

Tulare County Mental Health Community Services and Supports Plan Update 2008/09

Updating Tulare County's Approved Three Year Plan

In 2005, Tulare County Community Stakeholders provided a broad mandate in the Stakeholder Outreach and Engagement Process that supported the development of Tulare County's Approved Three Year Plan for the Mental Health Services Act (Proposition 63). The elements of that Plan were intended to provide extensive and far-reaching changes for the Mental Health System in Tulare County and the County remains focused on that Plan and its support for change. This has been an ambitious undertaking and there have been some challenges in implementation that this Plan Update seeks to remedy. In general, the Plan Update proposes a reorganization of partnerships and staffing to improve the Plan's ability to deliver the benefits identified in the original stakeholder process. Those modifications are specified in the body of the Plan Update.

The State Department of Mental Health (DMH) must issue a written approval for a Plan in order for the Mental Health Department to access Tulare County's allocation of Mental Health Services Act funding for 2008/2009. In addition to releasing our funding, the approval of a Plan Update is required to add any new programs or discontinue existing programs. Before submitting a Plan Update for DMH approval, Tulare County's Department of Mental Health is seeking Stakeholder input through a public posting of this proposed Plan Update.

Background for Tulare County's 2008/2009 Proposed Plan Update

Tulare County's Three Year Approved Plan provides a broad roadmap to impact Mental Health Services across the entire mental health system. This Three-Year Plan, which was first approved on April 28, 2006, aims to increase the availability of culturally and linguistically appropriate mental health services across the county and develop new, comprehensive wellness-oriented programs for individuals with Serious Mental Illness or Severe Emotional Disturbance across all ages. The objectives of the Approved Plan include identifying, engaging and providing services to specific age groups (such as Older Adults and Transitional Age Youth) and communities (such as providing services in rural communities or to groups that speak languages other than English).

Successful programs require specialized expertise to effectively engage and serve these populations. Tulare County has a significant workforce shortage. Program providers have been unable to hire the complete staff required to provide all the planned services and programs to all the identified groups in the Approved Three Year Plan. This Plan Update recommends new collaborations that will improve Tulare County Mental Health Department's ability to effectively fulfill the objectives of the Approved Plan. Overall, no increase in the level of staffing in the Approved Plan is proposed. Program budgets will be adjusted to reflect a re-allocation of Full Service Partnership (FSP) and Systems Development expectations among the Workplans. The number of FSPs to be enrolled across all programs at any one time will increase from 80 to 176. The number of consumers expected to be served through Systems Development funding was initially ambitious and will remain the same in this Plan Update.

Proposed change in Outreach

Effective use of clinical resources has been a challenge. One specific way to maximize our scarce clinical resources is to collaborate with non-clinicians to support and grow these new programs. “Outreach and Engagement” has been a core responsibility of the Mobile Units’ clinical staff and has reduced the staff’s capacity to provide clinical services, further exacerbating our workforce shortage. The Update proposes a collaboration to train home visiting programs and health outreach workers to discuss, educate and promote appropriate mental health services. This collaboration will support the Mental Health System in the following ways:

- Adds culturally proficient outreach capacity while freeing up scarce clinical resources
- Creates a training module that can be used to educate other groups about mental illness
- Reduces stigma by normalizing a discussion of mental illness and by characterizing mental illness as a part of overall health
- Increases familiarity with available services among those already reaching our un- and underserved communities and therefore acts to improve community knowledge about how to access services
- Provides culturally competent outreach from a “natural” and trusted resource.

Workplan Updates

WorkPlan Description	Challenges	Proposed Modification
<p>1 a, b and c) One Stops: The OneStop Workplan created three sites (Visalia, Tulare and Porterville) to provide mental health services and supports to Children and Transitional Age Youth</p> <p>The identified Priority Populations include Children (12-18) and Youth (18-24) who have a Severe Mental Illness or Serious Emotional Disturbance and are:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Unserved / underserved, <input type="checkbox"/> At-risk of out-of-home placements or leaving placement, 	<ul style="list-style-type: none"> <input type="checkbox"/> Transitional Age Youth (18-24) have needs that are distinctly different from children and adults. Both the Children’s System of Care and the Adult System of Care are not fully prepared to deal with the complex issues facing this population so this group is often not well served in either Children’s programs or Adult programs. <input type="checkbox"/> Programs that are specific to Transitional Age Youth are not generally suitable for Children, but the Approved Plan includes Children as a priority population as well as TAY. If the OneStops serve TAY, they are hard-pressed to also serve children <input type="checkbox"/> Tulare County has a significant workforce 	<ul style="list-style-type: none"> <input type="checkbox"/> Focus OneStops’ current staff on the specific programs and services needed by Transitional Age Youth (18-24) <input type="checkbox"/> Increase the number of Full Service Partnership Transitional Age Youth to be served in the OneStop Workplan from 42 to 75; 25 at each of the three sites when they are fully operational. The number of Systems Development Transitional Age Youth was ambitious and will remain at the 2007/2008 level of 191 at each of the three sites when they are fully operational. <input type="checkbox"/> Collaborate with Child Welfare, Probation and the Children’s Mental

<ul style="list-style-type: none"> <input type="checkbox"/> Current/at risk of involvement with the justice system, <input type="checkbox"/> Those with co-occurring disorders. 	<p>shortage. The OneStops have built staff competencies to address the needs of Transitional Age Youth, but are not able to expand staffing to cover separate programs for younger age teens and children.</p> <ul style="list-style-type: none"> <input type="checkbox"/> The original goals for “Full Service Partners” (the highest need consumers to be served in the Workplan) were 27 Children and 15 Transitional Age Youth. With staff and collaborations in place, the numbers to be served can be expanded. 	<p>Health System to identify and serve high-risk children and their families in order to reach this Workplan’s Child Priority Population.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Use these collaborations to support the growth of services to children with SED including support of growth in EPSDT, AB3632 and other programs <input type="checkbox"/> In accord with the Approved Plan, children will be served through family partnership programs, in schools, health clinics and/or community programs <input type="checkbox"/> Increase the number of Child Full Service Partners from 27 to 30 and expand the age limits on Child FSPs to allow children under 12. <input type="checkbox"/> Staffing slots and funding will be shifted from the OneStops to the United Program to reflect a shift in numbers served.
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<p>2) Transitional Supportive Housing Program: The Housing Program is designed to serve Transitional Age Youth (18 to 24 year olds) with Severe Mental Illness/Serious Emotional Disturbance by providing them with stable housing that includes supports in the development of life skills, managing the transition to adulthood and wellness and recovery.</p> <p>The Transitional Housing Program works closely with the providers of mental health services (OneStops, Foster Care) that are the sources of referrals to this program</p>	<ul style="list-style-type: none"> <input type="checkbox"/> This program has successfully operated, often at capacity, so there have been times when the program is unable to accept a candidate because all currently available housing slots were occupied. <input type="checkbox"/> Referrals from Porterville have been difficult to serve because of the distance between Visalia (where the housing is) and Porterville (where the clinical team is based) 	<ul style="list-style-type: none"> <input type="checkbox"/> Add an additional 2 slots at the Visalia site when appropriate <input type="checkbox"/> Open a Porterville housing project with a target of 10 slots (5 apartments) <input type="checkbox"/> Increase budget from \$309,000 to \$620,000 and increase staff to support two locations

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<p>3) Mobile Units (Unidos para la Salud) This Workplan in the Approved Plan was divided into North and South programs to provide mental health services and linkages to services for un- and underserved children, youth, transitional age youth, adults and older adults.</p> <p>The intent of the Approved Plan is to increase access to services by bringing services to the consumer either in the Mobile Van or by providing services in collaboration with other service providers, health organizations or other “natural” sources of supports</p> <p>The Workplan is also supposed to serve those who meet qualifications for Full Service Partnerships: currently or at risk for homelessness, at risk of criminal justice involvement, impacted by domestic violence, currently or at risk of institutionalization, and/or with co-occurring disorders in addition to a Severe Mental Illness.</p>	<ul style="list-style-type: none"> ❑ The staff composition and skills needed to provide culturally competent, linguistically appropriate services to rural communities is not the same skill set or composition needed to address the needs of Older Adults or many Full Service Partners who need intensive, comprehensive services and supports that may not be available when staff are occupied in a remote area with the Mobile Unit. ❑ Continuity among different parts of the overall system of care has been challenged by the introduction of new programs. Improving continuity and collaborations will improve consumer access and reduce gaps in care that compromise recovery ❑ Tulare County’s workforce shortage has made it difficult for our contracted providers to develop a staff of sufficient size, with all the skills and experience needed to provide the full range of services for the populations identified in the Approved Plan. ❑ North Tulare County contains 20% of the population, but the expectations for North Mobile set forth in the Approved Plan are the same as for the South Mobile. Geographic restrictions under-utilize the programs’ resources. 	<ul style="list-style-type: none"> ❑ Combine the North and South Mobile Units into a county-wide plan to allow for more effective assignment of this resource. For planning purposes, this combined program will be referred to as the “United Program” ❑ Promote and focus the role of the Mobile Units (the actual vehicles and their staff) on increasing service availability in rural areas to culturally and linguistically underserved communities. Bringing mental health services to the client’s home or in collaboration with a trusted source of assistance is often a more culturally appropriate method of serving some client populations. ❑ The intended purpose of the Mobile (now “United”) Programs is to bring services to clients to better serve those that cannot access traditional clinic-based services. This principle will be expanded to bring mental health services and supports to clients in residential programs. An example of a residential group is the Transitional Living Center, a residential facility that serves consumers with Severe Mental Illnesses who fulfill the priority population characteristics in the Approved Plan: homeless or at risk of homelessness, at risk of institutionalization including hospitalization, at risk of criminal justice involvement and with co-occurring disorders.

		<ul style="list-style-type: none"> □ Increase appropriate referrals to the “United” Full Service Partnership Program by a closer collaboration with all parts of the Mental Health System. One example of this collaboration is with the courts (“Mental Health Court”) to identify and serve potential FSPs “at risk or involved in the criminal justice system”. □ Add capacity to serve Older Adults through collaboration with the Older Adult Mental Health services in Health and Human Services. Assign geriatric-specialist clinicians to this Workplan to provide specific expertise in reaching, engaging and providing services and supports to Older Adults with Severe Mental Illness □ Allocate staff to serve as intensive case managers to help prospective clients better navigate the linkages between elements of the care system, particularly from jail-to-clinic services but also from hospitals, crisis and from intake to continuing services. □ Increase budget to reflect additional Full Service Partners’ housing, flex funds and supports expenses
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