

**SUBMITTAL TO THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**

332A



FROM: Department of Mental Health

SUBMITTAL DATE:
March 11, 2010

SUBJECT: Accept grant award from Riverside Community Health Foundation

RECOMMENDED MOTION: That the Board of Supervisors approve and:

1. Accept the funding grant award #2010-01 from Riverside Community Health Foundation in the amount of \$3,000 for FY 09/10 for sustaining medication for physical healthcare treatment in dual diagnosis residential treatment programs;
2. Authorize the Chairman of the Board of Supervisors to sign the attached Recipient's Acknowledgement of Receipt of Grant form issued by the Riverside Community Health Foundation; and
3. Authorize the Director of the Department of Mental Health to sign future renewals and amendments for this grant, in accordance with Board of Supervisors' Policy A-30, from Riverside Community Health Foundation for sustaining medication for physical healthcare treatment in dual diagnosis residential treatment programs.

BACKGROUND: In mental health services today, increasingly, clients do not only have a serious mental illness, but also have co-occurring, serious substance abuse related disorder(s). Adults with serious mental illness are known to die 15-20 years younger than the general adult population. The outcomes for individuals with serious co-occurring mental illness, substance-related disorders and physical illness are far worse. **Continued on Page 2**

JW:SL

Maria T. Mabey

Maria T. Mabey, Assistant Director
For Jerry Wengerd, Director of the Department of Mental Health

FINANCIAL DATA	Current F.Y. Total Cost:	\$0	In Current Year Budget:	Yes
	Current F.Y. Net County Cost:	\$0	Budget Adjustment:	No
	Annual Net County Cost:	\$0	For Fiscal Year:	2009/2010

SOURCE OF FUNDS: 100% Revenue	Positions To Be Deleted Per A-30	<input type="checkbox"/>
	Requires 4/5 Vote	<input type="checkbox"/>

C.E.O. RECOMMENDATION:

APPROVE

County Executive Office Signature

BY *Debra Cournoyer*
Debra Cournoyer

FORM APPROVED COUNTY COUNSEL
BY *Larisa R-Mickenna* DATE *3/11/10*

Policy Policy
Consent Consent

Dep't Recomm.:
Per Exec. Ofc.:

2.15

PAGE 2:

SUBJECT: Accept grant award from Riverside Community Health Foundation

BACKGROUND: (Continued)

The Riverside County Department of Mental Health (DOMH) places several clients each month into Dual Diagnosis Residential Treatment Programs (DORT) from 21-180 days in an effort to treat such disorders. Unfortunately, many of these mental health clients are indigent, and uninsured. The DOMH, therefore, pays for the program and psychotropic medications to maintain their mental health treatment, but has no funds to pay for the non-psychotropic medications for treatment of their physical conditions. Without these medications, the clients are at severe risk for adverse medical events and poor outcomes while in mental health programs. However, some of the clients may be eligible for the Medically Indigent Services Program (MISP) or Medi-Cal, but until they qualify neither the clients nor the DOMH has the capacity to pay for non-psychotropic medications. Even with MISP, there are still co-payments required to obtain medications that the DOMH's clients may not be able to afford.

On November 23, 2009 the DOMH applied for a small grant from the Riverside Community Health Foundation to cover the costs for the aforementioned non-psychotropic medications. On February 8, 2010, the DOMH subsequently received the grant award in the amount of three thousand dollars (\$3,000), and is therefore requesting that the Board of Supervisors accept the grant award and authorize the Chairman of the Board of Supervisors to sign the attached Recipient's Acknowledgement of Receipt of Grant form issued by the Riverside Community Health Foundation.

PERIOD OF PERFORMANCE:

This grant will be utilized by the DOMH in FY 2009/2010 with a possibility to re-apply in subsequent fiscal year as the grant becomes available.

FINANCIAL DATA:

This \$3,000 grant award will be used by the DOMH for the purchase of non-psychotropic medications for treatment of the DOMH's mental health client's physical health conditions as deemed necessary. No additional county funds are required.

RECIPIENT'S ACKNOWLEDGEMENT OF RECEIPT OF GRANT

TO: Riverside Community Health Foundation ("Foundation")

DATE: February 8, 2010

FROM: Riverside County Department of Mental Health

RE: Receipt of Grant \$ 3,000

GRANT No.: 2010-01

PURPOSE: Sustaining "Medical" Medication Treatment in Dual Diagnosis Residential Treatment Programs

The above Recipient hereby acknowledges receipt from the Foundation of grant check number 15857 in the above stated amount.

Special Notes:

IN WITNESS WHEREOF, the Recipient, by its duly authorized signatory, agrees that the above grant check was received.

Date Signed: _____

(Corporate Name of Recipient)

By: _____

Title: _____

Please return this original form by mail within 30 days of receipt to:

Riverside Community Health Foundation
c/o Ninfa E. Delgado, Vice President
4445 A Magnolia Avenue
Riverside, CA 92501

FORM APPROVED COUNTY COUNSEL

BY: Larisa R-Mckenna 3/11/10
LARISA R-MCKENNA DATE