

F A C T S H E E T

**APPROVAL TO FURTHER IMPLEMENT THE MENTAL HEALTH SERVICES ACT –
COMMUNITY SERVICES AND SUPPORTS PLAN
FOR FIELD CAPABLE CLINICAL SERVICES AND SERVICE EXTENDERS
IN DIRECTLY OPERATED PROGRAMS
AND
APPROVAL OF REQUEST FOR APPROPRIATION ADJUSTMENT
FOR FISCAL YEAR 2006-07**

**(ALL SUPERVISORIAL DISTRICTS)
(4 VOTES),**

REQUEST

Authorize the Department of Mental Health (DMH) to implement Field Capable Clinical Services (FCCS) for older adults in and/or associated with ten (10) directly operated outpatient clinics and one directly operated countywide program, in keeping with DMH's Mental Health Services Act (MHSA) Community Services and Supports (CSS) Plan. Effective upon Board approval, the Fiscal Year (FY) 2006-07 four (4) month pro-rated cost for FCCS is \$1,785,545 funded with \$1,304,083 in MHSA funding and \$481,462 in anticipated Federal Financial Participation (FFP) Medi-Cal revenue; the FY 2007-08 annual FCCS cost is \$4,470,017 funded with \$3,025,630 MHSA funding and \$1,444,387 FFP.

Requesting authorization to fill 38 new ordinance positions (33.25 FTEs) in excess of that which is currently approved for DMH's staffing ordinance to deliver FCCS.

In addition, requesting approval of the Request for Appropriation Adjustment for FY 2006-07 in the amount of \$1,401,000 to increase FFP in the amount of \$482,000 and shift budgeted appropriation from Services and Supplies (S&S) to Salaries and Employee Benefits (S&EB) in the amount of \$1,086,000 and to Fixed Assets in the amount of \$315,000.

PURPOSE/JUSTIFICATION

Implementation of FCCS will provide the first DMH system-wide, locally based multi-disciplinary core teams to focus exclusively on individuals age 60 and above. A team consisting of at least three (3) licensed mental health professionals will staff the program in each Service Area. The teams will be supplemented by Service Extenders, who are volunteer peer counselors trained to work with older adults and who will receive a small stipend for the services they provide. The existing countywide program, Genesis, will expand its capacity to provide targeted interventions for the most vulnerable older adults with mental illness, including those referred from the Office of the Public Guardian, Adult Protective Services, and other County departments.

Since many older adults are affected by the stigma of mental illness and will not seek services from a mental health agency, over 60 percent of the services will be field based

and delivered in community location(s) that are frequented by older adults such as primary care settings, senior/public housing complexes, senior centers, and homeless shelters. Older adults who are frail or homebound will receive services in their places of residence. The goal of the Service Extender Program is to help minimize the social isolation and improve the community functioning of these older adults through a network of peer counselors, reflective of the community to be served.

In addition to furthering the goals of the MHSA, the recommended actions are intended to fill a longstanding gap in the service delivery system by identifying older adults with serious mental illness who are not currently being served, as well as those who are significantly underserved, and have reduced personal or community functioning, are homeless or at risk of becoming homeless, institutionalized, hospitalized, or requiring nursing home care or emergency room services. By providing specialized mental health services in locations preferred by and/or sensitive to the unique needs and limitations of older adults, FCCS will enhance access to mental health services for those who historically have encountered obstacles to receiving care.

There is no net County cost associated with implementing FCCS.

BACKGROUND/HISTORY

DMH plans to implement both directly operated and contracted FCCS programs, strategically located throughout the County. In October 2006, the Department issued Request for Services Number 8 (RFS No. 8) for contracted FCCS programs. DMH will return to the Board for authority to execute contract amendments with existing contractors and to obtain approval of any new contracts for additional FCCS programs based on the results of the RFS process currently underway.

Each DMH directly-operated clinic or program requesting FCCS funding was required to develop a clinical program for Older Adults specific to the needs of their area and to demonstrate they met the same minimum requirements as prospective contract agencies responding to the FCCS RFS. With respect to the volunteer Service Extenders, the National Mental Health Association of Greater Los Angeles (NMHAGLA) has agreed to act as the fiscal intermediary for DMH to manage payment of the stipends they will receive for their services.

DMH will use its delegated authority, approved by the Board on November 8, 2005, to amend NMHAGLA's existing Consulting Services Agreement in the amount of \$60,600 annually for this program. Ten percent (10%) of the amount will be used to cover their indirect costs and the remaining 90% of the funds will be allocated for stipend payments calculated at the rate of \$8.40 an hour up to a maximum of \$75.00 a month for each Service Extender.

In addition to the programs outlined above, to facilitate the delivery of services, the Department plans to co-locate DMH staff in settings where older adults congregate, such as Department of Health Services' primary health care centers and Community and Senior Services service centers. It is anticipated there will be no exchange of funds for use of the space. Prior to co-locating any DMH staff however, the Department will obtain approval from the CAO and County Counsel to enter into non-financial leases and operational agreements with facilities where DMH staff are co-located.

IMPACT ON CURRENT SERVICES

Implementation of the FCCS program for DMH directly-operated clinics is targeted to begin March, 2007. The program will be operational in all Service Areas and Supervisorial Districts.

FCCS is anticipated to vastly improve DMH's ability to deliver field based, clinical services to individuals with serious mental illness who are age 60 and older and are reluctant or unable to seek services from a traditional mental health clinic. A multi-disciplinary core team trained in the issues specific to the older adult population and consisting of at least three (3) licensed mental health professionals and augmented with Service Extenders (volunteer peer counselors) will staff the program in each Service Area. For the first time, staff will be available to deliver services in settings where older adults receive their health care, congregate for socialization, and seek faith-based services. Staff will also provide services where older adults reside -- in senior housing or family homes -- which they often cannot or will not leave. It is expected that directly operated programs will deliver services to 1,165 older adult clients annually when FCCS is fully implemented.

Further details of the FCCS are included in the Attachment (Overview).

DMH Contact

Additional information regarding the FCCS program can be requested from Robin Kay, Ph.D., Deputy Director, Los Angeles County Department of Mental Health. Dr. Kay can be reached at 213 738-4851 or by email at rkay@lacdmh.org.

OLDER ADULT FIELD CAPABLE CLINICAL SERVICES (FCCS)

OVERVIEW

Primary Components of the FCCS Program

The following components are shared by all contract and directly-operated providers:

- Over 60% of all services are delivered in the field.
- Services are provided in the client's homes, as needed, particularly for the frail elderly and clients who are home-bound but also for follow-up visits in-between clinic or primary care appointments.
- Staff are trained to provide specialized assessments and differential diagnosis with appreciation for the impact of dementia, substance abuse (particularly with prescribed medications), and general medical conditions.
- Collaborations are established with health care and other community based agencies which serve the older adult population.
- Clients are assisted with establishing benefits if they are eligible.

Types of FCCS Services and Composition of Core Team

While the multi-disciplinary treatment team composition may vary, most treatment teams are comprised of certain core members, such as a registered nurse or nurse practitioner, a social worker, a psychiatrist and a medical case worker or community worker. The team structure and utilization of member's expertise will be based upon the nature of the Field Capable Clinical Services program particular to the Service Area and the individual needs of the client for whom services are required.

Examples of Field Capable Clinical Services include:

- Outreach and Engagement
- Bio-psychosocial assessment
- Individual and family treatment
- Medication support
- Specialized assessment and treatment interventions for co-occurring disorders, i.e. mental illness and substance abuse
- Peer counseling, family education¹ and support
- Linkage and case management support, including linkage for co-occurring medical, dental, vision or other health care needs
- Consultation with gero-psychiatrists, geriatricians, gero-pharmacists, and neuropsychologists

¹ For the purpose of this RFS, the term "family" or "families" refers to immediate and/or extended family, conservator(s) and others significant in the lives of older adults.

Service Extenders

“Service Extenders” are clients in recovery or family members who are interested in and able to form a caring relationship with older adults. Following specialized training, Service Extenders will serve as volunteer members of multi-disciplinary Field Capable Clinical Services teams. Service Extenders will:

- Provide support to vulnerable older adult clients to support wellness and recovery.
- Provide home visits to strengthen network of relationships and decrease social isolation.
- Assist clients in developing community living skills and utilizing community resources by discussing common experiences.
- Provide support for family members to strengthen the family members’ network of relationships.
- Convey community and client cultural patterns and attitudes to multi-disciplinary team.

Population to Be Served

Each DMH clinic program focused their program on one or more of the following older adult populations.

- Isolated and/or homebound older adults unable to care for self, with limited or without support system.
- Older adults with a history of or at serious risk of neglect or abuse.
- Older adults with co-occurring mental illness and substance abuse.
- Older adults transitioning from one level of care to another (e.g. home to residential or skilled nursing facility).
- Older adults released from jail or with a history of or who are at risk of incarceration.
- Older adults with multiple psychiatric hospitalizations in the recent past.
- Older adults who are homeless or at risk of homelessness.

Other Services

Self Help and Family Support Groups – Referrals to these services for clients and family members/caregivers/conservators shall be provided on a regular basis to develop a support network and to provide information on recovery and wellness.

Access to Physical Health Care – Referrals to and assisting in accessing physical health care shall be made for all clients so that their needs for treatment, including preventative care, are addressed in a timely manner.

Benefits Establishment and Services to the Uninsured – Referrals to these services shall be made to assess clients' financial status, identify benefits to which they may be entitled (e.g., Medicaid, Medicare) and perform all actions with or on behalf of a client to ensure entitlements are established.

Representative Payee and Money Management – Referrals to these services for clients without conservatorships who have been determined to be unable or unwilling to manage their financial resources.

Interagency Collaboration and Community Partnerships – Establishing and maintaining informal and formal relationships with other community agencies/resources that serve clients and share accountability for achieving client outcomes within the same community.

Continuity and Coordination of Care – Coordination of services with all applicable service providers, including but not limited to mental health clinics, institutional providers, Full Service Partnerships, and Service Area Navigators to ensure continuity of care and coordination of services that support wellness and recovery.