-----------------------------------|---|------------------|
| A. Expenditures | | | | |
| 1. Personnel Expenditures | 393,495 | | | \$393,495 |
| 2. Operating Expenditures | 118,048 | | | \$118,048 |
| 3. Non-recurring expenditures | 123,210 | | | \$123,210 |
| 4. Training Consultant Contracts | | | | \$0 |
| 5. Work Plan Management | | | 0 | \$0 |
| 6. Total Proposed Work Plan Expenditures | \$634,753 | \$0 | \$0 | \$634,753 |
| B. Revenues | | | | |
| 1. Existing Revenues | | | | |
| a) MediCal | \$83,814 | | | \$83,814 |
| 2. Additional Revenues | | | | |
| 3. Total New Revenue | \$0 | \$0 | \$0 | \$0 |
| 4. Total Revenues | \$83,814 | \$0 | \$0 | \$83,814 |
| C. Total Funding Requirements | \$550,939 | \$0 | \$0 | \$550,939 |

Prepared by: Patti Crislip
 Telephone Number: (951) 358-4579

Date: 5/26/2011

**RIVERSIDE COUNTY MHSA INNOVATIONS
BUDGET NARRATIVE
Older Adult Self-Management Team
FY 2012/2013**

| | Budget Amount |
|---|--------------------------|
| A. Expenditures | |
| 1. Personnel Expenditures Estimated 12 months salaries and county benefits for 4.2 new program FTEs. | \$472,194 |
| 2. Operating Expenditures Estimated 12 months of program rent, utilities, building maintenance, equipment rent, communication services , travel, transportation, general office expenditures such as postage, printing, and supplies, medication costs, and program overhead charges such as liability, malpractice, property, and insurance. | \$141,658 |
| 3. Non-recurring expenditures | \$0 |
| 4. Training Consultant Contracts | \$0 |
| 5. Work Plan Management | \$0 |
| 6. Total Proposed Work Plan Expenditures | \$613,852 |
| B. Revenues | |
| 1. Existing Revenues | \$0 |
| 2. Additional Revenues a) MediCal New program generated Medi-Cal revenue. | \$100,577 |
| 3. Total New Revenue | \$100,577 |
| 4. Total Revenues | \$100,577 |
| C. Total Funding Requirements | \$513,275 |

EXHIBIT F

Innovation Projected Revenues and Expenditures

County: Riverside County

Fiscal Year: 2012/2013

Work Plan #: _____

Work Plan Name: **Older Adult Self-Management Team**

New Work Plan

Expansion

Months of Operation: 07/2012-06/2013
MM/YY - MM/YY

| | County Mental Health Department | Other Governmental Agencies | Community Mental Health Contract Providers | Total |
|---|---------------------------------------|-----------------------------------|---|------------------|
| A. Expenditures | | | | |
| 1. Personnel Expenditures | 472,194 | | | \$472,194 |
| 2. Operating Expenditures | 141,658 | | | \$141,658 |
| 3. Non-recurring expenditures | 0 | | | \$0 |
| 4. Training Consultant Contracts | | | | \$0 |
| 5. Work Plan Management | | | 0 | \$0 |
| 6. Total Proposed Work Plan Expenditures | \$613,852 | \$0 | \$0 | \$613,852 |
| B. Revenues | | | | |
| 1. Existing Revenues | | | | |
| a) MediCal | \$100,577 | | | \$100,577 |
| 2. Additional Revenues | | | | |
| 3. Total New Revenue | \$0 | \$0 | \$0 | \$0 |
| 4. Total Revenues | \$100,577 | \$0 | \$0 | \$100,577 |
| C. Total Funding Requirements | \$513,275 | \$0 | \$0 | \$513,275 |

Prepared by: Patti Crislip
Telephone Number: (951) 358-4579

Date: 5/26/2011

**RIVERSIDE COUNTY MHSA INNOVATIONS
BUDGET NARRATIVE
Older Adult Self-Management Team
FY 2013/2014**

| | Budget Amount |
|---|--------------------------|
| A. Expenditures | |
| 1. Personnel Expenditures Estimated 12 months salaries and county benefits for 4.2 new program FTEs. | \$472,194 |
| 2. Operating Expenditures Estimated 12 months of program rent, utilities, building maintenance, equipment rent, communication services , travel, transportation, general office expenditures such as postage, printing, and supplies, medication costs, and program overhead charges such as liability, malpractice, property, and insurance. | \$141,658 |
| 3. Non-recurring expenditures | \$0 |
| 4. Training Consultant Contracts | \$0 |
| 5. Work Plan Management | \$0 |
| 6. Total Proposed Work Plan Expenditures | \$613,852 |
| B. Revenues | |
| 1. Existing Revenues | \$0 |
| 2. Additional Revenues a) MediCal New program generated Medi-Cal revenue. | \$100,577 |
| 3. Total New Revenue | \$100,577 |
| 4. Total Revenues | \$100,577 |
| C. Total Funding Requirements | \$513,275 |

EXHIBIT F

Innovation Projected Revenues and Expenditures

County: Riverside County

Fiscal Year: 2013/2014

Work Plan #: _____

Work Plan Name: **Older Adult Self-Management Team**

New Work Plan

Expansion

Months of Operation: 07/2013-06/2014

MM/YY - MM/YY

| | County Mental Health Department | Other Governmental Agencies | Community Mental Health Contract Providers | Total |
|---|---------------------------------------|-----------------------------------|---|------------------|
| A. Expenditures | | | | |
| 1. Personnel Expenditures | 472,194 | | | \$472,194 |
| 2. Operating Expenditures | 141,658 | | | \$141,658 |
| 3. Non-recurring expenditures | 0 | | | \$0 |
| 4. Training Consultant Contracts | | | | \$0 |
| 5. Work Plan Management | | | 0 | \$0 |
| 6. Total Proposed Work Plan Expenditures | \$613,852 | \$0 | \$0 | \$613,852 |
| B. Revenues | | | | |
| 1. Existing Revenues | | | | |
| a) MediCal | \$100,577 | | | \$100,577 |
| 2. Additional Revenues | | | | |
| 3. Total New Revenue | \$0 | \$0 | \$0 | \$0 |
| 4. Total Revenues | \$100,577 | \$0 | \$0 | \$100,577 |
| C. Total Funding Requirements | \$513,275 | \$0 | \$0 | \$513,275 |

Prepared by: Patti Crislip
 Telephone Number: (951) 358-4579

Date: 5/26/2011

**RIVERSIDE COUNTY MHSA INNOVATIONS
BUDGET NARRATIVE
Older Adult Self-Management Team
FY 2014/2015**

| | Budget Amount |
|---|--------------------------|
| A. Expenditures | |
| 1. Personnel Expenditures Estimated 12 months salaries and county benefits for 4.2 new program FTEs. | \$472,194 |
| 2. Operating Expenditures Estimated 12 months of program rent, utilities, building maintenance, equipment rent, communication services , travel, transportation, general office expenditures such as postage, printing, and supplies, medication costs, and program overhead charges such as liability, malpractice, property, and insurance. | \$141,658 |
| 3. Non-recurring expenditures | \$0 |
| 4. Training Consultant Contracts | \$0 |
| 5. Work Plan Management | \$0 |
| 6. Total Proposed Work Plan Expenditures | \$613,852 |
| B. Revenues | |
| 1. Existing Revenues | \$0 |
| 2. Additional Revenues a) MediCal New program generated Medi-Cal revenue. | \$100,577 |
| 3. Total New Revenue | \$100,577 |
| 4. Total Revenues | \$100,577 |
| C. Total Funding Requirements | \$513,275 |

EXHIBIT F

Innovation Projected Revenues and Expenditures

County: Riverside County

Fiscal Year: 2014/2015

Work Plan #: _____

Work Plan Name: **Older Adult Self-Management Team**

New Work Plan

Expansion

Months of Operation: 07/2014-06/2015

MM/YY - MM/YY

| | County Mental Health Department | Other Governmental Agencies | Community Mental Health Contract Providers | Total |
|---|---------------------------------------|-----------------------------------|---|------------------|
| A. Expenditures | | | | |
| 1. Personnel Expenditures | 472,194 | | | \$472,194 |
| 2. Operating Expenditures | 141,658 | | | \$141,658 |
| 3. Non-recurring expenditures | 0 | | | \$0 |
| 4. Training Consultant Contracts | | | | \$0 |
| 5. Work Plan Management | | | 0 | \$0 |
| 6. Total Proposed Work Plan Expenditures | \$613,852 | \$0 | \$0 | \$613,852 |
| B. Revenues | | | | |
| 1. Existing Revenues | | | | |
| a) MediCal | \$100,577 | | | \$100,577 |
| 2. Additional Revenues | | | | |
| 3. Total New Revenue | \$0 | \$0 | \$0 | \$0 |
| 4. Total Revenues | \$100,577 | \$0 | \$0 | \$100,577 |
| C. Total Funding Requirements | \$513,275 | \$0 | \$0 | \$513,275 |

Prepared by: Patti Crislip
 Telephone Number: (951) 358-4579

Date: 5/26/2011

**RIVERSIDE COUNTY MHSA INNOVATIONS
BUDGET NARRATIVE
Older Adult Self-Management Team
FY 2011 - FY 2015**

| | Budget Amount |
|---|--------------------------|
| A. Expenditures | |
| 1. Personnel Expenditures Estimated 46 months of salaries and county benefits for 4.2 new program FTEs. Staffing consists of 1.0 FTE RN IV, 1.0 FTE Office Assistant II, 1.0 FTE MH Peer Specialist, .20 FTE Occupational Therapist II, .50 FTE Per-Diem Pharmacist, .50 FTE Staff Psychiatrist IV. Position fulfillment is not limited to full time staff, but could also include part time staff. | \$1,810,076 |
| 2. Operating Expenditures Estimated 46 months of program rent, utilities, building maintenance, equipment rent, communication services , travel, transportation, general office expenditures such as postage, printing, and supplies, medication costs, and program overhead charges such as liability, malpractice, property, and insurance. | \$543,023 |
| 3. Non-recurring expenditures Estimated cost of equipping new program staff, acquiring and/or expanding current office space, and vehicle purchase. New program staff costs will include workstations, computers, printers, telephones, and tenant improvements. | \$123,210 |
| 4. Training Consultant Contracts | \$0 |
| 5. Work Plan Management | \$0 |
| 6. Total Proposed Work Plan Expenditures | \$2,476,309 |
| B. Revenues | |
| 1. Existing Revenues | \$0 |
| 2. Additional Revenues a) MediCal New program generated Medi-Cal revenue. | \$385,546 |
| 3. Total New Revenue | \$385,546 |
| 4. Total Revenues | \$385,546 |

**RIVERSIDE COUNTY MHSA INNOVATIONS
BUDGET NARRATIVE
Older Adult Self-Management Team
FY 2011 - FY 2015**

| | |
|---|--------------------|
| C. Other | |
| 1. County Administration All general and regional overhead allocated to the new program, including the Fiscal Unit, Program Support, IT Services, Human Resources, and County Support Services. | \$217,209 |
| 2. Optional 10% Operating Reserve Additional 9% Operating Reserve requested to fund the new program. | \$231,328 |
| 4. Total Other | \$448,537 |
| D. Total Funding Requirements | \$2,539,300 |

Riverside County Department of Mental Health (RCDMH)'s Older Adult Self-Management Team project is anticipated to require Innovation funding for a period of four years starting FY 2011/12 – FY 2014/15 at an estimated total cost of \$2,539,300. RCDMH will request \$2,539,300 from the FY 2011/12 Planning Estimates. It is estimated that these funds will support the entire 46 months of the project. The following years will be funded using prior unspent Innovation funds and/or future Innovation planning estimates. The Design & Development Phase is expected to cover the first 20 months and cost of \$1,104,043. The Testing Phase is planned for the next 14 months of the project and is estimated at \$772,831. The final 12 months (one year) will be the Learning Phase at a projected cost of \$662,426.

EXHIBIT F

Innovation Projected Revenues and Expenditures

County: Riverside County

Fiscal Year: 2011-2015

Work Plan #:

Work Plan Name: Older Adult Self-Management Team

New Work Plan

Expansion

Months of Operation: 07/2011-06/2015

MM/YY - MM/YY

| | County Mental Health Department | Other Governmental Agencies | Community Mental Health Contract Providers | Total |
|---|---------------------------------------|-----------------------------------|---|--------------------|
| A. Expenditures | | | | |
| 1. Personnel Expenditures | 1,810,076 | | | \$1,810,076 |
| 2. Operating Expenditures | 543,023 | | | \$543,023 |
| 3. Non-recurring expenditures | 123,210 | | | \$123,210 |
| 4. Training Consultant Contracts | | | | \$0 |
| 5. Work Plan Management | | | 0 | \$0 |
| 6. Total Proposed Work Plan Expenditures | \$2,476,309 | \$0 | \$0 | \$2,476,309 |
| B. Revenues | | | | |
| 1. Existing Revenues | | | | |
| a) MediCal | \$385,546 | | | \$385,546 |
| 2. Additional Revenues | | | | |
| 3. Total New Revenue | \$0 | \$0 | \$0 | \$0 |
| 4. Total Revenues | \$385,546 | \$0 | \$0 | \$385,546 |
| C. Total Funding Requirements | \$2,090,763 | \$0 | \$0 | \$2,090,763 |

Prepared by: Patti Crislip
 Telephone Number: (951) 358-4579

Date: 5/26/2011

ATTACHMENT 1
MHSA Innovation Component

Older Adult Self-Management Team Project

Mental Health Board
Public Hearing
Wednesday, July 6, 2010

1. Where will this program be located? Please be specific as to city and clinic.

There will be 100 individuals selected from the existing Medication Management Services at the Tyler Village Wellness and Recovery Clinic located in Riverside.

2. How are they going to select the 100 participants for the program?

See response above. The criteria will be to work with those that have the most serious medical complications because they need the most help with managing both their physical and mental health care. The program will be implemented in phases and will start with 25 participants for about 3 months, then add another 25, and then add another 25, etc., until we get to 100 participants. In order to embody the cultural diversity of the county, we will also try to engage participants from the underserved and diverse ethnic groups.

3. The project mentions about the RN going with the clients to their physicians, but you don't see any CSAs in the plan for transportation. How are we going to get them (clients) to a clinic?

The Registered Nurse (RN) is going to provide transportation to and from the Primary Care Physician's office, and if necessary, we will use our existing Community Service Assistants (CSAs). The nurse will go with the client to the primary care physician and role model the behavior to teach them how to advocate for themselves.

4. What specific programs and services will the Peer Specialist and Occupational Therapist be providing?

The Occupational Therapist is going to conduct the Chronic Disease Self-Management Program. The Peer Support Specialist will handle the Community Re-engagement Program.

5. Have they selected the team to support this program? And, if not, how might one go about applying to participate in this program?

We will open recruitment for the Office Assistant, Peer Support Specialist and Nurse positions. The psychiatrist position will be handled through the Department's Medical Director and the Pharmacist will most likely be hired as a consultant.

6. How 'severe' are these clients going to be as far as physical and mental health? Are there any restrictions? What will be the selection criteria?

The Department will go back through and examine the list of 200 existing clients currently receiving Medication Management and would select the most comprised (with the most severe medical issues) stroke, cardio vascular, arthritis, COPD, diabetes. Those will be the primary health categories and then within those, we would determine the severity of their conditions. The focus will be on those with quite severe physical health issues and even though a person is receiving medication services, there must also be some strong MH issues to address. However, they must be stable enough to actively participate in the program.

7. It mentions that this program is based on a recovery model. Is there a website or other source to get more information on this model, and if so, please provide it?

Evidence-Based Program: <http://patienteducation.stanford.edu/programs/cdsmp.html>

Recovery Model: <http://www.mhavillage.org/>

8. It looks like there will not be enough money for all the services they will be providing based on the funding (\$550K) vs. expenses per client (\$600K) ratio.

There was quite a bit of thought put into the budget and the proposal is for \$2.5 million over 4 years. There is \$1.1 million allocated for the first 20 months to start up the program. The following 14 months, the budget is about \$772K; and then the final 12 months, it is reduced to \$682 to phase down the program. The Department conducted extensive discussions and planning when developing the program and the corresponding budget, so we will evaluate it as it progresses and adjust, if necessary.

9. Is this similar to the Blaine Street Adult Program?

This is a different model of integration, because the service providers are not co-located. We are providing staff that is mobile and they will go to wherever the PCP is located— so that is the primary difference. We are not integrating the people at the same site like we are with the adult participants at Blaine Street. The nurse will participate in the extra coordination with PCP and support the client through the process.

10. Is the time line realistic – if they are to start implementation in July, they must move very quickly?

There are a lot of pieces to implementation that go beyond having staff in place – it is developing the recruitment, establishing outcomes, training, participant selection, etc. These initial assessments and planning phases will probably most likely start in July. However, if you mean start serving people with the whole team, no it will not happen that quickly.

11. As these are integrated services for health and mental health, are all the funds coming from MHSA?

MHSA will fund the mental health side of the project, but whatever medical services are required will be paid through the consumer's regular health care provider.