



MADERA COUNTY BEHAVIORAL HEALTH SERVICES Administration

JANICE MELTON, LCSW
DIRECTOR OF BEHAVIORAL HEALTH SERVICES

- MENTAL HEALTH DIRECTOR
- ALCOHOL/DRUG PROGRAM ADMINISTRATOR

P.O. BOX 1288
MADERA, CA 93639-1288
PHONE (559) 675-7926
FAX (559) 675-4999
CONFIDENTIAL CLIENT INFORMATION FAX (559) 661-2818

Madera County Behavioral Health Services
Community Services and Supports (CSS) Plan Update
Fiscal Year (FY) 2008/09
May 28, 2008

Dear Community Stakeholders:

In order for Madera County Behavioral Health Services (BHS) to access the Mental Health Services Act (MHSA) Community Services and Supports (CSS) funds for FY 2008/09, the California State Department of Mental Health (DMH) Information Notice No. 08-10 requires the County to submit an update to its existing Three-Year Program and Expenditure Plan. This CSS plan update will also function as a request to modify the existing MHSA Agreement. The County may not implement any new program or discontinue an existing approved program until DMH has issued written approval of the County's update. Madera County BHS is recommending the following modifications to its existing CSS plan for FY 2008/09:

Program #1: Children's Full Service Partnership (FSP)

Description: This program is projected to serve up to 34 children, ages 0-15, who are identified through the school, social services, probation, or other sources as being at risk of out-of-home placement and/or at risk of placement in a higher level of care and/or at risk of school failure because of their untreated serious emotional disorder. The FSP staff, using a "whatever it takes" approach, assist participants and their families to obtain needed mental health services, transportation, stable housing, and other systems of support.

Recommendations:

1. BHS recommends the consolidation of Program #1 Children Full Service Partnership (FSP) with Program #2 Transitional Age Youth (TAY) FSP of the original MHSA approved plan. The combining of these programs allows the existing staff to work more efficiently in serving both age groups and makes the mandatory reporting and data collection process less cumbersome and more time and cost efficient. The proposed consolidation of programs does not change existing services, staffing, or funding for these programs.
2. BHS recommends that two vacant MHSA funded positions, a 1.00 FTE Driver and a 1.00 FTE Case Worker that were in the original plan, be exchanged for a 1.00 FTE Mental Health Clinician position. Between the Children's FSP and the TAY FSP there are currently 2.00 FTE Mental Health Clinician positions, 1.00 FTE Alcohol/Drug Counselors, 4.00 FTE Case Worker positions, 2.00 FTE Driver positions, and 1.00 Program Assistant positions. BHS is recommending that one of the driver positions and one of the case worker (vacant) positions be exchanged for another 1.00 FTE Mental Health Clinician position. There has not proven to be a need for more than the 1.00 FTE driver since much of the driving is provided through case workers who provide outreach services in the field for their clients. Additionally, the Children/TAY FSP's would like to follow a treatment model of having case workers assigned to each clinician. This model allows the clinician to carry and manage a larger caseload with the assistance of a case worker. By hiring an additional clinician, BHS will be able to fully staff this treatment model. This recommendation does not impact funding for the FSP's and allows for increased caseload and efficiency in providing client services.

Program #2: Transitional Age Youth (TAY) Full Service Partnership (FSP)

Description: This program is projected to serve 34 TAY's, ages 16 – 25, who are at risk of school failure and/or any other unsuccessful transition to adulthood because of their untreated serious mental health disorder. Staff for this program focus on reducing inappropriate incarcerations, homelessness and hospitalizations, reducing level of care in group homes, and assisting participants in obtaining housing, schooling, and work skills toward the goals of independence, education, and employment.

Recommendations:

1. BHS recommends the consolidation of Program #1 Children Full Service Partnership (FSP) with Program #2 Transitional Age Youth (TAY) FSP. The combining of these programs allows the existing staff to work more efficiently in serving both age groups and makes the mandatory reporting and data collection process less cumbersome and more time and cost efficient. The proposed consolidation of programs does not change existing services, staffing, or funding for these programs.

Program #3: Adult Full Service Partnership (FSP)

Description: This program is targeted to serve 45 Adults, ages 26 – 59, who are at risk of or currently involved in the criminal justice system because of their untreated severe mental illness. Staff focus on reducing homelessness, incarceration, and hospitalization, and assist participants in obtaining housing, income, and an increased support system.

Recommendations:

1. BHS recommends the consolidation of Program #3 Adult FSP with Program #4 Older Adult FSP. The bringing together of these programs allows the existing staff to work more efficiently in serving both age groups and makes the mandatory reporting and data collection process less cumbersome and more time and cost efficient. The proposed consolidation of programs does not change existing services, staffing, or funding for these programs.

Program #4: Older Adult Full Service Partnership (FSP)

Description: This program is targeted to serve 40 Adults, ages 60 and over, who are at risk of hospitalization or being institutionalized because of their untreated severe mental illness. Staff focus on reducing homelessness, isolation, excessive emergency room visits, nursing home care and/or hospitalization, and assist participants in maintaining their independence with a support system that allows them to remain in their own home.

Recommendations:

1. BHS recommends the consolidation of Program #3 Adult FSP with Program #4 Older Adult FSP. The bringing together of these programs allows the existing staff to work more efficiently in serving both age groups and makes the mandatory reporting and data collection process less cumbersome and more time and cost efficient. The proposed consolidation of programs does not change existing services, staffing, or funding for these programs.

Program #5: Hope House (General System Development)

Description: Madera County contracts with a non-profit organization to run a "drop-in center" in downtown Madera where integrated services are provided to adult and older adult consumers. The primary goal of the center is to enhance access to and utilization of existing mental health, drug and alcohol, social service, housing, vocational, health, recreation, and public assistance services. It also provides basic prevention and early intervention services for family members and others who play a significant role in the lives of individuals with severe mental illness. In FY 2007-08, BHS received MHSA Expanded System Capacity funds, which were used to fund two County case worker positions to operate out of Hope House and provide on-site brokerage, linkage, and job training services.

Recommendations:

1. BHS recommends the two case worker positions assigned to Program #5 (Hope House) in FY 2007- 08 be reassigned to the Adult/Older Adult FSP. When we implemented the 2007-08 Expanded System Capacity plan we realized that we should have specified the additional case workers as part of the Adult/Older Adult FSP as opposed to Hope House.

With this opportunity to update our plan, we believe the reassignment of these case workers to the Adult/Older Adult FSP would be programmatically beneficial. The case workers will still provide on-site brokerage and linkage services at Hope House, plus vocational job training and paid work experience services to FSP clients and other client participants of Hope House. The reassignment of these case workers will result in a shift of MHSA funds from Hope House to the Adult/Older Adult FSP but the reassignment does not require additional monies or a change in existing services for the Hope House participants.

Program #6: Expansion Services

Description: This program allows for expanded service delivery to accommodate the anticipated increase in the demand for service as a result of increased community education and outreach, and the identification of individuals who have been unserved or underserved county-wide. 5.00 FTE Mental Health Clinicians will be hired for placements at five sites: Madera, Oakhurst, Chowchilla Counseling, Maple and Family Treatment Centers (one clinician per site). The clinicians will expand the service capacity of the three counseling centers and decrease the waiting time for services. 1.00 FTE driver will also be hired to meet the transportation needs of clientele located in the outlying areas of Chowchilla and Oakhurst.

Recommendations:

1. No changes are recommended for this program

Program #7: Supportive Services & Structure

Description: The goals of this program are to establish support groups and educational classes throughout Madera County for clients and family members (or others) who provide significant support to individuals who are severely mentally ill. The program also seeks to provide information about public mental health services and to identify community members who can assist in providing support and education on mental health issues to the community at large. Another focus of this program is to develop much needed housing resources for the homeless mentally ill.

Recommendations:

1. BHS recommends that the roles of the Housing Analyst and Office Assistant in this program be expanded to include other duties within the different MHSA components. Currently there is not enough activity in the MHSA housing program to engage these staff fulltime in housing whereas other CSS administrative program components have a demand for additional supportive services. The Analyst and assistant would continue their initial task of developing housing resources and they would take on other MHSA tasks. There would be no impact to staffing or budget for this recommendation and it would allow for more efficient use of these positions.

Program #8: Unserved/Underserved Population

Description: Outreach services are being provided to the populations that have been historically underserved. In Madera County the two most underserved populations are Latinos and older adults. An Outreach Clinician will be based in Madera and will be available to do mental health assessments in the three counseling centers (including Chowchilla and Oakhurst), Madera Community Hospital (including Emergency Room), other medical facilities, community agencies and programs, and homes. This individual will have special skills and training regarding the unique needs and challenges experienced by Latinos and older adults. Primary referral sources will be Madera Community Hospital, Adult Protective Services, and law enforcement agencies.

Recommendations:

- 1) BHS recommends that Program #8 be consolidated with the Adult/Older Adult FSP program. The initial Unserved/Underserved program had a fulltime Outreach clinician providing outreach and assessments to underserved populations and a .075 Spanish speaking psychiatrist providing three hours a week with the monolingual and bilingual Latino population. During this last year, the contracted psychiatrist left the area and BHS has been unable to successfully recruit a replacement thus making this component of Program #8 no longer sustainable.
- 2) The Outreach clinician has continued to help identify unserved/underserved individuals and refer them to appropriate programs and services. BHS recommends the Outreach clinician position (which is all that is left of Program #8) be

placed in the Adult/Older Adult FSP to assist that program with the extensive outreach and engagement that many potential FSP clients required before they are willing to accept services. This recommendation does not impact program funding or client services.

As a result of the BHS recommended changes, Madera's eight MHSA programs would be consolidated into five MHSA programs:

1. Program #1: Children and Transitional Age Youth Full Service Partnership
2. Program #2: Adult and Older Adult Full Service Partnership
3. Program #3: Hope House
4. Program #4: Expansion Services
5. Program #5 Supportive Services and Structure

None of the changes suggested have a financial impact on existing MHSA services. BHS is primarily recommending a consolidation of our existing programs to maximize services for clients and to streamline our data collection and reporting processes.

If you would like to comment on this recommendation, please contact us by e-mail, telephone, Postal mail, or in person, using the contact information below.

Madera County Department of Behavioral Health Services

Attention: David Weikel

117 North "R" Street

Madera, CA 93637

Telephone: (559) 675-7926

E-mail: david.weikel@madera-county.com