YOLO COUNTY

MENTAL HEALTH SERVICES ACT (MHSA)

COMMUNITY SERVICES AND SUPPORTS THREE-YEAR PROGRAM AND EXPENDITURE PLAN

Fiscal Years 2005-06, 2006-07, 2007-08

EXHIBIT 1: PROGRAM AND EXPENDITURE PLAN FACE SHEET

MENTAL HEALTH SERVICES ACT (MHSA)
THREE-YEAR PROGRAM and EXPENDITURE PLAN
COMMUNITY SERVICES AND SUPPORTS
Fiscal Years 2005-06, 2006-07, and 2007-08

County: **Yolo** Date: January 18, 2006

County Mental Health Director:

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Printed Name

Signature

Date: January 18, 2006

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YOLO COUNTY
DEPARTMENT OF ALCOHOL, DRUG AND MENTAL HEALTH SERVICES
MENTAL HEALTH SERVICES ACT (MHSA)
Community Services and Supports
Three-Year Program and Expenditure Plan
Fiscal Years 2005-06, 2006-07, 2007-08

TABLE OF CONTENTS

INTRODUCTION

In November of 2004, a majority of California voters approved Proposition 63, the Mental Health Services Act (MHSA). The proposition mandated a 1% increase in individual income taxes for Californians earning over $1 Million per year, for the express purpose of transforming public mental health service systems throughout the state. Tax revenue collected under MHSA is projected to increase funds for public mental health services by an average of $700 Million per year statewide. Distribution of these monies to county mental health departments will occur in several phases, coinciding with the introduction of the primary components of the MHSA: Education and Training; Capital Facilities and Technology; Prevention and Early Intervention; and Community Services and Supports. The first to be implemented by counties is the Community Services and Supports (CSS) component, which alone represents over half of the anticipated annual funding to be received under MHSA.

The California Department of Mental Health has developed extensive rules and guidelines for implementation of the CSS component, including the requirement that all counties inform local stakeholders about the MHSA, involve all interested individuals in the identification of community needs and priorities, and enlist their participation in the development of a Community Services and Supports implementation plan. In addition to providing $124,176 to Yolo County for initiating its MHSA planning process, the State of California has earmarked $5,604,190 in CSS funds for Yolo County to receive over the next three fiscal years (representing $1,819,900 per year and allowing for small cost increases).

Hundreds of Yolo County stakeholders, including Supervisor Helen Thomson and the members of our Local Mental Health Board, have supported our local MHSA planning process with compassion and determination. Our stakeholders attended dozens of evening meetings, read hundreds of documents, formed a Community Planning Council and five subcommittees, drafted several program plans, endured necessary cuts and modifications to their ideas, reviewed several redrafts, and helped the ADMHS Management Team and MHSA Coordinator to build the following Community Services and Supports Program and Expenditure Plan.

We thank and applaud our Yolo County MHSA stakeholders for their effort, their tenacity, and their exceptional devotion to Yolo County consumers.

OVERVIEW

As a required first step to implementation of the Mental Health Services Act, Yolo County Department of Alcohol, Drug and Mental Health Services ("ADMHS") developed and submitted its "Plan to Plan" Funding Request for Community Program Planning on March 15, 2005. Thirty days later, Yolo County received unconditional approval of its plan from the California Department of Mental Health, and soon thereafter, planning funds in the amount of $124,176. In Yolo County, the planning process for Community Services and Supports ("CSS") programs commenced with public forums in early March 2005, and with the distribution of MHSA questionnaires in English and Spanish. In subsequent months, 755 stakeholder questionnaires were collected and more than 80 public meetings, community presentations and trainings were performed on the topic of Community Services and Supports and the Mental Health Services Act.

For Yolo County Department of Alcohol, Drug and Mental Health Services, this was the second stakeholder process undertaken in less than three years. In mid-2003, ADMHS formed the Program Re-Structuring Committee, comprised of clients, family members, NAMI-Yolo members, ADMHS staff and management, local provider-contractors, Local Mental Health Board Members, Supervisor Helen Thomson representing the Board of Supervisors, Public Guardian Cass Sylvia, CAO staff and two staff from the California Little Hoover Commission. The mission of the PRSC was to address the provision of mental health services in a challenging fiscal environment, with ever-decreasing dollars. After more than 20 meetings, the Program Re-Structuring Committee presented 13 Policy and Program Recommendations and 4 Research and Analysis Recommendations to the Yolo County Board of Supervisors. These recommendations were received and unanimously approved by the Board of Supervisors on January 27, 2004. Astutely, the Board recognized that given the fiscal circumstances, implementation of the PRSC recommendations would take longer than hoped. The PRSC continued to meet, refining the recommendations and setting further priorities for implementation. A PRSC Consumer Housing Subcommittee was formed and charged with developing a report focusing on ways of developing more supportive housing for individuals with serious mental illnesses. The Consumer Housing Report was submitted to the Yolo County Board of Supervisors on May 23, 2005.

As the changes recommended by the PRSC were being implemented, state and local fiscal circumstances worsened, the department lost a number of staff to attrition and a countywide hiring freeze was mandated. Several high-level positions were vacated and eliminated. ADMHS staff was forced to furlough for two weeks in late 2004, and further cuts were on the horizon. Still, the recommendations identified by the Program Restructuring Committee remained a priority of ADMHS and the county.

With the passage of the Mental Health Services Act (MHSA) in November of 2004, the stakeholders' hope for system transformation was restored. In mid-January, ADMHS Director Tom Pinizzotto appointed the ADMHS Family Partnership Coordinator, Joan Beesley, to serve as MHSA Coordinator for Yolo County. Ms. Beesley, the family member of a consumer and a 7-year employee of the department, had also been a member of the Program Re-Structuring Committee and the PRSC Consumer Housing Subcommittee.

Commencing with a presentation to the Local Mental Health Board on January 24, 2005, ADMHS began holding public forums and community presentations for stakeholders throughout the county, collecting ideas, prioritizing needs, and gathering stakeholder input. A MHSA Questionnaire, in both English and Spanish, was widely distributed. As the state's program guidelines and requirements were evolving, Yolo County formed the MHSA Community Planning Council for the purpose of formulating the CSS Program Plan. All members of the Local Mental Health Board were encouraged to participate, and all interested Yolo County stakeholders were welcomed to join. In addition, in an effort to be as inclusive as possible through all the stages and phases of this process, mass e-mails, mailings and information was consistently being distributed to stakeholders in the community to apprise them of the developments and encouraged their participation.

An all-day training and planning session was offered, and five subcommittees were formed—Children, Transition-Age Youth, Adult, Older Adult, and Forensics. Stakeholders joined subcommittees according to their interests (and some chose not to participate in subcommittee work). One ADMHS supervisory or managerial staff was appointed to each subcommittee, according to their areas of program expertise. The CPC subcommittees met simultaneously. Stakeholders were permitted to move between groups and participate in other groups' discussions, although most participants worked within one group. Subcommittee meetings and Community Planning Council meetings alternated weekly in Woodland and West Sacramento from May through July 2005. Each subcommittee developed at least one CSS plan and presented it to the Community Planning Council and the ADMHS Management Team.

The CSS Plan Requirements, as drafted and revised by the California Department of Mental Health, posed several challenges to stakeholders and county departments statewide. These requirements called for counties to utilize three funding types for CSS programs: *Outreach and Engagement* (for reaching out to un-served populations); *System Development* (to develop mental health services only); and *Full Service Partnerships* (providing the "whatever it takes" approach to service delivery). As per the CSS Plan Requirements dated August 1, 2005, the goal of individualized Full Service Partnerships is "to eventually provide all needed cost-efficient and effective services and supports for all those in need…" Additionally, "for the three-year planning period, DMH requires that

counties request a majority of their total CSS funding for Full Service Partnerships…" (MHSA CSS Requirements, pages 7-8.) Thus, Full Service Partnerships, offering comprehensive service plans with options for the consumer, must be the dominant program type. Qualifying as a small county, Yolo County is required to request a majority of its total CSS funding for Full Service Partnerships by Year 3 (FY 07-08). These requirements strongly affected our county's program plan over the entire three years, because comprehensive Full Service Partnership plans are often very costly.

With the majority of funding focused on **Full Service Partnerships**, some stakeholders believed non-FSP consumers would not benefit from the new CSS services. **General System Development** funds are intended to be transformational and are designed to improve programs, services and supports for the Full Service Partnership clients **and for other clients**. General System Development funding may only be used for mental health services and supports to address mental illness or emotional disturbance. Per the CSS Requirements, "Mental health services and supports include mental health treatment, rehabilitation services including supportive housing and supportive employment and personal service coordination/case management." Hence, many new services and supports will be available to clients under General System Development.

Outreach and Engagement funding is to be used to engage individuals with serious mental illnesses (or serious emotional disturbances in children) who are not currently receiving services. Funds for outreach and engagement may only be used to reach un-served populations, and it is hoped that these services will help to reduce ethnic disparities in accessing services.

Balancing these funding requirements was very challenging for our county, especially while our department was undergoing radical changes. When the Mental Health Services Act passed, the Department Senior Administration was still in transition; key positions remained vacant and an interim appointment was in place. Second, ADMHS was in the process of implementing a new Management Information System (MIS), leaving the department's technical abilities in limbo; the new system was not fully operational, and the old system was too antiquated to provide meaningful data. Third, in the prior year, ADMHS had lost grants for successful programs that stakeholders wanted to replace. The planning process was constantly being challenged by those who wanted to allocate funds to lost or under-funded programs. And finally, with the Department continuing to identify deeper financial deficit, the harsh reality of the limitations and expectations of MHSA funding contributed to the overall difficulty of the planning process.

The estimated total cost of the CSS programs proposed by the subcommittees far exceeded the $1,819,900 in annual CSS funding allotted by the state, and in early September 2005, following an in-depth review by the ADMHS Management

Team, the stakeholder proposals were reconfigured—some were combined, some were narrowed in scope, but program features were retained, and wherever possible, stakeholder priorities were maintained. The Management Team recalculated program costs and allocations. ADMHS Director Tom Pinizzotto presented amended program proposals for discussion at two joint meetings of the Community Planning Council and the Local Mental Health Board. Stakeholders were given time to review and comment, and further minor revisions were made based on stakeholder responses.

Four program proposals emerged:

For Children, ages 0-18: *The Greater Capay Valley Children's Pilot Program*

During fiscal years 05-06, 06-07 and 07-08, over $680,000 will be spent to provide mental health services in rural western Yolo County and bring culturally competent resiliency-based services to children 0-18 living in the Madison-Esparto-Capay area and/or attending school in Esparto Unified School District. This area of western Yolo County has higher than average populations of un-served or underserved Latino children. The primary focus of this program will be System Development-type mental health services, but the program will also provide a limited number of Full Service Partnerships (FSP)—six by FY 3. Outreach and Engagement will be extremely important to this rural area. FSP clients will have access to 24/7 care. Services will be integrated with Esparto schools, Rural Innovations in Social Economics Incorporated (RISE, Inc.) Family Resource Center, and the newly developing local medical clinic.

For Transition-Age Youth, ages 16-25: *Pathways to Independence*

Over the subject three fiscal years, over $1 Million will be earmarked for comprehensive wellness and recovery-based community services for Transition Age Youth. This program utilizes combined funding types, with a main focus on Full Service Partnerships—anticipating 18 by year three. Youth will be offered assistance in pursuing educational opportunities, job and job training opportunities, independent living opportunities, the chance to live independently, to drive an automobile, to manage their own finances. This program will provide assistance to homeless youth and young adults with mental illnesses; youth age 18 with mental health treatment needs who are emancipating from juvenile hall or foster care; youth who may be un-served or underserved and in need of assistance in obtaining benefits; and young adults ages 16-25 who have serious mental illness and are at risk of homelessness, or who may have a co-occurring substance use issue, and no means to provide for their own care. Young adult consumers who have been arrested for low-level, non-violent crimes will be offered Court case management services. The *Pathways* Program includes plans for a center specifically for transition-age youth with mental illnesses, offering supports and activities to encourage young consumers to focus on wellness while exploring pathways to recovery and independence.

For Adults, ages 18-60: *Wellness Alternatives*:

This program, which will serve our largest consumer population, will be allocated $2,519,859, nearly half of the total funds made available by MHSA in the first three fiscal years. This program blends several stakeholder objectives, offering for the first time a homeless program for mentally ill individuals in Davis and Woodland; featuring a Wellness Center, open and available for all consumers in transition and in need of support; temporary and transitional housing for Full Service Partnership consumers; access to crisis residential; a full-time Court Case Manager available to assist consumers arrested for low-level, non-violent crimes; expanded self-help and vocational services at the three provider-operated Regional Resource Centers; and integrated services for Full Service Partnership clients with co-occurring disorders. This CSS program is primarily the Full Service Partnership type, and is projected to accommodate 32 FSP clients by the third fiscal year. CSS funds will be available for FSP consumers who have no other insurance resources to pay for time spent in crisis residential housing when needed.

For Older Adults, ages 60 and up: *Older Adult Outreach and Assessment*:

The Older Adult program represents an expansion of our existing ADMHS program, and this expansion will receive $705,801 dollars over the three fiscal years, in addition to ADMHS maintaining funding of the existing positions. Based on stakeholder requests and the needs of older adult consumers, heavy emphasis will be placed on outreach to older adults from bilingual and bicultural backgrounds who are regionally isolated and who are in need of an assessment of their mental health treatment needs. This program will work with other agencies, including In Home Support, Public Health, Adult Protective Services, Adult Day Health and local senior centers. The Senior Peer Mentoring Program will be expanded to offer extra supports and promote caring and individualized outreach. This program will provide thoughtful and integrated assessments that will address the need for mental health treatment, physical health treatment, and other social services referrals. A major feature of the Older Adult program is the availability of an out of home crisis stabilization option, such as a 3- to 10-day stay at a skilled nursing facility or crisis residential facility, or residential placement to provide 24-hour support and supervision while an assessment is completed. This option will be voluntary and made available to the older adult client as a treatment option to in-home support. This program will offer a limited number of Full Service Partnerships to older adults with mental illnesses; we anticipate 5 FSP clients by year three. The assessment process will also be offered as a special engagement opportunity to older adults who are un-served and need assessment.

The Mental Health Services Act represents the opportunity of a lifetime to initiate new programs and implement system transformation. Once our Community

Services and Supports Program and Expenditure Plan is approved by the California Department of Mental Health, Yolo County could be provided with over $5.6 Million in mental health services funding over the next three fiscal years. In addition to the above-referenced specific program features, we are pleased to have included the following supports and services in various parts of the plan:

- Cultural competency training, with emphasis on understanding consumer culture and recovery concepts, will be provided to all CSS staff.
- CSS funds will cover the cost of one fulltime benefits counselor to serve clients in all CSS programs.
- CSS one-time funds will allow for enhancement of computer technology in order for our department to move to paperless client records and improved data management for CSS programs.
- More than 30 program staff from both partner agencies and the county proper will be added under CSS programs with a special emphasis on the recruitment of bilingual Spanish- and Russian-speaking staff and 14 part-time Consumer and Family Members.
- $50,000 has been requested to provide seed money for a consumer-run business assisted by a local CBO.
- $50,000 has been requested to upgrade and renovate an existing provider facility to be used as the Wellness Center and transitional housing
- Funds have been allocated for CSS clients to stay at CBO-operated crisis and non-crisis residential facilities when appropriate.
- Pending development and approval of a plan to leverage one-time funding of $454,975, a project to develop additional supportive housing for consumers will be initiated in the second year of CSS funding.
- Funding has been recommended to lease local facilities for staff and program integration.
- Funds available for one-time purchases will cover the cost of 13 vehicles to assist staff in reaching out to clients and assist clients in accessing services, keeping appointments, moving residences, or attending pro-social, vocational or educational events.
- All CSS Full Service Partnership clients will have access to 24/7 crisis services provided by MHSA staff.

Many of the services referenced above are represented in both the PRSC recommendations and the stakeholder input.

Yolo County's proposed Community Services and Supports Three-Year Program and Expenditure Plan under the Mental Health Services Act represents thousands of hours of staff and stakeholder effort and attention to detail. Many of the Community Services and Supports contained in these program plans reflect the recommendations of the Program Restructuring Committee, the ideas of our stakeholders, and the experience and hard work of many good people. This plan reflects not only our stakeholders' toil, but the efforts of everyone involved to follow the thoughtful recommendations and requirements of the California

Department of Mental Health, to pursue the goals set forth in our county's Plan to Plan, and to embrace the spirit of the Mental Health Services Act—system transformation. The reward for each of us is in knowing that we have had a small hand in the bigger artistry—we have helped to plant the seeds of system change in Yolo County.

PART I:
COMMUNITY PUBLIC PLANNING AND PLAN REVIEW PROCESSES

Section I. Planning Process

1) *Briefly describe how your local public planning process included meaningful involvement of consumers and families as full partners from the inception of planning through implementation and evaluation of identified activities.*

Yolo County has long been recognized for its high level of community activism in mental health issues and its interest in meeting the needs of individuals with mental illnesses. Not long before Proposition 63 was placed on the California ballot, Yolo County Department of Alcohol, Drug and Mental Health Services (hereafter "ADMHS") and a team of community stakeholders completed a year-long effort to restructure the department's adult client service system and address budget deficits approaching $1.5 Million annually for FY 03-04 and FY 04-05. This group, called Yolo County Program Re-Structuring Committee ("PRSC") was comprised of representatives from throughout the community, including a broad range of department staff (clinicians, managers, advocates), representatives of the Little Hoover Commission, a Yolo County Supervisor, county administrators, county agency staff, contract providers, NAMI representatives, consultants, consumers and family members. In early 2004, the PRSC's report containing 13 policy and program recommendations was delivered to the Yolo County Board of Supervisors (see Attachments 1 and 2). Furthermore, the PRSC formed a Consumer Housing Subcommittee, which was charged with developing a report focusing on ways of developing more supportive housing for individuals with serious mental illnesses. The PRSC Consumer Housing Report was submitted to the Yolo County Board of Supervisors on October 18, 2005, and received their unanimous approval; a copy of the Consumer Housing Report is included here as Attachment 3.

These recommendations and the housing report brought into focus many important areas of concern for users and providers of mental health treatment services and set the stage for the community planning process associated with the Mental Health Services Act ("MHSA").

Although the Program Re-Structuring Committee process involved an unprecedented level of community involvement, it was limited by comparison to the MHSA stakeholder process, which required even greater inclusiveness. For example, all MHSA meetings were fully open to public participation; stakeholder meetings were held after regular business hours in numerous locations throughout the county; our MHSA Community Planning Council sought participation by all interested local stakeholders; and, our planning addressed the needs of clients of all ages (not just adults). By reaching out to the rural areas of the county and offering meetings in a variety of locations, our staff sought to obtain input from stakeholders who were believed to be un-served or under-represented in the mental health system and/or from under-served communities.

As we began drafting our "Plan to Plan," we convened a number of public forums, distributed a stakeholder questionnaire, and developed community presentations. Information concerning mental health treatment needs and priorities was gathered at every opportunity. Beginning in January 2005, presentations on MHSA were made to a multitude of community groups, to individuals of all ages, and in various locations throughout Yolo County. We began distributing our MHSA Questionnaire in English in February; in March it was translated into Spanish and distributed (see Attachments 4 and 5), and in subsequent months it was translated into Russian and Vietnamese.

In early March 2005, well-publicized forums were held in the three largest cities of the county. Community members offered feedback on services and programs they thought were necessary to the transformation of the mental health system under MHSA. Spanish translation services were available at all meetings; other language translation was arranged on request.

In April 2005, we began reaching out to stakeholders to form our MHSA Community Planning Council. Weekend training was offered to prepare all interested stakeholders for serving on the Community Planning Council. Training topics included a review of the Community Supports and Services Program Plan Requirements and other key documents from DMH; cultural competency relative to the MHSA; the importance of AB 2034 programs to MHSA; the commitment involved in being a member of the Community Planning Council; and understanding wellness philosophy and the recovery vision.

Over the next several months, the MHSA Coordinator, Joan Beesley, with the help of a few bilingual staff comprised of consumers and family members, facilitated 15 public meetings directed at our cities and rural towns, at various age groups, and at the three local Regional Resource Centers, where consumers go for resources, information, groups and socialization. At these meetings, stakeholders voiced their opinions as to where they felt MHSA programs should focus, and where feasible, the stakeholders were asked to vote on their own ideas.

The MHSA Coordinator presented information about MHSA and solicited feedback at over 35 community meetings. Meetings attended included (but were not limited to) those of our local Homeless Coalition, Children's Health Services, Child Welfare Services, the Community Services Action Board, Juvenile Hall (met with youth detainees and separately with their parents), the Health Council, the League of Women Voters, Social Services Leadership Forum, Mental Health Court Ad Hoc Committee, PRSC Housing Subcommittee, various health fairs and farmer's markets, residential programs, Adult Day Health Centers in Woodland and West Sacramento, and the Yolo County Fair. In addition, outreach to monolingual Spanish-speaking and Russian-speaking stakeholders was performed, and our bilingual staff participated in Binational Cultural Events in October, 2005.

Continuing through July 31, 2005, our staff continued to distribute and collect MHSA questionnaires to individuals throughout the county. In all, 755 survey responses were collected (see Figure 1). Results compiled from these surveys are included among those listed in Part II, Section I, Question 1, *Community Issues Identified in the Public Planning Process* (see also Attachment 6).

Our MHSA Community Planning Council has met 22 times (both as a whole committee and jointly as subcommittees), and will continue to meet, to assist in the development of Community Services and Supports program plans and to provide stakeholder feedback on MHSA implementation. From 20 to 35 people have attended each meeting. The five subcommittees met concurrently; this allowed stakeholders to participate in more than one subcommittee if desired, and permitted staff to be available to provide information). Each subcommittee had a particular program focus: Children; Transition-Age Youth; Adults; Older Adults; and Forensic Issues. One key ADMHS staff person (a manager, supervisor or lead staff with specific expertise) facilitated program development in each of the five groups.

A list of all the focus groups and community meetings that were held, as well as the number of participants in each group, is included in this document (see Attachment 7). We plan to utilize the survey results of this substantial outreach effort to support our ongoing efforts in implementing the Mental Health Services Act and facilitating system transformation.

The following outreach strategies were used to gather participants for the focus groups and community meetings:

- For several months, we distributed our MHSA Questionnaire throughout the county, and often used the questionnaire as an outreach tool. Staff participated in health fairs, farmer's markets, and the county fair. MHSA staff teamed with staff of our Cultural Competency staff to visit special cultural and faith-based groups in the county, using the questionnaire topics to solicit input. Fliers were distributed about all pending meetings.

- Fliers advertising public forums and Community Planning Council meetings were distributed by outreach staff, posted in local businesses, and placed at clinics, libraries, provider offices and consumer resource centers. The fliers announced the MHSA planning process and its intent to transform the system, and inviting individuals to attend community meetings scheduled throughout the county. Flyers were printed on both sides of the page—one side in English and one in Spanish. (See Attachment 8.) Public forums were advertised in the newspaper and on a local Spanish television channel—*Univision.*

- Monthly reports were made to the Local Mental Health Board, and all board members were encouraged to participate in the Community Planning Council

meetings. On a regular basis, Community Planning Council meetings included three or more LMHB members.

- The MHSA Questionnaire, flyers about upcoming meetings, and news articles on the MHSA planning and implementation process were distributed via mailings to the entire membership of NAMI of Yolo County. All consumers and family members were encouraged to participate in the community planning process. Several NAMI members participated in every meeting.

- Food and drink were provided at every MHSA stakeholder meeting. Store purchase cards valued at $10 to $15 each were offered to consumer and family member participants (one card for each full hour of attendance) in consideration of sharing their time and expertise. These purchase cards (from Wal-Mart and Walgreen's) could be used for items such as food, gasoline, clothing, sundries, or household items. This practice will continue throughout the stakeholder planning process, as long as resources are available.

- ADMHS consumer and family member staff offered transportation services to stakeholders who could not arrange for their own transportation to meetings.

- Spanish translation services were available at all MHSA public forums and Community Planning Council meetings. Bi-lingual outreach staff spoke with individuals in the community, at the Migrant Labor Camp, in the churches, at the Family Resource Centers, and wherever opportunities allowed. Wherever possible, translated materials were distributed to Latino participants.

- At each public forum and community meeting, a brief introduction to the MHSA was conducted, explaining the core components of the MHSA, the vision and goals of the transformation, and the importance of family- and consumer-driven services. Following a group discussion identifying the un-served and under-served individuals in the community and the service needs of the un-served and underserved, lists of the areas of need discussed were posted and (whenever possible) each participant was allowed to select up to six program areas of concern. Where individual voting was not possible, participants were asked to complete a MHSA Questionnaire. These options allowed each participant to have an opportunity to identify his/her own priorities for mental health services. Individuals were offered assistance in completing the survey, and they were invited to take copies to other stakeholders in the community. At all forums and community meetings, Spanish/English flyers advertising upcoming meetings of the planning council were distributed.

- As a kickoff to the Community Planning Council process, two half-day Saturday trainings were offered in early April. These trainings were intended to orient stakeholder participants to the tasks and processes of the planning

council. Beverages, snacks, a meal, and purchase cards were offered to all consumers and family members who participated.

- On June 30, 2005, a second MHSA training event was held. We were able to offer free of charge an all day training conference with Dr. Mark Ragins as the instructor. Dr. Ragins spoke on the Recovery Vision and how it relates to the Mental Health Services Act. He facilitated breakout sessions/discussions, and he met with our Community Planning Council members to discuss their role in MHSA implementation. Dr. Ragins attracted many participants, and he spurred interest among our stakeholders and helped them to better understand how the implementation of recovery-based strategies could lead to the transformation of our mental health system. The event was open to all interested individuals. All stakeholders participating in the community planning process were strongly encouraged to attend; ADMHS clinical staff was required to attend.

The leadership of Yolo County Department of Alcohol, Drug and Mental Health Services believes the outreach activities for the MHSA planning process, including stakeholder trainings and regular meetings of the Community Planning Council, have helped to improve our communication with consumers, family members, neighborhood and cultural community leaders. Just as the planning process for development of the MHSA Community Services and Supports Program Plan represents an evolution and improvement over the Program Re-Structuring Committee stakeholder process, we believe our community will continue its open involvement throughout the full implementation of the Mental Health Services Act and the transformation of our mental health system. Our stakeholders are integral to the process of reshaping and transforming the way mental health services are delivered in Yolo County.

The following data illustrates the distribution of the 755 individuals who completed MHSA questionnaires relative to age, race and stakeholder role.

Figure 1
Yolo County MHSA Questionnaire Results as of 7/31/05
Number and Percent of Responses by Age
(N=755)

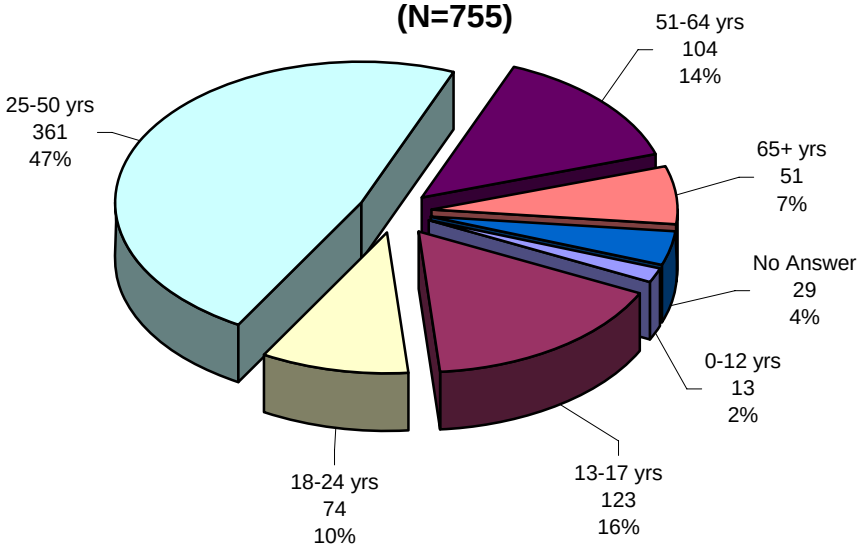
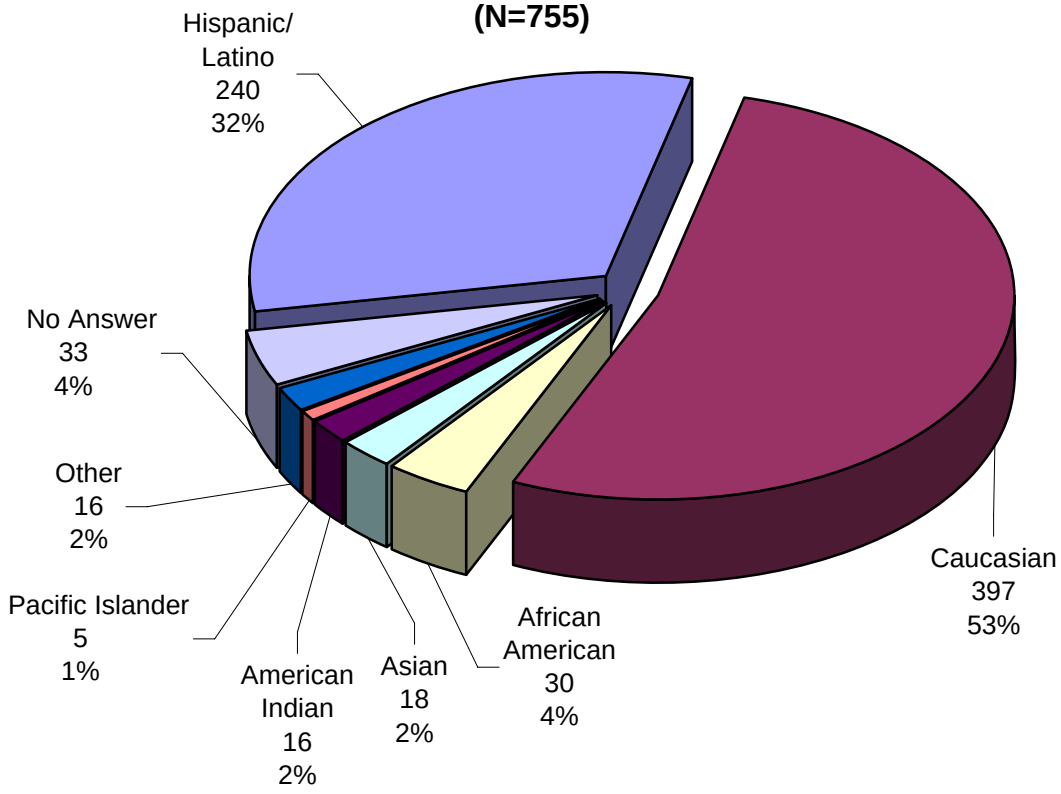


Figure 1 shows that a total of 755 individual surveys were completed. Nearly half of the respondents (47%) were ages 25-50. Fourteen percent were 51-64 years and 7% were 65 and older. Twenty-six percent were ages 13-24.

Figure 2
Yolo County MHSA Questionnaire Results as of 7/31/05
Number and Percent of Responses by Race/Ethnicity
(N=755)



The race/ethnicity of the respondents closely resembles the county population (see Figure 2). Thirty-two percent (32%) of the respondents were Latino (slightly higher than general population percentage of 29.6%), with 755 individuals completing a survey. Fifty-three percent (53%) of the respondents were Caucasian; the general population percentage in Yolo County is 54.1%. The remainder (15%) represented a number of different ethnic groups and included 4% who declined to answer.

Figure 3 (below) demonstrates the MHSA staff's effort to reach out to consumers. Although numbers of consumers participating in the long-term community planning process were comparatively small, nearly one-third of the respondents to the questionnaire identified themselves as consumers. (Over 150 respondents did not identify their stakeholder role; a significant number of these respondents are likely to be consumers, also.) There were at least 224 respondents in the process who identified themselves as consumers. Several focus groups were held specifically directed to mental health clients in the community, including groups at residential settings, Juvenile Hall, senior centers and the three county provider Regional Resource Centers (program locations instituted by the Program Re-Structuring

Committee). The outreach process focused on inclusion of mental health consumers and their families and un-served populations who generally do not participate in advocacy efforts.

Figure 3
Yolo County MHSA Questionnaire Results as of 7/31/05
Number and Percent of Responses by Stakeholder Role
(N=755)

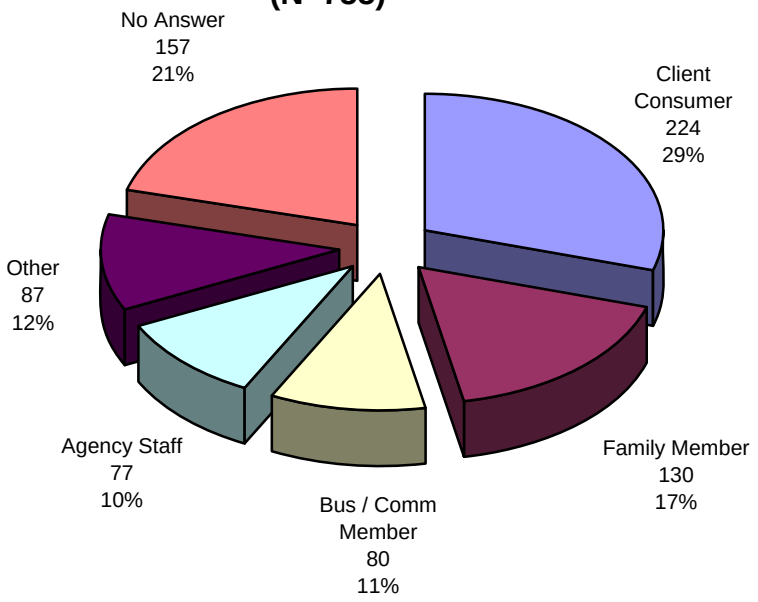


Figure 3 also shows that 130 family members of consumers represent 17% of all those who responded to the survey. Similarly, there were surveys from 156 consumers (28%). Among those who responded to this question, 224 consumers and 130 family members self-identified; 21% (157) declined to state their role. Therefore, consumers and family members represented 59% of all persons who answered the question regarding stakeholder role, and 47% of all persons (354) who completed the survey. Consumers and family members participated and had meaningful involvement in this planning process.

2) *In addition to consumers and family members, briefly describe how comprehensive and representative your public planning process was.*

Figure 3 above illustrates the comprehensiveness of the Yolo County planning process. In addition to the 354 consumers and family members, there were 80 business and community members (11%) and 77 county staff members (10%) who participated in the planning activities held in the county. An additional 87 individuals (12%) reported Other Affiliations. One hundred and fifty-seven chose not to answer the question (21%).

Yolo's MHSA planning process engaged representatives of un/under-served populations throughout the community. To reach un/under-served youth, focus groups included youth from Juvenile Hall, Social Services/Independent Living Skills

Program participants, youth employment groups, ADMHS consumers, and the general public.

To reach un/under-served adults, focus groups were held and surveys distributed to persons who were homeless; those living in temporary housing situations; the jail population; skilled nursing facilities; clinics; in Cal-Works offices; domestic violence groups; and to persons participating in substance abuse programs.

To reach un/under-served older adults, focus groups or distribution/collection of MHSA surveys were completed at senior centers, Adult Day Health centers, and senior residential facilities.

To reach culturally/linguistically diverse and un/under-served populations, surveys were translated into Spanish, Russian and Hmong; several presentations were made with translators present for Russian and Asian populations. Also, outreach that targeted Latino migrant farm workers was conducted at locations where workers congregated (the Migrant Labor Camp and outside local markets). Efforts were made to outreach to Latino residents and have them complete MHSA questionnaires at health fairs and cultural fairs. Other activities to reach geographically un/under-served populations were conducted, such as focus groups organized in rural libraries and advertised in local post offices and newspapers.

We also took a variety of steps to ensure the involvement of stakeholders throughout the planning process. Bi-weekly meetings of the Community Planning Council were scheduled, alternating with bi-weekly meetings of subcommittees for individual program categories held in a different location in the county (to encourage greater diversity overall). The five subcommittees (Children's, Transition-Age Youth, Adult, Older Adult, Forensic) met simultaneously, in a large meeting room, with each group stationed at a large table. The subcommittees worked on specific programs to address the specific concerns raised in surveys, focus groups, and stakeholder meetings. Key ADMHS staff participated in each subcommittee to facilitate development of the program ideas. Two related subcommittees sometimes met together for discussion (such as Adult with Forensic, or Children with Transition-Age Youth), or interested individuals sometimes moved between two subcommittees. At the end of each subcommittee meeting, groups reported to one another, and then again to the Community Planning Council at the next week's meeting.

The Community Planning Council was comprised of over 60 community members, consumers, and family members, mental health staff, other agency staff, and Mental Health Board members, and Yolo County Supervisor Helen Thomson, who oversees county mental health services. Between 30 and 35 individuals participated in Community Planning Council meetings. The group met bi-monthly during the stakeholder input collection process to review stakeholder feedback and recommendations from the work subcommittees, to review MHSA documents distributed by the California Department of Mental Health, to discuss priorities, strategies and needs. A core team of MHSA leaders, comprised of key staff, the

ADMHS Deputy Director of Clinical Programs, and Consumer and Family representatives, also met to review the program proposals being drafted by the subcommittees, to formulate staffing plans for these programs, and to develop preliminary budgets.

After plans drafted in the subcommittees were distributed to all members of the Community Planning Council and reviewed by both the core team and the larger group, redrafted proposals were submitted to the Community Planning Council. The Community Planning Council agreed on the determination of the priorities and strategies outlined by the individual subcommittees; however, the preliminary draft program budgets, plus the county's preliminary MHSA administrative budget, together far exceeded the county's funding allotment for Community Services and Supports of $1,819,900 per year under MHSA.

Mindful that the MHSA program plans drafted by the stakeholders must be feasible for the county department to implement, the plans were then presented for review to the complete ADMHS Management Team, which included:

ADMHS Director, Tom Pinizzotto
Deputy Director of Clinical Programs, Irma Rodriguez
Deputy Director of Fiscal, Romi Selfaison
Deputy Director of Quality Management and Intensive Services,
Christina Hill-Coillot
Manager of Forensic Programs and Information Technology, Mark Bryan
MHSA Program Coordinator, Joan Beesley, and
MHSA Consultant, Nancy Callahan, IDEA Consulting.

Upon close examination of both programs and available resources, the Management Team proposed reconfiguration of the program proposals and respective strategies, and reworking of the MHSA Community Services and Supports program budgets. The ADMHS Management Team, with the participation of the MHSA Coordinator and the MHSA Consultant, reviewed each proposal extensively, focusing on the program strategies, the benefit to the community, and on those areas where the MHSA proposals complemented the identified goals and objectives of the recommendations of the Program Re-Structuring Committee (PRSC) (see Attachment 9). Reallocation of costs was inevitable and necessary.

The ADMHS team recommended combining the Adult Group's proposal for expanded homeless services with that of the Forensic Group, into one larger program for the benefit of un-served and underserved seriously mentally ill adults. The program proposal include strategies of both proposals as to provision of Full Service Partnerships, System Development, Outreach and Engagement, 24/7 services, homeless outreach, court case management services, opportunities for groups using Cognitive Behavioral Therapy (a specific stakeholder request) and expanded similar services for Transition-Age Youth. The Management Team also suggested that the proposed expanded Consumer and Family Partnership (which

staff would include consumers and family members hired as ADMHS Intern/Trainees and Alcohol, Drug and Mental Health Specialists) be integrated into the four remaining primary program proposals, e.g., those for Children, Transition-Age Youth, Adults and Older Adults.

The Management Team also proposed that the focus of the children's CSS program be narrowed. They suggested a pilot program in Greater Capay Valley, a large rural region of western Yolo County, which includes Madison, Esparto, and several other small towns in the Esparto Unified School District. This area is rural and includes a higher percentage of un-served and underserved Latino children than other areas of the county. The staff team suggested redistribution of MHSA budgets and staff in accordance with reconfigured program proposals.

It is important to note that Yolo County has not yet implemented a SB 163 wraparound program for children. During the early months of the planning process, it was unclear whether implementation would happen. At about the same time as the Greater Capay Valley Children's Pilot was proposed, the Yolo County Department of Social Services committed to lead other child-serving agencies in introducing the opportunity for SB 163 Wraparound services for our children and interagency meetings began. For several months, ADMHS has collaborated with DESS and other agencies on implementation of SB 163 services. The exact date for implementation is not yet available, but important progress has been made.

On August 22, 2005, the recommendations developed by the ADMHS Management Team were presented to a combined meeting of the MHSA Community Planning Council and Yolo County Local Mental Health Board. The four primary program proposals were re-drafted by the Deputy Director of Clinical Programs, Irma Rodriguez, and the MHSA Program Coordinator, Joan Beesley. Special joint meetings of the MHSA Community Planning Council and Yolo County Local Mental Health Board were held on September 12, September 19 and October 24, 2005 to review the revised program plans and recommended changes. Revised drafts of each program plan were presented, and Community Planning Council stakeholders and Local Mental Health Board members were given the opportunity to provide feedback, to make further recommendations, and to voice their concerns and/or approval.

The dates, times, and locations of each Community Planning Council meeting or joint CPC and Local Mental Health Board meeting was broadly publicized through notices via e-mail and mailed/hand delivered announcements to every participant of any MHSA Community Planning Council or MHSA Subcommittee meeting. At each meeting, opportunity for public comment was readily available. MHSA Community Planning Council and MHSA Subcommittee involvement was open to any stakeholder who expressed interest, and inclusion in the process was allowed at any point.

Overall, our planning process closely followed the process outlined in the Yolo County Plan to Plan dated March 15, 2005 (approved without conditions on April 15, 2005; see Attachments 10 and 11). All public forums, community planning council meetings, and subcommittee meetings were held after 5:00 p.m. or on weekends, in various locations throughout the county. The results of the planning process, including survey and focus group data, demonstrate that we were successful in obtaining meaningful input from a representative sample of individuals, families, organizations, and other interested parties from this small county.

3) *Identify the person or persons in your county who had overall responsibility for the planning process. Please provide a brief summary of staff functions performed and the amount of time devoted to the planning process to-date.*

In early January, 2005, the Family Partnership Program Coordinator, Joan Beesley, was appointed by the ADMHS Director, Tom Pinizzotto, to serve as the MHSA Coordinator. Our department dedicated 100% of Ms. Beesley's time to the MHSA planning process. As MHSA Coordinator, Ms. Beesley led the Yolo County stakeholder planning process; her endeavors included:

- Facilitating 16 MHSA Public Meetings and Forums;
- Presenting and seeking public input at 50 other community group meetings;
- Leading more than a score of MHSA Community Planning Council and MHSA Subcommittee meetings;
- Organizing two all-day training events for staff, stakeholders and interested community members.
- Preparing and distributing relevant information and program drafts to stakeholders.

Ms. Beesley supervised consumer and family member staff assisting with organization of meetings, payment of stipends, translation services, notification of stakeholders, community outreach, food and client transportation. She oversaw the MHSA survey distribution and collection process and arranged for all Community Planning Council and Subcommittee meetings. Ms. Beesley coordinated all efforts to assure that staff and consumer/stakeholders involved in the MHSA planning had registration, meals and transportation arrangements completed to ensure their successful attendance at MHSA-related trainings offered offsite.

4) *Briefly describe the training provided to ensure full participation of stakeholders and staff in the local planning process.*

The purpose of the initial focus groups was to orient stakeholders to the MHSA, to begin to train stakeholders in issues related to mental health and the transformation called for in the MHSA, and to outline the various opportunities for stakeholders to become more involved in the planning process.

In addition to the initial focus groups and trainings, virtually every meeting conducted during this process blended education and training of stakeholders with priority-setting that ultimately guided the development of this Plan. Training topics offered to stakeholders, Community Planning Council members, Local Mental Health Board Members, and Yolo County staff included:

- Overview of the Mental Health Services Act and understanding MHSA CSS Requirements
- Discussion and guidance to assist in the understanding of outcome measures
- Discussion and explanation of the concept of Full Service Partnerships
- Discussion of relationship between MHSA and AB 2034
- Discussion of Recovery Vision and Wellness Philosophy
- Explanation of Consumer and Family involvement in mental health service delivery
- Discussion and explanation of the principles of Cultural Competency
- Concepts of Recovery Model, Consumer Employment, and Consumer Culture through one-day conference featuring Dr. Mark Ragins, using Recovery Toolbox materials, presentation handouts and discussion sessions.
- Consumer and peer-based services and supports
- Discussions of strategies for transforming the mental health service system
- Consumer- and family-driven services
- Client empowerment
- Discussion of Evidence-Based Practices and the integration of these practices into our CSS plan development
- Collaboration between service systems
- Conducting public hearings on MHSA Community Services and Supports Program Plans

The Mental Health Services Act CSS Requirements, 1st, 2nd and 3rd drafts, were presented to ADMHS staff participants, the Mental Health Board, and our MHSA Community Planning Committee. Notification of revised requirements was sent to all individuals who had indicated interest in MHSA developments.

The initial training activities have resulted in achieving two critical goals:

a) Building a core group of stakeholders who are knowledgeable of the current mental health system, the MHSA, and the opportunity to transform how services and supports are delivered, and
b) Creating a plan generated by those stakeholders to produce a sense of ownership and authorship.

This process has helped to orient stakeholder-participants and to improve their abilities to make key recommendations and decisions. These training experiences, in turn, will result in a meaningful public review process and a Community Services and Support Plan that will be implemented with enthusiasm.

Engaging consumers, family members, and other community members who historically do not participate in community planning processes is an important first step for developing culturally competent family- and consumer- driven services. The next critical step is to provide them with the kind of support, information, and training that allows them to participate as equal partners with other work groups, including participation as Community Planning Council members who are versed in reviewing data and participating in planning activities. It is also important to recognize that the agency partners that collaborate with the Mental Health program or deliver services to mental health clients (e.g. Probation, Social Services, Education, Public Health) may not be fully grounded in issues related to the delivery of mental health services or the principles and values of the MHSA and its intent to transform how those services are delivered. Whenever possible, MHSA-sponsored trainings have been, and will continue to be, open to all agency partners, contractor-providers, and interested members of the public.

Training activities and MHSA stakeholder meetings will continue throughout the development, implementation, and evaluation activities of the MHSA.

Section II. Plan Review

1) *Provide a description of the process to ensure that the draft plan was circulated to representatives of stakeholder interests and any interested party who requested it.*

Beginning December 9, 2005, the Yolo County proposed MHSA Community Services and Supports 3-Year Program and Expenditure Plan was available on the Internet at the local county website (www.yolocounty.org under "Hot Topics") and at the NAMI-Yolo website (www.namiyolo.org). On December 10, 2005, a bound copy of the proposed plan was hand delivered to every active member of the Local Mental Health Board. On December 10 and 11, 2005, notices were posted throughout Yolo County, including post offices, all public libraries, county mental health service centers, the Rumsey Indian Reservation, Esparto-based community organizations R.I.S.E. and Capay Valley Vision, and to the Department of Social Services "One-Stop" center, while bound copies of the proposed plan were delivered to public libraries in Woodland, West Sacramento, Davis, Winters, Esparto, Clarksburg, Yolo and Knights Landing, with a request that the plans be available for public viewing during regular hours of operation. On Monday, December 12, 2005, bound copies of the plan were delivered to the Yolo County Board of Supervisors, with an explanatory letter. Copies of the public posting, in English and Spanish, are attached hereto (see Attachment 12). During the 30-day public review period, an additional 16 copies of the proposed plan were requested and delivered, either by hand, by county courier, or by US Postal Service delivery. All together, 64 copies of the proposed plan were distributed in the community.

Multiple newspaper notices regarding the Community Services and Supports Plan were published throughout the county during the 30-day public review period. Public announcements, notices of the public hearing, and news articles were published in the following newspapers:

- The Woodland Daily Democrat (daily)
- The Davis Enterprise (daily)
- The UCD California Aggie (weekdays)
- The West Sacramento Press (weekly)
- The Winters Express (weekly)

Copies of a sampling of these publications are included at Attachment 13. Notices were also posted on the Internet at www.yolocounty.org and www.namiyolo.org.

An open meeting of the Community Planning Council was scheduled for and held on January 5, 2006. The meeting was widely noticed via Internet, advertised notification, and U.S. Mail. An extensive discussion of the proposed plan was held. Participants posted 44 written questions, issues and suggestions for the final drafting of the plan; the Yolo County ADMHS Management Team and the MHSA Coordinator responded to each posting and noted substantive comments. Participants were

encouraged to submit written recommendations at or before the public hearing before the Local Mental Health Board, scheduled for Wednesday, January 11, 2006. These issues, questions and responses were reviewed with members of the Local Mental Health Board at a workshop training held on Monday, January 9, 2006, at the request of the LMHB chair, in preparation for the public hearing.

2) Provide documentation of the public hearing by the mental health board or commission.

The public hearing was held on January 11, 2006, at the Board of Supervisors Chambers of the County Administration Building in Woodland. Eight Local Mental Health Board members presided over the public hearing, which was attended by 20-25 stakeholders. ADMHS Director Tom Pinizzotto, the ADMHS Management Team, and the MHSA Coordinator were on hand to support the Local Mental Health Board and answer any questions posed by stakeholders. A sample newspaper notice and copies of the sign-in sheets from the public hearing are included in Attachment 14. Individuals were asked to submit written comments for consideration, and all notices included a request that recommendations be submitted in writing. ADMHS Staff proficient in English and Spanish were on hand to assist any stakeholder who needed help writing down his or her comments.

Twelve letters were submitted, including two letters from one person; eight individuals (all of whom had submitted letters) chose also to voice their comments to the Local Mental Health Board. The twelve written comments received at or before the January 11, 2006 public hearing are summarized below. Copies of the written recommendations and minutes of the January 13, 2006 Special Meeting of the Local Mental Health Board to review these recommendations are available via the Internet at www.yolocounty.org, under "Hot Topics" and at www.namiyolo.org. An audio recording of the public hearing was made (on CD) and is available for listening upon request from this department.

3) Provide the summary and analysis of any substantive recommendations for revisions.

All interested stakeholders were encouraged to submit recommendations for revisions at or before the January 11, 2006 Public Hearing. On January 5, 2006 a meeting of the MHSA Community Planning Council was held, and stakeholders were encouraged to write down any concerns or questions to share with the group. The attendees broke into five smaller groups and recorded at total of 44 questions (with some duplication). The ADMHS Director, ADMHS Program Deputy and the MHSA Coordinator then proceeded to address every question or comment recorded by the group. Many of the questions required simple clarification; other issues were more complex.

Although this process was not part of the formal public hearing, the rewards were great. The ADMHS Management knew that the CSS stakeholder process had been difficult, and that our first efforts at developing a CSS Program and Expenditure Plan were not perfectly executed. From this discussion, however, the Management Team

was able to develop a list of "lessons learned" during the CSS stakeholder planning process—specific observations relating to what we could or should do differently in future planning scenarios. Those lessons learned were:

1. Stakeholders felt the number of meetings held regarding MHSA and number of questionnaire responses gathered were more than adequate to identify stakeholder issues, but ADMHS should have given stakeholders more opportunities for involvement in the prioritization of issues and identification of specific strategies to be addressed.
2. Problems relating to client service data should have been resolved sooner. Gathering of necessary data should happen first, whenever possible.
3. A master log of all documents distributed should be maintained throughout the process and copies of the index should be passed out at reasonable intervals, so stakeholders can make sure they have all of the documents.
4. Review status of the stakeholder process at regular intervals and check consensus.
5. When ADMHS Management Team reconfigured program plans to cope with funding constraints, stakeholders should have been more closely involved.
6. Record minutes at all community stakeholder meetings.

We appreciate the thoughtfulness and sincerity of the comments made by our stakeholders. All stakeholders have been invited to forward any additional items to this list as they feel appropriate.

The responses by ADMHS Management Team to the 12 letters collected at the January 11 hearing are included below. The content of these responses was reviewed with the Local Mental Health Board at a special meeting held for this purpose on Friday, January 13, 2006, after which the board passed a motion accepting the plan with minor changes and forwarding it to the Yolo County Board of Supervisors for their review, with the recommendation that it be approved.

Yolo County Department of Alcohol, Drug and Mental Health Services
Department's Response to Stakeholder Issues Included in Written Recommendations
Regarding MHSA Community Services and Supports 3-Year Program and Expenditure Plan
Submitted at Public Hearing held by Local Mental Health Board on January 11, 2006

Letter No.	Stakeholder Issue Summary	ADMHS Response
Stakeholder Letters #1 and #4 (from same individual)	▪ Stressed need for/importance of employment opportunities for consumers.	▪ Plan includes more emphasis on employment, start-up funds for consumer-run business, provides for trainee and permanent jobs in mental health for 14 consumers.
	▪ Requested as a priority expansion of Cognitive Behavioral Therapy group treatment opportunities for adults.	▪ Stakeholders have requested a specific type of Cognitive Behavioral Therapy group services to be offered to consumers; this is included in the adult services program.
	▪ Suggested using a specific residential care facility for appropriate clients.	▪ ADMHS plans to continue contracting with and making referrals to this provider when appropriate.

Stakeholder Letter #2 (Individual)	▪ Expressed frustration over the complexity of the regulations and of creating the proposal. Requested clearer MHSA guidelines in the future and more freedom for MH professionals to allocate funds. Would like requirements of MHSA integrated into existing MH program to avoid duplication of staff and effort and to implement the recovery model throughout the system.	▪ Comments duly noted.
Stakeholder Letter #3 (Individual)	▪ Suggested detailed line/page comments, corrections, and enhancements to text of proposed plan.	▪ Editorial comments noted; each correction or suggestion will be given due consideration in final drafting process.
	▪ Stated opinion that stakeholder process was not meaningful.	▪ See "lessons learned" from stakeholders noted above.
	▪ Recommended that ADMHS use CSS funding to address the recommendations of the Program Re-Structuring Committee and enhance current programs of the Assertive Community Treatment Team and the Regional Resource Centers.	▪ The goals and objectives of the Program Re-Structuring Committee are similar to, but not the same as, those of the CSS Plan. For example, the Assertive Community Treatment (ACT) team's client focus is on full-scope Medi-Cal clients with highest acuity, and serves many clients that would be considered as "fully served" under MHSA criteria. To avoid issues relating to supplantation and conflicts with program goals, ADMHS will implement CSS services distinct from existing ACT services and allow greater service options for our consumers. CSS services may be offered at the Regional Resource Center locations, but program funding will be separate.
Stakeholder Letter #5 (Individual)	▪ Concerned that the proposed plan did not provide for a Crisis Intervention Team (CIT) or Psychiatric Emergency Response Team (PERT) program to work with local law enforcement.	▪ There was community support for this service, although such support did not stand as a priority above requests to meet needs for housing and employment-related services. The decision not to fund PERT or CIT teams was a decision of the ADMHS Management Team, following a review of issues relating to staffing, costs, and the MHSA requirements. Given the shortage of qualified staff, the limitations of CSS funding, the popularity of the (former) Mentally Ill Offender Crime Reduction Grant program, and the complexity of collaborating with six local law enforcement jurisdictions, the Management proposed funding two Court Case Managers to provide voluntary mental health case management to consumers arrested for low level and non-violent crimes. In addition, 24/7 crisis care will be available for all Full Service Partnership clients. It is important to note that ADMHS continues to pursue grant and other funding opportunities outside of the context of MHSA to prepare our selves and our law enforcement partners to provide crisis intervention services to the seriously mentally ill of our community.
	▪ Concerned that the proposed plan did not provide for improved mental health care for mentally ill inmates in the Yolo County Jail. Stated specific concern for incarcerated mentally ill subject to lockdown and isolation for 23 hours per day, and added, *A psychiatric "day treatment milieu" including a psychiatric inmates' "day room" and day treatment*	▪ The described services do not represent an appropriate use for CSS funding. Please note the CSS Program and Expenditure Requirements dated 08/01/2005, at page 1: *Programs funded under the Mental Health Services Act must be voluntary in nature. Services provided in jails and juvenile hall must be for the purpose of facilitating discharge.* Per CSS requirements, Yolo County ADMHS is responsible to focus on programs that will promote

	programming are desperately needed…	reductions in incarceration, reductions in involuntary services, and alternatives to incarceration. Through the Adult and Transition-Age Youth CSS programs, the provision of mental health case managers to assist consumers to navigate the court system is intended to reduce incarceration and engage clients in services. Expanding services in the Yolo County Jail is an important goal, and ADMHS is proactive in applying for and collaborating with other county agencies so as to be competitive for funding to expand service delivery. Although the provision of a day room and day treatment programming may not be funded by CSS funding, ADMHS is nevertheless aware of the need for such services in our jail.
Stakeholder Letter #6 (Organization)	▪ Requested further clarification of: 1. Cognitive Behavioral Therapy based on model used at a specific residential treatment program; 2. Development of resources for low need and "meds-only" clients; 3. Which CSS services (including benefits counseling) will be available to non-Full Service Partnership clients.	▪ Requests for clarification noted. We will include more language to specifically highlight CBT and other group therapy availability. System Development services will be available to CSS clients who are not identified as Full Service Partnership clients. Services will include self-help programs, group therapy, benefits coordination; job readiness and employment; housing; court case management.
	▪ Requested consideration of developing: 1. Family Partnership Services for adult clients and their families; 2. Expanded crisis intervention/ stabilization services (with mobility in service delivery); 3. Proactive follow-up services for those in crisis or recently discharged from hospitals; 4. Establishment of a (non-crisis) warm line.	▪ These services are complementary to the services proposed and will be considered for development as implementation of CSS programs moves forward. The Family Partnership Coordinator position, which pre-dates MHSA, must be filled, and services will be expanded to include adult clients and their families. Crisis intervention and stabilization services will be provided 24/7 to Full Service Partnership clients, and our existing contract for after-hours crisis services will remain in place. A staff member is assigned to discharge planning. As programs and staff expand, we hope to further integrate all intensive services. A warm line will be explored as a self-help program. ADMHS will confer with County Counsel, and other counties' warm line efforts will be reviewed.
	▪ Requested a more clearly defined process in the future for involving stakeholders in setting priorities.	▪ See general recommendations from stakeholders noted above.
	▪ Asked to be kept informed as to how stakeholders will be included and involved in the program evaluation stage.	▪ ADMHS will honor this request and inform stakeholders as implementation evolves. We anticipate having quarterly stakeholder meetings.
Stakeholder Letter #7 (Organization)	▪ Expressed concerns that most of the funding is allocated to county department. Suggests that more services be provided by community-based organizations.	▪ ADMHS will be expanding existing contracts and initiating new contracts with community-based organizations that can provide the services and supports needed for MHSA implementation. Several positions are intended to be "contractor" hires; however, the actual number of contracted positions may vary. Our goal is to select and hire staff (as either county or contractor hires) with the necessary expertise to serve the clients and effect implementation of MHSA programs and goals.

Stakeholder Letter #8 (Individual)	▪ Requests proactive follow-up for patients in crisis, or having recently been in crisis.	▪ Noted. See second response to Letter #6
	▪ Advocates for enhanced focus on treatment of co-occurring disorders, and inclusion of a new treatment model that focuses on self-referral and that does not automatically fail clients whose substance use relapses.	▪ Suggestions for enhancement of plan and program development duly noted.
	▪ Favors court case managers, but does not support use of Probation Officers in that role. Also supports discharge planning for inmates with mental illnesses.	▪ Opinions noted. Our plan indicates we will have Alcohol, Drug and Mental Health Specialists Level II serve as court case managers for adult clients, although Probation Officers could provide mental health case management services under MHSA. See second issue under Letter #6. See also CSS Program and Expenditure Plan Requirements.
	▪ Requests annual surveying of clients and family members involved in care regarding unmet needs.	▪ We anticipate client surveying will occur at least annually, and that surveys will offer indicators of unmet needs.
	▪ Requests that clients and families be made aware of specific services available with any given supportive housing option.	▪ Suggestion noted; request will be shared with current providers of supportive housing in the county.
	▪ Identifies co-location of medical and psychiatric care as important to coordination of care	▪ Suggestion noted; whenever possible, we are attempting to promote co-location of services, leading to coordination of care.
	▪ Requests consumer warm line and broad availability of the benefits coordinator.	▪ See response to first and second issues under Letter #6 above.
	▪ Requests special transportation supports and back-up plan when consumer employees provide rides to clients.	▪ Transportation support and assistance is included in the CSS program budgets. Other concern noted.
	▪ Stated concerns regarding stakeholder involvement in prioritization of issues and stakeholder role in oversight and future planning.	▪ See general stakeholder comments above; see also response to fourth issue of Letter #6.
	▪ Inquired as to availability of CSS services to non-Full Service Partnership clients.	▪ See response to first issue of Letter #6.
Stakeholder Letter #9 (Organization)	▪ Requests more consideration to staffing, more utilization of community-based service providers.	▪ See response to first issue of Letter #7.
Stakeholder Letter #10 (Individuals)	▪ Suggestions include: hire diverse staff for outreach; involve faith-based organizations; provide homeless with incentives to access services; offer subsidized bus passes; use community volunteer workers; use culturally competent practices; work collaboratively with institutions of higher learning.	▪ All suggestions noted; these ideas are all under consideration as goals in various CSS programs directed to adults with serious mental illnesses and children with serious emotional disturbances.
Stakeholder Letter #11 (Individual)	▪ Suggests that families be offered tax incentives to sponsor a homeless person.	▪ This suggestion is outside the authority of this agency.
	▪ Suggests that volunteers be used to staff supportive housing.	▪ Services and supports must be directed to assist the seriously mentally ill.

Stakeholder Letter #12 (Individual)	▪ Requests development of improved crisis response services for clients and their families.	▪ To improve crisis response services is a goal of this department. To start, 24/7 crisis response services will be provided to Full Service Partnership clients, as per CSS requirements.
	▪ Expressed need to dialogue with housing providers about "harm reduction model"; how supportive housing will be funded and leveraged; limitations surrounding motel vouchers.	▪ ADMHS Management Team and MHSA Coordinator welcome all dialogue around housing issues and the involvement of all local providers in developing emergency, transitional, and permanent supportive housing opportunities for our consumers.
	▪ Expressed support for use of Cognitive Behavior Therapy at earliest opportunity with clients.	▪ Support noted. See response to second issue of Letter #1.

4) If there are any substantive changes to the plan circulated for public review and comment, please describe those changes.

Substantive changes to the CSS plan posted December 10, 2005 or its programs were not required. The recommendations for changes made by the stakeholders and submitted at the January 11, 2006 public hearing have been responded to as noted above. Changes to the plan included completion of this section describing the plan review process; expansion of the narrative in certain passages (per stakeholders' requests) to promote clarity and understanding; and correction of minor errors.

The finalized Community Services and Supports Three-Year Program and Expenditure Plan was submitted to the Yolo County Board of Supervisors for approval; on Tuesday, January 24, 2006, the board unanimously accepted and approved the CSS Plan for forwarding to the California Department of Mental Health.

PART II: PROGRAM AND EXPENDITURE PLAN REQUIREMENTS

Section I. Identifying Community Issues Related to Mental Illness and Resulting from Lack of Community Services and Supports

Please answer each of the following questions pertaining to how community issues resulting from a lack of community services and supports were identified in the public planning process.

1) *Please list the major community issues identified through your community planning process, by age group. Please indicate which community issues have been selected to be the focus of MHSA services over the next three years by placing an asterisk (*) next to these issues. (Please identify all issues for every age group even if some issues are common to more than one group.)*

Stakeholder input identified the following needs, by age group, as well as a number of suggestions for addressing these needs.

Children/Youth 0-18	Transition Age Youth 16-25	Adults 18-59	Older Adults 60 and Over
1. *Youth support groups: life skills groups; anger management.	1. *Develop housing resources; provide housing assistance and supportive housing options; youth may need transitional housing.	1. *Develop housing resources; provide housing assistance and supportive housing options.	1. *Provide mental health services to homebound older adults.
2. *Crisis intervention and crisis stabilization services, including alternatives when 5150 hold criteria not met.	2. *Comprehensive benefits assistance.	2. *Help for consumers with co-occurring disorders (dual-diagnosis programs; substance abuse services).	2. *Mental health services in partnership with In-Home Support Services (IHSS) and Adult Protective Services (APS).
3. *Community services for children and youth (after school programs; mentoring programs; socialization).	3. *Job support; vocational training; consumer-run businesses.	3. *Job support; vocational training; consumer-run businesses.	3. *Help for aging clients with physical health issues.
4. *Comprehensive benefits assistance.	4.*Help for consumers with co-occurring disorders (dual-diagnosis programs; substance abuse services).	4. *Assistance for clients involved with criminal justice (court process; mental health court; diversion program).	4. *Crisis intervention and crisis stabilization services. Crisis bed for older adults when 5150 not appropriate and further assessment is needed.
5. *Treatment options for minors with co-occurring disorders.	5. *Crisis intervention and crisis stabilization services, including alternatives when 5150 hold criteria not met.	5. *Crisis intervention and crisis stabilization services, including alternatives when 5150 hold criteria not met.	5. *Transportation to mental health services.
6. *Develop housing resources; provide housing assistance; affordable supportive housing options.	6. *Assistance for clients involved with criminal justice (court process; mental health court; diversion program).	6. *Comprehensive benefits assistance.	6. *Develop housing resources; provide housing assistance; affordable supportive housing options.

7. *Parent education and caregiver support services	7. *Socialization and community integration programs.	7. *Peer support programs; self-help options; support for client and family.	7. *Mental health services should be available at the senior centers.
8. Education and training programs for family members, educators, law enforcement	8. *Peer support programs; self-help options; support for client and family	8. *Expansion of homeless services to Woodland and Davis	8. *Support programs for caregivers; respite for family member caregivers
9. Respite for parents of SED children; respite for youth.	9. *Educational support (to complete high school or to pursue post-secondary education or trade school).	9. *Develop resources for "low-need" and "meds-only" clients.	
10. Parent Child Interactive Training.	10. *Separate Resource Center for transition-age youth clients.	10. *Group therapy including Cognitive Behavioral Therapy (also in Spanish/other lang.)	

2) *Please describe what factors or criteria led to the selection of the issues starred above to be the focus of MHSA services over the next three years. How were issues prioritized for selection? (If one issue was selected for more than one age group, describe the factors that led to including* it *in each.)*

The Community Planning Council and MHSA Subcommittees were given a printed report detailing the 755 MHSA questionnaire responses, as well as specific reports of the issues raised in the MHSA public forums and related community meetings. In addition, stakeholders were encouraged to balance our consumers' needs with the myriad of requirements priorities set forth by the California Department of Mental Health. Although (for the most part) the priority issues for our consumers were clear, the process had its complications.

First, despite our offers of stipends, translation services, transportation assistance, childcare and et cetera, few of our local un-served, inappropriately served, underserved, culturally diverse or geographically remote consumers participated with consistency in the community planning process. Yolo County has many determined, well-informed, well-educated advocates for improved mental health care, many of whom were eager to participate in our MHSA planning process. Those consumers and family members soon realized that because they are not un-served or remarkably underserved, they would not directly benefit from the majority of MHSA-funded services (such as Full Service Partnerships and Outreach and Engagement). Nevertheless, our consumer and family member stakeholders did a commendable job of responding to the needs of the least served while trying to develop ideas that would bridge gaps in the system and promote long term system change.

Secondly, it was tremendously difficult for our stakeholders to focus on how to use the MHSA funds to serve a comparatively small number of clients while our county department experienced deep cuts in staffing and experienced shortfalls. In this context, it was difficult to regard any consumer in our system as adequately served.

Third, our department did not have the technical equipment and staffing to generate the specific data demanded in the MHSA requirements. Throughout the MHSA planning and pre-implementation period, our department was in the process of implementing a Management Information System (MIS) and converting to computerized mental health records. The data conversion process associated with the implementation further complicated accessing client information and absorbed staff resources.

Finally, our prior stakeholder process strongly influenced our MHSA planning. Our stakeholders were compelled to give due consideration to the issues and recommendations outlined by our county's lengthy stakeholder process of 2003/2004, the Program Re-Structuring Committee (PRSC); hence, copies of the PRSC Report and Recommendations to the Board of Supervisors were distributed to stakeholders. The report of the PRSC Consumer Housing Subcommittee, issued while our MHSA stakeholder process was underway, was also provided to MHSA Community Planning Council participants for their consideration. The Consumer Housing Subcommittee had conducted three public forums (in Woodland, West Sacramento and Davis) to address consumer housing and related service needs. In addition, three surveys (one survey specifically for consumers, one for family members, and one for our ADMHS staff and contract providers) had been distributed and the results compiled. Interestingly, the stakeholder information gathered for the Consumer Housing Plan addresses many of the same issues as those raised in the MHSA forums, community meetings and MHSA questionnaires.

The issues, needs and solutions compiled from the various MHSA focus groups and questionnaire data represent an affirmation of the issues brought forth in the Program Re-Structuring Committee meetings and PRSC Consumer Housing Subcommittee stakeholder process.

In addition to these priority issues, the Community Planning Council and MHSA Subcommittees were reminded of the importance of considering the following criteria for Community Supports and Services proposals:

- Services should be provided to clients with priority needs, such as un-served, underserved or inappropriately served cultural, ethnic, homeless or rural populations not traditionally identified as our "target population" for services;

- Services proposed should address the cultural needs of the individual and community;

- Services should meet the needs of children and youth with serious emotional disturbance, and adults and older adults with serious mental illness (wherever appropriate, the service shall also consider the needs of the client's family);

- Services should be consistent with the focus and intent of the Mental Health Services Act.

Several issues were selected for more than one age group, including access to affordable supported housing; coordinated mental health and substance abuse services for clients with co-occurring conditions; comprehensive benefits assistance; and help for consumers who become involved with the criminal justice system. Although each age group is unique, some issues are relevant to multiple populations and can be addressed through similar strategies. Each of the issues that were selected for multiple age groups met the criteria listed above and was indicated as relevant to the stakeholders.

The Community Planning Council considered issues related to untreated mental illness identified by the California Department of Mental Health, but primarily devoted time to considering which un/under-served populations were in greatest need and which strategies could best address their needs and contribute to the transformation of the mental health system. The primary issues discussed included:

- Which un/under-served populations should be served by MHSA funding, as well as Full Service Partnerships?
- What outreach and engagement strategies should be implemented?
- What transformational structures, strategies, and supports were most important to improving the quality of life of the consumers within each age group?
- What strategies and supports were likely to meet the cultural needs of the community?

Ongoing Community Planning Council meetings were comprised of consumers, family members, community leaders, county department heads or staff, members of the Local Mental Health Board and a Supervisor from the Yolo County Board. Representatives from cultural communities were encouraged to attend. The Community Planning Council met bi-weekly, alternating with the Subcommittee groups, to review MHSA activities as they related to the recommendations of stakeholders and planning groups. This frequency provided the Committee an opportunity to comment and give feedback on the process, and provide oversight and input throughout the planning and revision process. This planning process culminated in a series of three meetings where Community Planning Council and Local Mental Health Board Members reviewed and discussed the final drafts of the program proposals, outlined the public review and public hearing process, and examined county timeline issues.

In addition to the global criteria described above, the work groups and Community Planning Council and MHSA Subcommittees identified the following issues and factors, which led to the foci of MHSA Services for this three-year plan. Overall, the stakeholder focus groups were encouraged to discuss issues and to suggest positive outcomes and strategies for addressing the issues. As a result, we will present both issues and suggested strategies in this section.

Children/Youth

1. Youth Support Groups, including life skills instruction and anger management, was a clearly identified need in our questionnaires and in public discussions. The community perceives that our youth need these supportive services, which are not adequately provided in our community, to help them manage their personal issues and behavior.

2. Crisis Intervention and Crisis Stabilization Services and Supports was an identified need in our public forums and stakeholder discussions. Necessary services include after-hours response and support for client and family when a child or youth with SED does not meet 5150 criteria. Family members expressed need for assistance with their children before behaviors escalate to major crisis, in hopes of avoiding long, costly and traumatic visits to the hospital Emergency Room.

3. After-School Programs, offering organized activities, sports play, mentoring programs, pro-social activities for children and youth, were a high priority with all audiences. There is a need for after-school programs to involve youth and provide healthy activities to engage youth into the community. Suggestions included specialized programs for Latino youth; lesbian, gay, bisexual, transgender, and questioning youth; and youth experiencing violence, trauma, and bullying. Youth in juvenile detention expressed an overwhelming need for positive activities in their communities, citing boredom as a key factor in prompting the negative behaviors that led to arrest. Of the MHSA questionnaires received, 79% of respondents indicated after school programs were a critical early intervention service.

4. Comprehensive Benefits Assistance is a critical need for children and families, according to MHSA community forum participants. Benefits assistance for clients of all ages is one of the key recommendations of the Program Re-Structuring Committee (PRSC).

5. Treatment options for minors with co-occurring disorders was identified in public forums and by survey respondents as a key issue; often cited were concerns about underserved youth with serious emotional problems self-medicating with drugs and/or alcohol.

6. Housing Resources Must Be Developed throughout Yolo County to ensure safe and affordable housing options for individuals with mental illnesses. For adult consumers and for families with SED children, low-cost housing with appropriate supports is often the first step toward wellness and recovery. The importance of affordable housing with supports for clients of all ages was evident throughout the community meetings; this was a key recommendation of the Program Re-Structuring Committee as well.

7. Parent Education and Caregiver Support Services are tremendously important to helping families who care for SED children to stay together and/or avoid out-of-home placement while coping with a high degree of stress. Participants in public meetings repeatedly raised this issue. Parent education relating to mental health issues and parenting/parental involvement programs will be offered.

Transition Age Youth (TAY)

1. Housing Resources Must Be Developed throughout Yolo County to ensure safe and affordable housing options for individuals with mental illnesses. Transition-age youth may be living independently for the first time in their lives. They will have fewer resources, little or no rental history, and may need extra support to develop independent living skills. Transition-age youth, in particular, may need transitional housing as a stepping-stone to meeting their long-term housing needs. Of MHSA questionnaire respondents, 63% indicated that transition-age youth need supportive housing services. Housing was dominant concern among public forum participants, and a key recommendation of the PRSC.

2. Comprehensive Benefits Assistance must be made available for transition-age youth. Young adults with serious psychiatric disabilities often need assistance to access to Social Security and Medi-Cal benefits. Although they have no means of self-support, some youth may still have limited private medical insurance provided by a parent's employer, thereby complicating their access to public mental health services. Benefits assistance for clients of all ages was a key recommendation of the Program Re-Structuring Committee (PRSC), and 49% of MHSA questionnaire respondents indicated benefits counseling for transition-age youth should be a priority.

3. Job support and vocational services are critical to the health and wellbeing of our clients transitioning to independence. Many youth with psychiatric disabilities are ill prepared to enter the workforce at any level; they need job preparedness, job coaching, vocational training, and assistance with reporting earnings to Social Security and the IRS. Participation in a consumer-run business will help them to develop job skills and help in entering the workforce. Fifty-three percent (53%) of questionnaire respondents ranked vocational assistance among necessary services for transition-age youth.

4. Substance abuse services for dual diagnosis clients are an ongoing and growing need for Transition Age Youth with serious mental illness. Services specific to these co-occurring disorders will provide both mental health services and substance abuse services together to address the combined needs of these youth. Services tailored to address both issues in an integrated service delivery package do not currently exist. Developing services that are culturally relevant and sensitive will be a priority.

5. Transition-Age Youth Need Crisis Intervention and Crisis Stabilization Services and Supports. This issue was identified in public forums and stakeholder discussions. Necessary services include after-hours response and support for the youth who is in crisis but does not necessarily meet hospitalization criteria, or who may avoid hospitalization entirely with assistance from mental health staff.

6. Assistance for Clients Involved with the Criminal Justice System will help youth with psychiatric disabilities to avoid re-arrest. Clients charged with non-violent, low-level crimes can be provided case management support and offered help with understanding and navigating the courts. If the client receives assistance in accessing other services, a successful exit from the criminal justice system can be facilitated, while promoting wellness and recovery. Mental health court programs or assistance with court processes was a high priority among community meeting participants and stakeholders.

7. Socialization and Community Integration Programs are extremely important for transition-age youth. Socialization is often an obstacle for youth with psychiatric disabilities, and a lack of opportunities for social interaction can intensify symptoms and lead to isolation. Youth moving toward adult independence need the encouragement of peers. This issue was raised repeatedly in public forums and community meetings.

8. Peer Support and Self-Help Programs, including support for clients and family. Youth in transition have many challenges, and youth often prefer the support and company of peers to that of family members or professionals. As youth assume control of their own life decisions and learn to manage independence, family members (parents in particular) need support in dealing with their changing roles. Peer support and self-help programs, for both youth and family members, can help everyone make these readjustments more successfully.

   There is also an identified need for a program for lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth. There is no organized, visible therapeutic support system for youth adjusting to gay/transgender identities. A need for support focused on development of coping skills to deal with feelings of alienation, heightened levels of self consciousness, and low self-esteem has been identified.

   Family Partnership services, with an added peer/self-help component for youth, were a priority of stakeholders who attended community meetings and forums.

9. Educational Support for Transition-Age Youth with psychiatric disabilities is a priority issue of MHSA, and its importance was echoed in our community meetings. Many SED youth struggle with completing the academic credits and exit exams necessary to complete high school. Rates of dropout and failure to receive diplomas among Special Education students, which includes SED students, are much higher than those of other youth. Those youth clients unable to complete high school have greater difficulty finding employment. Although they may have Special Education status, these youth and their parents may not be fully aware of their rights and responsibilities relative to graduation.

   Transition-age youth with SED need special supports, counseling and encouragement to complete their high school diplomas or develop a personal plan for their future education and training. Providing services focused on completion of diploma requirements may also prevent youth from falling through the cracks as they approach age 18, when too many youth drop out of the treatment system prematurely.

   With appropriate assistance early on, youth with psychiatric disabilities who are emancipating from juvenile hall, foster care placement, residential care, or family care, may develop the necessary skills and resources to live independently, or with a minimum of system supports. When appropriate, youth with higher-end treatment needs can be more smoothly integrated into the adult mental health treatment system.

10. A separate drop-in center for transition-age youth with serious mental illnesses will enable these youth to access support groups, peer mentors, life skills training, educational supports, and other meaningful activities. Such a center would promote wellness and provide a non-traditional setting for service delivery that would have a greater chance of acceptance by transition age youth compared to the traditional clinic setting.

Adults

1. Housing Resources Must Be Developed throughout Yolo County to ensure safe and affordable housing options for adults with serious mental illnesses. Secure housing is an all-important first step toward wellness, recovery and stability for clients. Many clients require supportive services to help them maintain an independent living situation, or to move from more intensive residential settings into independent living. Over half of MHSA questionnaire respondents (58%) indicated that the availability of support services in order to maintain independent living was a priority for adults. Housing was dominant concern among public forum participants, and a key recommendation of the PRSC.

2. Consumers with Co-occurring Disorders Need Help that is readily accessible and integrated within their mental health service delivery system. Among stakeholders in all venues, help for adult consumers with alcohol and substance abuse issues ranked high among concerns. Recovery for adult consumers is dependent upon access to appropriate services. Integrated substance abuse and mental health services should be readily available to consumers participating in wellness and recovery oriented programs.

3. Job support and vocational services are critical to the health and wellbeing of our clients Two-thirds (67%) of respondents to our questionnaire indicated work and vocational training as important opportunities for consumers. For many clients, the hope of recovery centers on their ability to enter the workforce in some capacity. Without significant or recent employment experience, however, these individuals may not succeed in finding or maintaining a job. Adults with serious mental illnesses need job readiness skills, job coaching and vocational training to help them enter or re-enter the workforce, as well as assistance with reporting earnings to Social Security and the IRS. Participation in a consumer-run business will provide the opportunity to polish their job skills and offer a gateway to better employment.

4. Assistance for Adult Consumers Involved with the Criminal Justice System will help clients avoid re-arrest. Clients charged with non-violent, low-level crimes can be provided case management support and offered help with understanding and navigating the courts. Adults with psychiatric disabilities who are homeless and/or not presently receiving services may be provided access treatment options and other related services such as housing, substance abuse services, or vocational assistance. With access to recovery-based services, as well as direct assistance with the court process, consumers will spend less time involved in criminal proceedings and criminal behavior. Mental health court programs or assistance with court processes (such as provided three years ago by our county's Mentally Ill Offender Crime Reduction Grant Program) was a high priority among community meeting participants and stakeholders.

5. Crisis Intervention and Crisis Stabilization Services and Supports for Adults was an identified need in our public forums and stakeholder discussions. Necessary services identified include access to after-hours assistance to avoid escalation and support for a consumer who is having difficulty but does not meet 5150 criteria. Family members asked for help in supporting their loved ones in this circumstance as well.

6. Comprehensive Benefits Assistance was identified as a need for consumers of all ages. In addition to needing assistance in accessing Social Security and Medi-Cal benefits, clients need help understanding how employment affects their benefits status. Clients also need assistance with participating in various employment-related programs offered by the Social Security

Administration, such as the PASS Plan and Ticket to Work. Homeless adults need help identifying what needs to be done to reinstate or transfer benefits to newly established residences. Benefits assistance for clients of all ages was a key recommendation of the Program Re-Structuring Committee (PRSC),

7. Peer Support and Self-Help Programs, including support for clients and their families or identified personal communities. Consumers need the support of peers to cope with their illness, encourage them in their efforts toward recovery, assist them with steps toward sobriety, and individuals with whom they can relate and socialize. In these times of financial stress for public programs, few consumers are able to access individual therapy or case management services on a frequent basis. Some of their needs can be met by other consumers trained to meet some of the client's needs in the context of direct or group meetings.

   Family members or other loved ones who live with (or provide assistance to) the consumer often need caregiver support, general information, advocacy assistance, or education on mental health issues. In the context of Children's System of Care, our Yolo County Family Partnership Program has successfully provided such services to families with SED children for eight years. In community meetings and public forums, both consumers and family members favored the provision of similar services to adult consumers and their families or identified personal communities through the expansion of the Family Partnership Program to a Consumer and Family Partnership effort. These services, with an added peer/self-help component for consumers, were a priority of stakeholders who attended community meetings and forums.

8. Expansion to Woodland and Davis of Services to Homeless Individuals with serious mental illnesses is important to our community. Of the three largest cities in our county, only West Sacramento, has an AB 2034 homeless program. The program has been successful in providing a variety of services to SMI adult homeless individuals in West Sacramento, and the program will continue. Community members favor the provision of like services in Davis and Woodland, where homelessness is also problematic.

9. The Development of System Resources for "Low-Need" and "Meds-Only" Clients was a specifically stated recommendation of the Program Re-Structuring Committee and an issue frequently raised in community meetings and stakeholder planning sessions. Recent budget cuts have made it even more difficult for clients who do not regularly need intensive treatment to receive services beyond medication management, leaving few options for clients who may experience periodic difficulties. Offering supportive services at our Regional Resource Centers in Woodland, Davis, and West Sacramento, will promote engagement and empower clients to exercise

choices to participate and select services in a manner not encumbered by the traditional structure of hourly appointments in the clinics.

10. Cognitive Behavioral Therapy, as well as other therapy groups, should be more readily available to consumers. Although CBT techniques are presently utilized by ADMHS clinicians, this therapy is not widely available to Yolo County consumers. Community stakeholders have specifically requested that (when therapeutically appropriate) Cognitive Behavioral Therapy be made available and offered by professionals to consumers in a group context, using techniques that have been successful in our community. Nearly 60% of MHSA questionnaire respondents indicated that expanded mental health services were important to MHSA implementation.

Older Adults

1. Homebound Older Adults Need Mental Health Services to be provided where they live. Over 60% of MHSA questionnaire respondents noted this need among older adults. Many older adults with mental illness are not able or motivated to access treatment. As they become increasingly homebound, they experience increased loneliness, isolation, and depression. Existing services to older adults need to be expanded to cope with increasing numbers of homebound seniors with serious mental health problems.

2. Mental Health Services Should Operate in Partnership with In-Home Support Services and Adult Protective Services. Integrated care options will facilitate earlier interventions with older adults, especially those with co-occurring physical and mental health problems, and those traumatized by abusive caregivers. For older adults from ethnic minority populations that do not readily accept mental health treatment, and for our un-served older adults, other service providers who are accepted caregivers offer an inroad to mental health clinicians.

3. Help for Aging Consumers with Physical Health Problems is a critical service for older adults. Physical health limitations may bring about a change of lifestyle that limits access to mental health treatment. Integrated services for individuals with co-occurring mental illness and physical ailments may provide the only opportunity for the client to continue to live independently.

4. Crisis Intervention and Crisis Stabilization Services for Older Adults was identified in our public forums and stakeholder discussions. Older Adults in mental health crisis (many of whom are previously un-served) may be traumatized by psychiatric wards, or it may be difficult for Emergency Room psychiatric technicians to differentiate between mental health conditions and dementia. Stakeholders have requested a secure non-hospital crisis stay specifically for an older adult in crisis who needs further assessment before an accurate diagnosis can be made. If the individual is later determined to be

suffering from dementia, or some other physical condition, and not mental illness, IHSS would assume responsibility for the patient, without interrupting care. Other necessary services identified by stakeholders include access to after-hours assistance to avoid escalation and support for an older adult consumer who is having difficulty but does not meet 5150 criteria.

5. Transportation to Mental Health Services for Older Adults may mean the difference between mental wellbeing and isolation and despair, especially for those older adults who live in remote and/or rural areas of the county. Public transportation is available to disabled seniors in some areas; however, where public transportation is not offered, or where transportation services are offered so infrequently that a bus trip cannot reasonably be made, older adults need transportation assistance to facilitate access to mental health care.

6. Housing Resources for Older Adults Must Be Developed throughout Yolo County to ensure that safe, affordable and appropriately located housing is available to elder consumers. Housing issues frequently arise for older adults with serious mental illness. Supportive mental health services that help older adults maintain independent living skills enable them to continue living at their current level of functioning. Housing was dominant concern among public forum participants and questionnaire respondents, and it was a key recommendation of the PRSC.

7. Mental Health Services for Older Adults Should Be Available at the Senior Centers. Offering services at senior centers would help reduce the stigma of mental health services for those individuals who are not ready to accept that they may need mental health treatment. By offering mental health services along with many other programs and activities, individuals are more likely to discuss issues that may be affecting their mental wellbeing. Offering services in an environment already utilized by seniors will promote easier access to treatment and greater utilization of services. The Senior Centers also offer culturally appropriate services and an excellent location in which to conduct Outreach and Engagement activities for older adults.

3) *Please describe the specific racial, ethnic, and gender disparities within the selected community issues for each age group, such as access disparities, disproportionate representation in the homeless population and in county juvenile or criminal justice systems, foster care disparities, access disparities on American Indian rancherias or reservations, school achievement drop-out rates, and other significant issues.*

The first component of our analysis of disparities in Yolo County uses the State DMH website data regarding prevalence projections as factored by 200% of poverty. However, as acknowledged in the DMH Letter No: 05-02, 200% of poverty is not an adequate predictor of need in counties where there is a higher cost of self-sufficiency. Two hundred percent of poverty prevalence also does not account for the need or mandate under AB3632 for mental health services for special education students with an Individual Education Plan (IEP) specifying mental health services. Under these circumstances, comparisons by percentage of the population projected and population served, rather than the numbers themselves, is a more conservative approach to calculation of the un-served.

The information provided by the State DMH prevalence projections has some limitations for analyzing prevalence rates with the MHSA Transition Age Youth (TAY) age groups. The prevalence data defines TAY as 18-25 years, while the MHSA TAY ages range from 16-25. A similar discrepancy occurs with Older Adults. The prevalence data uses 65+, while MHSA uses 60+.

The DMH data does not crosswalk the prevalence estimates by age and ethnicity. However, this data does provide an opportunity to begin assessing service disparities.

Following a discussion of the prevalence data in comparison to utilization data, a narrative analysis of data from other sources will be used to describe other factors that reveal disparities in populations in the county (throughout this narrative, data sources are identified).

Figure 4 below shows the number of mental health clients compared to the estimated number of persons in the population with a mental illness (prevalence data). This prevalence data estimates the number of individuals with an income less than 200% of poverty who have a mental illness. For example, in Yolo County, it is estimated that 6,131 persons have an income below the poverty level and have a need for mental health services. In fiscal year 2004/05, we served 3,716 persons. This is 60.6% of the estimated number of individuals needing services.

This prevalence data helps to examine the possible un-served populations in the county. For gender, we are serving 71.3% of the expected number of males and 53.8% of the females. For different age groups, it is clear that children 0-17 are underserved, with only 68.7% of the estimated number served. The number of Transition Age Youth is difficult to compare because there are different age groups used in the comparison. As noted above, the prevalence estimates show the 18-25

population, while the mental health data shows ages 16-25. The prevalence data does not include 16 and 17 year olds. The prevalence data estimates that 2,144 Transition Age Youth need mental health services. Yolo County served 718 TAY. This shows that only 33.5% of the estimated Transition Age Youth were served.

Many adults and older adults are underserved, with only 57.2% and 62.9%, respectively, of the estimated persons receiving mental health services.

The prevalence data also shows disparities in service utilization for the different race/ethnicity groups. Caucasians were underserved with 57.4% of the expected number receiving mental health services. African Americans were “over-served” with 141.0% receiving mental health services. For the Asian/Pacific Islander population, the prevalence data estimates 974 needed mental health services. We served 166, or 17% of the estimated number. The Hispanic population is also underserved. The prevalence data estimates 1,955 persons needing mental health services. Yolo County served 526, or 26.9% of the estimated number.

For American Indians, 45 were expected to be served and 61 received services (135.6%). For other groups, 259 were expected to be served and 354 received services (136.7%).

In summary, all populations and age groups are underserved. Specifically, the Asian/Pacific Islander, Hispanic, and Caucasian populations are underserved based on this prevalence data.

Figure 4
Prevalence Rates

		Prevalence Estimates <200% poverty		Percent of Total Mental Health Consumers	Percent of Mental Health Consumers compared to the prevalence estimates	
		2004		FY 2004/05	FY 2004/05	
Total		**6,131**	**100.0%**		**3,716**	**60.6%**
Gender Distributions						
Male		2,369	38.6%	45.4%	1,688	71.3%
Female		3,762	61.4%	54.5%	2,025	53.8%
Age Distributions						
Youth	00-17	1,672	27.3%	30.9%	1,148	68.7%
00-05		*585*				
06-11		*591*				
12-17		*496*				
Transition Age Youth	18-25	2,144	35.0%			
Transition Age Youth	16-25			19.3%	718	33.5%
18-20		*1,070*				
21-24		*1,074*				
25-34		*718*				
35-44		*804*				
45-54		*282*				
55-64		*202*				
Adults	18-64	4,150	67.7%			
Adults	18-59			63.9%	2,375	57.2%
Older Adults	65+	307	5.0%			
Older Adults	60+				193	62.9%
Race/Ethnicity Distributions						
White		2,754	44.9%	64.7%	2,406	57.4%
African American		144	2.3%	5.5%	203	141.0%
Asian/Pacific Islander		974	15.9%	4.5%	166	17.0%
Hispanic		1,955	31.9%	14.2%	526	26.9%
Native American		45	0.7%	1.6%	61	135.6%
Other		259	4.2%	9.5%	354	136.7%
Language Distributions *(not available for prevalence subpopulation analysis)*						
		Total Population			Mental Health Consumers	
		>5 years old			FY 2004/05	
English Only		107,131	67.9%		3,221	
Non -English		50,661	32.1%		495	15.4%
Spanish		*30,577*			*256*	
Russian		*n/a*	n/a		*42*	
Other		*20,084*			*197*	
Total Population>5 years old		**157,792**	**100.0%**			

In addition to using the prevalence data, we examined data regarding homeless status, disability status, seasonal and migrant farm workers, school drop out rates, probation, and child welfare data. A brief discussion of this data follows.

- Yolo County is home to about 900 homeless people, including 95 families and 187 children. In Davis, about 121 homeless individuals, including 13 families and 27 children under age 18 who either live in a place unfit for habitation or in a homeless shelter, or are living temporarily with friends and family. Generally, 60 percent of the homeless are male while 40 percent are female. This year, 21 percent of those counted are under age 18. True numbers are difficult to obtain and the real homeless population is undoubtedly higher (Data Source: Yolo County Homeless Coalition).
- The Federal Task Force on Homelessness and Severe Mental Illness estimates that 33% of those who are homeless have a serious mental illness (SMI), and of these, 40-60% have a co-occurring substance abuse disorder. In Yolo County, this calculation would result in approximately 297-540 homeless individuals per year who require mental health/co-occurring disorder services. While this population is mostly adults, there are also families, transition age youth, and older adults in the homeless population. The homeless population will be one of the priority populations for MHSA.
- There are approximately 11,246 individuals in Yolo County with a sensory, physical, mental or self-care disability (Data Source: Yolo County 2000 Census Data). The breakdown by age group is listed below and prevalence assumptions from the U.S. Surgeon General's Report (9-13% of children have a serious emotional disturbance and 5.4% of adults and older adults have a SMI) are applied to calculate the number who are projected to need mental health services.

Age	Population with a disability	Prevalence Estimate	Individuals to be Served
5-20	2,050	13.0%	267
21-64	5,369	5.4%	290
65+	3,827	5.4%	207

- Yolo County has a significant number of seasonal and migrant farm workers. According to the Migrant and Seasonal Farm worker, Enumeration Profiles Study of California (2000), the estimated number of migrant farm workers and their dependents in Yolo County was 5,339. The number of seasonal farm workers and their dependents was 6,193. These figures estimate the total county population of migrant and seasonal farm workers as 11,532. Some of these workers may be undocumented. Again using the Surgeon General's prevalence numbers, we might expect to have served 623 of these individuals. In FY 2004/05, our mental health clinic served a total of 526 individuals identified as Latino. Unfortunately, we do not know how many of the 526 Latinos who received services are farm workers. While we are serving many Latinos, it is estimated that most of them are not farm workers or their families.

The MHSA will develop MHSA Programs to improve access to this underserved population which will include collaboration with other agencies serving this population and outreach and engagement strategies increasing community education and awareness.

- It is estimated that there were 1,442 identified migrant students served by Yolo County Migrant Education (Data Source: Yolo County Office of Education – Migrant Education). It is also estimated that there were 550 migrant families receiving services through Yolo County Migrant Education. Again, using the Surgeon General's prevalence numbers, we might expect to have served 187 of these individuals. In FY 2003/04, our mental health clinic served a total of 1,148 children (ages 0-17). We do not have data on the number of these who are migrant students. The MHSA Programs will also offer services to engage this group of students.

Note: The Surgeon General's report does not distinguish between newly arrived Latinos and those who have been in the country for a number of years. Our clinics see fewer persons who are new arrivals (most seasonal farm laborers and even longer term laborers are in the United States for one to two years and return to what they consider their real homes in Mexico during that stay). Studies indicate that non-assimilated Latinos exhibit significantly fewer indicators of mental illness than those Latinos who are in the United States for longer periods and are more assimilated.

Children and Youth

There are racial and ethnic disparities that cut across the issues of peer and family problems, out-of-home placement, school drop out rates, and involvement in the child welfare and juvenile justice systems.

The population of Yolo County is 52% Caucasian, 31% Latino, 11% Asian, and 6% other ethnic groups. The California Data Book indicates that 13.8% of Yolo children live below the federal poverty level. Children from low-income families who are not eligible for Medi-Cal are more likely to be uninsured and, therefore, their medical and mental health needs are more likely to be un-detected and untreated. Some disparities for children and youth are outlined below.

- According to the California Department of Finance, there were 48,607 youth ages 0-17 residing in Yolo County in 2004.
- In Yolo County, at any point in time, there are 7.5% or 4,000 children/youth who are uninsured (Data Source: California Data Book). Using the Surgeon General's prevalence forecasts, this data suggests that at least 520 children/youth in Yolo County are uninsured but require mental health services.
- By grade 12, 23.6% of Yolo County Latinos have dropped out of school, compared to 12.1% for Caucasian youth (Data Source: California Department of Education). Further analysis and collaboration with the schools is important

to determine if there is a statistical connection regarding the drop out rates and undetected special education and mental health needs.

- Of Yolo County youth ages 12-17 years old, 4.5% reported feeling "*downhearted and sad*" for "*most of the time*" according to the California Health Interview Summary. Seventeen percent (17%) reported feeling sad "*some of the time*".

Transition Age Youth (TAY)

Yolo County has fewer Transition Age Youth in the mental health system than expected (33.5%). Of the four age groups, Transition Age Youth have the lowest rate of access in comparison to the prevalence estimates.

- According to the California Department of Finance, there were 45,432 youth ages 16-25 residing in Yolo County in 2004.
- As indicated above, by grade 12, 23.6% of Yolo County Latinos have dropped out of school, compared to 12.1% for Caucasian youth (Data Source: California Department of Education). There are also high dropout rates for American Indians (14.1%), Pacific Islanders (24.2%), and African Americans (26.1%). While there are small numbers of youth in these other race/ethnicity categories, these individuals are at high-risk of adverse outcomes as they become young adults.
- Another critical issue that impacts greatly the Transition-Age Youth population and will be a core focus in our cultural competency efforts working with this population is the effect of immigration, assimilation and acculturation. Some of the issues already identified in anecdotal ways are how these processes impact the young person and the relationship with his/her parents and other family members, his/her ability and/or desire to communicate in the native language, and power shifts in the family system. Parents have often expressed tremendous grief and frustration, feeling disconnected and disrespected by the young person, but still facing the harsh reality that they are dependent on the young person to bridge access to different venues.

Probation Department Data

- Based on the Average Monthly Census in 2003, 61% of the youth placed in Yolo County Juvenile Hall were receiving mental health services. Of these youth, 10% of the youth were receiving psychotropic medications while in Juvenile Hall (Data Source: California Department of Mental Health). Statewide, 41% of youth placed in Juvenile Hall received mental health services and 16% were receiving psychotropic medications while in Juvenile Hall. Although this data does not seem accurate, it may point to a discrepancy in the number of youth in juvenile hall who receive mental health services in Yolo County compared to statewide data.

- In Yolo County, from 1996-2001, 21 youth aged 0-24 committed suicide. (Data Source: Yolo County).
- The National Comorbidity Survey Replication, reported in the June 2004 issue of Archives of General Psychiatry, focused on studying the prevalence of mental health need in those 18 and above, and found that mental disorders "gain the strongest foothold" by attacking youth—50% of all cases start by age 14 and 75% by age 24.
- Development of strategies and support for serving youth involved in gangs was one of the community recommendations. Early identification and support of youth needing mental health services will be a focus of MHSA.

Lesbian, Gay, Bisexual, Transgender, Questioning:

- Although there are school-based social support groups such as the Gay-Straight Alliance at Davis Senior High School (Davis), Emerson Junior High (Davis), Holmes Junior High (Davis), River City High School (West Sacramento), Woodland Senior High School (Woodland) and Pioneer High School (Woodland) there are limited resources in this community to meet the needs of individuals who are lesbian, gay, bisexual, transgender, or questioning (LBGTQ). These individuals have the added pressure of unique expectations of their cultural mores that may be contradictory to their lifestyle and ethnic upbringing. Developing and providing culturally competent services to assist these individuals with addressing the issues and pressures that they will face while forming their cultural identities and community affiliations is critical. Consultation and collaboration with agencies that already serve this population will be a goal.

Adults

There are disparities in services for Latino adults. The prevalence data shows that all adults are underserved in the mental health system. The prevalence data expected 4,150 adults, while only 2,375 were served. This is 57.2% of the expected number. The prevalence data and service utilization data show that Latinos have a low rate of accessing services.

- According to the California Department of Finance, there were 127,043 adults (ages 18-59) residing in Yolo County in 2004.
- At any point in time in 2000, 405 adults were in the Yolo County jail system (Data Source: U.S. Census 2000). The U.S. Department of Justice estimates that 16% of jail inmates have serious mental illness (N=65). Of these individuals, 40-60% of these individuals also have a co-occurring substance abuse disorder. The local Sheriff's department has identified that a substantial number of the individuals in the criminal justice system have substance abuse problems and exhibit signs of mental illness.

- In Yolo County, at any point in time, there are 13.2% or 17,725 adults (ages 18-64 years) who are uninsured (Data Source: California Health Interview Survey 2003). Using the Surgeon General's prevalence forecasts, this calculation suggests that at least 957 adults in Yolo County are uninsured and require mental health services.
- According to the California Health Interview Survey, 2001, 18% of Yolo County respondents (ages 18-64 years) needed help for an emotional/mental health problem, and only 9% respondents visited a health professional regarding an emotional/mental health problem.

Older Adults

As with the other age groups, there is a need to increase culturally appropriate, specialized care for the older adult population. Their unique needs require the physical health and mental health systems to work in a seamless and coordinated fashion.

In addition, Spanish, Russian and Southeast Asian language service providers and/or interpreters will be directed to meet the needs of their respective older adult community and begin to address the cultural barriers that limit access due to culture-bound behaviors and preferences. A priority will be to invite and welcome the extended family and support network into the process as to be inclusive and envelop the older adult consumer with support and care. This will address the network's concerns about stigma and non-acceptance of the concept of mental illness and address issues that they may be encountering regarding their ability or lack there of for caring for their loved one. Lack of information, isolation and understanding of mental illness are issues that impede access to treatment for any culture, but this is especially true for older adults. This becomes even more of a barrier when an individual is confronted with treatment options that are not culturally acceptable.

The prevalence data for older adults shows that 307 older adults were expected to access services. Yolo County served 193 older adults. This is 62.9% of the expected number.

- According to the California Department of Finance, there were 24,916 older adults (ages 60 and older) residing in Yolo County in 2004.
- A few older adults are found in the Yolo un-served homeless population and are among the disabled population that is un-served.
- While Yolo County has had an active older adult program for the past several years, there are still many older adults who are un-served.

4) *If you selected any community issues that are not identified in the "Direction" section above, please describe why these issues are more significant for your county/community and how the issues are consistent with the purpose and intent of the MHSA.*

Not applicable.

Section II. Analyzing Mental Health Needs in the Community

1) *Using the information from population data for the county and any available estimates of un-served populations; provide a narrative analysis of the <u>un-served</u> population in your county by age group. Specific attention should be paid to racial ethnic disparities.*

To understand the racial, ethnic, and gender disparities regarding mental health services, we analyzed historic service utilization data to better understand patterns of service use across different populations. Data was examined to determine who is served and who is underserved. This data provided an overview of service utilization in comparison to the general population and the Medi-Cal eligible population to help understand existing service patterns and access to services. Service utilization data by age, race/ethnicity groups, and gender was reviewed to help understand race/ethnicity and gender disparities.

Below is a summary for each age group, which outlines the community issues, selected for implementation, and how these issues relate to stakeholder concerns regarding the un/under-served populations.

Approximately 31% of the Yolo County population is Latino. Fourteen percent of the mental health client population is Latino. The Medi-Cal beneficiary population in Yolo County is 40% Latino.

The prevalence data predicts that 32%, or 1,955, Latinos need mental health services. However, only 526 were served. This shows 1,429 un-served Latinos in the county. Closer examination shows that for all Latinos accessing services, Latino adults have the lowest rate of access compared with the other age groups. Only 9.2% of adult clients are Latino. The next section of this plan will address the estimated need of mental health clients and how many are fully served.

2) *Using the format provided in Chart A, indicate the estimated total number of persons needing MHSA mental health services who are already receiving services, including those currently fully served and those underserved/ inappropriately served, by age group, race ethnicity, and gender. Also provide the total county and poverty population by age group and race ethnicity. (Transition Age Youth may be shown in a separate category or as part of Children and Youth or Adults.)*

A discussion of the county population by demographic indicators will be discussed, followed by Chart A showing the underserved and fully served populations. Several factors impact the number of persons needing MHSA mental health services. We have examined a number of different variables, which help to determine the un-served, underserved, and fully served populations in our county.

Population by Race/Ethnicity:

Yolo County's population data is shown below. Figure 5 shows the number and percent of persons in Yolo County by race/ethnicity. This data is obtained from the California Department of Finance and shows that 54.1% is Caucasian, 29.6% of the County is Latino, 2.1% is African American, 11% is Asian, 1.1% is American Indian, and other ethnic groups comprise 2.3% of the population.

Figure 5
Yolo County Residents by Race/Ethnicity
FY 2003/04
N = 188,860
(Source: California Department of Finance - 2004)

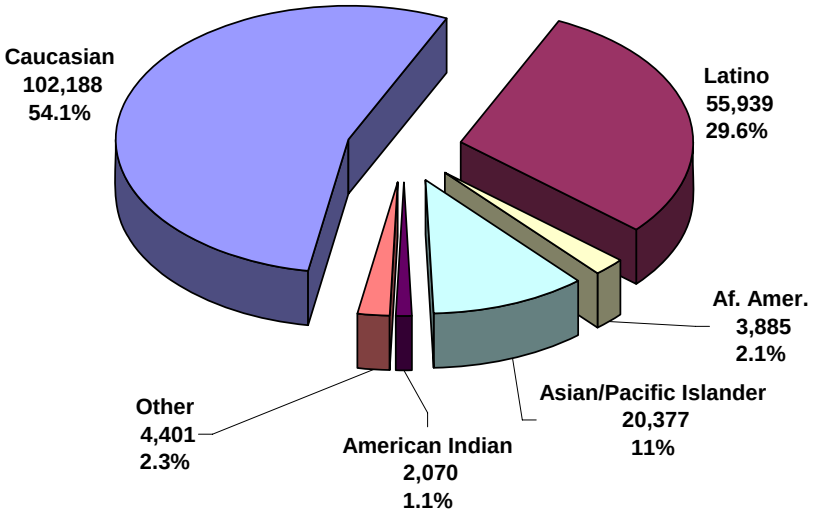
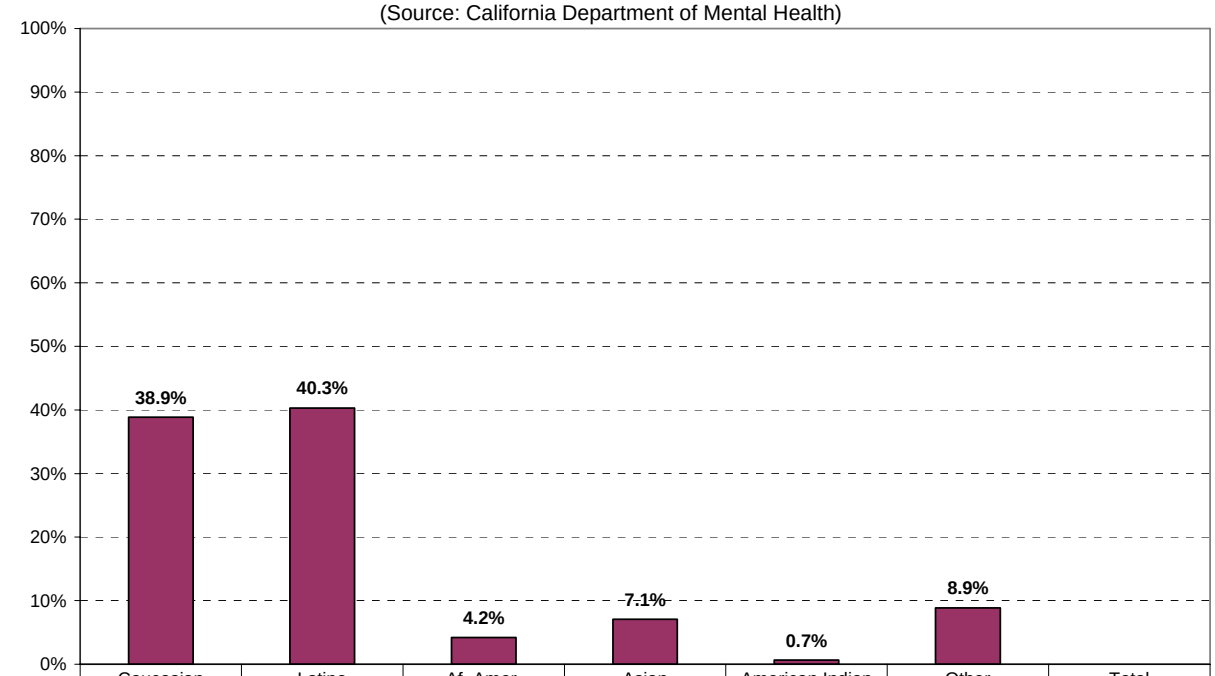


Figure 6 shows the number and percent of Medi-Cal beneficiaries in Yolo County by race/ethnicity for FY 2002/03. This data is obtained from the California Department of Mental Health and shows that 38.9% is Caucasian, 40.3% of the beneficiary population is Latino, African Americans make up 4.2% of the beneficiary population, Asians represent 7.1% of the beneficiary population, 0.7% for American Indian, and Other ethnic groups comprise 9.5% of the Medi-Cal beneficiary population.

Figure 6
Yolo County Medi-Cal Beneficiaries by Race/Ethnicity
FY 2002/03

(Source: California Department of Mental Health)



	Caucasian	Latino	Af. Amer.	Asian	American Indian	Other	Total
Number	10,695	11,091	1,160	1,944	182	2,442	27,514
Percent	38.9%	40.3%	4.2%	7.1%	0.7%	8.9%	100.0%

These two figures show that 29.6% of the Yolo County general population is Latino and 40.3% of the Medi-Cal beneficiary population is Latino. African Americans in the population represent only 2.1% and are 4.2% of the Medi-Cal population. Asians are 11% of the population and 7.1% of the Medi-Cal population. American Indians represent 1.1% of the population and 0.7% of the Medi-Cal population. Other race/ethnicity groups are 2.3% of the population, but 8.9% of the Medi-Cal population.

Population by Primary Language:

As shown in Figure 7, 67.9% of County residents ages 5 and older speak only English at home. 19.4% of residents speak Spanish at home, while 12.7% speak other languages.

Figure 7
Yolo County Residents by Language Spoken at Home
Ages 5 years and Older
N = 157,792
(Source: Census 2000 Summary File 3 (SF 3) Sample Data)

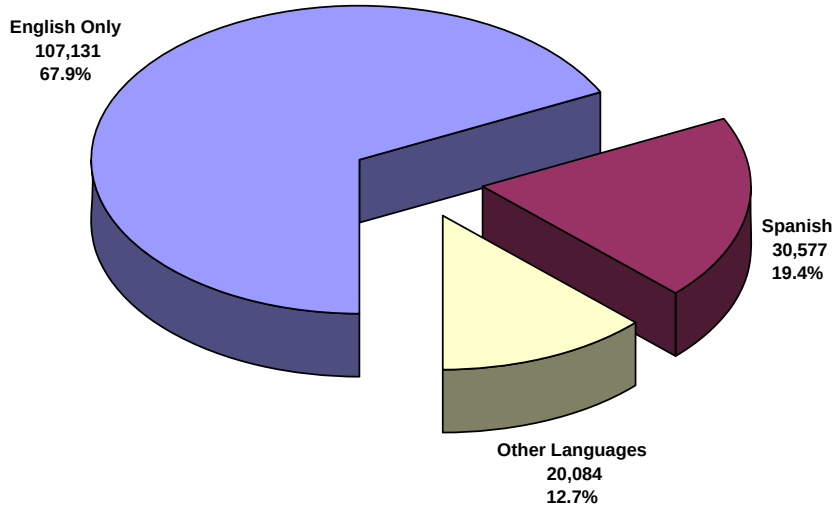
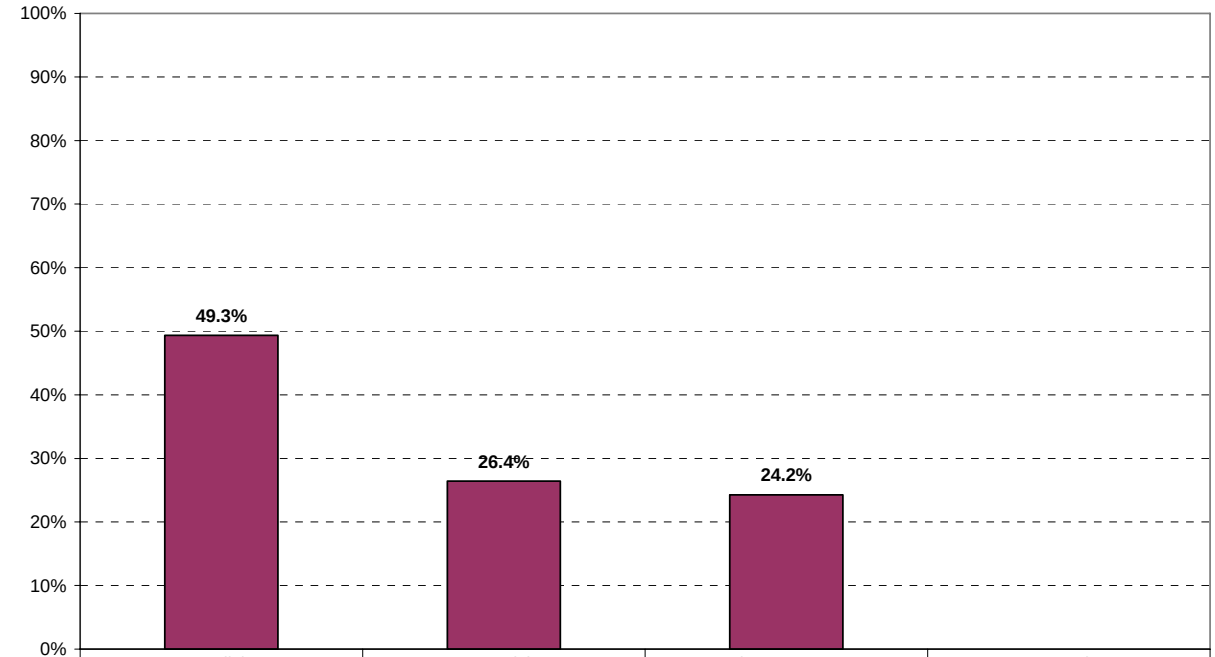


Figure 8 shows the primary language for Yolo County Medi-Cal beneficiaries in October 2002. Almost half (49.3%) of beneficiaries have a primary language of English, 26.4% have a primary language of Spanish, and 24.2% were other or unspecified languages. Five percent of the persons who are counted in the other language category spoke Russian.

Figure 8
Yolo County Medi-Cal Beneficiaries by Primary Language
October 2002
(Source: California Department of Mental Health *Medi-Cal Beneficiaries by Primary Language Report*)



	English	Spanish	Other Language	Total
Number	13,478	7,219	6,624	27,321
Percent	49.3%	26.4%	24.2%	100.0%

Population by Age:

Figure 9 shows the breakdown of Yolo County residents by age. This data is obtained from the California Department of Finance and shows that 24.8% of the County population is youth (ages 0-17), 66.2% are Adults (ages 18-64), and 9.0% are Older Adults (ages 65+).

Figure 9
Yolo County Residents by Age
FY 2003/04
N = 188,860
(Source: California Department of Finance - 2004)

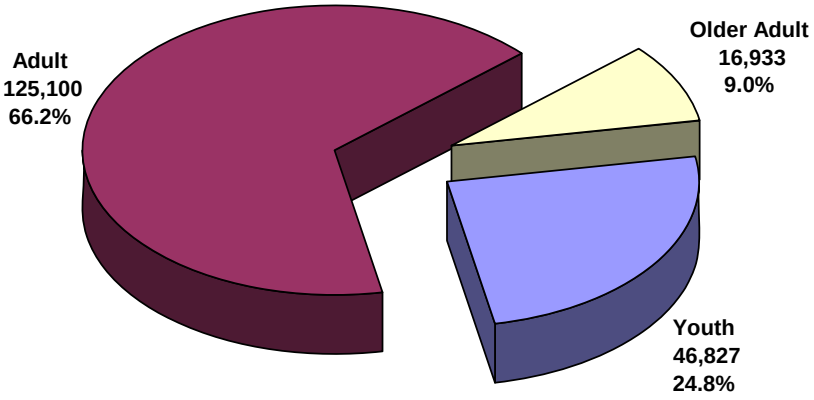
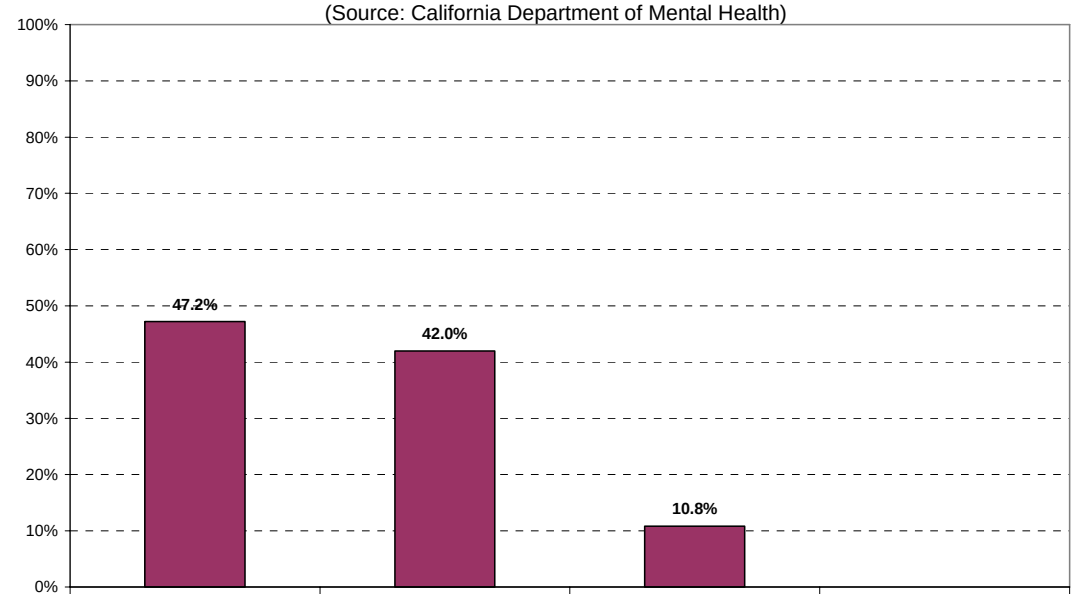


Figure 10 shows the number and percent of Medi-Cal beneficiaries in Yolo County by age for FY 2002/03. Forty-seven percent (47.2%) are 0-17 years of age, 42.0% are 18-64, and 10.8% are ages 65 and older.

Figure 10
Yolo County Medi-Cal Beneficiaries by Age
FY 2002/03
(Source: California Department of Mental Health)



	Youth	Adult	Older Adult	Total
Number	12,985	11,549	2,980	27,514
Percent	47.2%	42.0%	10.8%	100.0%

Children and youth ages 0-17 represent 24.8% of the general population and 47.2% of the Medi-Cal beneficiary population.

Diagnosis:

Clients receiving mental health services in Yolo County had the following types of psychiatric diagnoses. Please note that the Transition Age category is not reflected in the total clients column. They are also included in youth and adult.

Total Number of Mental Health Clients in FY 04/05 *(includes Crisis Services)*

	Youth (0-17)	Transition Age (16-25)	Adults (18-59)	Older Adults (60+)	Total Clients	
ADHD	110	13	11	0	121	3.3%
Anxiety	212	106	299	15	526	14.2%
Bipolar	20	30	176	24	220	5.9%
Conduct Disorder	299	109	66	2	367	9.9%
Depression/Mood Disorder	215	235	916	72	1,203	32.4%
Schizophrenia/Psychotic	18	69	584	68	670	18.0%
Substance Abuse	23	54	183	4	210	5.7%
Deferred	29	2	2	0	31	0.8%
Other	222	100	138	8	368	9.9%
Total Clients	1,148	718	2,375	193	3,716	100.0%

The mix of diagnoses is representative of most public mental health systems. The most prevalent diagnosis was Depression/Mood Disorder (32.4%), Schizophrenia (18%), and Anxiety Disorders (14.2%). Conduct Disorder is the most common diagnoses for children and youth.

Crisis and Inpatient Utilization (Fiscal Year 2004/05):
Additional information from the overall analysis of our utilization data includes:

Approximately 1,452 people utilized crisis services. Of the 295 youth who received Crisis Services, 182 were Caucasian and 77 Latino. Of the 1,093 adults who received Crisis Services, 791 were Caucasian and 142 Latino. For older adults, 49 were Caucasian and 6 were Latino.

Un-served Populations:
Estimating the number of un-served and underserved is difficult. At the present time, we do not systematically assess clients' need using data. The data in Chart A are estimates of the fully served and under served clients who received services in FY 04/05 by age, gender, and race/ethnicity. The table shows an estimate of the number of fully served, underserved, and total served by age, gender, and race/ethnicity.

A key utilization issue that Yolo County Mental Health has been analyzing is the amount of service received in relationship to clinical need. While data is available to examine the number of service contacts received by a client, evaluating 'clinical need' is more complex. However, the concept of underserved implies that a client does not receive all of the services that he/she needs. At the present time, we do not have a systematic method for tracking fully served clients.
The best 'proxy' is to set a benchmark for the number of services received and assess the number of individuals who received that amount of services. For purposes of this analysis, we have identified twenty-four (24) or more service contacts in a twelve-month period as meeting the criteria for 'fully served' and less than twenty-four (24) service contacts as 'underserved'. It should be acknowledged that some clients only receive a quarterly medication appointment and are successfully living independently with only four service contacts per year (thus could be considered as 'fully served'). However, in attempting to identify 'fully served' populations, we have selected twenty-four (24) as the minimum benchmark. This calculation provides information on the number of clients who averaged two or more services per month for the twelve-month period.

As we continue to transform our mental health system, matching the amount of services to the client's needs will become more refined and scientific. The development of this level of evaluation sophistication will enable us in the future to better match clinical need to an appropriately intensive level of service.

Please note: for the purposes of this document, persons receiving twenty-four (24) or more services in a fiscal year were considered to be 'Fully Served'. All individuals who received less than twenty-four (24) services were considered underserved/inappropriately served.

CHART A

Children & Youth 0-17 years old	Fully Served		Total Fully Served	Underserved/ Inappropriately Served		Total Served *by Gender*		Total Served		County Population	
	Male	Female	Number	Male	Female	Male	Female	Number	%	Number	%
Total	**190**	**118**	**308**	**465**	**375**	**655**	**493**	**1,148**		**46,827**	
African American	12	9	21	30	19	42	28	70	6.1%	1,067	2.3%
Asian-Pacific Islander	0	4	4	10	3	10	7	17	1.5%	3,318	7.1%
Latino	**47**	**29**	**76**	**135**	**87**	**182**	**116**	**298**	**26.0%**	**19,537**	41.7%
Native American	8	3	11	6	8	14	11	25	2.2%	476	1.0%
White	**111**	**67**	**178**	**241**	**221**	**352**	**288**	**640**	**55.7%**	**20,740**	44.3%
Russian	0	0	0	0	0	0	0	-	0.0%	n/a	n/a
Other	12	6	18	43	37	55	43	98	8.5%	1,689	3.6%

Transition Age Youth 16-25 years old	Fully Served		Total Fully Served	Underserved/ Inappropriately Served		Total Served *by Gender*		Total Served		County Population	
	Male	Female	Number	Male	Female	Male	Female	Number	%	Number	%
Total	**67**	**61**	**128**	**286**	**303**	**353**	**364**	**717**		**41,553**	
African American	5	5	10	12	16	17	21	38	5.3%	977	2.4%
Asian-Pacific Islander	0	4	4	12	8	12	12	24	3.3%	8,347	20.1%
Latino	**14**	**7**	**21**	**58**	**45**	**72**	**52**	**124**	**17.3%**	**11,420**	**27.5%**
Native American	4	4	8	5	6	9	10	19	2.6%	374	0.9%
White	**38**	**34**	**72**	**176**	**185**	**214**	**219**	**433**	**60.4%**	**19,222**	**46.3%**
Russian	1	0	1	0	1	1	1	2	0.3%	n/a	n/a
Other	5	7	12	23	42	28	49	77	10.7%	1,213	2.9%

Adults 18-59 years old	Fully Served		Total Fully Served	Underserved/ Inappropriately Served		Total Served *by Gender*		Total Served		County Population	
	Male	Female	Number	Male	Female	Male	Female	Number	%	Number	%
Total	**155**	**207**	**362**	**806**	**1,202**	**961**	**1,409**	**2,370**		**118,609**	
African American	8	8	16	42	70	50	78	128	5.4%	2,365	2.0%
Asian-Pacific Islander	5	7	12	46	79	51	86	137	5.8%	15,706	13.2%
Latino	**16**	**10**	**26**	**79**	**114**	**95**	**124**	**219**	**9.2%**	**32,688**	27.6%
Native American	3	6	9	5	17	8	23	31	1.3%	1,354	1.1%
White	**113**	**161**	**274**	**555**	**761**	**668**	**922**	**1,590**	**67.1%**	**64,081**	54.0%
Russian	2	1	3	8	22	10	23	33	1.4%	n/a	n/a
Other	8	14	22	71	139	79	153	232	9.8%	2,415	2.0%

Older Adults 60+ years old	Fully Served		Total Fully Served	Underserved/ Inappropriately Served		Total Served *by Gender*		Total Served		County Population	
	Male	Female	Number	Male	Female	Male	Female	Number	%	Number	%
Total	**11**	**24**	**35**	**59**	**99**	**70**	**123**	**193**		**23,424**	
African American	0	0	0	2	3	2	3	5	2.6%	453	1.9%
Asian-Pacific Islander	0	0	0	7	8	7	8	15	7.8%	1,353	5.8%
Latino	**1**	**1**	**2**	**0**	**7**	**1**	**8**	**9**	**4.7%**	**3,714**	15.9%
Native American	0	0	0	1	1	1	1	2	1.0%	240	1.0%
White	**9**	**22**	**31**	**38**	**64**	**47**	**86**	**133**	**68.9%**	**17,367**	74.1%
Russian	0	0	0	3	6	3	6	9	4.7%	n/a	n/a
Other	1	1	2	8	10	9	11	20	10.4%	297	1.3%

All Clients	Fully Served		Total Fully Served	Underserved/ Inappropriately Served		Total Served *by Gender*		Total Served		County Population	
	Male	Female	Number	Male	Female	Male	Female	Number	%	Number	%
Total	**356**	**349**	**705**	**1330**	**1676**	**1,686**	**2,025**	**3,711**		**188,860**	
African American	20	17	37	74	92	94	109	203	5.5%	3,885	2.1%
Asian-Pacific Islander	5	11	16	63	90	68	101	169	4.6%	20,377	10.8%
Latino	**64**	**40**	**104**	**214**	**208**	**278**	**248**	**526**	**14.2%**	**55,939**	**29.6%**
Native American	11	9	20	12	26	23	35	58	1.6%	2,070	1.1%
White	**233**	**250**	**483**	**834**	**1046**	**1,067**	**1,296**	**2,363**	**63.7%**	**102,188**	**54.1%**
Russian	2	1	3	11	28	13	29	42	1.1%	n/a	n/a
Other	21	21	42	122	186	143	207	350	9.4%	4,401	2.3%

3) *Provide a narrative discussion/analysis of the ethnic disparities in the fully served, underserved and inappropriately served populations in your county by age group as identified in Chart A. Include any available information about their age and situational characteristics as well as race ethnicity, gender, primary language, sexual orientation, and special needs.*

Children / Youth

Children who are Medi-Cal beneficiaries served by the Yolo County mental health services are eligible for an l array of services. However, there are opportunities for improvement in the processes to ensure that they are receiving the services needed to address their mental health conditions and achieve positive outcomes. We are working to improve the coordination between all human services agencies who are serving children and families. This coordination will enhance outcomes for children and families in foster care, juvenile justice, child welfare, employment, and in the schools.

As shown in Chart A, 26.8% of the children and youth, ages 0-17, are considered fully served. This leaves an estimated 73.2% as underserved. For children and youth (0-17), there are more males served (655) than females (493). Of those who were fully served there were 190 males compared to 118 females. Of all children served, 26% were Latino and 55.7% Caucasian. Nearly 58% of the fully served were Caucasian.

Children who are underserved or inappropriately served may receive only limited outpatient services. These children may not have access to more intensive services because of service availability, transportation, funding, or timeliness of appointments.

Service to improve the conditions and outcomes for children and youth who are considered 'high risk' were among the priority issues defined through the stakeholder process and selected for priority attention. Special priority will be given to ethnic communities that are un-served and/or underserved such as the Russian, Ukranian, Southeast Asian and Latino children and youth.

Transition Age Youth

Nearly every group of respondents who participated in the needs assessment/ survey gathering process identified transition age youth as a high priority for MHSA attention. The major gaps identified in the services to this age group included lack of skills building to prepare youth for adulthood as they leave foster care or juvenile hall and/or a children's system of care. There is also a lack of housing for these Transition Age Youth and few supportive services to assist them in finding employment or continuing with their education.

As shown in Chart A, 17.9% of the Transition Age Youth, ages 16-25, are considered fully served. This leaves an estimated 82.1% as underserved. For Transition Age Youth (16-25), there were similar numbers of males (353) and females (364) being served. A similar number were fully served (67 males and 61 females). Of all TAY, 17.3% were Latino and 60.4% Caucasian. Similar to children, 56% of the fully served were Caucasian.

As a group, Transition Age Youth access fewer services as they turn 18 years old. Ethnic disparities remain for Latino youth. Fewer youth are fully served, 17.9% compared to 26.8% compared to those children 0-17 years of age. Underserved youth include those youth who do not have an adequate support system to help them transition from the children's programs into the adult system. As youth transition into adult services, many need continued medications and outpatient services. They also need, and rarely receive, supportive services for finding and getting housing, employment, and education. Without access to these services, these high-risk youth have a greater probability of having encounters with the law and needing psychiatric inpatient services.

Another un-served population for this age group is youth who are Lesbian, Gay, Bisexual, Transgender, or Questioning (LGBTQ). This is the age when youth begin recognizing their sexuality and are in need of support and guidance that is respectful and non-judgmental. Access to information and resources to engage these young people with support systems that will guide and help bridge them to a supportive community within this cultural group is essential. In addition to the direct supports for this TAY group, information, education and support services will be available for parents, family members and significant others to help facilitate open communication and increase awareness regarding the special cultural considerations for this group.

Adults

As shown in Chart A, 15.3% of the adults, ages 18-59, are considered fully served. This leaves an estimated 84.7% as underserved. The un-served and/or underserved adults in Yolo County include those individuals who are uninsured or underinsured, and undocumented individuals. Individuals who are geographically isolated are also un-served. There are approximately 900 homeless individuals in the county, with an estimate of 30-50% with a serious mental illness. These individuals are un-served. The farm workers in the county are also un-served. Many of these individuals are Latino. The clinic offers only a few evening hour appointments to deliver services at the work site, so mental health services may not be accessible to many of these individuals.

Older Adults

As shown in Chart A, 18.1% of the older adults, ages 60+, are considered fully served. This leaves an estimated 81.9% as underserved. At the present time, few older adult individuals access public mental health services (N=193). As a result, most of the older adults with a serious mental illness are un-served or underserved in Yolo County. This includes individuals who are geographically isolated and lack reliable transportation and/or a support person to assist them with transportation to services. One of the barriers to services is the stigma attached to mental illness and a lack of recognition of mental illness among family members and seniors. Improving services to this population is a high priority for the MHSA.

Rural and Non-English Speaking Individuals

One of Yolo County's primary revenue sources is agricultural production. Farm workers and their families are identified as primarily Latino. They contribute an enormous benefit to the economic vitality of the county. However, the farm workers and their families are less likely to access services. Barriers to serving this population include the stigma of mental health, immigration status, the lack of financial resources and/or insurance, prevalence of accessing the physical health to address psychosomatic complaints, flexible clinic hours to accommodate evening and weekend appointments, childcare, and transportation. In addition, increasing the number of mental health professionals who reflect the culture and language needs of our rural, agricultural communities, the failure of treatment approaches to meet the cultural needs of the Latino population and the lack of information access on mental illness, and aggressive outreach to this population are other barriers to care. Improving access to this population is a priority.

4) *Identify objectives related to the need for, and the provision of, culturally and linguistically competent services based on the population assessment, the county's threshold languages and the disparities or discrepancies in access and service delivery that will be addressed in this Plan.*

As evident in Chart A above, most of the individuals who receive mental health services are underserved. There are few persons in the current mental health system that are fully served at this time, meaning clients received less than twenty-four (24) contacts in a fiscal year. For persons who are Latino, the discrepancy is even greater.

Using these criteria, approximately 81% of all clients are underserved/ inappropriately served. This data was consistent for all ages, genders, and race/ethnicity groups. The county's sole threshold language is Spanish. As shown above, about 80% of the Latino clients who received mental health services in FY 04/05 were underserved/inappropriately served. This trend was consistent across all age groups and for both males and females.

In addition to examining data to assess persons who are underserved/ inappropriately services, the number of persons who are *un-served* in the county is also important. The prevalence data shows that fewer people are being served than expected for youth, older adults, and the Latino population. The MHSA funding provides the county with an opportunity to improve access and increase the total number of persons in the county who receive mental health services.

A number of objectives have been identified for MHSA Services:

1. To improve access for Latinos and other race/ethnicity groups. To successfully meet this objective, we also have the objective of hiring staff, consumers, and family members who are bilingual and bicultural. This accomplishment will help remove the barriers to access for culturally diverse populations.

2. To deliver services in collaboration with other community organizations and co-locate services whenever possible. Our mental health clinic is co-located on the same campus with Social Services and Substance Abuse Services, as well as the CalWORKS program. This co-location makes it easy for individuals to access several different programs in one convenient location.

3. To deliver services in the individual's community. Outreach and engagement activities and system develop services will require that staff deliver services in the individual's home, and offer services in diverse community settings (e.g., churches, senior centers, schools, and other rural community locations).

4. To conduct cultural competence training programs for mental health staff and collaborative community partners.

5. To provide culturally and linguistically appropriate services for Latino family members.

6. To develop outreach and education activities focused on providing information about mental health services for groups and organizations known to serve high numbers of Latinos (i.e., Health Foundation, churches, Lulac, etc.).

Section III. Identifying Initial Populations for Full Service Partnerships

1) *From your analysis of community issues and mental heath needs in the community, identify which initial populations will be fully served in the first three years. Please describe each population in terms of age and the situational characteristics described above (e.g., youth in the juvenile justice system, transition-age youth exiting foster care, homeless adults, older adults at risk of institutionalization, etc.). If all age groups are not included in the Full Service Partnerships during the three-year plan period, please provide an explanation specifying why this was not feasible and describe the county's plan to address those age groups in the subsequent plans.*

Within the first three years of the MHSA, Yolo County will develop Full Service Partnership programs for four age groups. These Full Service Partnership programs will be initiated in the first year, with full implementation beginning the second year. The Full Service Partnership programs will serve:

- Children (ages 0-17) (Work Plan 1);
- Transition Age Youth (ages 16-25) (Work Plan 2);
- Adults (ages 18-59) (Work Plan 3)
- Older Adults (ages 60 and up (Work Plan 4).

These four Full Service Partnership programs will be described below.

Full Service Partnership: Children (Ages 0-17) (Work Plan 1)

From Chart A, 26% of the children currently served are Latino, but only 6.6% are Fully Served. Similarly, 55.7% of the children served are Caucasian, with 15.5% Fully Served. Yolo County will utilize the Children's System of Care (CSOC) model to deliver services to children ages 0-17. As supported by the data and stakeholder input, the Children's Program will focus on seriously emotionally disturbed individuals who meet the following criteria:

(1) Children (ages 0-17) who have a serious emotional disturbance and have experienced school disciplinary problems or academic failure, are at risk of dropping out of school, out-of-home placement, or involved in the criminal justice system in the past year; and/or
(2) Children (ages 0-17) who are uninsured or underinsured and who are at serious risk of or have a history of psychiatric hospitalization, crisis services, residential care, or out-of-home placement, due to their mental health diagnosis; and/or
(3) Children (ages 0-17) who are at-risk and are ready to be released from Juvenile Hall or residential placement (e.g., foster care, group homes).

The Full Service Partnership Children's Team will utilize a multi-disciplinary collaborative approach to serving high-risk children and youth. The multi-disciplinary

team will have primary responsibility for the children and youth served. Services will include intensive family and community involvement.

The core criteria that will be used to identify children include children (ages 0-17) who are within six months of being released from Juvenile Hall, or returning to the community from an out-of-home placement. Other factors include those children who are involved in the child welfare system or at risk of out-of-home placement. We will provide Full Service Partnership services to four (4) Children in Year II and an additional two (2) will be served in Year III, for a total of 6 individuals served in Full Service Partnership by the end of Year III.

Ethnic disparities will be reduced by the following strategies:

(1) The team staffing pattern will include a ratio of bilingual/bicultural mental health professionals and staff.
(2) Staff consultations and team supervision will provide opportunities to discuss culturally appropriate options for care.
(3) Team staff, including community partners, will receive regularly scheduled training on issues related to cultural competence.

Individuals and families served will drive the plan of care with attention to personal choices, including cultural issues such as location of housing.

Full Service Partnership: Transition Age Youth (Ages 16-25) (Work Plan 2)

Yolo County will develop a Full Service Partnership Transition Age Youth Team to serve youth ages 16-25 (often with co-occurring mental health and substance abuse disorders) who are currently not served, who are not adequately served, or at risk. From Chart A, 17.3% of the TAY currently served are Latino, but only 2.9% are Fully Served. Similarly, 60.4% of the TAY served are Caucasian, with 10% Fully Served. As supported by the data and stakeholder input, the TAY Program will focus on seriously emotionally disturbed individuals who meet the following criteria:

(1) Transition Age Youth (ages 16-25) who have a serious emotional disturbance and who have experienced school disciplinary problems, are likely to drop out of school, are at risk of out-of-home placement, involved in the criminal justice system in the past year, or are homeless; and/or
(2) Transition Age Youth (ages 16-25) who are uninsured or underinsured and who are at serious risk of or have a history of psychiatric hospitalization, residential care, or out-of-home placement, due to their mental health diagnosis; and/or
(3) Transition Age Youth (ages 16-25) who are ready to be released from Juvenile Hall or residential placement (e.g., foster care, group homes) and are returning to the community and have inadequate services and supports to successfully transition to adulthood.

The core factors which will be used to identify TAY will be those youth ages 16-25 who are within six months of being released from Juvenile Hall, or returning to the community from an out-of-home placement. This population will also include those youth ages 16-25 who are aging out of the juvenile justice or child welfare systems. This population is often quick to disengage from services once they turn 18. Without a court order or social worker to urge their participation, the TAY often signs him/herself out of services. Creative strategies to engage the youth that are "aging out" of the Child Welfare and Juvenile Probation arena will utilized in hopes that continued linkages to the mental health supports will be available. Informal outreach and 3,6,9 month check-in opportunities will be structured to have available resources that the young person may take advantage of without engaging them in full-blown treatment. Many of these youth do not receive services with the adult mental health program for several years and frequently become homeless, hospitalized, or enter the adult justice system before seeking mental health services. The goal is to continue monitoring this age group and have available immediate contact and access points to facilitate their entry into adult services as needs arise. In addition, services will be tailored to address co-occurring disorders as many are struggling with substance abuse issues.

High priority will be given to serving Transition Age Youth who are Latino, as well as those who are at risk of psychiatric hospitalizations and/or homelessness. Youth with co-occurring disorders (mental health and substance abuse) will also be a priority for services. We will provide Full Service Partnership services to two (2) Transition Age Youth in Year I, twelve (12) Transition Age Youth in Year II and an additional eighteen (18) will be served in Year III, for a total of 32 individuals served in Full Service Partnership by the end of Year III.

Ethnic disparities will be reduced by the following strategies:

(1) The team staffing pattern will include a ratio of bilingual/bicultural mental health professionals and staff.
(2) Staff consultations and team supervision will provide opportunities to discuss culturally appropriate options for care.
(3) Team staff, including community partners, will receive regularly scheduled training on issues related to cultural competence.

Individuals and families served will drive the plan of care with attention to personal choices, including cultural issues such as location of housing.

Full Service Partnership: Adults (Ages 18-59) (Work Plan 3)

Yolo County will develop a Full Service Partnership Adult Team to serve adults ages 18-59 (often with co-occurring mental health and substance abuse disorders) who are currently not served, or who are not adequately served, or at risk. From Chart A, 9.2% of the adults currently served are Latino, but only 1.1% are Fully Served. Similarly, 67.1% of the adults served are Caucasian, with 11.6% Fully Served.

Based on the above data and stakeholder input, the core factors which will be used to identify persons for the Adult Program will be adults ages 18-59 who are at serious risk or have a history of psychiatric hospitalization, residential care, involvement with the criminal justice system, and/or out-of-home placement, due to the combinations of financial difficulties and levels of development and sustainment of independent living skills.

At the present time, a level of concern exists that some adults with a serious mental illness receive fewer mental health services than what would be required to optimize levels of function. Some individuals continue to be sustained through traditional medication management and case management services. Ideally, more intensive levels of support both in frequency and the array of service options could enhance levels of functioning and overall quality of life. Those individuals who are at risk of hospitalization, those with co-occurring disorders, and those involved in the criminal justice system represent the un-served and underserved adults in this county. Some of these individuals may also be at risk of hospitalization and/or homelessness.

Un-served populations include the adult homeless community and persons living at the Migrant Labor Camp, many of whom are Latinos. This group is historically un-served or underserved in this county.

The three populations in Yolo County that will be identified for the Adult Full Service Partnership Program are:

(1) Adults who have been admitted to a psychiatric hospital in the past two years, or are at risk of hospitalization; and/or
(2) Adults with co-occurring mental health and substance abuse disorders; and/or
(3) Adults with a serious mental disorder who have been involved in the criminal justice system in the past year and are being discharged into the community.

Three (3) adults will be served in Full Service Partnerships in Year I; twenty (20) adults will be served in the Full Service Partnership program in Year II and an additional thirty-two (32) will be served in Year III, for a total of 55 individuals served in Full Service Partnership by the end of Year III.

Ethnic disparities will be reduced by the following strategies:
(1) The team staffing pattern will include a ratio of bilingual/bicultural mental health professionals and staff.
(2) Staff consultations and team supervision will provide opportunities to discuss culturally appropriate options for care.
(3) Team staff, including community partners, will receive regularly scheduled training on issues related to cultural competence.

Individuals and families served will drive the plan of care with attention to personal choices, including cultural issues such as location of housing.

Full Service Partnership: Older Adults (Ages 60+) (Work Plan 4)

Yolo County will develop a Full Service Partnership Older Adult Team to serve older adults ages 60 + who are currently un-served, or who are not adequately served, or at risk. As shown in Chart A, 18.1% of the older adults, ages 60+, are considered fully served. This leaves an estimated 81.9% as underserved. At the present time, very few older adults access public mental health services (N=193). As a result the majority of the older adults with a serious mental illness are un-served or underserved in Yolo County.

For seniors who are geographically isolated and who lack reliable transportation, access to mental health services is virtually unattainable. Often awareness of these older adult clients with serious mental illness are first identified and referred through the outreach and engagement efforts of the Senior Peer Counselors, IHSS Workers and/or through concerned extended family members and neighbors. Isolation is just one barrier--stigma related to mental illness, cultural and language differences and medical complications present additional barriers for accessing care.
As supported by the data and stakeholder input, the Older Adult Program will focus on:

(1) Older adults age 60+ with serious mental illness who have been admitted to a psychiatric hospital in the past year, or who are at risk of hospitalization; and/or

(2) Older adults age 60+ who are at risk of losing their independence and being institutionalized due to serious mental health problems; and/or

(3) Older Adults age 60+ with serious mental health, medical and co-occurring substance abuse issues.

Priority will be given to underserved rural populations of older adults, especially those from Latino and Russian cultures.

Those older adults who need comprehensive support will be provided a Full Service Partnership plan. Our program allows for one older adult to be a FSP client in Year I, three to be FSP clients in Year II, and five to be given Full Service Partnership services in Year III, a total of nine individual FSP service opportunities over three years. Ethnic disparities will be reduced using the following strategies:

(1) The older adult team will have a staffing pattern that will be bilingual/bicultural and/or will have access to mental health professionals that can serve as translators and interpreters for the older adult consumers that do not speak English or have another language preference.
(2) Staff consultation and staff supervision will incorporate aspects of culture, language, health and healing practices and other dynamics that will impact access and ongoing care.

(3) As appropriate and with the proper releases of information, family members, significant others and other support individuals will be invited to participate in providing support and care with the community supports and services team.
(4) Staff, including community partners will receive regularly scheduled training and education on issues related to cultural competency.

Section IV. Identifying Program Strategies

*1) If your county has selected one or more strategies to implement with MHSA funds that are not listed in this section, please describe those strategies in detail in **each** applicable program work plan including how they are transformational and how they will promote wellness/recovery/resiliency and are consistent with the intent and purpose of the MHSA. No separate response is necessary in this section.*

All Full Service Partnership programs will only utilize the strategies outlined in the MHSA CSS document.

Section V. Assessing Capacity

1) *Provide an analysis of the organization and service provider strengths and limitations in terms of capacity to meet the needs of racially and ethnically diverse populations in the county. This analysis must address the bilingual staff proficiency for threshold languages.*

The Mental Health staff and organizational providers are predominately Caucasian. Mexican American/Latino staff comprises 27.5% of our clinic staff. In addition, there is one bilingual, bicultural clinician working as a Network Provider. Latinos are underrepresented in our service delivery system, as are other race/ethnicity groups. A comparison of staffing and the population reflects a disparity between the Latino population and mental health provider staffing.

2) *Compare and include an assessment of the percentages of culturally, ethnically, and linguistically diverse direct service providers as compared to the same characteristics of the total population who may need services in the county and the total population currently served in the county.*

The following reflects the staff composition at ADMH and its contract providers as of May 1st, 2003. Data is presented in terms of "Full Time Equivalents" (FTE's).

NOTE: ADMH is in the process of updating the Human Resource information, as there have been many staff changes in the past year.

Staff Ethnicity:

Figure 11
Staff Race/Ethnicity

	Caucasian	Latino	Af. Amer.	Asian	Am. Indian	Slavic	Other	Totals	%
ADMH									
Admin/Management	24.0	9.0	0	2.0	0	0	0	35.0	24.6
Direct Service	52.15	22.0	6.0	5.0	4.0	0.8	0	89.95	63.4
Support Services	3.0	8.0	1.0	0	0	1.0	0	13.0	9.2
Interpreters	0	0	0	0.4	0	0.25	0	0.65	0.5
Consumers	3.0	0	0	0	0	0	0	3.0	2.1
Totals	82.15	39.0	7.0	7.4	4.0	2.05	0	141.6	99.8
Percentages	58.0	27.5	4.9	5.2	2.8	1.4	0	99.8	
Contract Agencies*									
Admin/Management	27.18	2.2	2.0	1.0	0	0	1.0	33.38	17.7
Direct Service	79.65	23.9	12.4	4.0	0.11	1.0	0.43	121.49	65.0
Support Services	26.0	1.0	1.0	0	0	0	0	28.0	15.0
Interpreters	0	0	0	0	0	0	0	0	0

Consumers	3.88	0.15	0	0	0.06	0	0	4.09	2.2
Totals	136.71	27.25	15.4	5.0	0.17	1.0	1.43	186.96	99.9
Percentages	73.1	14.6	8.2	2.7	0	0.5	0.8	99.9	

	Caucasian	Latino	Af. Amer.	Asian	Am. Indian	Slavic	Other	Totals	
Grand Totals	218.86	66.25	22.4	12.4	4.17	3.05	1.43	328.56	
Percentages	66.6	20.2	6.8	3.8	1.3	0.9	0.4	100.0	
Direct service total	131.8	45.9	18.4	9.0	4.11	1.8	0.43	211.44	
Percentages	62.5	21.8	8.7	4.3	0.2	0.0	0.0	100	

*The contract agencies participating include: Families First, John H. Jones Clinic, Lekotek, Sexual Abuse and Domestic Violence Clinic, Woodland Youth Services, Yolo Connections, Yolo County Care Continuum, and Yolo Family Service Agency.

Oral Proficiency

Figure 12
Staff Language

	Spanish	Russian	Lao	Mien	Hmong	Cambodian	Farsi	Other*	Totals
ADMH									
Admin/Management	6.0	0	0	0	0	0	0	2.0	8.0
Direct Service	24.7	0.8	0	0	0	1.0	1.0	3.6	31.1
Support Services	6.0	1.0	0	0	0	0	0	0	7.0
Interpreters	0	0.25	0.25	0.25	0.25	0.15	0	0.25	1.35
Consumers	0	0	0	0	0	0	0	0	0
Total	36.7	2.05	0.25	0.25	0.25	1.15	1.0	5.85	47.50
Contract Agencies									
Admin/Management	7.0	0	0	0	0	0	0	1.5	8.5
Direct Service	25.8	1.0	0	0	0	0	0	4.63	31.43
Support Services	0	0	0	0	0	0	0	0	0
Interpreters	0	0	0	0	0	0	0	0	0
Consumers	0	0	0	0	0	0	0	0	0
Total	32.8	1.0	0	0	0	0	0	6.13	39.93
Grand Total	69.5	3.05	0.25	0.25	0.25	1.15	1.0	11.98	87.43

*Other languages include: American Sign Language; Czech; Croatian; French; German; Greek; Hebrew; Hindi; Ilonggo; Italian; Norwegian; Pakistani; Punjabi; Setswana; and Tagalog

Reading and Writing Proficiency

Figure 13
Staff Reading and Writing Proficiency

	Spanish	Russian	Lao	Mien	Hmong	Cambodian	Farsi	Other	Totals
ADMH									
Admin/Management	5.0	0	0	0	0	0	0	1.0	6.0
DirectService	19.7	0.8	0	0	0	0	1.0	3.6	25.1
Support Services	1.0	1.0	0	0	0	0	0	0	2.0
Interpreters	0	0.25	0	0	0	0.15	0	0.25	0.65
Consumers	0	0	0	0	0	0	0	0	0
Total	25.7	2.05	0	0	0	0.15	1.0	4.85	33.75
Contract Agencies									
Admin/Management	4.0	0	0	0	0	0	0	1.5	6.5
Direct Service	25.3	0	0	0	0	0	0	4.3	29.6
Support Services	0	0	0	0	0	0	0	0	0
Interpreters	0	0	0	0	0	0	0	0	0
Consumers	0	0	0	0	0	0	0	0	0
Total	29.3	0	0	0	0	0	0	6.8	36.1
Grand Total	55.0	2.05	0	0	0	0.15	1.0	11.65	69.85

Comparative Data

The following staff composition information was reported in 1998 for ADMH and contract providers combined:

Figure 14
ADMH and Contract Provider Race/Ethnicity

Ethnicity (1998)	Caucasian	Latino	Af. Amer.	Asian	Am Indian	Other	Totals	%
Admin/Management	13.85	2.25	2.00	0	0	0	18.10	13.7
Direct Service	68.87	8.35	2.10	1.87	1.00	3.50	85.69	65.0
Support Services	16.50	8.50	1.00	0	0	0	26.00	19.7
Interpreters	0.10	0	0	0.40	0	0	0.50	0.4
Consumers*	1.50	0	0	0	0	0	1.50	1.1
Totals	100.82	19.10	5.10	2.27	1.00	3.50	131.79	99.9
Percentages	76.5	14.5	3.9	1.7	0.8	2.7	100.1	

Figure 15
ADMH and Contract Provider Language

Language** (1998)	Spanish	Russian	Lao	Mien	Cambodian	Other***	Totals
Admin/Management	2.25	0	0	0	0	0	2.25
Direct Service	11.55	0	0	0	0	5.16	16.71
Support Services	5.50	0	0	0	0	0	5.50
Interpreters	0	0.10	0.20	0.20	0.20	0	0.70
Consumers*	0	0	0	0	0	0	0
Totals	19.30	0.10	0.20	0.20	0.20	5.16	25.16

**Consumer counts were left of the tabular data in 1998 but were included in the text*
***No distinction was made between speaking, writing and reading proficiency in 1998*
****Other languages include: American Sign Language; Czech, Croatian, French, German, Korean, Norwegian, Japanese, Punjabi, Portuguese, Arabic, and Tagalog*

Comparative Analysis: 1998 versus 2003

The total staff count increased from 132 to 330, which represents a 150% growth. In terms of percentage composition, Caucasians decreased from 76.5% to 66.6%; Latinos increased from 14.5% to 20.2%; African Americans increased from 3.9% to 6.8%; Asians increased from 1.7% to 3.8%, and American Indians increased from 0.8% to 1.2%.

Oral language proficiency counts have increased as follows: for Spanish, 19.3 to 69.5; Russian, 0.1 to 3.0; Lao, 0.20 to 0.25; Mien, 0.20 to 0.25; Hmong, 0.20 to 0.25; Cambodian, 0.20 to 1.15; and Farsi, 0 to 1.0. The increase in Spanish speakers constitutes a 260% growth, which is more than the rate of increase in overall staff.

The percentage of support staff for ADMH and contract providers combined decreased from 19.7% to 12.5%, while that for Administration/Management increased from 13.7% to 20.8%. The percentages for direct service staff remained essentially the same, 65.0% in 1998 and 64.4% in 2003.

Current Composition by Location

This cannot be pinned down because of the fluidity of staff by location. The small travel distances within the county also make this breakdown superfluous.

Analysis of Beneficiary/Client profile and Human Resources

The following is a race/ethnicity comparison of combined ADMH and contract provider staff with the client, beneficiary and general populations:

Figure 16
Race/Ethnicity Comparison of combined ADMH and Contract Provider Staff with Client, Beneficiary, and General Populations

	Caucasian	Latino	Af. Amer.	Asian	Am. Indian	Other
Overall staff	66.6	20.2	6.8	3.8	1.3	0.9
Direct service staff	62.5	21.8	8.7	4.3	0.2	0.07
Client population	56.8	19.8	5.8	1.2	1.1	20.8
Beneficiary population	40.3	38.6	4.1	7.2	0.6	9.1
General population	67.7	25.9	2.0	9.9	1.2	19.2*

* The percentage of Russian speakers in the beneficiary population is 2.9. This is an estimate based on the number of county residents who list their ancestry as Russian and/or Ukrainian

The staff can be said to be reflective of the diversity within the client, beneficiary and general populations.

In order to address the needs of the threshold populations, ADMH has strategically stationed its bilingual Spanish support staff in Woodland, and its bilingual Spanish and Russian support staff in West Sacramento. Bilingual support staff has received the training to work as interpreters as needed.

All of the contract interpreters are stationed in West Sacramento. The Russian interpreter works 10 hours a week; the Hmong and Mien interpreter works 10 hours a week; and the Cambodian interpreter works 6 hours a week. A volunteer Pashto and Dari interpreter has been working with the Afghan clients, and as of this writing, ADMH is in the process of contracting with this person on an on-call basis.

ADMH has met the following human resource goals established in 1998 (on page 23 of August 1998 CCP): (a) to increase the number of Spanish-speaking clinicians; (b) to double the FTE's for Russian-speaking staff; (c) to work with other county agencies to increase the pool of available interpreters; and (d) to provide training on how to interpret for mental health services.

(The one objective from the 1998 report left unaddressed had to do with utilization. It was to re-analyze the beneficiary and utilization data by location. This information will become accessible with ADMH new MIS system as phase-in is completed.)

3) *Provide an analysis and include a discussion of the possible barriers your system will encounter in implementing the programs for which funding is requested in this Plan and how you will address and overcome these barriers and challenges. Challenges may include such things as difficulty in hiring staff due to human resource shortages, lack of ethnically diverse staff, lack of staff in rural areas and/or on Native American reservations and rancherias, difficulties in hiring clients and family members, need for training of staff in recovery/wellness/resiliency and cultural competence principles and approaches, need to increase collaborative efforts with other agencies and organizations, etc.*

Our biggest barrier to implementation will be to hire ethnically diverse staff. We are located near two larger counties (Solano and Sacramento) which have substantially higher pay scales than our county. This difference in pay structures creates a barrier to hire qualified, bilingual, bicultural staff and licensed clinical staff.

Another anticipated barrier is the ability to hire consumers and family members to work with staff to deliver MHSA services. Given the small population of the county, there are fewer persons from which to hire staff.

Training in the recovery model may also be a barrier to MHSA implementation. Some of our staff have worked in the mental health field for many years and deliver traditional mental health clinic model services. Training and supervision will assist staff in embracing this system transformation and exploring alternative strategies for meeting the needs of the individual. Training and supervision on strategies for involving families and support persons will also be required to fully implement the vision of the MHSA.

The Children's System of Care has provided an excellent model for developing collaborative relationships with allied agencies. Our multi-agency team has worked closely together for several years to meet the needs of children and families in our system. This system model will now be developed for enhancing multiple agency collaboration for the Adult and Older Adult Systems.

YOLO COUNTY COMMUNITY SERVICES AND SUPPORTS
Three-Year Program and Expenditure Plan
Fiscal Years 2005-06, 2006-07, 2007-08

SECTION VI
PART A:

WORK PLAN LISTINGS
(EXHIBIT 2)

Exhibit 2: COMMUNITY SERVICES AND SUPPORTS PROGRAM WORKPLAN LISTING

Fiscal Year : FY 05/06

County: YOLO		TOTAL FUNDS REQUESTED				FUNDS REQUESTED			
#	Program Work Plan Name	Full Service Partnerships	System Development	Outreach & Engagement	Total Request	Children, Youth, Families	Transition Age Youth	Adult	Older Adult
1	**Greater Capay Valley Children's Pilot**	$ -	$ 35,579	$ 35,579	$ 71,158	$ 71,158	$ -		$ -
	Percentage of combined funding	0%	50%	50%					
2	**Transition-Age Youth: Pathways to Independence**	19,012	38,025	38,024	$ 95,061		$ 95,061		
	Percentage of combined funding	20%	40%	40%					
3	**Adult Wellness Alternatives**	32,110	64,219	64,219	$ 160,548			$ 160,548	
	Percentage of combined funding	20%	40%	40%					
4	**Older Adult Outreach and Assessment Program**	$ 8,994	$ 17,989	$ 32,979	$ 59,962				$ 59,962
	Percentage of combined funding	15%	30%	55%					
					$ -				
					$ -				
					$ -				
					$ -				
					$ -				
					$ -				
					$ -				
					$ -				
		$ 60,116	$ 155,812	$ 170,801	$ 386,729	$ 71,158	$ 95,061	$ 160,548	$ 59,962

Exhibit 2: COMMUNITY SERVICES AND SUPPORTS PROGRAM WORKPLAN LISTING

Fiscal Year : FY 06/07

County:	YOLO	TOTAL FUNDS REQUESTED				FUNDS REQUESTED			
#	Program Work Plan Name	Full Service Partnerships	System Development	Outreach & Engagement	Total Request	Children, Youth, Families	Transition Age Youth	Adult	Older Adult
1	**Greater Capay Valley Children's Pilot**	$ 40,548	$ 148,675	$ 81,096	$ 270,319	$ 270,319	$ -		$ -
	Percentage of combined funding	15%	55%	30%					
2	**Transition-Age Youth: Pathways to Independence**	185,634	92,817	92,817	$ 371,268		$ 371,268		
	Percentage of combined funding	50%	25%	25%					
3	**Adult Wellness Alternatives**	341,583	170,791	170,791	$ 683,165			$ 683,165	
	Percentage of combined funding	50%	25%	25%					
4	**Older Adult Outreach and Assessment Program**	$ 59,413	$ 71,296	$ 106,944	$ 237,653				$ 237,653
	Percentage of combined funding	25%	30%	45%					
					$ -				
					$ -				
					$ -				
					$ -				
					$ -				
					$ -				
					$ -				
					$ -				
		$ 586,630	$ 483,579	$ 451,648	$ 1,562,405	$ 270,319	$ 371,268	$ 683,165	$ 237,653

Exhibit 2: COMMUNITY SERVICES AND SUPPORTS PROGRAM WORKPLAN LISTING

Fiscal Year : FY 07/08

County: YOLO		TOTAL FUNDS REQUESTED				FUNDS REQUESTED			
#	Program Work Plan Name	Full Service Partnerships	System Development	Outreach & Engagement	Total Request	Children, Youth, Families	Transition Age Youth	Adult	Older Adult
1	**Greater Capay Valley Children's Pilot**	$ 71,552	$ 108,759	$ 105,897	$ 286,208	$ 286,208	$ -		$ -
	Percentage of combined funding	25%	38%	37%					
2	**Transition-Age Youth: Pathways to Independence**	294,819	39,309	58,964	$ 393,092		$ 393,092		
	Percentage of combined funding	75%	10%	15%					
3	**Adult Wellness Alternatives**	542,491	72,332	108,498	$ 723,321			$ 723,321	
	Percentage of combined funding	75%	10%	15%					
4	**Older Adult Outreach and Assessment Program**	$ 75,486	$ 62,905	$ 113,230	$ 251,621				$ 251,621
	Percentage of combined funding	30%	25%	45%					
					$ -				
					$ -				
					$ -				
					$ -				
					$ -				
					$ -				
					$ -				
					$ -				
		$ 912,796	$ 283,305	$ 386,589	$ 1,654,242	$ 286,208	$ 393,092	$ 723,321	$ 251,621

YOLO COUNTY COMMUNITY SERVICES AND SUPPORTS
Three-Year Program and Expenditure Plan
Fiscal Years 2005-06, 2006-07, 2007-08

SECTION VI
PART B:

FULL SERVICE PARTNERSHIP POPULATION OVERVIEW
(EXHIBIT 3)

EXHIBIT 3: FULL SERVICE PARTNERSHIP POPULATION – OVERVIEW

Number of individuals to be fully served:

FY 2005-06: Children and Youth:_0__ Transition Age Youth:__2__ Adult:_3___ Older Adult:__1__ TOTAL:___6__

FY 2006-07: Children and Youth:_4__ Transition Age Youth:__12_ Adult:_20__ Older Adult:__3__ TOTAL:__39__

FY 2007-08: Children and Youth:_6__ Transition Age Youth:__18_ Adult:_32__ Older Adult:__5__ TOTAL:__61__

PERCENT OF INDIVIDUALS TO BE FULLY SERVED

	% Unserved				%Underserved				
	%Male		%Female		%Male		%Female		
Race/Ethnicity	%Total	%Non-English Speaking	%Total	%Non-English Speaking	% Total	%Non-English Speaking	%Total	%Non-English Speaking	%TOTAL
				2005/06					
% African American									
% Asian Pacific Islander									
% Latino	16.66%	16.66%			16.66%		16.66%	16.66%	50.0%
% Native American									
% White			16.66%		16.66%		16.66%		50.0%
% Other									
Total Population	1	1	1	0	2	0	2	1	6 (100%)
				2006/07					
% African American			2.56%				2.56%		5.13%
% Asian Pacific Islander			2.56%	2.56%	2.56%	2.56%	2.56%	2.56%	7.69%
% Latino	5.13%		5.13%	2.56%	12.8%	5.13%	10.24%	7.69%	33.33%
% Native American					2.56%		2.56%		5.13%
% White	2.56%		2.56%		20.52%		15.39%		41.03%
% Other	2.56%	2.56%			2.56%	2.56%	2.56%	2.56%	7.69%
Total Population	4	1	5	2	16	4	14	5	(39)100%
				2007/08					
% African American	1.64%				1.64%		3.28%		6.56%
% Asian Pacific Islander			1.64%	1.64%	1.64%		1.64%		4.92%
% Latino	4.92%	3.28%	4.92%	3.28%	13.11%		16.39%		39.34%
% Native American			1.64%		1.64%				3.28%
% White	3.28%		3.28%		19.68%		13.12%		39.34%
% Other	1.64%	1.64%	1.64%	1.64%	1.64%		1.64%		6.56%
Total Population	7	3	8	4	24	0	22	0	61(100%)

YOLO COUNTY COMMUNITY SERVICES AND SUPPORTS
Three-Year Program and Expenditure Plan
Fiscal Years 2005-06, 2006-07, 2007-08

SECTION VI
PART C:

WORK PLANS (Exhibit 4) FOR PROGRAMS 1 - 4

PROGRAM INFORMATION (Questions 2-13)

BUDGETS AND STAFFING DETAIL (Exhibits 5a/5b)

BUDGET NARRATIVES

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY		
County: YOLO	Fiscal Years: 05/06, 06/07 and 07/08	Program Work Plan Name: Greater Capay Valley Children's Pilot Program
Program Work Plan #: __1__		Estimated Start Date: April 2006
Description of Program: *Describe how this program will help advance the goals of the Mental Health Services Act*	This MHSA program will provide culturally and linguistically competent mental health and related services to children, youth and their families in the greater Capay Valley region, focusing specifically in the Esparto Unified School District, with primary services offered in the towns of Esparto, Madison and other outlying areas in the Capay Valley. The Greater Capay Valley Children's Pilot Program will be integrated within the new and flourishing human services that are being developed in this region. The collaborative partners include RISE (Rural Innovations in Social Economics) Inc., Capay Valley Vision, Esparto Family Practice, the Esparto Unified School District and the Yolo County Department of Employment and Social Services. This MHSA program will be a blended funding program; that is, it will combine Full Service, System Development, and Outreach and Engagement services, goals and requirements in one program, in an effort more services to many in need. The goals of this program will be to: • Increase the level of participation and involvement of ethnically diverse and Caucasian families in all aspects of the public mental health system; • Support the development of a Family Resource Center that will provide mental health services to rural residents; • Provide outreach and expansion of services to client populations in order to eliminate ethnic disparities in accessibility, availability and appropriateness of mental health services and to more adequately reflect mental health prevalence estimates; • Increase the array of community supports for children and youth diagnosed with serious emotional disorders and their families, and • Allow these children and youth to enjoy greater success in school and at home, and help them avoid institutionalization and out of home placements.	

Priority Population: *Describe the situational characteristics of the priority population*	The priority population for this program will be Yolo County children/youth aged 0-18 and their families who reside or attend school in the Esparto Unified School District and who have a psychiatric disability and unmet or under-met mental health treatment needs, and/or who are members of an ethnic group identified as underserved. These ethnically diverse and Caucasian children are living in rural environments with limited access to mental health treatment services. In addition, some may be members of an ethnic or cultural group that does not readily understand or accept mental health services.

	Fund Type			Age Group			
Describe strategies to be used, Funding Types requested (check all that apply), Age Groups to be served (check all that apply)	FSP	Sys Dev	OE	CY	TAY	A	OA
Family Partnership Programs- that are operated by family members and include strategies to engage racially and ethnically diverse families, and services and activities such as support groups, individual advocacy and support, outreach, and the Family Resource Centers model.	☒	☒	☐	☒	☐	☐	☐
Child/youth mentoring	☒	☒	☐	☒	☐	☐	☐
Culturally and gender-sensitive outreach and services at schools, primary care clinics, and community programs in ethnic communities, which proactively reach children and youth who may have emotional and/or behavioral disorders, and which can provide easy and immediate access to mental health services when needed.	☐	☒	☐	☒	☐	☐	☐
Services and supports provided at school, in the community and in the child/youth's home	☒	☒	☐	☒	☐	☐	☐
Crisis services, including 24-hour crisis phone line, mobile crisis services	☒	☒	☐	☒	☐	☐	☐
Education for children/youth and family or other caregivers regarding mental health diagnosis and assessment, medications, services and supports planning, treatment modalities, and other information related to mental health services and needs of children and youth.	☒	☒	☐	☒	☐	☐	☐

Integrated physical and mental health services, which includes co-location and/or collaboration with primary care clinics or other health care sites and providers.	☒	☒	☐	☒	☐	☐	☐
Childcare	☒	☒	☐	☒	☐	☐	☐
Transportation	☒	☒	☐	☒	☐	☐	☐

2) Please describe in detail the proposed program for which you are requesting MHSA funding and how that program advances the goals of the MHSA.

According to the 2000 census, the greater Capay Valley Region has a population of 3,900 and is ethnically diverse; Caucasians, the Rumsey Band of Wintun Indians, African Americans and Latino families reside in eastern Yolo County, in several unincorporated communities situated along state Highway 16. The town of Esparto has a population comprised of 42% Latinos, with a number of transient migrant populations that enter the valley area during the planting and harvesting seasons. The smaller town of Madison, with just under 1000 residents, has a Latino population of 67%. In the Fall of 2003, an *Action Plan for the Capay Valley Region* was completed, which identified the assets of the Valley--the land, the people, and the schools. Historically, the people of greater Capay Valley have had to travel to Woodland or other larger cities to seek out physical and mental health services, social services, and other supports. Poor accessibility and extremely limited public transit activity have contributed to the isolation of this region

This MHSA Program for children, youth and their families will introduce a community-based mental health system that can coordinate care with physical health services in the newly established clinic and integrate with existing social services and community development supports being provided within Capay Valley.

With regard to System Development, the primary goals of this program will be to:

A. Work collaboratively with existing county and local agencies to develop methods to identify consumers and processes to triage their needs;
B. Work collaboratively with existing community-based organizations to develop uncomplicated referral systems to avoid delays in service delivery;
C. Develop an integrated and coordinated system of care that is seamless with other human services and includes the full continuum of mental health services, while promoting resilience, wellness and recovery;
D. Develop opportunities for family partners and peer mentors to be involved in the delivery of supportive services, including Family Partnership services;

E. Work collaboratively with existing community-based organizations to provide services that increase access to mental health care such as transportation, childcare, education, information and outreach.

All staff assigned to this project will be located in Esparto and will have daily contact with community leaders and local organizations to establish a clear presence for mental health services in the community's continuum of care. The staff will perform outreach to partner agencies, local schools and other community-based organizations that will be referring children and youth to this program. In addition, referral and intake processes will be tailored to eliminate barriers to access and create a user-friendly process. Finally, staff will conduct ongoing outreach and education efforts in the community to make themselves visible.

Relative to Full Service Partnerships, the primary goals of this program will be to:

A. Expand and develop a strong continuum of mental health services for children and youth that are identified as severely emotionally disturbed, including services for their families;
B. Provide whatever it takes to individualize care for children and youth in their community and not require them to travel outside of their school district or home town to receive supports;
C. Provide 24/7 support for SED children and youth, and their families, to provide immediate access to mental health care, relieve symptoms, and avoid lengthy trips to the nearest hospital emergency room.

Clearly, the mental health services to be developed must be readily available and located in the community.

Mental Health services cannot have a transient presence in the community. The ADMHS Staff assigned to this program must instead be woven into the community and into the environment of the recently developed physical health care clinic. Co-locating physical health and mental health services in one facility will allow for more comprehensive care. Access to 24 hour, 7 day a week mental health services will also reduce the use of emergency resources such as the local volunteer fire department.

Community services and supports teams will provide services to our clients (and when appropriate, to their families) on a 24/7 basis. Personal Service Coordinators from all MHSA programs will collaborate to provide after-hours services to MHSA Full Service Partnership clients, including those in Greater Capay Valley. As part of his or her Full Service Partnership Plan, each client will participate in drafting a detailed stabilization plan, to which all staff performing after-hours services will have access when needed. All Full Service Partnership clients will be offered regular opportunities to become acquainted with any staff member who may provide them with after-hours services.

The staffing for this program consists of one licensed clinician to provide mental health services (including individual, group, and family therapy) and two staff Alcohol, Drug and Mental Health Specialists to provide case management and rehabilitation services.

3) Describe any housing or employment services to be provided.

A. Housing
The Esparto Pilot Program will work collaboratively with RISE, Inc. to identify families that may be in need of additional resources to re-establish stability and continuity of the home environment. According to community leaders, homelessness is not an issue of major concern in this rural region.

B. Employment
The Yolo County Department of Employment and Social Services (DESS) currently has an employment specialist co-located in Esparto and housed at the RISE Inc. office to assist the youth with job placement. The Greater Capay Valley Children's Pilot Program will utilize this service to refer clients.

4) Please provide the average cost for each Full Service Partnership participant including all fund types and fund sources for each Full Service Partnership proposed program.

Based on an estimate of costs in FY 07-08, the average cost for a Full Service Partnership participant is estimated at $12,000.

5) Describe how the proposed program will advance the goals of recovery for adults and older adults or resiliency for children and youth. Explain how you will ensure the values of recovery and resiliency are promoted and continually reinforced.

A community that consciously seeks to build resilience in children and youth must begin by building opportunities for their community involvement. If children can readily engage with peers and elders, develop skills and talents, and have fun, the community has planted the seeds of resilience. For resilience to grow, the community must cultivate in its children and youth a sense of belonging, feelings of hope and optimism, and confidence in themselves. In Esparto, Madison, and the Capay Valley region, community leaders have already started the process of instilling resilience in their local children. The Greater Capay Valley Children's Pilot Program (GCVCPP) will be fully integrated into the efforts already underway in the community and will embrace the commitment of its leaders to promote community and cultural pride. GCVCPP will have a visible presence and will support the evolving infrastructure of human services, economic development, recreation and transportation. More specifically, GCVCPP will integrate mental health services into after school programs and other community based supports to assist youth with appropriate skill development. In addition, GCVCPP will provide child-centered, family-driven home-based mental health services to

children and youth with serious emotional disturbances. While serving these children and youth in the context of their families and their community, GCVCEP will further promote resilience by working to fight stigma and contradict pessimistic messages about children with SED.

6) **If expanding an existing program or strategy, please describe your existing program and how that will change under this proposal.**

Not applicable.

7) **Describe which services and supports clients and/or family members will provide. Indicate whether clients and/or families will actually run the service or if they are participating as a part of a service program, team or other entity.**

Family Partners and Community Members will provide peer and family support, community engagement, outreach, family education, information, and referral services. Consumer and Family Partnership Services will be run by consumer, family and community member employees. Consumer and family member staff will participate as part of their program and as part of the GCVCPP team.

8) **Describe in detail collaboration strategies with other stakeholders that have been developed or will be implemented for this program and priority population, including those with tribal organizations. Explain how they will help improve system services and outcomes for individuals.**

The ADMHS Deputy Director of Clinical Programs and the MHSA Program Coordinator have met with leaders from several local public and community agencies in Esparto, Madison and Capay Valley.

From **RISE Inc.** (Rural Innovations in Social Economics) participants included:

- Executive Director
- After School Program Coordinator (also a Volunteer Fireman)
- Resource Specialist
- Program Designer

Capay Valley Vision

- Executive Director

Esparto Unified School District (EUSD)

- School Counselor (serves all schools in EUSD)

Yolo County Department of Employment and Social Services (DESS)

- Youth Development Program Specialist

Madison, Esparto and Capay Valley have coordinated their efforts to solicit services and supports needed in their community. Community partners indicate that access to counseling services has been a priority need for some time. Community leaders are clear that they do not want services that involve a clinician coming in for a few hours and leaving. Instead, these leaders want a mental health support system that will establish roots and become part of their community. This will enable the program staff members who provide mental health and related services for children and youth (and their families) to become fully integrated partners and evolve with all human services in Esparto. The goal is to develop a coordinated and seamless system of service delivery in the area of counseling that can be:

- Quickly identified
- Easily accessible
- Highly integrated in the school system
- Readily integrated with RISE's existing supports such as the after school program, mentoring, etc
- Family friendly
- Culturally and linguistically appropriate
- Friendly toward and well received by all consumers
- Without barriers to access (for example, a child with limited private insurance coverage whose covered care is far away would not be turned away)

This will be accomplished by including all stakeholders in the decision-making processes around:

- Access
- Referrals
- Co-location of integrated services
- Staffing

The community stakeholders supported hiring staff from the Capay Valley. Our efforts to hire talented and qualified staff will therefore include preference for applicants who:

- Live in the Esparto/Capay Valley Community
- Are familiar with existing community supports
- Have insight into the community culture, climate and resources
- Have the trust and respect of the community at large

- See themselves individually as a primary bridge to services in the community and as one who would facilitate expeditious access to care
- Can continue strengthening the efforts to increase access to care for the Caucasian and ethnically diverse communities of the Greater Capay Valley.

9) Discuss how the chosen program/strategies will be culturally competent and meet the needs of culturally and linguistically diverse communities. Describe how your program and strategies address the ethnic disparities identified in Part II Section II of this plan and what specific strategies will be used to meet their needs.

This program will be two fold: designed to address the ethnic disparities of access to mental health care by the communities of color who are present in this region as well as reach out to the Caucasian community, which historically has been underserved.

As stated in the *Action Plan for the Capay Valley Region* (2003) this area has a 42% Latino population, a small Native American community, and a small population of African Americans. These cultural communities have historically been un-served and underserved for sometime.

To address the potential needs of monolingual Spanish-Speaking consumers, the GCVCPP team will be comprised of staff that speaks Spanish, thereby increasing access to care. Equally important is for the team to understand the socio-economic issues facing the community. Issues of acculturation and assimilation as it pertains to Latinos will be a critical training issue. For example, not all Latinos will be agricultural workers and not all will speak Spanish. Many times assumptions cause barriers to access.

In addition, the collaborative will extend efforts to connect and coordinate mental health services and education with the Tribal representatives of the small Native American population living on tribal land located in Capay Valley as appropriate. Given the success of tribal gaming in the region, these individuals are very self-sufficient. Tribal members address their own needs using their own resources. Nevertheless, we anticipate and welcome contact with Native American children and youth who participate in community activities outside of the Rancheria.

Interestingly, another cultural dynamic raised by the community leadership that will be addressed is how to welcome, invite, and serve the Caucasian members of the community, who (despite need) perceive such support services as being strictly for people of color.

10) Describe how services will be provided in a manner that is sensitive to sexual orientation, gender-sensitive and reflect the differing psychologies and needs of women and men, boys and girls.

Gay, lesbian, bisexual, transgender and questioning youth can experience greater stigma and personal difficulty in small, rural communities, and the Esparto-Capay region is no exception. A recent survey of the six major high schools in Yolo County revealed that those schools with student populations over 1500 had an active Gay-Straight Alliance club; only Esparto High School and Winters High School (both in rural areas) did not have any organized activity to promote acceptance of GLBTQ students. Community stakeholders shared that they knew of youth in the community who are gay or questioning, but those youth are few in number and are afraid to identify themselves as such.

These youth need support. The GCVCPP mental health team will be working closely with partners to develop programming and supports that will be sensitive to issues relating to sexual orientation and gender identity. The point person at Esparto High School will be critical to assist with linkage to the available services elsewhere in the county. If needed, sub-contracts will be established to seek out consultation and education from agencies that specialized in the needs of GLBTQ youth. In addition, these contracts may include direct service provision to ensure that culturally competent services are provided.

11) Describe how services will be used to meet the service needs for individuals residing out-of-county.

For the most part, SED children and youth will be served in Esparto and Madison. If a child or youth is placed out of Yolo County then a contractor will be found to serve the child's needs.

12) If your county has selected one or more strategies to implement with MHSA funds that are not listed in Section IV, please describe those strategies in detail including how they are transformational and how they will promote the goals of the MHSA.

Not Applicable.

13) Please provide a timeline for this work plan, including all critical implementation dates.

- **January-March, 2006:** ADMHS will perform pre-hiring activities, general staff training, identifying program supervisors, and continue planning discussions with community collaborators.

- **April 2006:** ADMHS anticipates plan approval and will commence hiring, with the assistance of community partners; commence team-building strategies; co-locate staff with community partners.
- **May 2006:** Greater Capay Valley Children's Pilot Program will initiate integrated services; implement outreach and other system development services; offer Consumer and Family Partnership services; identify Full Service Partnership clients.
- **June 2007:** By end of second program year, GCVCPP will be fully integrated into the community programs for children, youth and families, and GCVCPP will have four children enrolled in Full-Service Partnerships.
- **June 2008**: By end of third program year, GCVCPP will be fully integrated into the community programs for children, youth and families, and GCVCPP will have six children enrolled in Full-Service Partnerships.

14) Develop Budget Requests: Exhibit 5 provides formats and instructions for developing the Budget and Staffing Detail Worksheets and Budget Narrative associated with each program work plan. Budgets and Staffing Detail Worksheets and Budget Narratives are required for each program work plan for which funds are being requested.

a) Work plans and most budget/staffing worksheets are required at the program level. Consistent with the balance of the work plans, some services may not be part of a comprehensive program and should be budgeted as a stand-alone program and work plan. An example of this is Mobile Crisis. It is a countywide service available to a broad service population and may not necessarily be part of another program for a priority population.

b) Information regarding strategies is requested throughout the Program and Expenditure Plan Requirements. Strategies are approaches to provide a program/service. Multiple strategies may be used as an approach for a single service. No budget detail is required at the strategy level. Examples of strategies include self-directed care plans, integrated assessments for co-occurring disorders, on-site services in child welfare shelters, and self-help support.

15) A Quarterly Progress Report (Exhibit 6) is required to provide estimated population to be served. This form will be required to be updated quarterly specifying actual population served. Additionally, a Cash Balance Quarterly Report (Exhibit 7) is required to provide information about the cash flow activity and remaining cash on hand. All progress reports are to be submitted to the DMH County Operations analyst assigned to the County within 30 days after the close of the quarter.

EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): YOLO | Fiscal Year: 2005-06

Program Workplan #: 1 | Date: 12/1/05

Program Workplan Name: Greater Capay Valley Children's Pilot | Page ____ of ____

Type of Funding: 2. System Development | Months of Operation: 3

Proposed Total Client Capacity of Program/Service: FSP 0 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: FSP 0 | Prepared by: Joan Beesley

Client Capacity of Program/Service Expanded through MHSA: FSP 0 | Telephone Number: (530) 666-8630

First Year Combined Funding Type: 0% FSP, 50% SD, 50% OE	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene	$0		$1,300	$1,300
b. Travel and Transportation	$0		$500	$500
c. Housing				
i. Master Leases	$0		$0	$0
ii. Subsidies	$0		$0	$0
iii. Vouchers	$0		$0	$0
iv. Other Housing	$0		$0	$0
d. Employment and Education Supports	$0		$1,250	$1,250
e. Other Support Expenditures (provide description in budget narrative)	$0		$1,250	$1,250
f. Total Support Expenditures	$0	$0	$4,300	$4,300
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)	$0		$0	$0
b. New Additional Personnel Expenditures (from Staffing Detail)	$31,663		$9,870	$41,533
c. Employee Benefits	$11,082		$2,909	$13,991
d. Total Personnel Expenditures	$42,745	$0	$12,779	$55,524
3. Operating Expenditures				
a. Professional Services	$0		$0	$0
b. Translation and Interpreter Services	$0		$0	$0
c. Travel and Transportation	$1,062		$744	$1,806
d. General Office Expenditures	$125		$1,062	$1,187
e. Rent, Utilities and Equipment	$1,250		$3,750	$5,000
f. Medication and Medical Supports	$0		$0	$0
g. Other Operating Expenses (provide description in budget narrative)	$0		$3,341	$3,341
h. Total Operating Expenditures	$2,437	$0	$8,897	$11,334
4. Program Management				
a. Existing Program Management			$0	$0
b. New Program Management			$0	$0
c. Total Program Management		$0	$0	$0
5. Estimated Total Expenditures when service provider is not known	$0			$0
6. Total Proposed Program Budget	**$45,182**	**$0**	**$25,976**	**$71,158**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)	$0		$0	$0
b. Medicare/Patient Fees/Patient Insurance	$0		$0	$0
c. Realignment	$0		$0	$0
d. State General Funds	$0		$0	$0
e. County Funds	$0		$0	$0
f. Grants	$0		$0	$0
g. Other Revenue	$0		$0	$0
h. Total Existing Revenues	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP only)	$0		$0	$0
b. Medicare/Patient Fees/Patient Insurance	$0		$0	$0
c. State General Funds	$0		$0	$0
d. Other Revenue	$0		$0	$0
e. Total New Revenue	$0	$0	$0	$0
3. Total Revenues	$0	$0	$0	$0
C. One-Time CSS Funding Expenditures	**$53,000**			**$53,000**
D. Total Funding Requirements	**$98,182**	**$0**	**$25,976**	**$124,158**
E. Percent of Total Funding Requirements for Full Service Partnerships				**6.8%**

EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): YOLO | Fiscal Year: 2005-06

Program Workplan #: 1 | Date: 12/1/05

Program Workplan Name: Greater Capay Valley Children's Pilot | Page 1 of 1

Type of Funding: 2. System Development | Months of Operation: 3

Proposed Total Client Capacity of Program/Service: FSP 0 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: FSP 0 | Prepared by: Joan Beesley

Client Capacity of Program/Service Expanded through MHSA: FSP 0 | Telephone Number: (530) 666-8630

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	One Quarter Only	Total Salaries. Wages and Overtime
A. Current Existing Positions						
						$0
						$0
						$0
						$0
						$0
						$0
						$0
						$0
						$0
						$0
						$0
						$0
						$0
						$0
						$0
	Total Current Existing Positions	0.00	0.00			$0
B. New Additional Positions						
Supervision Clinician	Program oversight; clinical support		1.00	57,588	0.25	$14,397
ADMHS Specialist II	Rehab, outreach, advocacy		1.00	33,240	0.25	$8,310
ADMHS Specialist I	Consumer/Family Partner	0.50	0.50	29,544	0.25	$3,693
Psychiatrist	Medication support		0.10	127,417	0.25	$3,185
ADMHS Specialist II	Benefits Specialist		0.25	33,240	0.25	$2,078
Contractor MH Specialist	Rehab, outreach, advocacy		1.00	33,240	0.25	$8,310
Contractor Intern/Trainee	Family Partnership		0.25	24,960	0.25	$1,560
						$0
						$0
						$0
						$0
						$0
						$0
						$0
						$0
	Total New Additional Positions	0.50	4.10			$41,533
C. Total Program Positions		0.50	4.10			$41,533

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.

b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

EXHIBIT 5 Attachment - Budget Narrative

County(ies):	YOLO
Program Workplan #	1
Program Workplan Name	Greater Capay Valley Children's Pilot
New Program/Svs or Expansion	New
Fiscal Year	2005-06
Date	1/19/2006
Months of Operation	3
Prepared by/Phone #	Joan Beesley - (530)-666-8630

First Year Combined Funding Type: 0% FSP, 50% SD, 50% OE

A. Expenditures	Narrative	Totals
1. Client, Family Member and Caregiver Support Expenditures		
a. Clothing, Food and Hygiene	Clothing, food, hygiene, and other incentive items for the purpose of engaging the attention and participation of clients or family members of potential FSP candidates; for 3 months; $1,300 under subcontract; 100% OE; estimated budget based on expected need for incentives to encourage engagement and trust, estimating an average of $433 per month.	$1,300
b. Travel and Transportation	Client travel and transportation costs including client transport, purchasing of bicycles, bus passes, and travel reimbursements associated with program participation, to promote outreach and engagement and the establishment of Mental Health services in the rural community; for 3 months; $500 under subcontract; 50% SD and 50% OE; estimated budget based on expected need for transportation in rural area with little to no bus service, estimating an average of $167 per month.	$500
c. Housing		$0
i. Master Leases		$0
ii. Subsidies		$0
iii. Vouchers		$0
iv. Other Housing		$0
d. Employment and Education Supports	Costs related to school supports, after-school programs, and trust building activities to promote outreach and engagement and the establishment of Mental Health services in the rural community; for 3 months; $1,250 under subcontract; 50% SD and 50% OE; estimated budget based on expected need for school based and school related activities, estimating an average of $417 per month.	$1,250
e. Other Support Expenditures	Other costs such as childcare, outreach materials, incentives, and program supplies used to promote outreach and engagement and the establishment of Mental Health services in the rural community; for 3 months; $1,250 under subcontract; 50% SD and 50% OE; estimated budget based on expected need for program supplies and supports, estimating an average of $417 per month.	$1,250
f. Total Support Expenditures	***This program represents the introduction of mental health service delivery to a remote rural area of Yolo County; some children and families will be difficult to engage due to cultural and economic circumstances. Identified primary barriers are language, transportation, and stigma.***	***$4,300***
2. Personnel Expenditures		
a. Supervision Clinician	1 FTE at $27.69/hr. x .25 for program oversight; clinical support	$14,397
b. ADMHS Specialist II	1 FTE at $15.98/hr. x .25 for rehab, outreach, advocacy	$8,310
c. ADMHS Specialist I	.50 FTE at $14.20/hr. x .25 for consumer/family partner	$3,693
d. Psychiatrist	.10 FTE at $61.26/hr. x .25 for medication support;	$3,185
e. ADMHS Specialist II	.25 FTE at $15.98/hr. x .25 benefits specialist	$2,078
f. Contractor MH Specialist	1 FTE at $15.98/hr. x .25 rehab, outreach, advocacy	$8,310
g. Contractor Intern/Trainee	.25 FTE at $12.00/hr. x .25 Family Partnership	$1,560
h. Employee Benefits	Benefits average 34% due to part-time positions and benefit levels varying with subcontractor	$13,991

i. Total Personnel Expenditures	***This program will focuses on bringing mental health services to the rural community, focusing on wellness, resilience and community involvement. All children will not need full-service partnerships, however, psychiatric care, benefits consultation, and therapy will be provided whenever appropriate. It is difficult, if not impossible, to predict how many children will engage with these services. We anticipate no FSPs in the first 3 months although we are prepared to develop individualized service plans. We anticipate staff time to be equally divided between system development and outreach and engagement.***	***$55,524***
3. Operating Expenditures		
a. Professional Services		$0
b. Translation and Interpreter		$0
c. Travel and Transportation	Travel and Transportation costs associated with staff travel for 3 months; $1,062 for ADMHS and $744 for the subcontractor; 50% SD and 50% OE; estimated budget based on an estimated 730 miles per month at $.485/mile for county and 511 miles per month for the subcontractor.	$1,806
d. General Office Expenditures	Office supplies, phones, and other general offices expenses for 3 months; $125 for ADMHS and $1,062 for the subcontractor; 50% SD and 50% OE; estimated budget based on $42 per month for the county and $354 per month for the subcontractor	$1,187
e. Rent, Utilities and Equipment	Rent, utilities, and equipment leases & maintenance expense for 3 months; $1,250 for ADMHS and $3,750 under subcontractor; 50% SD and 50% OE; program is co-located in the first year, moving to the subcontractor's site in the 2nd and 3rd years; estimated budget based on a share of cost for the county of $417 per month and $1250 per month for the subcontractor	$5,000
f. Medication and Medical Supports		$0
g. Other Operating Expenses (provide description in budget narrative)	Other operating expenses include printing, copying, cell phones, and maintenance; for 3 months; $3,341 under subcontractor; 50% SD and 50% OE; estimate based on expected related expense allocations for the subcontractor	$3,341
h. Total Operating Expenditures		***$11,334***
4. Program Management		
a. Existing Program Management		$0
b. New Program Management		$0
c. Total Program Management		$0
5. Estimated Total Expenditures when service provider is not known		**$0**
6. Total Proposed Program Budget		**$71,158**
B. Revenues		
1. Existing Revenues		
a. Medi-Cal (FFP only)		$0
b. Medicare/Patient Fees/Patient		$0
c. Realignment		$0
d. State General Funds		$0
e. County Funds		$0
f. Grants		$0
g. Other Revenue		$0
h. Total Existing Revenues		***$0***
2. New Revenues		
a. Medi-Cal (FFP only)		$0
b. Medicare/Patient Fees/Patient		$0
c. State General Funds		$0
d. Other Revenue		$0
e. Total New Revenue		***$0***
3. Total Revenues		**$0**
C. One-Time CSS Funding Expenditures		**$53,000**
D. Total Funding Requirements		**$124,158**
E. Percent of Total Funding Requirements for Full Service Partnerships		**6.8%**

EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): YOLO | Fiscal Year: 2006-07

Program Workplan #: 1 | Date: 12/1/05

Program Workplan Name: Greater Capay Valley Children's Pilot | Page 1 of 1

Type of Funding: 2. System Development | Months of Operation: 12

Proposed Total Client Capacity of Program/Service: FSP 4 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: FSP 0 | Prepared by: Joan Beesley

Client Capacity of Program/Service Expanded through MHSA: FSP 4 | Telephone Number: (530) 666-8630

Second Year Combined Funding Type: 15% FSP, 55% SD, 30% OE	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene			$5,252	$5,252
b. Travel and Transportation			$2,020	$2,020
c. Housing				
i. Master Leases				$0
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing				$0
d. Employment and Education Supports			$5,050	$5,050
e. Other Support Expenditures (provide description in budget narrative)			$5,050	$5,050
f. Total Support Expenditures	$0	$0	$17,372	$17,372
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0
b. New Additional Personnel Expenditures (from Staffing Detail)	$147,224		$39,875	$187,099
c. Employee Benefits	$51,529		$11,750	$63,279
d. Total Personnel Expenditures	$198,753	$0	$51,625	$250,378
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpreter Services				$0
c. Travel and Transportation	$4,293		$3,005	$7,298
d. General Office Expenditures	$505		$4,293	$4,798
e. Rent, Utilities and Equipment			$15,150	$15,150
f. Medication and Medical Supports	$5,050			$5,050
g. Other Operating Expenses (provide description in budget narrative)			$13,497	$13,497
h. Total Operating Expenditures	$9,848	$0	$35,945	$45,793
4. Program Management				
a. Existing Program Management				$0
b. New Program Management				$0
c. Total Program Management		$0	$0	$0
5. Estimated Total Expenditures when service provider is not known				$0
6. Total Proposed Program Budget	**$208,601**	**$0**	**$104,942**	**$313,543**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				$0
b. Medicare/Patient Fees/Patient Insurance				$0
c. Realignment				$0
d. State General Funds				$0
e. County Funds				$0
f. Grants				
g. Other Revenue				$0
h. Total Existing Revenues	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP only)	$43,224			$43,224
b. Medicare/Patient Fees/Patient Insurance				$0
c. State General Funds				$0
d. Other Revenue				$0
e. Total New Revenue	$43,224	$0	$0	$43,224
3. Total Revenues	$43,224	$0	$0	$43,224
C. One-Time CSS Funding Expenditures	**$0**		**$0**	
D. Total Funding Requirements	**$165,377**	**$0**	**$104,942**	**$270,319**
E. Percent of Total Funding Requirements for Full Service Partnerships				**14.9%**

EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): YOLO | Fiscal Year: 2006-07

Program Workplan #: 1 | Date: 12/1/05

Program Workplan Name: Greater Capay Valley Children's Pilot | Page 1 of 1

Type of Funding: 2. System Development | Months of Operation: 12

Proposed Total Client Capacity of Program/Service: FSP 4 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: FSP 0 | Prepared by: Joan Beesley

Client Capacity of Program/Service Expanded through MHSA: FSP 4 | Telephone Number: (530) 666-8630

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
Supervision Clinician	Program oversight; clinical support		1.00	58,165	$58,165
ADMHS Specialist II	Rehab, outreach, advocacy		1.00	33,573	$33,573
ADMHS Specialist I	Consumer/Family Partner	0.50	0.50	29,840	$14,920
Psychiatrist	Medication support		0.25	128,693	$32,173
ADMHS Specialist II	Benefits Specialist		0.25	33,573	$8,393
Contractor MH Specialist	Rehab, outreach, advocacy		1.00	33,573	$33,573
Contractor Intern/Trainee	Family Partnership	0.25	0.25	25,209	$6,302
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	0.75	4.25		$187,099
C. Total Program Positions		0.75	4.25		$187,099

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.
b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

EXHIBIT 5 Attachment - Budget Narrative

County(ies):	YOLO
Program Workplan #	1
Program Workplan Name	Greater Capay Valley Children's Pilot
New Program/Svs or Expansion	New
Fiscal Year	2006-07
Date	1/19/2006
Months of Operation	12
Prepared by/Phone #	Joan Beesley - (530)-666-8630

Second Year Combined Funding Type: 15% FSP, 55% SD, 30% OE **Budget increased by 1.0013%**

A. Expenditures	Narrative	Totals
1. Client, Family Member and Caregiver Support Expenditures		
a. Clothing, Food and Hygiene	Clothing, food, hygiene, and other incentive items for the purpose of engaging the attention and participation of clients or family members of potential FSP candidates; $5,252 under subcontract; 15% FSP, 55% SD, and 30% OE; estimate budget based on expected need for incentives to encourage engagement and trust, estimating an average of $438 per month.	$5,252
b. Travel and Transportation	Client travel and transportation costs including client transport, purchasing of bicycles, bus passes, and travel reimbursements associated with program participation, to promote outreach and engagement and the establishment of Mental Health services in the rural community; $2,020 under subcontract; 15% FSP, 55% SD, and 30% OE; estimated budget based on expected need for transportation in rural area with little to no bus service, estimating an average of $168 per month.	$2,020
c. Housing		$0
i. Master Leases		$0
ii. Subsidies		$0
iii. Vouchers		$0
iv. Other Housing		$0
d. Employment and Education Supports	Costs related to school supports, after-school programs, and trust building activities to promote outreach and engagement and the establishment of Mental Health services in the rural community; $5,050 under subcontract; 15% FSP, 55% SD, and 30% OE; estimated budget based on expected need for school based and school related activities, estimating an average of $421 per month.	$5,050
e. Other Support Expenditures	Other costs such as childcare, outreach materials, incentives, and program supplies used to promote outreach and engagement and the establishment of Mental Health services in the rural community; $5,050 under subcontract, 15% FSP, 55% SD, and 30% OE; estimated budget based on expected need for program supplies and supports, estimating an average of $421 per month.	$5,050
f. Total Support Expenditures		***$17,372***
2. Personnel Expenditures		
a. Supervision Clinician	1 FTE at $27.96/hr. for program oversight; clinical support	$58,165
b. ADMHS Specialist II	1 FTE at $16.14/hr. for rehab, outreach, advocacy	$33,573
c. ADMHS Specialist I	.50 FTE at $14.35/hr. for consumer/family partner	$14,920
d. Psychiatrist	.25 FTE at $61.87/hr. for medication support	$32,173
e. ADMHS Specialist II	.25 FTE at $16.14/hr. benefits specialist	$8,393
f. Contractor MH Specialist	1 FTE at $16.14/hr. rehab, outreach, advocacy	$33,573
g. Contractor Intern/Trainee	.25 FTE at $12.12/hr. Family Partnership	$6,302
h. Employee Benefits	Benefits average 34% due to part-time positions and benefit levels varying with subcontractor	$63,279
I. Total Personnel Expenditures	***This program's primary focus over the three years is on system development. The program is resiliency based and seeks to build resiliency by reinforcing the child's sense of importance and belonging in his/her community. ADMH will seek to hire bi-lingual members of this community.***	***$250,378***
3. Operating Expenditures		
a. Professional Services		$0
b. Translation and Interpreter Services		$0
c. Travel and Transportation	Travel and Transportation costs associated with staff travel; $4,293 for the County and $3,005 for subcontractor; 15% FSP, 55% SD, and 30% OE; estimated budget based on an estimated 738 miles per month at $.485/mile for county and 516 miles per month for the subcontractor.	$7,298
d. General Office Expenditures	Office supplies, phones, and other general offices expenses; $505 for the county and $4,293 for the subcontractor; 15% FSP, 55% SD, and 30% OE; estimated budget based on $42 per month for the county and $358 per month for the subcontractor	$4,798
e. Rent, Utilities and Equipment	Rent, utilities, and equipment leases & maintenance expense; $15,150 under subcontractor; 15% FSP, 55% SD, and 30% OE; estimated budget based on a share of cost $1,263 per month for the subcontractor	$15,150
f. Medication and Medical Supports	Chiefly to buy medications for clients without benefits or awaiting pending benefits; $5,050 for ADMHS; 15% FSP, 55% SD, and 30% OE; estimated budget based on approximate need for $421 per month by the county	$5,050
g. Other Operating Expenses (provide description in budget narrative)	Other operating expenses include printing, copying, cell phones, and maintenance; $13,497under subcontractor; 15% FSP, 55% SD, and 30% OE; estimate based on expected related expense allocations for the subcontractor	$13,497

h. Total Operating Expenditures		***$45,793***
4. Program Management		
a. Existing Program Management		$0
b. New Program Management		$0
c. Total Program Management		***$0***
5. Estimated Total Expenditures when service provider is not known		$0
6. Total Proposed Program Budget		**$313,543**
B. Revenues		
1. Existing Revenues		
a. Medi-Cal (FFP only)		$0
b. Medicare/Patient Fees/Patient		$0
c. Realignment		$0
d. State General Funds		$0
e. County Funds		$0
f. Grants		$0
g. Other Revenue		$0
h. Total Existing Revenues		***$0***
2. New Revenues		
a. Medi-Cal (FFP only)	Medi-Cal revenue based on billings generated at approximately 15% of staff time (Utilization Rate), difficult to predict the % of eligible clients	$43,224
b. Medicare/Patient Fees/Patient		$0
c. State General Funds		$0
d. Other Revenue		$0
e. Total New Revenue		***$43,224***
3. Total Revenues		**$43,224**
C. One-Time CSS Funding Expenditures		$0
D. Total Funding Requirements		**$270,319**
E. Percent of Total Funding Requirements for Full Service Partnerships		**14.9%**

EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): YOLO | Fiscal Year: 2007-08

Program Workplan #: 1 | Date: 12/1/05

Program Workplan Name: Greater Capay Valley Children's Pilot | Page 1 of 1

Type of Funding: 2. System Development | Months of Operation: 12

Proposed Total Client Capacity of Program/Service: FSP 6 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: FSP 4 | Prepared by: Joan Beesley

Client Capacity of Program/Service Expanded through MHSA: FSP 2 | Telephone Number: (530) 666-8630

Third Year Combined Funding Type: 25% FSP, 38% SD, 37%	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene	$0		$5,561	$5,561
b. Travel and Transportation	$0		$2,138	$2,138
c. Housing				
i. Master Leases	$0		$0	$0
ii. Subsidies	$0		$0	$0
iii. Vouchers	$0		$0	$0
iv. Other Housing	$0		$0	$0
d. Employment and Education Supports	$0		$5,347	$5,347
e. Other Support Expenditures (provide description in budget narrative)	$0		$5,347	$5,347
f. Total Support Expenditures	$0	$0	$18,393	$18,393
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)	$0		$0	$0
b. New Additional Personnel Expenditures (from Staffing Detail)	$155,878		$42,219	$198,097
c. Employee Benefits	$54,558		$12,441	$66,999
d. Total Personnel Expenditures	$210,436	$0	$54,660	$265,096
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpreter Services	$500		$0	$500
c. Travel and Transportation	$2,544		$3,182	$5,726
d. General Office Expenditures	$2,036		$4,544	$6,580
e. Rent, Utilities and Equipment	$0		$16,041	$16,041
f. Medication and Medical Supports	$3,347		$0	$3,347
g. Other Operating Expenses (provide description in budget narrative)	$2,000		$14,290	$16,290
h. Total Operating Expenditures	$10,427	$0	$38,057	$48,484
4. Program Management				
a. Existing Program Management			$0	$0
b. New Program Management			$0	$0
c. Total Program Management		$0	$0	$0
5. Estimated Total Expenditures when service provider is not known	$0			$0
6. Total Proposed Program Budget	**$220,863**	**$0**	**$111,110**	**$331,973**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)	$0		$0	$0
b. Medicare/Patient Fees/Patient Insurance	$0		$0	$0
c. Realignment	$0		$0	$0
d. State General Funds	$0		$0	$0
e. County Funds	$0		$0	$0
f. Grants	$0		$0	$0
g. Other Revenue	$0		$0	$0
h. Total Existing Revenues	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP only)	$45,765		$0	$45,765
b. Medicare/Patient Fees/Patient Insurance	$0		$0	$0
c. State General Funds	$0		$0	$0
d. Other Revenue	$0		$0	$0
e. Total New Revenue	$45,765	$0	$0	$45,765
3. Total Revenues	$45,765	$0	$0	$45,765
C. One-Time CSS Funding Expenditures	**$0**		**$0**	**$0**
D. Total Funding Requirements	**$165,377**	**$0**	**$111,110**	**$286,208**
E. Percent of Total Funding Requirements for Full Service Partnerships				**15.7%**

EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): YOLO | Fiscal Year: 2007-08

Program Workplan #: 1 | Date: 12/1/05

Program Workplan Name: Greater Capay Valley Children's Pilot | Page 1 of 1

Type of Funding: 2. System Development | Months of Operation: 12

Proposed Total Client Capacity of Program/Service: FSP 6 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: FSP 4 | Prepared by: Joan Beesley

Client Capacity of Program/Service Expanded through MHSA: FSP 2 | Telephone Number: (530) 666-8630

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
Supervision Clinician	Program oversight; clinical support		1.00	61,584	$61,584
ADMHS Specialist II	Rehab, outreach, advocacy		1.00	35,546	$35,546
ADMHS Specialist I	Consumer/Family Partner	0.50	0.50	31,594	$15,797
Psychiatrist	Medication support		0.25	136,258	$34,064
ADMHS Specialist II	Benefits Specialist		0.25	35,546	$8,887
Contractor MH Specialist	Rehab, outreach, advocacy		1.00	35,546	$35,546
Contractor Intern/Trainee	Family Partnership	0.25	0.25	26,691	$6,673
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	0.75	4.25		$198,097
C. Total Program Positions		0.75	4.25		$198,097

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.

b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

EXHIBIT 5 Attachment - Budget Narrative

County(ies):	YOLO
Program Workplan #	1
Program Workplan Name	Greater Capay Valley Children's Pilot
New Program/Svs or Expansion	New
Fiscal Year	2007-08
Date	1/19/2006
Months of Operation	12
Prepared by/Phone #	Joan Beesley - (530)-666-8630

Third Year Combined Funding Type: 25% FSP, 38% SD, 37% **Budget increased by 5.878%**

A. Expenditures	Narrative	Totals
1. Client, Family Member and Caregiver Support Expenditures		
a. Clothing, Food and Hygiene	Clothing, food, hygiene, and other incentive items for the purpose of engaging the attention and participation of clients or family members of potential FSP candidates; $5,561 under subcontract; 25% FSP, 38% SD, and 37% OE; estimate budget based on expected need for incentives to encourage engagement and trust, estimating an average of $463 per month.	$5,561
b. Travel and Transportation	Client travel and transportation costs including client transport, purchasing of bicycles, bus passes, and travel reimbursements associated with program participation, to promote outreach and engagement and the establishment of Mental Health services in the rural community; $2,138 under subcontract; 25% FSP, 38% SD; estimated budget based on expected need for transportation in rural area with little to no bus service, estimating an average of $178 per month.	$2,138
c. Housing		$0
i. Master Leases		$0
ii. Subsidies		$0
iii. Vouchers		$0
iv. Other Housing		$0
d. Employment and Education Supports	Costs related to school supports, after-school programs, and trust building activities to promote outreach and engagement and the establishment of Mental Health services in the rural community; $5,347 under subcontract; 25% FSP, 38% SD, and 37% OE; estimated budget based on expected need for school based and school related activities, estimating ar average of $446 per month.	$5,347
e. Other Support Expenditures	Other costs such as childcare, outreach materials, incentives, and program supplies used to promote outreach and engagement and the establishment of Mental Health services in the rural community; $5,347 under subcontract; 25% FSP, 38% SD, and 37% OE; estimated budget based on expected need for program supplies and supports, estimating an average of $446 per month.	$5,347
f. Total Support Expenditures		***$18,393***
2. Personnel Expenditures		
a. Supervision Clinician	1 FTE at $29.61/hr. for program oversight; clinical support	$61,584
b. ADMHS Specialist II	1 FTE at $17.09/hr. for rehab, outreach, advocacy	$35,546
c. ADMHS Specialist I	.50 FTE at $15.19/hr. for consumer/family partner	$15,797
d. Psychiatrist	.25 FTE at $65.51/hr. for medication support	$34,064
e. ADMHS Specialist II	.25 FTE at $17.09/hr. benefits specialist	$8,887
f. Contractor MH Specialist	1 FTE at $17.09/hr. rehab, outreach, advocacy	$35,546
g. Contractor Intern/Trainee	.25 FTE at $12.83/hr. Family Partnership	$6,673
h. Employee Benefits	Benefits average 34% due to part-time positions and benefit levels varying with subcontractor	$66,999
i. Total Personnel Expenditures	***This program's primary focus over the three years is on system development. The program is resiliency based and seeks to build resiliency by reinforcing the child's sense of importance and belonging in his/her community. ADMH will seek to hire bi-lingual members of this community.***	***$265,096***
3. Operating Expenditures		
a. Professional Services		$0
b. Translation and Interpreter Services	Translation and interpreter services; $500 for ADMHS; 25% FSP, 38% SD, and 37% OE; estimated budget based on expected need for translation of program materials and interpretation for non-English speaking clients, estimating an average of $42 per month for	$500
c. Travel and Transportation	Travel and Transportation costs associated with staff travel; $4,293 for ADMHS and $3,005 under subcontractor; 25% FSP, 38% SD; estimated budget based on an estimated 737 miles per month at $.485/mile for county and 516 miles per month for the subcontractor.	$5,726
d. General Office Expenditures	Office supplies, phones, and other general offices expenses; $505 for ADMHSy and $4,293 under subcontractor; 25% FSP, 38% SD, and 37% OE; estimated budget based on $42 per month for the county and $358 per month for the subcontractor	$6,580
e. Rent, Utilities and Equipment	Rent, utilities, and equipment leases & maintenance expense;$16,041 under subcontractor; 25% FSP, 38% SD, and 37% OE; estimated budget based on a share of cost $1,337 per month for the subcontractor	$16,041
f. Medication and Medical Supports	Chiefly to buy medications for clients without benefits or awaiting pending benefits; $3,347 for ADMHS; 25% FSP, 38% SD, and 37% OE; estimated budget based on approximate need for $280 per month by the county	$3,347

		g. Other Operating Expenses (provide description in budget narrative)	Other operating expenses include printing, copying, cell phones, and maintenance; $16,290 under subcontractor; 25% FSP, 38% SD, and 37% OE; estimate based on expected related expense allocations for the subcontractor	$16,290
		h. Total Operating Expenditures		***$48,484***
	4.	**Program Management**		
		a. Existing Program Management		$0
		b. New Program Management		$0
		c. Total Program Management		***$0***
	5.	**Estimated Total Expenditures when service provider is not known**		$0
	6.	**Total Proposed Program Budget**		**$331,973**
B. Revenues				
	1.	**Existing Revenues**		
		a. Medi-Cal (FFP only)		$0
		b. Medicare/Patient Fees/Patient		$0
		c. Realignment		$0
		d. State General Funds		$0
		e. County Funds		$0
		f. Grants		$0
		g. Other Revenue		$0
		h. Total Existing Revenues		***$0***
	2.	**New Revenues**		
		a. Medi-Cal (FFP only)	Medi-Cal revenue based on billings generated at approximately 15% of staff time (Utilization Rate), difficult to predict the % of eligible clients	$45,765
		b. Medicare/Patient Fees/Patient		$0
		c. State General Funds		$0
		d. Other Revenue		$0
		e. Total New Revenue		***$45,765***
	3.	**Total Revenues**		**$45,765**
C. One-Time CSS Funding Expenditures				$0
D. Total Funding Requirements				**$286,208**
E. Percent of Total Funding Requirements for Full Service Partnerships				**15.7%**

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY		
County: Yolo	Fiscal Years: 05/06, 06/07 and 07/08	Program Work Plan Name: Transition Age Youth— Pathways to Independence
Program Work Plan #: 2		Estimated Start Date: April 1, 2005
Description of Program: *Describe how this program will help advance the goals of the Mental Health Services Act*	This program will provide comprehensive and culturally competent community services to un-served and underserved Yolo County youth aged 16 to 25 coping with serious mental illnesses. Pathways to Independence will advance the goals of the MHSA by providing to young adults comprehensive community mental health services that are voluntary, client-directed, strength-based, built on principles of recovery and resilience, delivered responsively and respectfully in the community in a manner sensitive to the cultural needs of the individual served. This MHSA program will be a blended funding program; that is, it will combine Full Service, System Development, and Outreach and Engagement services, goals and requirements in one program, in an effort more services to many in need. The objectives of Pathways to Independence are: to offer each participating youth the opportunity to establish a Full Service Partnership agreement that identifies goals appropriate to the individual's needs and abilities and/or utilize General System Development services; to assist the client in finding and maintaining secure and affordable housing; to assist clients to access community resources; to promote wellness, recovery and independent living; to capitalize on resilience in the individual; to assist client in readiness for and securing of employment, when appropriate; to promote and provide self-help services for youth; to offer integrated educational services and supports to assist emotionally disturbed youth to complete their high school diplomas and encourage the pursuit of higher education; to provide supportive services to youth with mental health treatment needs who are emancipating from Foster Care or from the Juvenile Hall; to assist youth with serious psychiatric disabilities to secure appropriate benefits; to assist clients in developing a network of family and friends in the community on whose support and encouragement the youth can rely. Program supports will include "24/7" access to services for FSP clients from our staff of personal service coordinators.	
Priority Population: *Describe the situational characteristics*	Yolo County youth, aged 16-25, who have a psychiatric disability and who are coping with one or more of the following circumstances: homelessness or serious risk of homelessness; emancipation from Foster Care or Juvenile Hall without benefit of family supports; unmet or under-met mental health treatment needs and/or member of an	

of the priority population	ethic group identified as underserved; so underserved as to be at risk of involvement in the criminal justice system; in need of assistance to complete high school or other educational or vocational program; or, transition-age youth who has experienced a first episode of major mental illness.

Describe strategies to be used, Funding Types requested (check all that apply), Age Groups to be served (check all that apply)	Fund Type			Age Group			
	FSP	Sys Dev	OE	CY	TAY	A	OA
Seamless linkages with both the children/youth mental health system and the adult mental health system as appropriate; a Personal Service Coordinator to follow the TAY into adult services or into the community; transfer to community independence or to adult mental health system, as appropriate.	☒	☐	☐	☐	☒	☐	☐
Integrated substance abuse and mental health services where youth receive substance abuse and mental health services simultaneously with a single service plan.	☒	☐	☐	☐	☒	☐	☐
Infrastructure for the Children's System of Care program as found in W&I Code Section 5856 to promote interagency collaboration, shared responsibility and accountability for effective outcomes for children/youth and their families.	☒	☒	☐	☐	☒	☐	☐
Supportive housing—permanent affordable housing with combined supports for independent living, as set forth in CSS Three-Year Program and Expenditure Requirements (hereinafter *CSS Requirements*) dated Aug. 1, 2005, at page 29.	☒	☒	☐	☐	☒	☐	☐
Intensive community services and supports teams capable of providing services to clients where they live, 24/7, including consumers or family members as team members (from strategies for Adults, *CSS Requirements*, p., 31).	☒	☐	☐	☐	☒	☐	☐

Describe strategies to be used, Funding Types requested (check all that apply), Age Groups to be served (check all that apply)	Fund Type			Age Group			
	FSP	Sys Dev	OE	CY	TAY	A	OA
Integrated county/community level service planning which identifies needs in the areas of mental health services, health services, education, job training, employment, housing, socialization, independent living skills and funding options.	☒	☐	☐	☐	☒	☐	☐
Youth and family-run mental health services including peer support, self-help groups, training-the-trainer programs and culturally competent mentoring programs.	☒	☒	☐	☐	☒	☐	☐
Youth involvement in planning and service development, including the involvement of youth previously involved in (or soon to be released from) juvenile justice settings and/or out-of-home placements.	☒	☒	☐	☐	☒	☐	☐
Classes regarding what youth need to know for successful living in the community.	☒	☒	☐	☐	☒	☐	☐
Supportive education services.	☒	☐	☐	☐	☒	☐	☐
Transportation (including acquisition of driver's licenses).	☒	☐	☐	☐	☒	☐	☐
Recreation and social activities; transition-age youth should be involved in the planning and development of activities.	☒	☒	☐	☐	☒	☐	☐
Integrated physical and mental health services, which includes co-location and/or collaboration with primary care clinics or other health care sites and providers to provide individualized, inter-disciplinary, coordinated services.	☒	☐	☐	☐	☒	☐	☐
Mental health case management for clients over age 18 involved with the criminal courts.	☒	☒	☐	☐	☒	☐	☐
Services to support families in supporting youth during this period.	☒	☒	☐	☐	☒	☐	☐
Development of housing options, including: temporary housing/shelter/ vouchers; transitional housing while waiting for permanent housing; safe havens; permanent housing.	☒	☒	☐	☐	☒	☐	☐

2) Please describe in detail the proposed program for which you are requesting MHSA funding and how that program advances the goals of the MHSA.

This MHSA Program, Pathways to Independence, seeks to capitalize on the strengths and learn from the limitations of the previous model for Transition-Age Youth (TAY) services used in Yolo County. (The former program was funded under a TAY PATH grant that ended in 2003; the program was not funded in FY '04-'05).

Pathways to Independence will again offer stable and affordable housing to youth aged 16-25, but there will be several significant changes to the program. The primary augmentations to the previous TAY program will be:

- The Pathways to Independence program for will open a TAY Service Center in Yolo County where youth consumers can access both Full Service Partnership and System Development Services relating to housing, education, employment, benefits, clinical assistance, and peer and family support. In addition, these youth will have a place where they can socialize with other transition-age consumers.

- This program will deliver intensive community services and supports, including 24-hour availability of Personal Service Coordinators and Full Service Partnerships to a limited number of transition-age youth consumers in our community. The TAY Staff will strive to be reflective of the community they are serving, striving for bilingual/bicultural staff that is trained and familiar with the specialized needs of young adults. Client Full Service Partnership Plans will specifically identify the parameters of recovery and wellness for the client, as well as a specific plan for the youth and his/her service provider to use in response to crisis.

- Staff will make a concerted effort to identify program clients at or approaching age 16, especially those on track to age out of Juvenile Hall and Child Welfare services, to allow for earlier introduction of Full Service Partnership planning, the principles of recovery, resiliency and wellness, and a smoother transition for the client at time of emancipation and help the youth successfully transition into the program. Strategic and structured outreach to the Juvenile Hall and Child Welfare System of young people aging out of the system will increase the early identification and case management of Latino and African American youth that are found in these systems.

- Transition-Age Youth clients will receive full service partnership services which will address "whatever it takes," including greater attention to their high school graduation status and to their interests and needs relating to education. Interface and outreach to alternative and Court and Community Schools will be done. These school settings serve a high

percentage of Latino as well as our African-American youth. Therefore outreach to these particular sites will increase access to care and early identification of these young people. The county's prior TAY program focused primarily on housing and hence, was limited in its ability to provide services to clients under 18 (who were mostly in school and were too young to occupy program housing).

- Pathways to Independence will promote recovery and wellness, recognize resilience, and respect the client's planned choices. Also, the program will have a definite "back door" to these age-appropriate services; that is to say, each client should in time move toward the *adult* living and service arrangements most appropriate to the needs and abilities of that client. Separation, individuation and independence from the family of origin will be considered and addressed in a culturally competent fashion. Staff will incorporate cultural practices and respect the inclusion of family and extended family members in this process.

- Pathways to Independence will have a clearly defined connection to the Consumer and Family Partnership Program. This will facilitate transition-age clients' development of and involvement in self-help, community relations, job readiness, consumer employment, and other appropriate services. Whenever possible, the client's identified family members and personal community will be involved in various aspects of services offered to the client. Recruitment and hiring of Consumer and Family Partners from diverse cultural and linguistic backgrounds will be a priority.

- Pathways to Independence will hire a Court Case Manager, in addition to that hired for the Consumer Wellness Alternatives program for adults. This case manager will serve those transition-age youth consumers age 18 and over who are charged with non-violent, low-level crimes. The Court Case Manager will attend court with the client, track all court dates and requirements for the client, assist the client to meet requisite timelines, offer important linkage to legal services, as well as to mental health and other related services. Transition-age youth consumers who need assistance from the Court Case Manager may self-refer; in the alternative, referrals may be made by court personnel. Personal Service Coordinators associated with Pathways to Independence will help these clients to make their appropriate court appearances and fulfill the terms and conditions of their cases as set forth by the Court.

- Staff of Pathways to Independence will collaborate with Children's Services staff co-located at Probation and Juvenile Hall to engage minor-age youth with mental health treatment needs who are involved with the Juvenile Justice system, and especially youth who will emancipate from the Juvenile Hall. Special attention will be given to those youth representing ethnic or cultural groups identified as underserved in our community.

- Staff of Pathways to Independence will engage minor-age youth with mental health treatment needs who have experienced multiple Foster Care placements, and especially youth who will emancipate from Foster Care, and/or those youth who may reintegrated into the community using wraparound services. Special attention will be given to those youth representing ethnic or cultural groups identified as underserved in our community.

- Community services and supports teams will provide services to our transition-age youth clients (and when appropriate, to their families) on a 24/7 basis. Personal Service Coordinators from all MHSA programs will collaborate to provide after-hours services to MHSA Full Service Partnership clients. As part of his or her Full Service Partnership Plan, each client will participate in drafting a detailed stabilization plan, to which all staff performing after-hours services will have access when needed. All Full Service Partnership clients will be offered regular opportunities to become acquainted with any staff member who may provide them with after-hours services.

The primary focus of Pathways to Independence will be to offer Full Service Partnership opportunities to strengthen and enhance the independence and well being of at risk youth ages 16-25. This could include youth diagnosed with severe mental illness, emancipating foster youth having mental health treatment needs and a history of multiple foster placements, youth with mental health treatment needs who will emancipate from detention in Juvenile Hall, youth who have mental illness and are so underserved as to be at-risk of criminal justice involvement or hospitalization, and youth with serious mental illness who are in ethnic or cultural groups identified as under-represented or under-served by Yolo County ADMHS.

Pathways to Independence will assist youth (with and without established benefits) to obtain and maintain stable and affordable housing; to develop (along with ADMHS staff) a Full Service Partnership plan based on principles of recovery and providing for whatever it is the client needs to move forward to wellness and recovery, including but not limited to AOD education and treatment, educational support, employment support, independent living skills, and socialization with peers.

The program would also provide appropriate services to youth consumers living in the community, either independently or with family, who are not identified as Full Service Partnership clients. Recognizing that Transition-age Youth with psychiatric disabilities are an underserved population in our community, and that this population no longer has specific programs of its own, we will offer specific service opportunities to other youth consumers in our community. Our staff will interface with other MHSA and ADMHS programs to connect with youth consumers and offer an array of culturally competent, linguistically appropriate, peer-focused, recovery-oriented services, including supportive education, recreation and socialization opportunities, independent living skills classes,

consumer self-help and support, job readiness opportunities, employment assistance, and substance abuse counseling. These services will of course be offered to FSP clients as well.

In the first year, services to Transition-Age Youth not participating in Full Service Partnerships will represent 40% of the staffing time and needs of this program, the costs of which will be considered a System Development opportunity for Yolo County ADMHS.

Yolo County ADMHS will advance the goals of the MHSA with this program by providing culturally appropriate, age-specific, recovery-oriented services to transition-age youth with psychiatric disabilities, both under Full Service Partnerships and System Development parameters. We will be offering housing with support; after-hours service availability; self-help opportunities; activities for system, family and community involvement; access to integrated services; and culturally sensitive assistance leading to more capable self-care, wellness and independence.

3) Describe any housing or employment services to be provided.

A. **Housing:** This program will offer linkage to affordable housing and the services to maintain same, including independent living skills assistance. Our goal is to offer a full spectrum of housing options, including emergency, short-term, transitional, and long-term housing. Supportive housing services will be accessible; including combined supports for independent living, and permanent affordable housing (each tenant pays no more than 30%-50% of household income). An array of support services will be available that are intended to promote recovery and housing stability.

B. **Employment:** This program will offer job readiness, job coaching, and employment assistance, both through the Pathways to Independence program and through the Consumer and Family Partnership. Youth consumers will have full access to jobs and job-related services available through the partnership. This program will employ youth peers as part-time staff. Program staff will collaborate with Department of Rehabilitation, DESS/Workforce Investment Act, Regional Occupational Program, and local community colleges.

4) Please provide the average cost for each Full Service Partnership participant including all fund types and fund sources for each Full Service Partnership proposed program.

Based on projected costs for year 3, the cost per client for the Transition-Age Youth Pathways to Independence Full Service Partnership program is approximately $16,000.

5) **Describe how the proposed program will advance the goals of recovery for adults and older adults or resiliency for children and youth. Explain how you will ensure the values of recovery and resiliency are promoted and continually reinforced.**

Yolo Services for Transition-Age Youth will promote wellness, recovery, symptom management, independence, and where appropriate, education and/or employment for consumers. This program staff will work with youth consumers to identify their personal strengths and abilities, as well as to recognize among their family and friends those relationships that engender resiliency and provide the consumer with critical support and encouragement. Special attention will be given to address cultural and acculturation issues as they relate to family involvement and family support especially in the Latino and Russian communities.

Staff will do whatever it takes to assist the transition-age youth clients to be stable and well in the community. Clients will fully participate in the drafting of their Full Service Partnership plans; they will be encouraged to set personal goals that will promote wellness and recovery; they will be encouraged to explore their capabilities and needs, and make appropriate choices regarding the type and extent of services they require. Youth consumers will be encouraged to move toward living in the most independent manner feasible, and eventually to access necessary services from the adult mental health service system, once their need for transition services has passed.

6) **If expanding an existing program or strategy, please describe your existing program and how that will change under this proposal.**

Not applicable.

7) **Describe which services and supports clients and/or family members will provide. Indicate whether clients and/or families will actually run the service or if they are participating as a part of a service program, team or other entity.**

Transition-Age Youth Pathways to Independence will strive to employ bilingual/bicultural peers representative of our community as staff to provide basic support to youth consumers having Full Service Partnerships and to youth consumers receiving System Development Services. Similarly, the program will strive to employ one Family Partner that also bilingual/bicultural to work with youth consumers and their families. Peer and Family Partner employees will run Consumer and Family Partnership services, and also work as part of the service team for Pathways to Independence.

8) **Describe in detail collaboration strategies with other stakeholders that have been developed or will be implemented for this program and priority population, including those with tribal organizations. Explain how they will help improve system services and outcomes for individuals.**

Transition-Age Youth Pathways to Independence will be committed to continue and enhance the care available for this specialized target population by providing coordinated support services for our consumers. We will extend our outreach efforts beyond the school structure to include community-based agencies, local and state agencies, faith-based organizations and other systems that can provide support. Youth consumers who are homeless, or at risk of homelessness, may be referred to Pathways to Independence by the Consumer Wellness Alternatives program for adults, the West Sacramento AB 2034 program, or by other local agencies. The Consumer and Family Partnership may also refer youth consumers to the Pathways to Independence program, as may our ADMHS Adult and Children's Services units, or our Court Case Managers. In addition, other local service providers, homeless outreach programs, law enforcement, and alcohol and drug treatment providers will assist in our efforts and ability to provide voluntary services to FSP and un-served (Outreach and Engagement-funded) youth consumers with co-occurring disorders.

9) **Discuss how the chosen program/strategies will be culturally competent and meet the needs of culturally and linguistically diverse communities. Describe how your program and strategies address the ethnic disparities identified in Part II Section II of this plan and what specific strategies will be used to meet their needs.**

Yolo Services for Transition-Age Youth will adhere to the Yolo County Cultural Competency Plan. The program staff will be familiar, recognize and consider the specific needs, developmental issues, issues related to family of origin, practices related to individuation, and the concept of independence as it relates to the particular young person’s culture, and to the family's culture. Every effort will be made to hire staff that can speak the language of each program participant or have available interpreters to assist with engagement and treatment Special emphasis will be placed on developing awareness of and sensitivity to the unique needs of youth consumers who are homeless; those who are gay, lesbian, bisexual, transgender, or questioning; those who are involved with the criminal justice system; and those who are dealing with co-occurring disorders. Strategies for meeting the needs of this population will include providing services within the person’s own community.

10) Describe how services will be provided in a manner that is sensitive to sexual orientation, gender-sensitive and reflect the differing psychologies and needs of women and men, boys and girls.

Staff will be trained and oriented to be aware of and sensitive to all facets of cultural competence, including sexual orientation and gender-sensitive issues to sufficiently bridge and address these issues with the youth. Contracts and outreach to agencies and community professionals that are proficient in serving young people who are gay, lesbian, transgender, and questioning will be conducted. We recognize that issues relating to sexual orientation and gender sensitivity are particularly important for individuals aged 16 to 25—a period of intense self-discovery and realization relative to sexual identity. When working with consumers in this program, our staff will be especially aware of and sensitive to issues of sexual orientation. Where appropriate local support services are not readily available to GLBTQ youth, we will provide them, or assist with accessing groups offered nearby.

Similarly, staff will need to recognize the special needs of this age group. By virtue of their youth, these consumers may manifest a greater incidence of high-risk behavior, they may need more intensive assistance and therefore, we expect that Full Service Partnership clients will require a lower client-to-staff ratio than other age groups.

11) Describe how services will be used to meet the service needs for individuals residing out-of-county.

It is expected that individuals being served with Full Service Partnerships as part of Transition-Age Youth Pathways to Independence will be Yolo County residents. If a consumer moves out of Yolo County temporarily, such as for specialized care), then ongoing services will continue. Service coordination and discharge planning will continue at the client's temporary residence.

If a consumer notifies program staff of his or her decision to move out of Yolo County, the program staff will work with the consumer to bring about a smooth transition for mental health services in the consumer's new county of residence. Program staff will work with the consumer to identify his/her new goals and provide transition services appropriate to the consumer’s needs and circumstances.

12) If your county has selected one or more strategies to implement with MHSA funds that are not listed in Section IV, please describe those strategies in detail including how they are transformational and how they will promote the goals of the MHSA.

Not applicable.

13) Please provide a timeline for this work plan, including all critical implementation dates.

- **January-March 2006:** ADMHS will perform pre-hiring activities, general staff training, identifying program supervisors, and continue planning with community collaborators on housing and other services. ADMHS will attempt to find an appropriate locale for a TAY Consumer Services Center for this program, most likely in Woodland.
- **April-June 2006:** ADMHS anticipates plan approval and will commence hiring and training of staff and open the TAY Consumer Services Center; program services will commence and community partners will be engaged; program staff will begin to offer System Development and Outreach and Engagement Services and identify Full Service Partnership clients.
- **June 2007:** By the end of second program year, the Transition-Age Youth Pathways to Independence will be fully operational and will have enrolled 12 transition-age consumers in Full Service Partnerships.
- **June 2008:** By the end of the third program year, the Transition-Age Youth Pathways to Independence program will have enrolled a total of 18 transition-age consumers in Full Service Partnerships.

14) Develop Budget Requests: Exhibit 5 provides formats and instructions for developing the Budget and Staffing Detail Worksheets and Budget Narrative associated with each program work plan. Budgets and Staffing Detail Worksheets and Budget Narratives are required for each program work plan for which funds are being requested.

a) Work plans and most budget/staffing worksheets are required at the program level. Consistent with the balance of the work plans, some services may not be part of a comprehensive program and should be budgeted as a stand-alone program and work plan. An example of this is Mobile Crisis. It is a countywide service available to a broad service population and may not necessarily be part of another program for a priority population.

b) Information regarding strategies is requested throughout the Program and Expenditure Plan Requirements. Strategies are approaches to provide a program/service. Multiple strategies may be used as an approach for a single service. No budget detail is required at the strategy level. Examples of strategies include self-directed care plans, integrated assessments for co-occurring disorders, on-site services in child welfare shelters, and self-help support.

15) A Quarterly Progress Report (Exhibit 6) is required to provide estimated population to be served. This form will be required to be updated quarterly specifying actual population served. Additionally, a Cash Balance Quarterly Report (Exhibit 7) is required to provide information about the cash flow activity and remaining cash on hand. All progress reports are to be submitted to the DMH County Operations analyst assigned to the County within 30 days after the close of the quarter.

EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): YOLO | Fiscal Year: 2005-06

Program Workplan #: 2 | Date: 12/1/05

Program Workplan Name: Transition Age Youth: Pathways to Independence |

Type of Funding: 1. Full Service Partnership | Months of Operation: 3

Proposed Total Client Capacity of Program/Service: FSP 2 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: FSP 0 | Prepared by: Joan Beesley

Client Capacity of Program/Service Expanded through MHSA: FSP 2 | Telephone Number: (530) 666-8630

First Year Combined Funding Type: 20% FSP, 40% SD, 40% OE	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene	$1,250		$0	$1,250
b. Travel and Transportation	$450		$0	$450
c. Housing				
i. Master Leases	$0		$0	$0
ii. Subsidies	$0		$5,000	$5,000
iii. Vouchers	$0		$1,250	$1,250
iv. Other Housing	$0		$1,250	$1,250
d. Employment and Education Supports	$0		$2,500	$2,500
e. Other Support Expenditures (provide description in budget narrative)	$1,250		$1,250	$2,500
f. Total Support Expenditures	$2,950	$0	$11,250	$14,200
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)	$0		$0	$0
b. New Additional Personnel Expenditures (from Staffing Detail)	$48,043		$6,233	$54,275
c. Employee Benefits	$16,815		$2,182	$18,997
d. Total Personnel Expenditures	$64,858	$0	$8,415	$73,272
3. Operating Expenditures				
a. Professional Services	$0		$0	$0
b. Translation and Interpreter Services	$250		$0	$250
c. Travel and Transportation	$500		$375	$875
d. General Office Expenditures	$1,500		$250	$1,750
e. Rent, Utilities and Equipment	$2,000		$0	$2,000
f. Medication and Medical Supports	$1,250		$0	$1,250
g. Other Operating Expenses (provide description in budget narrative)	$1,464		$0	$1,464
h. Total Operating Expenditures	$6,964	$0	$625	$7,589
4. Program Management				
a. Existing Program Management			$0	$0
b. New Program Management			$0	$0
c. Total Program Management		$0	$0	$0
5. Estimated Total Expenditures when service provider is not known	$0			$0
6. Total Proposed Program Budget	**$74,772**	**$0**	**$20,290**	**$95,061**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)	$0		$0	$0
b. Medicare/Patient Fees/Patient Insurance	$0		$0	$0
c. Realignment	$0		$0	$0
d. State General Funds	$0		$0	$0
e. County Funds	$0		$0	$0
f. Grants	$0		$0	$0
g. Other Revenue	$0		$0	$0
h. Total Existing Revenues	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP only)	$0		$0	$0
b. Medicare/Patient Fees/Patient Insurance	$0		$0	$0
c. State General Funds	$0		$0	$0
d. Other Revenue	$0		$0	$0
e. Total New Revenue	$0	$0	$0	$0
3. Total Revenues	**$0**	**$0**	**$0**	**$0**
C. One-Time CSS Funding Expenditures	**$148,900**			**$148,900**
D. Total Funding Requirements	**$223,672**	**$0**	**$20,290**	**$243,961**
E. Percent of Total Funding Requirements for Full Service Partnerships				**13.4%**

EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies):	YOLO	Fiscal Year:	2005-06
Program Workplan #	2	Date:	12/1/05
Program Workplan Name	Transition Age Youth: Pathways to Independence		Page 1 of 1
Type of Funding	1. Full Service Partnership	Months of Operation	3
Proposed Total Client Capacity of Program/Service:	FSP 1	New Program/Service or Expansion	New
Existing Client Capacity of Program/Service:	FSP 0	Prepared by:	Joan Beesley
Client Capacity of Program/Service Expanded through MHSA:	FSP 1	Telephone Number:	(530) 666-8630

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	One Quarter Only	Total Salaries. Wages and Overtime
A. Current Existing Positions						
						$0
						$0
						$0
						$0
						$0
						$0
						$0
						$0
						$0
						$0
						$0
						$0
						$0
						$0
						$0
	Total Current Existing Positions	0.00	0.00			$0
B. New Additional Positions						
Supervising Clinician	Program oversight; clinical services		1.00	$57,588	0.25	$14,397
ADMHS Specialist II	Forensic support, case management, and outreach services		1.00	$33,240	0.25	$8,310
ADMHS Specialist I	Peer Partner (2 @ 0.50 FTE); Family Partner (	1.50	1.50	$29,544	0.25	$11,079
Administrative Clerk II	Administrative/Support Staff		1.00	$30,879	0.25	$7,720
Psychiatrist	Medication support; medication monitoring		0.14	$127,417	0.25	$4,460
ADMHS Specialist II	Benefits specialist		0.25	$33,240	0.25	$2,078
Contractor MH Specialist	Co-occurring disorders and support services		0.75	$33,240	0.25	$6,233
						$0
						$0
						$0
						$0
						$0
						$0
						$0
						$0
						$0
	Total New Additional Positions	1.50	5.64			$54,275
C. Total Program Positions		1.50	5.64			$54,275

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.
b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

EXHIBIT 5 Attachment - Budget Narrative

County(ies):	YOLO
Program Workplan #	2
Program Workplan Name	Transition Age Youth: Pathways to Independence
New Program/Svs or Expansion	New
Fiscal Year	2005-06
Date	1/19/2006
Months of Operation	3
Prepared by/Phone #	Joan Beesley - (530)-666-8630

First Year Combined Funding Type: 20% FSP, 40% SD, 40% OE

A. Expenditures	Narrative	Totals
1. Client, Family Member and Caregiver Support Expenditures		
a. Clothing, Food and Hygiene	Clothing, food, and hygiene items for the purpose of engaging the attention and participation of potential FSP clients ages 16-25 years old who are emancipating from juvenile hall or foster care, at risk for homelessness, homeless, or involved in the justice system for non-violence offenses; for 3 months: $1,250 for ADMHS 100% OE; estimated budget based on expected need for incentives to encourage engagement and trust, estimating an average of $417per month.	$1,250
b. Travel and Transportation	Client travel and transportation costs including client transport, purchasing of bicycles, bus passes, and travel reimbursements associated with program participation; for 3 months: $450 for ADMHS; 20% FSP and approximately equal amounts to SD and OE; estimated budget based on expected need for transportation for clients throughout the county to access services offered throughout Yolo County, estimating an average of $150 per month.	$450
c. Housing		$0
i. Master Leases		$0
ii. Subsidies	Housing subsidies will be offered in the full continuum of available housing options according to need, focusing on homeless outreach and identification of FSP clients; for 3 months under subcontract; 20% FSP and approximately equal amounts to SD and OE; estimated budget based on expected need for housing for clients, estimating an average of $1,667 per month.	$5,000
iii. Vouchers	Housing voucher will be used for short-term housing options according to need, focusing on homeless outreach and identification of FSP clients; for 3 months under subcontract; 20% FSP and approximately equal amounts to SD and OE; estimated budget based on expected need for housing for clients, estimating an average of $417 per month.	$1,250
iv. Other Housing	Other available housing options as needed, focusing on homeless outreach and identification of FSP clients; for 3 months under subcontract; 20% FSP and approximately equal amounts to SD and OE; estimated budget based on expected need for housing for clients, estimating an average of $417 per month.	$1,250
d. Employment and Education Supports	Costs related to education, vocational, and employment support; for 3 months; $2,500 under subcontract; 20% FSP and approximately equal amounts to SD and OE; estimated budget based on expected need for school based and school related activities, estimating an average of $833 per month.	$2,500
e. Other Support Expenditures	Other costs such as outreach materials, incentives, and program supplies, and Youth Center supplies used to promote outreach and engagement and the establishment of Mental Health services in the rural community; for 3 months; $1250for ADMHS and $1250 under subcontract; 20% FSP and approximately equal amounts to SD and OE; estimated budget based on expected need for program supplies and supports, estimating an average of $416 per month per agency	$2,500
f. Total Support Expenditures	***This program will focus on serving clients 16-25 years old emancipating from juvenile hall or foster care, at risk for homelessness, homeless, or involved in the justice system for non-violence offenses. A Youth Center will be opened in Woodland to provide most of the services, however, staff will also be available to clients in satellite offices throughout the county for specific services. Services will center around education, vocational support, employment, and stable housing as a road to recovery.***	***$14,200***
2. Personnel Expenditures		
a. Supervising Clinician	1 FTE at $27.69/hr. x .25 for program oversight; clinical support	$14,397
b. ADMHS Specialist II	1 FTE at $15.98/hr. x .25 for forensic support, case management, housing support, and outreach services (court case manager)	$8,310
c. ADMHS Specialist I	1.50 FTE at $14.20/hr. x .25 for peer partner (2 @ 0.50 FTE), Family Partner (1 @ 0.50 FTE)	$11,079
d. Administrative Clerk II	1 FTE at $14.85/hr. x .25 for administrative/support staff	$7,720
e. Psychiatrist	.14 FTE at $61.26/hr. x .25 for medication support	$4,460
f. ADMHS Specialist II	.25 FTE at $15.98/hr. x .25 benefits specialist working with clients to establish and maintain appropriate benefits	$2,078

g. Contractor MH Specialist	.75 FTE at $15.98/hr. x .25 co-occurring disorders and support services will be integrated with County staff in the Youth Center	$6,233
h. Employee Benefits	Benefits average 35% due to part-time positions and benefit levels varying with subcontractor	$18,997
i. Total Personnel Expenditures		***$73,272***
3. Operating Expenditures		
a. Professional Services		$0
b. Translation and Interpreter Services	Translation and interpreter services for 3 months; $250 for ADMHS; 20% FSP and approximately equal amounts to SD and OE; estimated budget based on expected need for translation of program materials and interpretation for non-English speaking clients, estimating an average of $83 per month for the county	$250
c. Travel and Transportation	Travel and transportation costs associated with staff travel for 3 months; $500 for ADMHS and $375 for the subcontractor; 20% FSP and approximately equal amounts to SD and OE; estimated budget based on an estimated 344 miles per month at $.485/mile for county and 258 miles per month for the subcontractor.	$875
d. General Office Expenditures	Office supplies, phones, and other general offices expenses for 3 months; $1,500 for ADMHS and $250 for the subcontractor; 20% FSP and approximately equal amounts to SD and OE; estimated budget based on $500 per month for the county and $83 per month for the subcontractor	$1,750
e. Rent, Utilities and Equipment	Rent, utilities, and equipment leases & maintenance expense for staff located in satellite offices; $2,000 for ADMHS; for 3 months; 20% FSP and approximately equal amounts to SD and OE; estimated budget based on office space rental for the county of $667 per month	$2,000
f. Medication and Medical Supports	Chiefly to buy medications for clients without benefits or awaiting pending benefits; for 3 months; $2,000 for the ADMHS; 20% FSP and approximately equal amounts to SD and OE; estimated budget based on approximate need for $417 per month by the county	$1,250
g. Other Operating Expenses (provide description in budget narrative)	Other operating expenses include miscellaneous equipment and furnishings for the Youth Center to make it inviting for the seriously mentally ill youth; also purchases to develop and disseminate consumer newletters, flyers and information, printing, copying, cell phones, and maintenance; $1,464 for ADMHS; 20% FSP and approximately equal amounts to SD and OE; estimated budget based on expected needs in getting the Youth Center started.	$1,464
h. Total Operating Expenditures		***$7,589***
4. Program Management		
a. Existing Program Management		$0
b. New Program Management		$0
c. Total Program Management		$0
5. Estimated Total Expenditures when service provider is not known		**$0**
6. Total Proposed Program Budget		**$95,061**
B. Revenues		
1. Existing Revenues		
a. Medi-Cal (FFP only)		$0
b. Medicare/Patient Fees/Patient		$0
c. Realignment		$0
d. State General Funds		$0
e. County Funds		$0
f. Grants		$0
g. Other Revenue		$0
h. Total Existing Revenues		***$0***
2. New Revenues		
a. Medi-Cal (FFP only)		$0
b. Medicare/Patient Fees/Patient		$0
c. State General Funds		$0
d. Other Revenue		$0
e. Total New Revenue		***$0***
3. Total Revenues		**$0**
C. One-Time CSS Funding Expenditures		**$148,900**
D. Total Funding Requirements		**$243,961**
E. Percent of Total Funding Requirements for Full Service Partnerships		**13.4%**

EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): YOLO | Fiscal Year: 2006-07

Program Workplan #: 2 | Date: 12/1/05

Program Workplan Name: Transition Age Youth: Pathways to Independence | Page 1 of 1

Type of Funding: 1. Full Service Partnership | Months of Operation: 12

Proposed Total Client Capacity of Program/Service: FSP 12 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: FSP 2 | Prepared by: Joan Beesley

Client Capacity of Program/Service Expanded through MHSA: FSP 10 | Telephone Number: (530) 666-8630

Second Year Combined Funding Type: 50% FSP, 25% SD, 25% OE	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene	$5,050		$0	$5,050
b. Travel and Transportation	$1,818		$0	$1,818
c. Housing				
i. Master Leases	$0		$0	$0
ii. Subsidies	$0		$20,200	$20,200
iii. Vouchers	$0		$5,050	$5,050
iv. Other Housing	$0		$5,050	$5,050
d. Employment and Education Supports	$0		$10,100	$10,100
e. Other Support Expenditures (provide description in budget narrative)	$5,050		$5,050	$10,100
f. Total Support Expenditures	$11,918	$0	$45,450	$57,368
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)	$0		$0	$0
b. New Additional Personnel Expenditures (from Staffing Detail)	$208,252		$33,573	$241,825
c. Employee Benefits	$72,889		$11,750	$84,639
d. Total Personnel Expenditures	$281,141	$0	$45,323	$326,464
3. Operating Expenditures				
a. Professional Services	$0		$0	$0
b. Translation and Interpreter Services	$1,010		$0	$1,010
c. Travel and Transportation	$2,020		$1,515	$3,535
d. General Office Expenditures	$6,060		$1,010	$7,070
e. Rent, Utilities and Equipment	$0		$0	$0
f. Medication and Medical Supports	$5,050		$0	$5,050
g. Other Operating Expenses (provide description in budget narrative)	$13,995		$0	$13,995
h. Total Operating Expenditures	$28,135	$0	$2,525	$30,660
4. Program Management				
a. Existing Program Management			$0	$0
b. New Program Management			$0	$0
c. Total Program Management		$0	$0	$0
5. Estimated Total Expenditures when service provider is not known	$0			$0
6. Total Proposed Program Budget	**$321,194**	**$0**	**$93,298**	**$414,492**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)	$0		$0	$0
b. Medicare/Patient Fees/Patient Insurance	$0		$0	$0
c. Realignment	$0		$0	$0
d. State General Funds	$0		$0	$0
e. County Funds	$0		$0	$0
f. Grants	$0		$0	
g. Other Revenue	$0		$0	$0
h. Total Existing Revenues	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP only)	$43,224		$0	$43,224
b. Medicare/Patient Fees/Patient Insurance	$0		$0	$0
c. State General Funds	$0		$0	$0
d. Other Revenue	$0		$0	$0
e. Total New Revenue	$43,224	$0	$0	$43,224
3. Total Revenues	**$43,224**	**$0**	**$0**	**$43,224**
C. One-Time CSS Funding Expenditures	**$0**			**$0**
D. Total Funding Requirements	**$277,970**	**$0**	**$93,298**	**$371,268**
E. Percent of Total Funding Requirements for Full Service Partnerships				**20.4%**

EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): YOLO | Fiscal Year: 2006-07

Program Workplan #: 2 | Date: 12/1/05

Program Workplan Name: Transition Age Youth: Pathways to Independence | Page 1 of 1

Type of Funding: 1. Full Service Partnership | Months of Operation: 12

Proposed Total Client Capacity of Program/Service: FSP 12 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: FSP 2 | Prepared by: Joan Beesley

Client Capacity of Program/Service Expanded through MHSA: FSP 10 | Telephone Number: (530) 666-8630

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
Supervising Clinician	Program oversight; clinical services		1.00	$58,165	$58,165
ADMHS Specialist II	Vocational, housing, rehabilitation support		1.00	$33,573	$33,573
ADMHS Specialist I	Peer Partner (2 @ 0.50 FTE); Family Partner (1	1.50	1.50	$29,840	$44,760
Administrative Clerk II	Administrative/Support Staff		1.00	$31,188	$31,188
Psychiatrist	Medication support; medication monitoring		0.25	$128,692	$32,173
ADMHS Specialist II	Benefits specialist		0.25	$33,573	$8,393
Contractor MH Specialist	Co-occurring disorders and support services		1.00	$33,573	$33,573
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	1.50	6.00		$241,825
C. Total Program Positions		1.50	6.00		$241,825

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.

b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

EXHIBIT 5 Attachment - Budget Narrative

County(ies):	YOLO
Program Workplan #	2
Program Workplan Name	Transition Age Youth: Pathways to Independence
New Program/Svs or Expansion	New
Fiscal Year	2006-07
Date	1/19/2006
Months of Operation	12
Prepared by/Phone #	Joan Beesley - (530)-666-8630

Second Year Combined Funding Type: 50% FSP, 25% SD, 25% OE **Budget increased by 1.0013%**

A. Expenditures	Narrative	Totals
1. Client, Family Member and Caregiver Support Expenditures		
a. Clothing, Food and Hygiene	Clothing, food, and hygiene items for the purpose of engaging the attention and participation of potential and established FSP clients ages 16-25 years old who are emancipating from juvenile hall or foster care, at risk for homelessness, homeless, or involved in the justice system for non-violence offenses; $5,050 for ADMHS 100% OE; estimated budget based on expected need for incentives to encourage engagement and trust, estimating an average of $421per month.	$5,050
b. Travel and Transportation	Client travel and transportation costs including client transport, purchasing bicycles, bus passes, and travel reimbursements associated with program participation; $1,818 for ADMHS; 50% FSP and approximately equal amounts to SD and OE; estimated budget based on expected need for transportation for clients throughout the county to access services offered throughout Yolo County, estimating an average of $152 per month.	$1,818
c. Housing		$0
i. Master Leases		$0
ii. Subsidies	Housing subsidies will be offered in the full continuum of available housing options according to need, focusing on homeless outreach, identification, and retention of FSP clients; $20,200 under subcontract; 50% FSP and approximately equal amounts to SD and OE; estimated budget based on expected need for housing for clients, estimating an average of $1,683 per month.	$20,200
iii. Vouchers	Housing voucher will be used for short-term housing options according to need, focusing on homeless outreach and identification and retention of FSP clients; $5,050 under subcontract; 50% FSP and approximately equal amounts to SD and OE; estimated budget based on expected need for housing for clients, estimating an average of $421 per month.	$5,050
iv. Other Housing	Other available housing options as needed, focusing on homeless outreach and identification and retention of FSP clients; $5,050 under subcontract; 50% FSP and approximately equal amounts to SD and OE; estimated budget based on expected need for housing for clients, estimating an average of $421 per month.	$5,050
d. Employment and Education Supports	Costs related to education, vocational, and employment support; $10,100 under subcontract; 50% FSP and approximately equal amounts to SD and OE; estimated budget based on expected need for school based and school related activities, estimating an average of $842 per month.	$10,100
e. Other Support Expenditures	Other costs such as outreach materials, incentives, program supplies, and Youth Center supplies used to promote outreach, engagement, and retention of FSP clients; $5,050 for ADMHS and $5,050 under subcontract; 50% FSP and approximately equal amounts to SD and OE; estimated budget based on expected need for program supplies and supports, estimating an average of $421 per month per agency	$10,100
f. Total Support Expenditures	***This program will focus on serving clients 16-25 years old emancipating from juvenile hall or foster care, at risk for homelessness, homeless, or involved in the justice system for non-violence offenses. A Youth Center will be opened in Woodland to provide most of the services, however, staff will also be available to clients in satellite offices throughout the county for specific services. Services will center around education, vocational support, employment, and stable housing as a road to recovery.***	***$57,368***
2. Personnel Expenditures		
a. Supervising Clinician	1 FTE at $27.96/hr. for program oversight; clinical support	$58,165
b. ADMHS Specialist II	1 FTE at $16.14/hr. for forensic support, case management, housing support, and outreach services (court case manager)	$33,573
c. ADMHS Specialist I	1.50 FTE at $14.35/hr. for peer partner (2 @ 0.50 FTE), Family Partner (1 @ 0.50 FTE)	$44,760
d. Administrative Clerk II	1 FTE at $14.99/hr. for administrative/support staff	$31,188
e. Psychiatrist	.25 FTE at $61.87/hr. for medication support	$32,173
f. ADMHS Specialist II	.25 FTE at $15.98/hr. benefits specialist working with clients to establish and maintain appropriate benefits	$8,393

g. Contractor MH Specialist	1 FTE at $16.14/hr. co-occurring disorders and support services will be integrated with County staff in the Youth Center	$33,573
h. Employee Benefits	Benefits average 35% due to part-time positions and benefit levels varying with subcontractor	$84,639
I. Total Personnel Expenditures		***$326,464***
3. Operating Expenditures		
a. Professional Services		$0
b. Translation and Interpreter Services	Translation and interpreter services; $1,010 for ADMHS; 50% FSP and approximately equal amounts to SD and OE; estimated budget based on expected need for translation of program materials and interpretation for non-English speaking clients, estimating an average of $84 per month for the county	$1,010
c. Travel and Transportation	Travel and transportation costs associated with staff travel; $2,020 for ADMHS and $1,515 for the subcontractor; 50% FSP and approximately equal amounts to SD and OE; estimated budget based on an estimated 347 miles per month at $.485/mile for county and 260 miles per month for the subcontractor.	$3,535
d. General Office Expenditures	Office supplies, phones, and other general offices expenses; $6,060 for ADMHS and $1,010 for the subcontractor; 50% FSP and approximately equal amounts to SD and OE; estimated budget based on $505 per month for the county and $84 per month for the subcontractor	$7,070
e. Rent, Utilities and Equipment		$0
f. Medication and Medical Supports	Chiefly to buy medications for clients without benefits or awaiting pending benefits; $5,050 for ADMHS; 50% FSP and approximately equal amounts to SD and OE; estimated budget based on approximate need for $421 per month by the county	$5,050
g. Other Operating Expenses (provide description in budget narrative)	Other operating expenses include miscellaneous equipment and furnishings for the Youth Center to make it inviting for the seriously mentally ill youth; also purchases needed to develop and disseminate consumer newsletters, flyers and information, printing, copying, cell phones, and maintenance; $13,995 for ADMHS; 50% SD and 50% OE; estimated budget based on expected needs in getting the Youth Center started and maintaining the program	$13,995
h. Total Operating Expenditures		***$30,660***
4. Program Management		
a. Existing Program Management		$0
b. New Program Management		$0
c. Total Program Management		***$0***
5. Estimated Total Expenditures when service provider is not known		$0
6. Total Proposed Program Budget		**$414,492**
B. Revenues		
1. Existing Revenues		
a. Medi-Cal (FFP only)		$0
b. Medicare/Patient Fees/Patient		$0
c. Realignment		$0
d. State General Funds		$0
e. County Funds		$0
f. Grants		$0
g. Other Revenue		$0
h. Total Existing Revenues		***$0***
2. New Revenues		
a. Medi-Cal (FFP only)	Medi-Cal revenue based on billings generated at approximately 15% of staff time (Utilization Rate), difficult to predict the % of eligible clients	$43,224
b. Medicare/Patient Fees/Patient		$0
c. State General Funds		$0
d. Other Revenue		$0
e. Total New Revenue		***$43,224***
3. Total Revenues		**$43,224**
C. One-Time CSS Funding Expenditures		$0
D. Total Funding Requirements		**$371,268**
E. Percent of Total Funding Requirements for Full Service Partnerships		**20.4%**

EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): YOLO | Fiscal Year: 2007-08

Program Workplan #: 2 | Date: 12/1/05

Program Workplan Name: Transition Age Youth: Pathways to Independence | Page 1 of 1

Type of Funding: 1. Full Service Partnership | Months of Operation: 12

Proposed Total Client Capacity of Program/Service: FSP 18 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: FSP 12 | Prepared by: Joan Beesley

Client Capacity of Program/Service Expanded through MHSA: FSP 6 | Telephone Number: (530) 666-8630

Third Year Combined Funding Type: 75% FSP, 10% SD, 15%	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene	$5,347		$0	$5,347
b. Travel and Transportation	$1,925		$0	$1,925
c. Housing				
i. Master Leases	$0		$0	$0
ii. Subsidies	$0		$21,388	$21,388
iii. Vouchers	$0		$5,347	$5,347
iv. Other Housing	$0		$5,347	$5,347
d. Employment and Education Supports	$0		$10,694	$10,694
e. Other Support Expenditures (provide description in budget narrative)	$8,347		$2,347	$10,694
f. Total Support Expenditures	$15,619	$0	$45,123	$60,742
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)	$0		$0	$0
b. New Additional Personnel Expenditures (from Staffing Detail)	$220,493		$35,546	$256,039
c. Employee Benefits	$77,173		$12,441	$89,614
d. Total Personnel Expenditures	$297,666	$0	$47,987	$345,653
3. Operating Expenditures				
a. Professional Services	$5,000		$0	$5,000
b. Translation and Interpreter Services	$1,069		$0	$1,069
c. Travel and Transportation	$2,139		$1,604	$3,743
d. General Office Expenditures	$6,417		$1,069	$7,486
e. Rent, Utilities and Equipment	$0		$0	$0
f. Medication and Medical Supports	$5,347		$0	$5,347
g. Other Operating Expenses (provide description in budget narrative)	$9,817		$0	$9,817
h. Total Operating Expenditures	$29,789	$0	$2,673	$32,462
4. Program Management				
a. Existing Program Management			$0	$0
b. New Program Management			$0	$0
c. Total Program Management		$0	$0	$0
5. Estimated Total Expenditures when service provider is not known	$0			$0
6. Total Proposed Program Budget	**$343,074**	**$0**	**$95,783**	**$438,857**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)	$0		$0	$0
b. Medicare/Patient Fees/Patient Insurance	$0		$0	$0
c. Realignment	$0		$0	$0
d. State General Funds	$0		$0	$0
e. County Funds	$0		$0	$0
f. Grants	$0		$0	$0
g. Other Revenue	$0		$0	$0
h. Total Existing Revenues	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP only)	$45,765		$0	$45,765
b. Medicare/Patient Fees/Patient Insurance	$0		$0	$0
c. State General Funds	$0		$0	$0
d. Other Revenue	$0		$0	$0
e. Total New Revenue	$45,765	$0	$0	$45,765
3. Total Revenues	**$45,765**	**$0**	**$0**	**$45,765**
C. One-Time CSS Funding Expenditures	**$0**			**$0**
D. Total Funding Requirements	**$297,309**	**$0**	**$95,783**	**$393,092**
E. Percent of Total Funding Requirements for Full Service Partnerships				**21.6%**

EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): YOLO | Fiscal Year: 2007-08

Program Workplan #: 2 | Date: 12/1/05

Program Workplan Name: Transition Age Youth: Pathways to Independence | Page 1 of 1

Type of Funding: 1. Full Service Partnership | Months of Operation: 12

Proposed Total Client Capacity of Program/Service: FSP 18 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: FSP 12 | Prepared by: Joan Beesley

Client Capacity of Program/Service Expanded through MHSA: FSP 10 | Telephone Number: (530) 666-8630

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
Supervising Clinician	Program oversight; clinical services		1.00	$61,584	$61,584
ADMHS Specialist II	Vocational, housing, rehabilitation support		1.00	$35,546	$35,546
ADMHS Specialist I	Peer Partner (2 @ 0.50 FTE); Family Partner (1 @ 0.50 FTE)	1.50	1.50	$31,594	$47,391
Administrative Clerk II	Administrative/Support Staff		1.00	$33,021	$33,021
Psychiatrist	Medication support; medication monitoring		0.25	$136,257	$34,064
ADMHS Specialist II	Benefits specialist		0.25	$35,546	$8,887
Contractor MH Specialist	Co-occurring disorders and support services		1.00	$35,546	$35,546
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	1.50	6.00		$256,039
C. Total Program Positions		1.50	6.00		$256,039

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.
b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

County(ies):	YOLO
Program Workplan #	2
Program Workplan Name	Transition Age Youth: Pathways to Independence
New Program/Svs or Expansion	New
Fiscal Year	2007-08
Date	1/19/2006
Months of Operation	12
Prepared by/Phone #	Joan Beesley - (530)-666-8630

Third Year Combined Funding Type: 75% FSP, 10% SD, 15%	**Budget increased by 5.878%**	
A. Expenditures	**Narrative**	**Totals**
1. Client, Family Member and Caregiver Support Expenditures		
a. Clothing, Food and Hygiene	Clothing, food, and hygiene items for the purpose of engaging the attention and participation of potential and established FSP clients ages 16-25 years old who are emancipating from juvenile hall or foster care, at risk for homelessness, homeless, or involved in the justice system for non-violence offenses; $5,347 for ADMHS 100% OE; estimated budget based on expected need for incentives to encourage engagement and trust, estimating an average of $446per month.	$5,347
b. Travel and Transportation	Client travel and transportation costs including client transport, purchasing of bicycles, bus passes, and travel reimbursements associated with program participation; $1,925 for ADMHS;50% FSP and approximately equal amounts to SD and OE; estimated budget based on expected need for transportation for clients throughout the county to access services offered throughout Yolo County, estimating an average of $160 per month.	$1,925
c. Housing		$0
i. Master Leases		$0
ii. Subsidies	Housing subsidies will be offered in the full continuum of available housing options according to need, focusing on homeless outreach, identification, and retention of FSP clients; $21,388 under subcontract; 75% FSP and approximately equal amounts to SD and OE; estimated budget based on expected need for housing for clients, estimating an average of $1,782 per month.	$21,388
iii. Vouchers	Housing voucher will be used for short-term housing options according to need, focusing on homeless outreach, identification, and retention of FSP clients; $5,347 under subcontract; 75% FSP and approximately equal amounts to SD and OE; estimated budget based on expected need for housing for clients, estimating an average of $446per month.	$5,347
iv. Other Housing	Other available housing options as needed, focusing on homeless outreach and identification and retention of FSP clients; $5,347 under subcontract; 50% FSP and approximately equal amounts to SD and OE; estimated budget based on expected need for housing for clients, estimating an average of $446 per month.	$5,347
d. Employment and Education Supports	Costs related to education, vocational, and employment support; $10,694 under subcontract; 75% FSP and approximately equal amounts to SD and OE; estimated budget based on expected need for school based and school related activities, estimating an average of $891 per month.	$10,694
e. Other Support Expenditures	Other costs such as outreach materials, incentives, program supplies, and Youth Center supplies used to promote outreach, engagement, and retention of FSP clients; $5,050 for ADMHS and $5,050 under subcontract;75% FSP and approximately equal amounts to SD and OE; estimated budget based on expected need for program supplies and supports, estimating	$10,694
f. Total Support Expenditures	***This program will focus on serving clients 16-25 years old emancipating from juvenile hall or foster care, at risk for homelessness, homeless, or involved in the justice system for non-violence offenses. A Youth Center will be opened in Woodland to provide most of the services, however, staff will also be available to clients in satellite offices throughout the county for specific services. Services will center around education, vocational support, employment, and stable housing as a road to recovery.***	***$60,742***
2. Personnel Expenditures		
a. Supervising Clinician	1 FTE at $29.61/hr. for program oversight; clinical support	$61,584
b. ADMHS Specialist II	1 FTE at $17.09/hr. for forensic support, case management, housing support, and outreach services (court case manager)	$35,546
c. ADMHS Specialist I	1.50 FTE at $15.19/hr. for peer partner (2 @ 0.50 FTE), Family Partner (1 @ 0.50 FTE)	$47,391
d. Administrative Clerk II	1 FTE at $15.88/hr. for administrative/support staff	$33,021
e. Psychiatrist	.25 FTE at $65.51/hr. for medication support	$34,064
f. ADMHS Specialist II	.25 FTE at $17.09/hr. benefits specialist working with clients to establish and maintain appropriate benefits	$8,887
g. Contractor MH Specialist	1 FTE at $17.09/hr. co-occurring disorders and support services will be integrated with County staff in the Youth Center	$35,546
h. Employee Benefits	Benefits average 35% due to part-time positions and benefit levels varying with subcontractor	$89,614
i. Total Personnel Expenditures		***$345,653***
3. Operating Expenditures		

		a. Professional Services	Professional services to provide newsletters, flyers, coordination of speakers presenting multicultural perspectives on recovery for clients and staff, and other communication tools; $5,000 for ADMHS; 75% FSP and approximately equal amounts to SD and OE; estimated budget based on expected need for translation of program materials and interpretation for non-English speaking clients, estimating an average of $417per month for the county to subcontract	$5,000
		b. Translation and Interpreter Services	Translation and interpreter services; $1,069 for ADMHS; 75% FSP and approximately equal amounts to SD and OE; estimated budget based on expected need for translation of program materials and interpretation for non-English speaking clients, estimating an average of $89 per month for the county	$1,069
		c. Travel and Transportation	Travel and transportation costs associated with staff travel; $2,139 for ADMHS and $1,604 for the subcontractor; 75% FSP and approximately equal amounts to SD and OE; estimated budget based on an estimated 368 miles per month at $.485/mile for county and 276 miles per month for the subcontractor.	$3,743
		d. General Office Expenditures	Office supplies, phones, and other general offices expenses; $6,417 for ADMHS and $1,069 for the subcontractor; 75% FSP and approximately equal amounts to SD and OE; estimated budget based on $535 per month for the county and $89 per month for the subcontractor	$7,486
		e. Rent, Utilities and Equipment		$0
		f. Medication and Medical Supports	Chiefly to buy medications for clients without benefits or awaiting pending benefits; $5,347 for ADMHS; 75% FSP and approximately equal amounts to SD and OE; estimated budget based on approximate need for $446 per month by the county	$5,347
		g. Other Operating Expenses (provide description in budget narrative)	Other operating expenses include miscellaneous equipment and furnishings for the Youth center to make it inviting for the seriously mentally ill youth; also purchases to develop and disseminate consumer newsletter, flyers and information, printing, copying, cell phones, and maintenance; $9,817 for ADMHS; 75% SD and 50% OE; estimated budget based on expected needs maintain Youth Center and program	$9,817
		h. Total Operating Expenditures		***$32,462***
	4. Program Management			
		a. Existing Program Management		$0
		b. New Program Management		$0
		c. Total Program Management		***$0***
	5. Estimated Total Expenditures when service provider is not known			$0
	6. Total Proposed Program Budget			**$438,857**
B. Revenues				
	1. Existing Revenues			
		a. Medi-Cal (FFP only)		$0
		b. Medicare/Patient Fees/Patient		$0
		c. Realignment		$0
		d. State General Funds		$0
		e. County Funds		$0
		f. Grants		$0
		g. Other Revenue		$0
		h. Total Existing Revenues		***$0***
	2. New Revenues			
		a. Medi-Cal (FFP only)	Medi-Cal revenue based on billings generated at approximately 15% of staff time (Utilization Rate), difficult to predict the % of eligible clients	$45,765
		b. Medicare/Patient Fees/Patient		$0
		c. State General Funds		$0
		d. Other Revenue		$0
		e. Total New Revenue		***$45,765***
	3. Total Revenues			**$45,765**
C. One-Time CSS Funding Expenditures				$0
D. Total Funding Requirements				**$393,092**
E. Percent of Total Funding Requirements for Full Service Partnerships				**21.6%**

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY		
County: Yolo	Fiscal Years: 05/06, 06/07 and 07/08	Program Work Plan Name: Consumer Wellness Alternatives (for Adults)
Program Work Plan #: 3		Estimated Start Date: April 1, 2006
Description of Program: *Describe how this program will help advance the goals of the Mental Health Services Act*	The Consumer Wellness Alternatives program will help advance the goals of the MHSA by providing to adults with serious mental illnesses comprehensive community mental health services that are voluntary, client-directed, strength-based, built on principles of recovery and wellness, and delivered responsively and respectfully in the community in a manner sensitive to the cultural needs of each individual served. Whenever appropriate, these services will include the family, as defined by the client. Those "Wellness Alternatives" available to consumers will include opportunities to access housing, self-help programs, employment supports, family involvement, substance abuse treatment, assistance with criminal court proceedings, and crisis stabilization assistance, thereby offering several alternatives to support the individual client's prospects for wellness and recovery. A center will be developed to interface the various supports and services as well as have available transitional housing for a limited number of consumers. This center will be strategically located for easy access to other mental health and county resources and will be available for all consumers. This MHSA program will be a blended funding program; that is, it will combine Full Service, System Development, and Outreach and Engagement services, goals and requirements in one program, in an effort more services to many in need. Unique to this program will be services and supports teams that will provide comprehensive and coordinated services to consumers facing difficulties in specialized areas. Primary target populations for this program will be (1) adults with serious mental illnesses who are homeless or at risk of homelessness in Woodland and Davis (Yolo County has established and will continue AB 2034 services in West Sacramento); (2) adults with serious mental illnesses who are involved in the criminal justice system countywide. Priority consideration for services will also be given to adults with mental illnesses who have co-occurring substance abuse disorders or other serious health problems, and to	

	adults who are frequent users of psychiatric hospital and emergency room services but are not otherwise served by the mental health system. Efforts to engage non-English speaking consumers among these priority populations will be enhanced, and emphasis will be placed on hiring bi-lingual Personal Service Coordinators. Community services and supports teams will provide intensive services to clients (and when appropriate, to their families) on a 24/7 basis. Personal Service Coordinators from all MHSA services and supports teams will collaborate to provide after-hours services to MHSA Full Service Partnership clients. As part of his or her Full Service Partnership Plan, each client will participate in drafting a detailed stabilization plan, to which all staff performing after-hours services will have access when needed. All MHSA Full Service Partnership clients will be offered regular opportunities to become acquainted with any staff member who may provide them with after-hours services.
Priority Population: *Describe the situational characteristics of the priority population*	The Consumer Wellness Alternatives program priority population will be adults age 18 and older who have a serious and persistent mental illness, with special emphasis on un-served or underserved cultural groups. Priority will be given to those individuals who are currently un-served, such as those who are homeless or at risk of homelessness; those who are underserved, such as those adults with serious mental illnesses involved in the criminal justice system, or those who have a co-existing diagnosis of substance abuse; those who are inappropriately served, such as those adults who are frequent users of hospital and emergency room services but are otherwise not served by the mental health system.

Describe strategies to be used, Funding Types requested (check all that apply), Age Groups to be served (check all that apply)	Fund Type			Age Group			
	FSP	Sys Dev	OE	CY	TAY	A	OA
Supportive housing, as defined in Section IV of the CSS Requirements, at p. 31	☒	☒	☐	☐	☐	☒	☐
Client self-directed care plans (e.g., "Wellness Recovery Action Plans")	☒	☐	☐	☐	☐	☒	☐
Integrated substance abuse and mental health services for clients with dual diagnoses	☒	☐	☐	☐	☐	☒	☐
Integrated physical and MH services in collaboration with primary care	☒	☐	☐	☐	☐	☒	☐

Integrated services with law enforcement, probation and the courts, as set forth in Section IV of the CSS Requirements, at p. 31	☒	☐	☐	☐	☐	☒	☐
Intensive community services and supports teams capable of providing services to clients where they live, 24/7, including consumers or family members as team members	☒	☐	☐	☐	☐	☒	☐
Culturally appropriate services	☒	☒	☐	☐	☐	☒	☐
Outreach services for persons who are homeless or at risk of homelessness that involve persistent, non-threatening, outreach and engagement strategies.	☒	☒	☒	☐	☐	☒	☐
Integrated assessment teams that provide comprehensive mental health, social, physical health and substance abuse and trauma assessments, which are strength based, and focused on client/member engagement and which can provide gender- and cultural-specific assessments as in the DSM-IV-R cultural formulation.	☒	☐	☐	☐	☐	☒	☐
Personal services coordinators for all participants	☒	☐	☐	☐	☐	☒	☐
Vocational services	☒	☒	☐	☐	☐	☒	☐
Recovery-based supportive education	☒	☒	☐	☐	☐	☒	☐
Values-driven culturally competent evidence-based or promising clinical services that are integrated with overall service planning and support housing, employment and/or educational goals	☒	☒	☐	☐	☐	☒	☐
Client advocacy on criminal justice issues (Adult strategy, CSS Req. at p 33.)	☒	☒	☐	☐	☐	☒	☐
Development of housing options	☒	☒	☐	☐	☐	☒	☐
Transportation services and assistance	☒	☒	☐	☐	☐	☒	☐

2) Please describe in detail the proposed program for which you are requesting MHSA funding and how that program advances the goals of the MHSA.

The current Yolo County Adult Systems of Care provides services and supports in an isolated, funding-specific fashion. This has served to restrict access and limit resources for our clients, while leaving staff feeling

constrained as to service delivery options. Innovative programming for adults such as the MIOCR and the AB 2034 Programs have served as excellent mentor programs to help us “think outside the box” and integrate service delivery systems, staff and resources whenever possible to maximize the benefit to our consumers.

To this end, a Wellness Center will be developed that will house staff providing an array of resources which will be available to all consumers. Those clients in full service partnerships will be offered comprehensive and integrated services in a "one-stop shop" atmosphere. The center will also have short-term transitional housing available to conduct comprehensive and integrated assessments in a supportive environment to determine the need for referral to full service partnership or to other levels of care. In addition, the Wellness Center will advance our county’s system development efforts by improving ease of access and increase coordinated and collaborative care among our partner agencies to serve our consumers in the most effective and efficient way. And finally, as part of our outreach and engagement strategy, the Center activities will concentrate on developing programming that is multicultural and offered bilingually to invite and welcome individuals that are in need of mental health support but have been un-served in the past. Overall, the Wellness Center Staff will implement strategies that will focus on supporting the consumer with working towards maintaining his/her highest level of functioning and increase his/her participation in vocational, educational, and social activities. Service planning will maximize the consumer strengths, promote wellness and will assist the consumer with developing strategies to manage symptoms. Outreach activities will include socialization in a safe and supportive environment, art activities, recreational activities, outings, independent living skills training, guest speakers, mentoring and benefits support.

Stakeholders expressed strong support for making consumer mental health self-help and group support opportunities available to our consumers. Most specifically, stakeholders want consumers to have ready-access to Cognitive Behavioral Therapy (CBT) treatment in a group atmosphere. First, ADMHS has committed to providing training in CBT to our clinical staff, our provider staff, and other interested individuals. Second, we will make readily available appropriate opportunities for CBT treatment to adult consumers at our Regional Resource Centers and the Wellness Center. Third, we will pursue completion of outcome measures to show the effectiveness of this treatment option.

In Yolo County, the use of MHSA funding to serve adults with serious mental illnesses adults will incorporate aspects and elements of these best practice models to develop a system that will make access easier and services more effective. We will reach out to populations and communities that have been un-served and underserved for some time in our county. Through the combined application of full service partnership (FSP) programs and systems development approaches, services will be client centered, strength based and

delivered in a timely manner that is sensitive to the cultural needs of the population being served. This unit will develop programming that will be flexible and adapt to the needs of the clients and their families. As set forth in Exhibit 4, Full Service Partnership clients will have the benefit of a number of choices in developing their individualized service plans. This "wellness alternatives" approach will emphasize recovery options from which consumers may choose, based on their individual needs. Our aim is to gain the consumer's trust and promote self-determinism in mental health services. Those service alternatives from which the FSP consumers may choose include (but are not limited to) the following, which also correspond to several community issues identified in our stakeholder process:

a. Adult Crisis Residential that will serve to provide a safe and supportive environment for clients to stabilize and avoid hospitalization;
b. Transitional support including temporary emergency housing;
c. Housing assistance and expanded services to homeless consumers;
d. Treatment for co-occurring disorders;
e. Vocational services;
f. Assistance for consumers involved with criminal justice;
g. Consumer self-help options, including Consumer and Family Partnership services.

Program implementation will occur in stages, in an effort to better serve the varied needs of our priority populations. For example, lessons learned in our current AB 2034 Program in West Sacramento will be cornerstones to our expansion of services to homeless clients in our county's two largest cities, Woodland and Davis. Collaborative agencies that will be actively involved in this program development include community-based organizations, faith-based organizations, businesses, natural supports, law enforcement, Yolo County detention facilities, Superior Court, District Attorney, Public Defender and other defense counsel. Most importantly this collaborative approach will place at the core the consumer and his or her identified family in the most respectful and inclusive fashion possible.

Additionally, the program will provide the necessary housing supports to ensure success for program members, including provision of housing, rental subsidies, and engendering the necessary skills to promote maintaining occupancy of the most independent, least restrictive housing possible in the community. To meet the commitment to serve full service partnership clients in the least restrictive and intrusive way possible, MHSA funding will be utilized to reimburse and open access to an Adult Crisis Residential bed. Full Service Partnership clients will be offered the option to be admitted to Safe Harbor (our local CBO-managed Crisis Stabilization program) to avoid an acute hospitalization stay. The FSP Team will work collaboratively with Safe Harbor staff to develop an individualized plan to transition the FSP client back to the community. The expectation over the course of MHSA implementation will be to decrease the utilization of a crisis residential placement as community-based supports and services are developed.

Services provided will include outreach to target populations, community re-integration activities, and jail discharge planning, as well as coordination and access to medications, psychiatric and therapy services, substance abuse services, vocational rehabilitation, benefits advocacy, veterans' services, medical care, and other community resources.

The program goals will include resources and referrals for participants, community re-integration, independent living, improved access to mental health care, and improved access to physical health care. Program objectives are to decrease hospitalization, incarceration, and homelessness, and increase education and employment among members, while promoting the principles of recovery and self-determinism. Supports will be utilized as a mechanism to conduct outreach and engagement activities to bridge consumer to other services that will be voluntary.

Overall, we aim to work with each Full Service Partnership client to develop a comprehensive individualized service and supports plan that promotes independence, offers choices, identifies issues of the client's concern, articulates personal goals, includes a crisis response plan, and meets the client's overall needs while encouraging wellness and recovery.

Advocacy and outreach efforts of this program will extend into other community venues, such as the court and criminal justice systems, to provide support and care to consumers. All clients will not necessarily need Full Service Partnerships, but many times clients are not equipped to navigate the complexities of the court system. Stakeholders have often told us that their consumer family members have great difficulty finding their way through the Criminal Justice system and the Courts. Consumers are frequently charged with non-violent felonies or low-level crimes that are associated with symptom-related behaviors. When facing a court appearance or sentencing, consumers may be "stressed-out" by the court, they may forget what they are told to do, or they may be unaware of legal consequences of noncompliance. Their failure to understand or comply with court proceedings often leads to re-arrest.

We propose, as a facet of this program, to assign one ADMHS staff member to serve as Court Case Manager for the benefit of adult consumers charged with non-violent, low-level crimes. This Court Case Manager will attend court with the client, track all court dates and requirements with the client, assist the client to meet requisite timelines, and offer important linkage to mental health and other related services. Consumers who need assistance from the Court Case Manager may self-refer, or court personnel may make referrals. In addition, other staff of this program will help these consumers to make their appropriate court appearances and fulfill the terms and conditions of their cases as set forth by the Court. Under no circumstances will participation in this program be a required part of a court disposition or sentence.

Participation in mental health treatment services, and in this MHSA program in particular, may only be treated as an option or choice for the client and strictly on a voluntary basis.

3) Describe any housing or employment services to be provided.

Housing and employment services will be a critical component of the Consumer Wellness Alternatives program. The program will adopt the AB 2034 "housing first" model while maintaining a full spectrum of housing options, including emergency, short-term, transitional, and long-term housing. Supportive housing services will be offered, including combined supports for independent living, and permanent affordable housing (each tenant pays no more than 30%-50% of household income). An array of support services will be available that are intended to promote recovery and housing stability. In addition, as stated above the Wellness Center will have available transitional housing for full service partnership clients in transition and are in need of temporary housing. Participation in these support services will be voluntary; tenants will not be required to participate in support services order to access housing.

Employment opportunities will be developed in partnership with the State Department of Rehabilitation, departmental staff, community providers, and consumers. Furthermore, the Consumer Wellness Alternatives program will work in conjunction with the expansion of the existing ADMHS Consumer and Family Partnership to promote employment options for participating consumers. It is expected that opportunities will include a range of options, including traditional competitive workforce employment, supported employment, and participation in consumer-run businesses. Staff will work closely with consumers in identifying and pursuing their individual vocational goals; this includes operating from a "work first" approach with those consumers who have co-occurring substance abuse disorders.

In the second fiscal year, FY 06-07, Yolo County requests access to its remaining Special One-Time Funding, 25% of funding remaining from FY 05-06 in the amount of $454,975, for the exclusive purpose of developing supportive housing opportunities for consumers. The PRSC Consumer Housing Report (Attachment 3) includes among its recommendations:

- Immediately appoint a committee to develop a plan for use of Proposition 63 funds to provide services for consumer housing;
- Issue an RPF, using Prop 63 funds, to develop comprehensive housing and support services for specialized populations…"
- Access currently available grants for capital development;

Furthermore, the report identifies unoccupied county properties quite possibly available at no cost for development of such housing, and recommends accessing funding to facilitate the development of affordable housing through Proposition 46. Yolo County ADMHS would like to earmark these funds of

$454,975 for immediate pursuit of options relating to development of consumer housing, leveraging construction costs, and for developing long-term supportive services.

4) **Please provide the average cost for each Full Service Partnership participant including all fund types and fund sources for each Full Service Partnership proposed program.**

By year three, the projected cost per Full Service Partnership client for the Consumer Wellness Alternatives program is $17,000.

5) **Describe how the proposed program will advance the goals of recovery for adults and older adults or resiliency for children and youth. Explain how you will ensure the values of recovery and resiliency are promoted and continually reinforced.**

This program will go beyond "business as usual" and embrace the four elements of recovery as defined by Dr. Mark Ragins: instilling hope, promoting empowerment, taking responsibility, and securing meaningful roles. Concepts such as "wellness," "welcoming," "harm reduction," "housing first," "work first," "recovery," and "whatever it takes" are more than catch phrases; they will be embraced and embedded in the newly developed Consumer Wellness Alternatives program in Yolo County. The program staff will observe and seek training from the existing AB 2034 program staff and will review other best practice models to apply innovative programming and supports to maximize the benefit to all consumers participating in this program.

The overriding goal of the program will be to increase the quality of life for each participant. This will be accomplished through the use of individualized service plans that are created with full participant involvement. The program will rely heavily on strength-based assessments, evidenced-based practices and will be culturally and linguistically tailored to focus on the unique needs of each participant. Wherever and whenever possible, the client's family, or identified personal community, will be included in various aspects of services offered to the client.

6) **If expanding an existing program or strategy, please describe your existing program and how that will change under this proposal.**

This is a newly developed program. To the extent that Yolo County ADMHS will expand its services to homeless individuals with serious mental illnesses to include the cities of Woodland and Davis, the existing AB 2034 program in the city of West Sacramento will not change under this proposal.

7) **Describe which services and supports clients and/or family members will provide. Indicate whether clients and/or families will actually run the service or if they are participating as a part of a service program, team or other entity.**

Clients and/or family members will participate in two ways. First, client and family member employees will be fully integrated members of the community services and supports team(s). These clients and family members will provide culturally competent insight on the overall development of the FSP plan from its inception. In addition, they will provide critical support to consumers who are involved with the criminal justice system and the courts.

Second, program staff who are consumers and family members will offer Consumer and Family Partnership services to enhance the Wellness Alternatives program with strategic and planned interface in the areas of peer education and support, and assistance with other ancillary support services needed to enhance the individualized service plan for program participants.

The Wellness Center will serve as the "hub" for client and family member activities. Peer support groups, mentoring programs, socialization, education and information activities led by consumer and family members will be the heart of the offerings at the Center. Client and family member leadership and facilitation is essential to our outreach and engagement efforts. These "ambassadors" will help set the tone of inclusiveness of all significant others that play an important role in the recovery and support of the consumers coming into the Center. The experiences shared by these consumers will also serve to increase cultural competency among service providers and other systems to increase awareness of how to align services and supports with the needs of the community.

And finally, Consumer and family members will be the leads in developing newsletters and other informational mailings that will serve to educate, inform and sensitize our community at large regarding mental illness, the effects on family and the importance of implementing community wide strategies to decrease stigma and fear related to mental illness.

8) **Describe in detail collaboration strategies with other stakeholders that have been developed or will be implemented for this program and priority population, including those with tribal organizations. Explain how they will help improve system services and outcomes for individuals.**

As indicated earlier, this program will benefit from lessons learned and expand on current and past efforts to maximize the available resources. The Consumer Wellness Alternatives program will be a highly collaborative and integrated unit committed to engaging and extending outreach efforts to all community-based agencies, local and state agencies, faith-based organizations and other systems that can mobilize to provide comprehensive

and coordinated support for our consumers. For example, homeless outreach and support will be extended beyond the borders of West Sacramento into Woodland and Davis, prompting critical collaboration with local law enforcement agencies, local municipalities, homeless service providers, and other stakeholders such as housing providers and employers. In addition, this program will build on existing relationships with the Yolo County Superior Court and Office of the Public Defender to ensure the availability of support services to program participants who become involved with the criminal justice system. ADMHS will contract with local providers to offer specific treatment to consumers dealing with co-occurring disorders.

9) Discuss how the chosen program/strategies will be culturally competent and meet the needs of culturally and linguistically diverse communities. Describe how your program and strategies address the ethnic disparities identified in Part II Section II of this plan and what specific strategies will be used to meet their needs.

The program offering services to adults with serious mental illnesses will adhere to the Yolo County Cultural Competency Plan. Additionally, moving from "teacher to student", the department and program staff will seek out knowledge and information regarding the specialized culture-specific needs, cultural complexities and language of each program participant. Emphasis will be placed on developing awareness of and sensitivity to the unique needs of consumers who are homeless, involved with the criminal justice system, and/or who are dealing with co-occurring disorders. Perhaps the most critical way in which the program addresses ethnic and cultural disparities is by engaging clients and reaching out to them where they live—seeking out consumers who need services but who have not (for whatever reason) sought services directly from us. Strategies for meeting the needs of diverse populations include providing services within the person's own community, offering services in the client's native language, building trust within the context of the consumer's culture and beliefs, and placing a high value on the relationships CSS team members have with each consumer. Staff will take the time to learn about the individual consumer's culture and try to understand that culture relative to the culture of the larger community.

10) Describe how services will be provided in a manner that is sensitive to sexual orientation, gender-sensitive and reflect the differing psychologies and needs of women and men, boys and girls.

Staff will be trained and oriented to be aware of all facets of cultural competence, including those relating to sexual orientation and gender. Contracts and linkages with agencies and professionals in the area and region successfully serving and creating programming for gay lesbian, bisexual, transgender, or questioning clients will be developed. Consistent with the principles of cultural competency, the department and staff will assess current practices, lack thereof and behaviors that may have contributed or that are contributing to limiting access to care for this cultural

group. The focus will be to improve the quality and effectiveness of care for individuals from varying sexual orientations. In addition, programming and services will incorporate gender-sensitive practices. The overarching principles of service delivering will be embedded in cultural competency strategies that will focus on the consumers' needs to encourage independence, sustain wellness, promote recovery and effectively treat all consumers with sensitivity and respect.

11) Describe how services will be used to meet the service needs for individuals residing out-of-county.

It is expected that all individuals being served with Full Service Partnerships as part of the Consumer Wellness Alternatives program will be Yolo County residents. If a consumer moves out-of-county on a temporary basis (such as for residential treatment), then ongoing services (such as discharge planning and service coordination) will continue at the consumer's temporary residence. Should a consumer who is a FSP participant choose to move from Yolo County, CSS staff will work with the consumer to identify his/her new goals and provide transition services appropriate to the consumer's needs and circumstances.

12) If your county has selected one or more strategies to implement with MHSA funds that are not listed in Section IV, please describe those strategies in detail including how they are transformational and how they will promote the goals of the MHSA.

*Not applicabl*e.

13) Please provide a timeline for this work plan, including all critical implementation dates.

- **January-March 2006:** ADMHS will perform pre-hiring activities, general staff training, identifying program supervisors, and continue planning with community collaborators on housing and other services.
- **April-June 2006:** ADMHS anticipates plan approval and will commence hiring and training of staff; program services will commence and community partners will be engaged; program staff will begin to offer System Development and Outreach and Engagement Services and identify three Full Service Partnership clients.
- **June 2007:** By the end of second program year, the Consumer Wellness Alternatives program will be fully operational and will have 20 adult consumers enrolled in Full Service Partnerships.
- **June 2008:** By the end of the third program year, the Consumer Wellness Alternatives program will have 32 adult consumers enrolled in Full Service Partnerships.

14) Develop Budget Requests: Exhibit 5 provides formats and instructions for developing the Budget and Staffing Detail Worksheets and Budget

Narrative associated with each program work plan. Budgets and Staffing Detail Worksheets and Budget Narratives are required for each program work plan for which funds are being requested.

a) **Work plans and most budget/staffing worksheets are required at the program level. Consistent with the balance of the work plans, some services may not be part of a comprehensive program and should be budgeted as a stand-alone program and work plan. An example of this is Mobile Crisis. It is a countywide service available to a broad service population and may not necessarily be part of another program for a priority population.**

b) **Information regarding strategies is requested throughout the Program and Expenditure Plan Requirements. Strategies are approaches to provide a program/service. Multiple strategies may be used as an approach for a single service. No budget detail is required at the strategy level. Examples of strategies include self-directed care plans, integrated assessments for co-occurring disorders, on-site services in child welfare shelters, and self-help support.**

15) **A Quarterly Progress Report (Exhibit 6) is required to provide estimated population to be served. This form will be required to be updated quarterly specifying actual population served. Additionally, a Cash Balance Quarterly Report (Exhibit 7) is required to provide information about the cash flow activity and remaining cash on hand. All progress reports are to be submitted to the DMH County Operations analyst assigned to the County within 30 days after the close of the quarter.**

EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): YOLO | Fiscal Year: 2005-06

Program Workplan #: 3 | Date: 12/1/05

Program Workplan Name: Adults: Wellness Alternatives |

Type of Funding: 1. Full Service Partnership | Months of Operation: 3

Proposed Total Client Capacity of Program/Service: FSP3 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: FSP 0 | Prepared by: Joan Beesley

Client Capacity of Program/Service Expanded through MHSA: FSP 3 | Telephone Number: (530) 666-8630

First Year Combined Funding Type: 20% FSP, 40% SD, 40% OE	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene	$1,250		$2,500	$3,750
b. Travel and Transportation	$900		$0	$900
c. Housing				
i. Master Leases	$0		$0	$0
ii. Subsidies	$0		$5,625	$5,625
iii. Vouchers	$0		$2,500	$2,500
iv. Other Housing	$0		$500	$500
d. Employment and Education Supports	$0		$2,500	$2,500
e. Other Support Expenditures (provide description in budget narrative)	$0		$2,500	$2,500
f. Total Support Expenditures	$2,150	$0	$16,125	$18,275
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)	$0		$0	$0
b. New Additional Personnel Expenditures (from Staffing Detail)	$74,881		$16,620	$91,501
c. Employee Benefits	$25,117		$5,817	$30,934
d. Total Personnel Expenditures	$99,998	$0	$22,437	$122,435
3. Operating Expenditures				
a. Professional Services	$2,000		$0	$2,000
b. Translation and Interpreter Services	$250		$0	$250
c. Travel and Transportation	$4,037		$1,250	$5,287
d. General Office Expenditures	$2,625		$750	$3,375
e. Rent, Utilities and Equipment	$3,000		$0	$3,000
f. Medication and Medical Supports	$1,490		$0	$1,490
g. Other Operating Expenses (provide description in budget narrative)	$3,000		$1,436	$4,436
h. Total Operating Expenditures	$16,402	$0	$3,436	$19,838
4. Program Management				
a. Existing Program Management			$0	$0
b. New Program Management			$0	$0
c. Total Program Management		$0	$0	$0
5. Estimated Total Expenditures when service provider is not known	$0			$0
6. Total Proposed Program Budget	**$118,550**	**$0**	**$41,998**	**$160,548**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)	$0		$0	$0
b. Medicare/Patient Fees/Patient Insurance	$0		$0	$0
c. Realignment	$0		$0	$0
d. State General Funds	$0		$0	$0
e. County Funds	$0		$0	$0
f. Grants	$0		$0	$0
g. Other Revenue	$0		$0	$0
h. Total Existing Revenues	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP only)	$0		$0	$0
b. Medicare/Patient Fees/Patient Insurance	$0		$0	$0
c. State General Funds	$0		$0	$0
d. Other Revenue	$0		$0	$0
e. Total New Revenue	$0	$0	$0	$0
3. Total Revenues	**$0**	**$0**	**$0**	**$0**
C. One-Time CSS Funding Expenditures	**$497,850**			**$497,850**
D. Total Funding Requirements	**$616,400**	**$0**	**$41,998**	**$658,398**
E. Percent of Total Funding Requirements for Full Service Partnerships				**36.2%**

EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies):	YOLO	Fiscal Year:	2005-06
Program Workplan #	3	Date:	12/1/05
Program Workplan Name	Adults: Wellness Alternatives		Page 1 of 1
Type of Funding	1. Full Service Partnership	Months of Operation	3
Proposed Total Client Capacity of Program/Service:	FSP 3	New Program/Service or Expansion	New
Existing Client Capacity of Program/Service:	FSP 0	Prepared by:	Joan Beesley
Client Capacity of Program/Service Expanded through MHSA:	FSP 3	Telephone Number:	(530) 666-8630

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	One Quarter Only	Total Salaries. Wages and Overtime
A. Current Existing Positions						
						$0
						$0
						$0
						$0
						$0
						$0
						$0
						$0
						$0
						$0
						$0
						$0
						$0
						$0
						$0
	Total Current Existing Positions	0.00	0.00			$0
B. New Additional Positions						
Supervising Clinician	Program oversight; clinical services		1.00	$57,588	0.25	$14,397
Clinician I/II	Personal service coordinator; treatment		1.00	$47,616	0.25	$11,904
ADMHS Specialist II	Forensic support; homeless support		2.00	$33,240	0.25	$16,620
ADMHS Specialist I	Peer Partner (2 @ 0.50 FTE); Family Partner (1 @ 0.50 F	1.50	1.50	$29,544	0.25	$11,079
Administrative Clerk II	Administrative/Support Staff		1.00	$30,879	0.25	$7,720
Intern Trainees	Consumer, 0.25 FTE; family member, 0.25 FTE	0.50	0.50	$24,960	0.25	$3,120
Psychiatrist	Medication support; medication monitoring		0.25	$127,417	0.25	$7,964
ADMHS Specialist II	Benefits specialist		0.25	$33,240	0.25	$2,078
Contractor MH Specialist	Housing, vocational, representative payee		2.00	$33,240	0.25	$16,620
						$0
						$0
						$0
						$0
						$0
						$0
						$0
						$0
						$0
	Total New Additional Positions	2.00	9.50			$91,501
C. Total Program Positions		2.00	9.50			$91,501

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.
b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

EXHIBIT 5 Attachment - Budget Narrative

County(ies):	YOLO
Program Workplan #	3
Program Workplan Name	Adult: Wellness Alternatives
New Program/Svs or Expansion	New
Fiscal Year	2005-06
Date	1/19/2006
Months of Operation	3
Prepared by/Phone #	Joan Beesley - (530)-666-8630

First Year Combined Funding Type: 20% FSP, 40% SD, 40% OE

A. Expenditures	Narrative	Totals
1. Client, Family Member and Caregiver Support Expenditures		
a. Clothing, Food and Hygiene	Clothing, food, and hygiene items for the purpose of engaging the attention and participation of potential FSP adult clients who are homeless or at risk for homelessness, or involved in the justice system for non-violence offenses; for 3 months; $1250 for ADMHS and $1250 under subcontract; 100% OE; estimated budget based on expected need for incentives to encourage engagement and trust, estimating an average of $417 for the county and $417 for the subcontractor per month.	$3,750
b. Travel and Transportation	Client travel and transportation costs including client transport, purchasing of bicycles, bus passes, and travel reimbursements associated with program participation; for 3 months; $900 for ADMHS; 20% FSP and approximately equal amounts to SD and OE; estimated budget based on expected need for transportation for clients throughout the county to access services offered throughout Yolo County, estimating an average of $300 per month.	$900
c. Housing		$0
i. Master Leases		$0
ii. Subsidies	Housing subsidies will be offered in the full continuum of available housing options according to need, focusing on homeless outreach and identification of FSP clients; for 3 months; $5,625 under subcontract; 20% FSP and approximately equal amounts to SD and OE; estimated budget based on expected need for housing for clients, estimating an average of $1,875per month.	$5,625
iii. Vouchers	Housing voucher will be used for short-term housing options according to need, focusing on homeless outreach and identification of FSP clients; for 3 months; $2,500 under subcontract; 20% FSP and approximately equal amounts to SD and OE; estimated budget based on expected need for housing for clients, estimating an average of $833 per month.	$2,500
iv. Other Housing	Other available housing options as needed, focusing on homeless outreach and identification of FSP clients; maintenance of housing offered in new homeless center; for 3 months; $500 under subcontract; 20% FSP and approximately equal amounts to SD and OE; estimated budget based on expected need for housing for clients, estimating an average of $167 per month.	$500
d. Employment and Education Supports	Costs related to education, vocational, and employment support; for 3 months; $2,500 under subcontract; 20% FSP and approximately equal amounts to SD and OE; estimated budget based on expected need for school based and school related activities, estimating an average of $833 per month.	$2,500
e. Other Support Expenditures	Other costs such as outreach materials, incentives, and program supplies, and homeless center supplies used to promote outreach, engagement, and retention of adult FSP clients; for 3 months; $2,500 under subcontract; 20% FSP and approximately equal amounts to SD and OE; estimated budget based on expected need for program supplies and supports, estimating an average of $833 per month per agency	$2,500
f. Total Support Expenditures	***This program will focus on serving adult clients homeless or at risk for homelessness and/or involved in the justice system for non-violence offenses. A Homeless Center will be opened in Woodland to provide most of the services, however, staff will also be available to clients in satellite offices and regional resource centers throughout the county for specific services. Peer support activities will be available through the regional resource centers. Services will center around education, vocational support, employment, and stable housing as a road to recovery.***	***$18,275***
2. Personnel Expenditures		
a. Supervising Clinician	1 FTE at $27.69/hr. x .25 for program oversight; clinical support	$14,397
b. Clinician I/II	1 FTE at $22.89/hr. x .25 personal service coordinator; treatment	$11,904
c. ADMHS Specialist II	2 FTE at $15.98/hr. x .25 for forensic support, case management, homeless support, and outreach services	$16,620
d. ADMHS Specialist I	1.50 FTE at $14.20/hr. x .25 for peer partner (2 @ 0.50 FTE), Family Partner (1 @ 0.50 FTE)	$11,079
e. Administrative Clerk II	1 FTE at $14.85 x .25 for administrative/support staff	$7,720
f. Intern Trainees	Consumer .25 FTE; family member .25 FTE at $12.00 /hr x .25	$3,120
g. Psychiatrist	.25 FTE at $61.26/hr. x .25 for medication support/monitoring	$7,964
h. ADMHS Specialist II	.25 FTE at $15.98/hr. x .25 benefits specialist working with clients to establish and maintain appropriate benefits	$2,078
i. Contractor MH Specialist	2 FTE at $15.98/hr. x .25 housing, vocational, representative payee	$16,620
j. Employee Benefits	Benefits average 34% due to part-time positions and benefit levels varying with subcontractor	$30,934

k. Total Personnel Expenditures		***$122,435***
3. Operating Expenditures		
a. Professional Services	Coordination of speakers presenting multicultural perspectives on recovery for clients and staff, and other communication tools; $2,000 for ADMHS; 20% FSP and approximately equal amounts to SD and OE; estimated budget based on expected need for translation of program materials and interpretation for non-English speaking clients, estimating an average of $667per month for the county to subcontract	$2,000
b. Translation and Interpreter Services	Translation and interpreter services for 3 months; $250 for ADMHS; 20% FSP and approximately equal amounts to SD and OE; estimated budget based on expected need for translation of program materials and interpretation for non-English speaking clients, estimating an average of $83 per month for the county	$250
c. Travel and Transportation	Travel and transportation costs associated with staff travel for 3 months; $4,037 for ADMHS and $1,250 under subcontractor; 20% FSP and approximately equal amounts to SD and OE; estimated budget based on an estimated 2,775 miles per month at $.485/mile for county and 859 miles per month for the subcontractor. Staff will provide additional client transportation to services throughout the county	$5,287
d. General Office Expenditures	Office supplies, phones, and other general offices expenses for 3 months; $2,625 for ADMHS and $750 under subcontractor;20% FSP and approximately equal amounts to SD and OE; estimated budget based on $875 per month for the county and $250 per month for the subcontractor	$3,375
e. Rent, Utilities and Equipment	Rent, utilities, and equipment leases & maintenance expense for staff located in satellite offices; for 3 months; $3,000 for ADMHS; 20% FSP and approximately equal amounts to SD and OE; estimated budget based on office space rental for the county of $1,000 per month	$3,000
f. Medication and Medical Supports	Chiefly to buy medications for clients without benefits or awaiting pending benefits; for 3 months; $1,490 for the ADMHS; 20% FSP and approximately equal amounts to SD and OE; estimated budget based on approximate need for $497 per month by the county	$1,490
g. Other Operating Expenses (provide description in budget narrative)	Other operating expenses include goods and purchases to develop and disseminate newletters, flyers and Consumer information, miscellaneous equipment and furnishings for the homeless center to make it inviting for the seriously mentally ill; also printing, copying, cell phones, and maintenance; $3,000 for ADMHS and $1,436 under subcontract; 20% FSP and approximately equal amounts to SD and OE; estimated budget based on $1,000 per month for the county and $479 per month for the subcontractor	$4,436
h. Total Operating Expenditures		***$19,838***
4. Program Management		
a. Existing Program Management		$0
b. New Program Management		$0
c. Total Program Management		$0
5. Estimated Total Expenditures when service provider is not known		**$0**
6. Total Proposed Program Budget		**$160,548**
B. Revenues		
1. Existing Revenues		
a. Medi-Cal (FFP only)		$0
b. Medicare/Patient Fees/Patient		$0
c. Realignment		$0
d. State General Funds		$0
e. County Funds		$0
f. Grants		$0
g. Other Revenue		$0
h. Total Existing Revenues		***$0***
2. New Revenues		
a. Medi-Cal (FFP only)		$0
b. Medicare/Patient Fees/Patient		$0
c. State General Funds		$0
d. Other Revenue		$0
e. Total New Revenue		***$0***
3. Total Revenues		**$0**
C. One-Time CSS Funding Expenditures		**$497,850**
D. Total Funding Requirements		**$658,398**
E. Percent of Total Funding Requirements for Full Service Partnerships		**36.2%**

EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): YOLO | Fiscal Year: 2006-07

Program Workplan #: 3 | Date: 12/1/05

Program Workplan Name: Adults: Wellness Alternatives |

Type of Funding: 1. Full Service Partnership | Months of Operation: 12

Proposed Total Client Capacity of Program/Service: FSP 20 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: FSP 3 | Prepared by: Joan Beesley

Client Capacity of Program/Service Expanded through MHSA: FSP 17 | Telephone Number: (530) 666-8630

Second Year Combined Funding Type: 50% FSP, 25% SD, 25% OE	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene	$10,060		$12,120	$22,180
b. Travel and Transportation	$5,636		$0	$5,636
c. Housing				
i. Master Leases	$0		$0	$0
ii. Subsidies	$0		$45,451	$45,451
iii. Vouchers	$0		$10,100	$10,100
iv. Other Housing	$0		$2,020	$2,020
d. Employment and Education Supports	$0		$10,100	$10,100
e. Other Support Expenditures (provide description in budget narrative)	$0		$11,110	$11,110
f. Total Support Expenditures	$15,696	$0	$90,901	$106,597
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)	$0		$0	$0
b. New Additional Personnel Expenditures (from Staffing Detail)	$308,826		$100,718	$409,544
c. Employee Benefits	$101,473		$35,251	$136,724
d. Total Personnel Expenditures	$410,299	$0	$135,969	$546,268
3. Operating Expenditures				
a. Professional Services	$5,000		$0	$5,000
b. Translation and Interpreter Services	$1,010		$0	$1,010
c. Travel and Transportation	$16,312		$5,050	$21,362
d. General Office Expenditures	$10,605		$3,030	$13,635
e. Rent, Utilities and Equipment	$18,000		$0	$18,000
f. Medication and Medical Supports	$10,100		$0	$10,100
g. Other Operating Expenses (provide description in budget narrative)	$6,000		$3,121	$9,121
h. Total Operating Expenditures	$67,027	$0	$11,201	$78,228
4. Program Management				
a. Existing Program Management			$0	$0
b. New Program Management			$0	$0
c. Total Program Management		$0	$0	$0
5. Estimated Total Expenditures when service provider is not known	$0			$0
6. Total Proposed Program Budget	**$493,022**	**$0**	**$238,071**	**$731,093**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)	$0		$0	$0
b. Medicare/Patient Fees/Patient Insurance	$0		$0	$0
c. Realignment	$0		$0	$0
d. State General Funds	$0		$0	$0
e. County Funds	$0		$0	$0
f. Grants	$0		$0	$0
g. Other Revenue	$0		$0	$0
h. Total Existing Revenues	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP only)	$47,928		$0	$47,928
b. Medicare/Patient Fees/Patient Insurance	$0		$0	$0
c. State General Funds	$0		$0	$0
d. Other Revenue	$0		$0	$0
e. Total New Revenue	$47,928	$0	$0	$47,928
3. Total Revenues	**$47,928**	**$0**	**$0**	**$47,928**
C. One-Time CSS Funding Expenditures	**$454,975**			**$454,975**
D. Total Funding Requirements	**$445,094**	**$0**	**$238,071**	**$1,138,140**
E. Percent of Total Funding Requirements for Full Service Partnerships				**62.5%**

EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): YOLO | Fiscal Year: 2006-07

Program Workplan #: 3 | Date: 12/1/05

Program Workplan Name: Adults: Wellness Alternatives |

Type of Funding: 1. Full Service Partnership | Months of Operation: 12

Proposed Total Client Capacity of Program/Service: FSP 3 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: FSP 0 | Prepared by: Joan Beesley

Client Capacity of Program/Service Expanded through MHSA: FSP 3 | Telephone Number: (530) 666 8632

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
Supervising Clinician	Program oversight; clinical services		1.00	$58,165	$58,165
Clinician I/II	Personal service coordinator; treatment		1.00	$48,093	$48,093
ADMHS Specialist II	Forensic support; homeless support		2.00	$33,573	$67,146
ADMHS Specialist I	Peer Partner (2 @ 0.50 FTE); Family Partner (1 @ 0.50 FT	1.50	1.50	$29,840	$44,760
Administrative Clerk II	Administrative/Support Staff		1.00	$31,188	$31,188
Intern Trainees	2 Consumer, 0.25 FTE; family member, 0.25 FTE	0.75	0.75	$25,210	$18,908
Psychiatrist	Medication support; medication monitoring		0.25	$128,693	$32,173
ADMHS Specialist II	Benefits specialist		0.25	$33,573	$8,393
Contractor MH Specialist	Housing, vocational, representative payee		3.00	$33,573	$100,718
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	2.25	10.75		$409,544
C. Total Program Positions		2.25	10.75		$409,544

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.
b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

EXHIBIT 5 Attachment - Budget Narrative

County(ies):	YOLO
Program Workplan #	3
Program Workplan Name	Adult: Wellness Alternatives
New Program/Svs or Expansion	New
Fiscal Year	2006-07
Date	1/19/2006
Months of Operation	12
Prepared by/Phone #	Joan Beesley - (530)-666-8630

Second Year Combined Funding Type: 50% FSP, 25% SD, 25% OE		**Budget increased by 1.0013%**
A. Expenditures	**Narrative**	**Totals**
1. Client, Family Member and Caregiver Support Expenditures		
a. Clothing, Food and Hygiene	Clothing, food, and hygiene items for the purpose of engaging the attention and participation of potential FSP adult clients who are homeless or at risk for homelessness, or involved in the justice system for non-violence offenses;$10,000 for ADMHS and $12,120 under subcontract; 100% OE; estimated budget based on expected need for incentives to encourage engagement and trust, estimating an average of 833 per month for the county and $1,010 per month for the subcontractor	$22,180
b. Travel and Transportation	Client travel and transportation costs including client transport, purchasing of bicycles, bus passes, and travel reimbursements associated with program participation; $5,636 for ADMHS; 50% FSP and approximately equal amounts to SD and OE; estimated budget based on expected need for transportation for clients throughout the county to access services offered throughout Yolo County, estimating an average of $470 per month.	$5,636
c. Housing		$0
i. Master Leases		$0
ii. Subsidies	Housing subsidies will be offered in the full continuum of available housing options according to need, focusing on homeless outreach and identification of FSP clients; $45,451 under subcontract; 50% FSP and approximately equal amounts to SD and OE; estimated budget based on expected need for housing for clients, estimating an average of $3,788per month.	$45,451
iii. Vouchers	Housing voucher will be used for short-term housing options according to need, focusing on homeless outreach and identification of FSP clients; under subcontract; 50% FSP and approximately equal amounts to SD and OE; estimated budget based on expected need for housing for clients, estimating an average of $842 per month.	$10,100
iv. Other Housing	Other available housing options as needed, focusing on homeless outreach and identification of FSP clients; maintenance of housing offered in new homeless center; $2,020 under subcontract; 50% FSP and approximately equal amounts to SD and OE; estimated budget based on expected need for housing for clients, estimating an average of $168 per month.	$2,020
d. Employment and Education Supports	Costs related to education, vocational, and employment support; $10,100 under subcontract; 50% FSP and approximately equal amounts to SD and OE; estimated budget based on expected need for school based and school related activities, estimating an average of $842 per month.	$10,100
e. Other Support Expenditures	Other costs such as outreach materials, incentives, and program supplies, and homeless center supplies used to promote outreach, engagement, and retention of adult FSP clients; $11,110 under subcontract; 50% FSP and approximately equal amounts to SD and OE; estimated budget based on expected need for program supplies and supports, estimating an average of $926 per month	$11,110
f. Total Support Expenditures	***This program will focus on serving adult clients homeless or at risk for homelessness and/or involved in the justice system for non-violence offenses. A Homeless Center will be opened in Woodland to provide most of the services, however, staff will also be available to clients in satellite offices and regional resource centers throughout the county for specific services. Peer support activities will be available through the regional resource centers. Services will center around education, vocational support, employment, and stable housing as a road to recovery.***	***$106,597***
2. Personnel Expenditures		
a. Supervising Clinician	1 FTE at $27.96/hr. for program oversight; clinical support	$58,165
b. Clinician I/II	1 FTE at $23.12/hr. personal service coordinator; treatment	$48,093
c. ADMHS Specialist II	2 FTE at $16.14/hr. for forensic support, case management, homeless support, and outreach services	$67,146
d. ADMHS Specialist I	1.50 FTE at $14.35/hr. for peer partner (2 @ 0.50 FTE), Family Partner (1 @ 0.50 FTE)	$44,760
e. Administrative Clerk II	1 FTE at $14.99/hr. for administrative/support staff	$31,188
f. Intern Trainees	2 Consumer .25 FTE; 1 family member .25 FTE at $12.12/hr.	$18,908
g. Psychiatrist	.25 FTE at $61.87/hr. for medication support/monitoring	$32,173
h. ADMHS Specialist II	.25 FTE at $16.14/hr. benefits specialist working with clients to establish and maintain appropriate benefits	$8,393
i. Contractor MH Specialist	3 FTE at $16.14/hr. housing, vocational, representative payee	$100,718
j. Employee Benefits	Benefits average 34% due to part-time positions and benefit levels varying with subcontractor	$136,724
k. Total Personnel Expenditures		***$546,268***
3. Operating Expenditures		
a. Professional Services	Coordination of speakers presenting multicultural perspectives on recovery for clients and staff, and other communication tools; $5,000 for ADMHS; 50% FSP and approximately equal amounts to SD and OE; estimated budget based on expected need for translation of program materials and interpretation for non-English speaking clients, estimating an average of $417per month for the county to subcontract	$5,000

b. Translation and Interpreter Services	Translation and interpreter services; $1,010 for ADMHS; 50% FSP and approximately equal amounts to SD and OE; estimated budget based on expected need for translation of program materials and interpretation for non-English speaking clients, estimating an average of $84 per month for the county	$1,010
c. Travel and Transportation	Travel and transportation costs associated with staff travel; $16,312 for ADMHS and $5,050 for the subcontractor; 50% FSP and approximately equal amounts to SD and OE; estimated budget based on an estimated 2804 miles per month at $.485/mile for county and 868 miles per month for the subcontractor. Staff will provide additional client transportation to services throughout the county	$21,362
d. General Office Expenditures	Office supplies, phones, and other general offices expenses; $10,605 for ADMHS and $3,030 for the subcontractor; 50% FSP and approximately equal amounts to SD and OE; estimated budget based on $884 per month for the county and $253 per month for the subcontractor	$13,635
e. Rent, Utilities and Equipment	Rent, utilities, and equipment leases & maintenance expense for staff located in satellite offices; $18,000 for ADMHS; 50% FSP and approximately equal amounts to SD and OE; estimated budget based on office space rental for the county of $1,500 per month	$18,000
f. Medication and Medical Supports	Chiefly to buy medications for clients without benefits or awaiting pending benefits; $10,100 for ADMHS; 50% FSP and approximately equal amounts to SD and OE; estimated budget based on approximate need for $842 per month by the county	$10,100
g. Other Operating Expenses (provide description in budget narrative)	Other operating expenses include goods and purchases to develop and disseminate newletters flyers and Consumer information, miscellaneous equipment and furnishings for the homeless center to make it inviting for the seriously mentally ill; also printing, copying, cell phones, and maintenance; $6,000 for ADMHS and $3,121 under subcontract; 20% FSP and approximately equal amounts to SD and OE; estimated budget based on $500 per month for the county and $260 per month for the subcontractor	$9,121
h. Total Operating Expenditures		***$78,228***
4. Program Management		
a. Existing Program Management		$0
b. New Program Management		$0
c. Total Program Management		***$0***
5. Estimated Total Expenditures when service provider is not known		$0
6. Total Proposed Program Budget		**$731,093**
B. Revenues		
1. Existing Revenues		
a. Medi-Cal (FFP only)		$0
b. Medicare/Patient Fees/Patient		$0
c. Realignment		$0
d. State General Funds		$0
e. County Funds		$0
f. Grants		$0
g. Other Revenue		$0
h. Total Existing Revenues		***$0***
2. New Revenues		
a. Medi-Cal (FFP only)	Medi-Cal revenue based on billings generated at approximately 15% of staff time (Utilization Rate), difficult to predict the % of eligible clients	$47,928
b. Medicare/Patient Fees/Patient		$0
c. State General Funds		$0
d. Other Revenue		$0
e. Total New Revenue		***$47,928***
3. Total Revenues		**$47,928**
C. One-Time CSS Funding Expenditures		$454,975
D. Total Funding Requirements		**$1,138,140**
E. Percent of Total Funding Requirements for Full Service Partnerships		**62.5%**

EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): YOLO | Fiscal Year: 2007-08

Program Workplan #: 3 | Date: 12/1/05

Program Workplan Name: Adults: Wellness Alternatives | Page 1 of 1

Type of Funding: 1. Full Service Partnership | Months of Operation: 12

Proposed Total Client Capacity of Program/Service: FSP 32 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: FSP 20 | Prepared by: Joan Beesley

Client Capacity of Program/Service Expanded through MHSA: FSP 12 | Telephone Number: (530) 666-8630

Third Year Combined Funding Type: 75% FSP, 10% SD, 15%	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene	$10,416		$12,832	$23,248
b. Travel and Transportation	$5,850			$5,850
c. Housing			$0	
i. Master Leases	$0		$0	$0
ii. Subsidies	$0		$48,122	$48,122
iii. Vouchers	$0		$10,694	$10,694
iv. Other Housing	$0		$2,139	$2,139
d. Employment and Education Supports	$0		$10,694	$10,694
e. Other Support Expenditures (provide description in budget narrative)	$0		$11,763	$11,763
f. Total Support Expenditures	$16,266	$0	$96,244	$112,510
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)	$0		$0	$0
b. New Additional Personnel Expenditures (from Staffing Detail)	$326,978		$106,638	$433,616
c. Employee Benefits	$107,438		$37,323	$144,761
d. Total Personnel Expenditures	$434,416	$0	$143,961	$578,377
3. Operating Expenditures				
a. Professional Services	$6,000		$0	$6,000
b. Translation and Interpreter Services	$1,069		$0	$1,069
c. Travel and Transportation	$17,271		$5,346	$22,617
d. General Office Expenditures	$11,229		$3,208	$14,437
e. Rent, Utilities and Equipment	$18,000		$0	$18,000
f. Medication and Medical Supports	$10,694		$0	$10,694
g. Other Operating Expenses (provide description in budget narrative)	$7,000		$3,362	$10,362
h. Total Operating Expenditures	$71,263	$0	$11,916	$83,179
4. Program Management				
a. Existing Program Management			$0	$0
b. New Program Management			$0	$0
c. Total Program Management		$0	$0	$0
5. Estimated Total Expenditures when service provider is not known	$0			$0
6. Total Proposed Program Budget	**$521,945**	**$0**	**$252,121**	**$774,066**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)	$0		$0	$0
b. Medicare/Patient Fees/Patient Insurance	$0		$0	$0
c. Realignment	$0		$0	$0
d. State General Funds	$0		$0	$0
e. County Funds	$0		$0	$0
f. Grants	$0		$0	$0
g. Other Revenue	$0		$0	$0
h. Total Existing Revenues	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP only)	$50,745		$0	$50,745
b. Medicare/Patient Fees/Patient Insurance	$0		$0	$0
c. State General Funds	$0		$0	$0
d. Other Revenue	$0		$0	$0
e. Total New Revenue	$50,745	$0	$0	$50,745
3. Total Revenues	**$50,745**	**$0**	**$0**	**$50,745**
C. One-Time CSS Funding Expenditures	**$0**			**$0**
D. Total Funding Requirements	**$471,200**	**$0**	**$252,121**	**$723,321**
E. Percent of Total Funding Requirements for Full Service Partnerships				**39.7%**

EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): YOLO | Fiscal Year: 2007-08

Program Workplan #: 3 | Date: 12/1/05

Program Workplan Name: Adults: Wellness Alternatives | Page 1 of 1

Type of Funding: 1. Full Service Partnership | Months of Operation: 12

Proposed Total Client Capacity of Program/Service: FSP 32 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: FSP 20 | Prepared by: Joan Beesley

Client Capacity of Program/Service Expanded through MHSA: FSP 12 | Telephone Number: (530) 666-8630

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
Supervising Clinician	Program oversight; clinical services		1.00	$61,584	$61,584
Clinician I/II	Personal service coordinator; treatment		1.00	$50,920	$50,920
ADMHS Specialist II	Forensic support; homeless support		2.00	$35,546	$71,092
ADMHS Specialist I	Peer Partner (2 @ 0.50 FTE); Family Partner (1 @ 0.50 FT	1.50	1.50	$31,594	$47,391
Administrative Clerk II	Administrative/Support Staff		1.00	$33,021	$33,021
Intern Trainees	2 Consumer, 0.25 FTE; family member, 0.25 FTE	0.75	0.75	$26,692	$20,019
Psychiatrist	Medication support; medication monitoring		0.25	$136,258	$34,064
ADMHS Specialist II	Benefits specialist		0.25	$35,546	$8,887
Contractor MH Specialist	Housing, vocational, representative payee		3.00	$35,546	$106,638
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	2.25	10.75		$433,616
C. Total Program Positions		2.25	10.75		$433,616

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.
b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

EXHIBIT 5 Attachment - Budget Narrative

County(ies):	YOLO
Program Workplan #	3
Program Workplan Name	Adult: Wellness Alternatives
New Program/Svs or Expansion	New
Fiscal Year	2007-08
Date	1/19/2006
Months of Operation	12
Prepared by/Phone #	Joan Beesley - (530)-666-8630

Third Year Combined Funding Type: 75% FSP, 10% SD, 15% **Budget increased by 5.878%**

A. Expenditures	Narrative	Totals
1. Client, Family Member and Caregiver Support Expenditures		
a. Clothing, Food and Hygiene	Clothing, food, and hygiene items for the purpose of engaging the attention and participation of potential FSP adult clients who are homeless or at risk for homelessness, or involved in the justice system for non-violence offenses;$10,416 for ADMHS and $12,832 under subcontract; 100% OE; estimated budget based on expected need for incentives to encourage engagement and trust, estimating an average of 868 per month for the county and $1,069 per month for the subcontractor	$23,248
b. Travel and Transportation	Client travel and transportation costs including client transport, purchasing of bicycles, bus passes, and travel reimbursements associated with program participation; $5.850 for ADMHS; 75% FSP and approximately equal amounts to SD and OE; estimated budget based on expected need for transportation for clients throughout the county to access services offered throughout Yolo County, estimating an average of $488 per month.	$5,850
c. Housing		$0
i. Master Leases		$0
ii. Subsidies	Housing subsidies will be offered in the full continuum of available housing options according to need, focusing on homeless outreach and identification of FSP clients; $48,122 under subcontract; 75% FSP and approximately equal amounts to SD and OE; estimated budget based on expected need for housing for clients, estimating an average of $4,010 per month.	$48,122
iii. Vouchers	Housing voucher will be used for short-term housing options according to need, focusing on homeless outreach and identification of FSP clients; $10,694 under subcontract; 75% FSP and approximately equal amounts to SD and OE; estimated budget based on expected need for housing for clients, estimating an average of $891 per month.	$10,694
iv. Other Housing	Other available housing options as needed, focusing on homeless outreach and identification of FSP clients; maintenance of housing offered in new homeless center; $2,139 under subcontract; 75% FSP and approximately equal amounts to SD and OE; estimated budget based on expected need for housing for clients, estimating an average of $178 per month.	$2,139
d. Employment and Education Supports	Costs related to education, vocational, and employment support; $10,694 under subcontract; 75% FSP and approximately equal amounts to SD and OE; estimated budget based on expected need for school based and school related activities, estimating an average of $842 per month.	$10,694
e. Other Support Expenditures	Other costs such as outreach materials, incentives, and program supplies, and homeless center supplies used to promote outreach, engagement, and retention of adult FSP clients; $11,763 under subcontract; 75% FSP and approximately equal amounts to SD and OE; estimated budget based on expected need for program supplies and supports, estimating an average of $980 per month	$11,763
f. Total Support Expenditures	***This program will focus on serving adult clients homeless or at risk for homelessness and/or involved in the justice system for non-violence offenses. A Homeless Center will be opened in Woodland to provide most of the services, however, staff will also be available to clients in satellite offices and regional resource centers throughout the county for specific services. Peer support activities will be available through the regional resource centers. Services will center around education, vocational support, employment, and stable housing as a road to recovery.***	***$112,510***
2. Personnel Expenditures		
a. Supervising Clinician	1 FTE at $29.61/hr. for program oversight; clinical support	$61,584
b. Clinician I/II	1 FTE at $24.48/hr. personal service coordinator; treatment	$50,920
c. ADMHS Specialist II	2 FTE at $17.09/hr. for forensic support, case management, homeless support, and outreach services	$71,092
d. ADMHS Specialist I	1.50 FTE at $15.19/hr. for peer partner (2 @ 0.50 FTE), Family Partner (1 @ 0.50 FTE)	$47,391
e. Administrative Clerk II	1 FTE at $15.88/hr. for administrative/support staff	$33,021
f. Intern Trainees	2 Consumer .25 FTE; 1 family member .25 FTE at $12.83 /hr.	$20,019
g. Psychiatrist	.25 FTE at $65.51/hr. for medication support/monitoring	$34,064
h. ADMHS Specialist II	.25 FTE at $17.09/hr.5 benefits specialist working with clients to establish and maintain appropriate benefits	$8,887
i. Contractor MH Specialist	3 FTE at $17.09/hr. housing, vocational, representative payee	$106,638
j. Employee Benefits	Benefits average 34% due to part-time positions and benefit levels varying with subcontractor	$144,761
k. Total Personnel Expenditures		***$578,377***
3. Operating Expenditures		
a. Professional Services	Coordination of speakers presenting multicultural perspectives on recovery for clients and staff, and other communication tools; $6,000 for ADMHS; 75% FSP and approximately equal amounts to SD and OE; estimated budget based on expected need for translation of program materials and interpretation for non-English speaking clients, estimating an average of $500 per month for the county to subcontract	$6,000

b. Translation and Interpreter Services	Translation and interpreter services; $1,069 for ADMHS; 75% FSP and approximately equal amounts to SD and OE; estimated budget based on expected need for translation of program materials and interpretation for non-English speaking clients, estimating an average of $89 per month for the county	$1,069
c. Travel and Transportation	Travel and transportation costs associated with staff travel; $17,271 for ADMHS and $5,346 for the subcontractor; 75% FSP and approximately equal amounts to SD and OE; estimated budget based on an estimated 2,968 miles per month at $.485/mile for county and 919 miles per month for the subcontractor. Staff will provide additional client transportation to services throughout the county	$22,617
d. General Office Expenditures	Office supplies, phones, and other general offices expenses; $11,229 for ADMHS and $3,208 for the subcontractor; 75% FSP and approximately equal amounts to SD and OE; estimated budget based on $936 per month for the county and $267 per month for the subcontractor	$14,437
e. Rent, Utilities and Equipment	Rent, utilities, and equipment leases & maintenance expense for staff located in satellite offices; $18,000 for ADMHS; 75% FSP and approximately equal amounts to SD and OE; estimated budget based on office space rental for the county of $1,500 per month	$18,000
f. Medication and Medical Supports	Chiefly to buy medications for clients without benefits or awaiting pending benefits; $10,694 for ADMHS; 75% FSP and approximately equal amounts to SD and OE; estimated budget based on approximate need for $891 per month by the county	$10,694
g. Other Operating Expenses (provide description in budget narrative)	Other operating expenses include goods and purchases to develop and disseminate Consumer newsletters, flyers and fact sheets, miscellaneous equipment and furnishings for the homeless center to make it inviting for the seriously mentally ill; also printing, copying, cell phones, and maintenance; $7,000 for ADMHS and $3,362 under subcontract; 75% FSP and approximately equal amounts to SD and OE; estimated budget based on $583 per month for the county and $280 per month for the subcontractor	$10,362
h. Total Operating Expenditures		***$83,179***
4. Program Management		
a. Existing Program Management		$0
b. New Program Management		$0
c. Total Program Management		***$0***
5. Estimated Total Expenditures when service provider is not known		$0
6. Total Proposed Program Budget		**$774,066**
B. Revenues		
1. Existing Revenues		
a. Medi-Cal (FFP only)		$0
b. Medicare/Patient Fees/Patient		$0
c. Realignment		$0
d. State General Funds		$0
e. County Funds		$0
f. Grants		$0
g. Other Revenue		$0
h. Total Existing Revenues		***$0***
2. New Revenues		
a. Medi-Cal (FFP only)	Medi-Cal revenue based on billings generated at approximately 15% of staff time (Utilization Rate), difficult to predict the % of eligible clients	$50,745
b. Medicare/Patient Fees/Patient		$0
c. State General Funds		$0
d. Other Revenue		$0
e. Total New Revenue		***$50,745***
3. Total Revenues		**$50,745**
C. One-Time CSS Funding Expenditures		$0
D. Total Funding Requirements		**$723,321**
E. Percent of Total Funding Requirements for Full Service Partnerships		**39.7%**

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY		
County: YOLO	Fiscal Years: 05/06, 06/07 and 07/08	Program Work Plan Name: Older Adult Outreach and Assessment Program
Program Work Plan #: 4		Estimated Start Date: April 2006
Description of Program: *Describe how this program will help advance the goals of the Mental Health Services Act*	The Older Adult Outreach and Assessment Program (OAOAP) will expand the existing services Yolo County ADMHS is presently providing for older adults. Currently, the department offers assessment services and linkage to resources for older adults experiencing mental health problems that interfere with their ability to live independently in the community. The expansion of this program will help advance the goals of the Mental Health Services Act by allowing ADMHS to expand services to older consumers and extend them to un-served and underserved older adults belonging to certain ethnic groups and to those living in the rural areas of Yolo County. This MHSA program will be a blended funding program; that is, it will combine Full Service, System Development, and Outreach and Engagement services, goals and requirements in one program, in an effort more services to many in need. Key expansion services will relate to outreach, identification and assessment of un-served, often isolated, older adults with serious mental illnesses. The OAOAP will continue to provide mental health assessments to older adults who are at risk of institutionalization or hospitalization due to mental health problems and who need case coordination with services. In addition, the OAOAP will include in its program an out of home crisis stabilization component for older adults. This component will be voluntary and offered as one option in the continuum of choices for the client which will include remaining at home with supports, skilled nursing facility, or crisis residential. This new service component will involve close collaboration with hospital emergency rooms and other community agencies to provide comprehensive assessments, integrated case coordination, individualized care planning, and housing options.	

	Our Older Adult Senior Peer Mentors Program participants and additional outreach workers will provide opportunities for earlier interventions to avoid crisis situations for the older adults and create more opportunities for support through companionship and counseling. Services will continue to be voluntary, client-directed and strength-based. Staff will employ wellness and recovery principles, addressing both immediate and long-term needs of program members, and they will deliver services in a timely manner that is sensitive to the cultural needs of those served.
Priority Population: *Describe the situational characteristics of the priority population*	The Older Adult Outreach and Assessment Program will serve adults 60 years of age and older who are at risk of losing their independence and being institutionalized due to mental health problems. These individuals may have underlying medical problems and co-occurring substance abuse issues. Priority will be given to underserved rural populations of older adults, and to those of ethnic and cultural backgrounds who are identified as underserved.

Describe strategies to be used, Funding Types requested (check all that apply), Age Groups to be served (check all that apply)	Fund Type			Age Group			
	FSP	Sys Dev	OE	CY	TAY	A	OA
Integrated assessment teams that provide comprehensive mental health, social, substance abuse, trauma and thorough physical health assessments.	☒	☒	☒	☐	☐	☐	☒
Client self-directed care plans.	☒	☐	☐	☐	☐	☐	☒
On site or collaborative services with primary care health clinics and health care services to reduce barriers to access and increase integration of care.	☒	☐	☒	☐	☐	☐	☒
Culturally appropriate services to reach persons of racial ethnic cultures, who may be more responsive in specific culture-based settings.	☒	☒	☒	☐	☐	☐	☒
Outreach services to those who are homeless, or in their homes, through community service providers and through other community sites.	☒	☐	☒	☐	☐	☐	☒
Education for the client, family or other caregivers as appropriate regarding the nature of psychotropic medications, the expected benefits and the potential side effects.	☒	☒	☒	☐	☐	☐	☒

Peer-supportive services and client-run services including peer counseling programs to provide support and to increase client knowledge and ability to use needed mental health services	☒	☒	☒	☐	☐	☐	☒
Mobile services to reach older adults who cannot access clinics or other services due to mental or physical disabilities, or other factors.	☒	☒	☒	☐	☐	☐	☒
Transportation	☒	☒	☒	☐	☐	☐	☒
Crisis services available to clients where they live, 24/7.	☒	☐	☒	☐	☐	☐	☒
Integrated service teams and planning with social service agencies and other community providers to meet the complex needs of older adults.	☒	☒	☒	☐	☐	☐	☒
Education for primary care providers and other health care providers to increase coordination and integration of mental health and primary care, and other health services.	☒	☒	☒	☐	☐	☐	☒

2) Please describe in detail the proposed program for which you are requesting MHSA funding and how that program advances the goals of the MHSA.

Since 1976, Yolo County's Older Adult Outreach Program has represented the county's commitment to providing comprehensive mental health nursing assessments for frail older adults. Those experiencing mental health problems are at risk of losing their ability to remain independent in the community. This small but successful program has employed one full-time Supervisor, and two part-time nurses to assess older adults throughout the county**,** linking them with needed services and distinguishing their mental health disorders from medical conditions. Strong components of this program include collaboration with service networks and other agencies; recruitment, retention and use of senior peer counselors to provide individualized support and resource linkage; and a commitment to providing linguistically and culturally competent services.

Additional funds through MHSA would allow this successful program to expand and reach out to un-served and underserved older adults and transitional older adults, especially those in need of culturally and linguistically competent services. Plans to expand staffing of the OAOAP increase the existing team to include a full time Clinician or Mental Health Nurse with geriatric experience to conduct assessments and assist with case

coordination, and various Alcohol, Drug and Mental Health Specialists and Intern/Trainees with bi-lingual capabilities (Spanish/English; Russian/English) to perform outreach, engagement, advocacy, informational services, and transportation. In addition to the paid staff, the Older Adult Unit will continue to recruit and train additional Senior Peer Mentors to expand the existing volunteer group.

The primary function of the OAOAP clinically qualified staff will be to provide a mental health assessment, comprehensive in character, holistic in approach, and mobile in nature. Mental health assessments could identify the need for case consultation, medical management, short-term mental health case management, 5150 evaluations, and case plan development. Older adults evaluated by this team would then be linked to and coordinated with services within the community. Those older adult clients who have serious mental health treatment needs would be enrolled in Full Service Partnerships. Appropriately licensed staff (clinician or nurse) will assist with the evaluations and case plan development for Full Service Partnership clients; in addition, this staff member will provide mental health therapy, stabilization services, and care coordination to an underserved older adult population who are homebound, frail, and receiving, In-Home Supportive Services (IHSS) from the Department of Social Services. In addition to the "routine" assessments and 5150 evaluations of older adult clients, a proposed expansion to this process would be to have available a crisis stabilization out of home intervention for the older adult client that does not meet medical necessity criteria for hospitalization. The outreach efforts and referral systems that are in place through the effective collaboration with agencies such as Adult Protective Services (APS) In-Home Support Services (IHSS) and the Senior Peer Mentoring Program, have led to the Older Adult Team receiving numerous requests to conduct outreach and evaluation of older adult clients experiencing significant difficulties. Often this outreach has led to the identification of multiple needs that leaves the Older Adult Staff member concerned for the welfare and safety of the older adult consumer. Simply mobilizing resources and support from other agencies has not been sufficient to conduct and complete an evaluation due to the level of instability of the older adult client.

The recommendation to include an out-of-home intervention in this process has been identified as a high priority due to the need to have available a safe and supervised environment that will lend itself to a high level of observation and professional interface with other resource agencies. This intervention would be voluntary and would be part of a continuum of options available to engage the older adult client that includes in home support, skilled nursing facility, adult residential, or adult crisis residential. The goal of this intervention would be to provide a safe environment with around the clock care for a short period of time to conduct a comprehensive and integrated assessment that would be implemented in the community. The stay would be

a minimum of three days and a maximum of 10 days. Through this intensive assessment procedure, the client may be enrolled in full service partnerships or may be engaged with other resources in the community.

Community services and supports teams will assist in providing services to older adult Full Service Partnership clients (and when appropriate, to their families) on a 24/7 basis. Personal Service Coordinators from all MHSA programs will collaborate to provide after-hours services to MHSA Full Service Partnership clients. As part of his or her Full Service Partnership Plan, each client will participate in drafting a detailed stabilization plan, to which all staff performing after-hours services will have access when needed. Full Service Partnership clients will be offered regular opportunities to become acquainted with any staff member who may provide them with after-hours services.

The OAOAP would be responsible to reach out to and serve older adults with mental health treatment needs who are un-served or underserved in our county, either because they are from a cultural or ethnic group that is un-served or underserved, or because they live in the remote, rural regions of the county (i.e., western Yolo). In hiring Alcohol, Drug and Mental Health Specialists (levels I and II) and Staff Intern/Trainees for this team, our goal will be to find staff who speak Spanish or Russian and who are sensitive to the corresponding cultural issues, aware of the cultural barriers to receiving mental health services, and conscious of the issues of older adults in general.

Finally, the OAOA Team will provide additional support and oversight of the Senior Peer Counseling volunteer program. The proposed staffing plan identifies part-time Intern/Trainees, who may serve as Lead Peer Counselors. This staff may include Peer Counselors moving into a more formalized role, clients of the mental health system, or family members of system clients. These individuals will support the OAOA Team and provide assistance to older adult clients seeking to maintain their independence. Senior Peer Counselors will be integrated into the team and will provide invaluable support, companionship, and peer counseling to our older adult clients, as well as critical opportunities for early interventions. Additional Senior Peer Counselor volunteers will be recruited to expand the existing pool.

3) Describe any housing or employment services to be provided.

Housing: The OAOAP will work to keep the older adult consumers living in the least restrictive environment that most reasonably meets their needs. The program will advocate for a full spectrum of housing options, including emergency, transitional, and permanent housing. In addition, the use of the voluntary out of home intervention at a skilled nursing or residential facility

would be accessed if a short term stabilization period is needed to stabilize the older adult consumer in their permanent housing environment. The Older Adult program will tap into existing countywide housing supports as well as to provide assistance in securing emergency and other housing resources that are sensitive of and responsive to the specialized needs of older adults with mental illnesses.

Employment: Employment opportunities will be developed in partnership with departmental staff, community providers and consumers. The OAOAP will work in conjunction with the Consumer Wellness Alternatives program for adults and the Consumer and Family Member Partnership to assist older adult consumers who are seeking employment.

4) **Please provide the average cost for each Full Service Partnership participant including all fund types and fund sources for each Full Service Partnership proposed program.**

By year three, the estimated cost for each Full Service Partnership client will be $15,000.

5) **Describe how the proposed program will advance the goals of recovery for adults and older adults or resiliency for children and youth. Explain how you will ensure the values of recovery and resiliency are promoted and continually reinforced.**

The expanded services of the OAOAP will promote a sense of wellness, improve quality of life and incorporate the goals of recovery. One goal of the program will be to offer appropriate activities and supports to older adults with mental illnesses to enable them to live better, participate in their communities, and be as productive as they are able and wish to be. The OAOAP staff will promote empowerment and self-reliance, and encourage isolated older adults to connect with peers in their community.

6) **If expanding an existing program or strategy, please describe your existing program and how that will change under this proposal.**

The Older Adult Outreach and Assessment Program will be an expansion of the current ADMHS Older Adult program. Currently, the program offers comprehensive assessment services to those older adults experiencing mental health problems that can interfere with their ability to remain independent in the community; however, the services, staff and resources are limited and many older adults remain un-served. The expansion of this program through the MHSA will bring mental health services to un-served and underserved older adults, especially those in rural areas and those who are monolingual, speaking Spanish or Russian. The expanded OAOA Team will provide mental health assessments to older adults who are at risk of

institutionalization or hospitalization due to mental health problems and need service coordination, which may include Full Service Partnership services. The OAOAP will be augmented by adding an out of home crisis/stabilization component for older adults (identified as either FSP clients or un-served clients) and will involve close collaboration with hospital emergency rooms, and other community agencies to promote proper coordination, crisis stabilization, comprehensive assessments, or placement, when necessary. This crisis stabilization component will be voluntary, short term and will provide the opportunity to conduct a comprehensive and integrated assessment to serve the older adult consumer in the least restrictive setting possible. Referrals to this intervention will be derived from outreach and engagement efforts, which will provide to some of our older adult clients entry into full service partnerships.

7) Describe which services and supports clients and/or family members will provide. Indicate whether clients and/or families will actually run the service or if they are participating as a part of a service program, team or other entity.

Consumers and Family members will be involved in two ways. First, part-time consumer and family member hires will be integrated into the OAOAP team. These individuals will assist with all aspects of program development and implementation. In addition, these staff will assist with training of Senior Peer Counselors, coordinate and provide transportation for clients, and work in tandem with the Consumer and Family Partnership to provide client services. Consumers and Family members are seen as essential partners of the OAOAP and will be included in all phases of program development.

8) Describe in detail collaboration strategies with other stakeholders that have been developed or will be implemented for this program and priority population, including those with tribal organizations. Explain how they will help improve system services and outcomes for individuals.

As the Older Adult Outreach and Assessment Program expands, it will be necessary to collaborate more closely with Adult Protective Services, local hospital emergency rooms, mobile and day crisis teams, local nursing homes, senior centers, home health agencies, local law enforcement, apartment managers, meal delivery program, the Adult Day Health Care Center, other agencies, and of course, with family members. We believe that increased communication and collaboration will improve system services by allowing for earlier intervention, and thereby improve outcomes and allow our seniors with mental illnesses to live independently as long as reasonably possible.

9) Discuss how the chosen program/strategies will be culturally competent and meet the needs of culturally and linguistically diverse communities. Describe how your program and strategies address the ethnic disparities identified in Part II Section II of this plan and what specific strategies will be used to meet their needs.

The Program will adhere to the Yolo County Cultural Competency Plan. Perhaps the most critical way in which the OAOAP addresses ethnic and cultural disparities is by conducting outreach and engagement in the community where the target populations live. Outreach will take place in western Yolo County, which includes several small towns in rural areas. Similarly, ethnically sensitive outreach will be performed for the Latino and Russian communities in other parts of the county. We will attempt to hire individuals that are bi-lingual (Spanish/English and Russian/English), and all staff will be trained in principles of cultural competence and in understanding the specific needs of older adults. All staff will have linguistic resources available to aid them in communicating with non-English speaking consumers.

10) Describe how services will be provided in a manner that is sensitive to sexual orientation, gender-sensitive and reflect the differing psychologies and needs of women and men, boys and girls.

Staff will be trained and oriented to all facets of cultural competence, including those relating to sexual orientation and gender. In areas such as treatment, employment, housing and residential treatment, appropriate advocacy and accommodations will be made based on these matters.

Older adult consumers who are gay, lesbian, bi-sexual or transgender will be offered opportunities to access the support of other consumers. Whenever possible, the consumer's needs will be met in such a manner as to encourage independence, sustain wellness, and promote recovery. Staff will treat all consumers with sensitivity and, above all, respect.

11) Describe how services will be used to meet the service needs for individuals residing out-of-county.

We anticipate that all individuals being served with Full Service Partnerships as part of the Older Adult Outreach and Assessment Program will be Yolo County residents. If a consumer moves out-of-county on a temporary basis (such as for residential treatment), then ongoing services (such as discharge planning and service coordination) will continue at the consumer's temporary residence. Should a consumer who is a FSP participant choose to move from Yolo County, CSS staff will work with the consumer to identify his/her new

goals and provide transition services appropriate to the consumer's needs and circumstances.

12) If your county has selected one or more strategies to implement with MHSA funds that are not listed in Section IV, please describe those strategies in detail including how they are transformational and how they will promote the goals of the MHSA.

Not applicable.

13) Please provide a timeline for this work plan, including all critical implementation dates.

- **January-March 2006:** ADMHS will perform pre-hiring activities, general staff training, identifying program supervisors, and continue planning with community collaborators on housing and other services. (Existing services will continue at current levels; current staff will participate in program-related training and planning whenever possible.)
- **April-June 2006:** ADMHS anticipates approval of plan expansion and commence hiring and training of staff to be integrated into the existing program; expanded/enhanced program services will commence; program staff will begin to offer System Development and Outreach and Engagement Services and identify one Full Service Partnership client.
- **June 2007:** By the end of second program year, the Older Adult Outreach and Assessment Program will be fully operational and will have enrolled three older adult consumers in Full Service Partnerships.
- **June 2008:** By the end of the third program year, the Older Adult Outreach and Assessment Program will have enrolled five older adult consumers in Full Service Partnerships.

14) Develop Budget Requests: Exhibit 5 provides formats and instructions for developing the Budget and Staffing Detail Worksheets and Budget Narrative associated with each program work plan. Budgets and Staffing Detail Worksheets and Budget Narratives are required for each program work plan for which funds are being requested.

a. Work plans and most budget/staffing worksheets are required at the program level. Consistent with the balance of the work plans, some services may not be part of a comprehensive program and should be budgeted as a stand-alone program and work plan. An example of this is Mobile Crisis. It is a countywide service available to a broad service population and may not necessarily be part of another program for a priority population.

b. Information regarding strategies is requested throughout the Program and Expenditure Plan Requirements. Strategies are

approaches to provide a program/service. Multiple strategies may be used as an approach for a single service. No budget detail is required at the strategy level. Examples of strategies include self-directed care plans, integrated assessments for co-occurring disorders, on-site services in child welfare shelters, and self-help support.

15) **A Quarterly Progress Report (Exhibit 6) is required to provide estimated population to be served. This form will be required to be updated quarterly specifying actual population served. Additionally, a Cash Balance Quarterly Report (Exhibit 7) is required to provide information about the cash flow activity and remaining cash on hand. All progress reports are to be submitted to the DMH County Operations analyst assigned to the County within 30 days after the close of the quarter.**

EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): YOLO | Fiscal Year: 2005-06

Program Workplan #: 4 | Date: 12/1/05

Program Workplan Name: Older Adults: Outreach and Assessment | Page 1 of 1

Type of Funding: 1. Full Service Partnership | Months of Operation: 3

Proposed Total Client Capacity of Program/Service: FSP 1 | New Program/Service or Expansion: Expansion

Existing Client Capacity of Program/Service: | Prepared by: Joan Beesley

Client Capacity of Program/Service Expanded through MHSA: FSP 1 | Telephone Number: (530) 666-8630

First Year Combined Funding Type: 15% FSP, 30% SD, 55% OE	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene	$3,876			$3,876
b. Travel and Transportation	$1,200			$1,200
c. Housing				
i. Master Leases	$0			$0
ii. Subsidies	$0		$0	$0
iii. Vouchers	$0		$0	$0
iv. Other Housing			$0	$0
d. Employment and Education Supports	$2,000		$0	$2,000
e. Other Support Expenditures (provide description in budget narrative)	$0		$7,500	$7,500
f. Total Support Expenditures	$7,076	$0	$7,500	$14,576
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)	$26,243			$26,243
b. New Additional Personnel Expenditures (from Staffing Detail)	$28,119			$28,119
c. Employee Benefits (Benefits for Existing Staff = $9,185)	$19,027			$19,027
d. Total Personnel Expenditures	$73,390	$0	$0	$73,390
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpreter Services	$50			$50
c. Travel and Transportation	$500			$500
d. General Office Expenditures	$200			$200
e. Rent, Utilities and Equipment	$3,250			$3,250
f. Medication and Medical Supports	$3,425			$3,425
g. Other Operating Expenses (provide description in budget narrative)			$0	$0
h. Total Operating Expenditures	$7,425	$0	$0	$7,425
4. Program Management				
a. Existing Program Management				$0
b. New Program Management				$0
c. Total Program Management		$0	$0	$0
5. Estimated Total Expenditures when service provider is not known				$0
6. Total Proposed Prog	**$87,891**	**$0**	**$7,500**	**$95,391**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)	$12,290			$12,290
b. Medicare/Patient Fees/Patient Insurance				$0
c. Realignment	$12,290			$12,290
d. State General Funds				$0
e. County Funds	$2,875			$2,875
f. Grants	$7,973			$7,973
g. Other Revenue				$0
h. Total Existing Revenues	$35,428	$0	$0	$35,428
2. New Revenues				
a. Medi-Cal (FFP only)	$0			$0
b. Medicare/Patient Fees/Patient Insurance	$0			$0
c. State General Funds				$0
d. Other Revenue				$0
e. Total New Revenue	$0	$0	$0	$0
3. Total Revenues	**$35,428**	**$0**	**$0**	**$35,428**
C. One-Time CSS Funding Expenditures	**$53,200**			**$53,200**
D. Total Funding Requirements	**$105,663**	**$0**	**$7,500**	**$113,163**
E. Percent of Total Funding Requirements for Full Service Partnerships				**6.2%**

EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies):	YOLO	Fiscal Year:	2005-06
Program Workplan #	4	Date:	12/1/05
Program Workplan Name	Older Adults: Outreach and Assessment		Page 1 of 1
Type of Funding	1. Full Service Partnership	Months of Operation	3
Proposed Total Client Capacity of Program/Service:	1	New Program/Service or Expansion	Expansion
Existing Client Capacity of Program/Service:		Prepared by:	Joan Beesley
Client Capacity of Program/Service Expanded through MHSA:	1	Telephone Number:	(530) 666-8630

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	One Quarter Only	Total Salaries. Wages and Overtime
A. Current Existing Positions						
MH Nurse Supervisor	Supervisor; clinical lead		1.00	$53,541	0.25	$13,385
Mental Health Nurse	Case Management (2 x 0.50 FTE)		1.00	$51,432	0.25	$12,858
						$0
						$0
						$0
						$0
						$0
						$0
						$0
						$0
						$0
						$0
						$0
						$0
						$0
	Total Current Existing Positions	0.00	2.00			$26,243
B. New Additional Positions						
Clinician II/Nurse	Personal Service Coordinator		1.00	$51,432	0.25	$12,858
ADMHS Specialist I	Consumer specialist; transportation; engageme	0.50	0.50	$29,544	0.25	$3,693
MH Intern Trainee	Peer partner/mentor (1 @ 0.25 FTE)		0.50	$24,960	0.25	$3,120
Psychiatrist	Medication support; medication monitoring		0.20	$127,417	0.25	$6,371
ADMHS Specialist II	Benefits specialist		0.25	$33,240	0.25	$2,078
						$0
						$0
						$0
						$0
						$0
						$0
						$0
						$0
						$0
	Total New Additional Positions	0.50	2.45			$28,119
C. Total Program Positions		0.50	4.45			$54,363

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.
b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

EXHIBIT 5 Attachment - Budget Narrative

County(ies):	YOLO
Program Workplan #	4
Program Workplan Name	Older Adult: Outreach and Assessment
New Program/Svs or Expansion	New
Fiscal Year	2005-06
Date	1/19/2006
Months of Operation	3
Prepared by/Phone #	Joan Beesley - (530)-666-8630

First Year Combined Funding Type: 15% FSP, 30% SD, 55% OE

A. Expenditures	Narrative	Totals
1. Client, Family Member and Caregiver Support Expenditures		
a. Clothing, Food and Hygiene	Clothing, food, and hygiene items for the purpose of engaging the attention and participation of potential FSP older adult clients who are in need of assessment for mental health treatment; for 3 months; $3,876 for ADMHS; 100% OE; estimated budget based on expected need for incentives to encourage engagement and trust, estimating an average of $1,292 per month.	$3,876
b. Travel and Transportation	Client travel and transportation costs including client transport, bus passes, and travel reimbursements associated with assessments and program participation; for 3 months; $1,200 for ADMHS; 15% FSP and approximately equal amounts to SD and OE; estimated budget based on expected need for transportation for clients throughout the county to access services offered throughout Yolo County, estimating an average of $400 per month.	$1,200
c. Housing		$0
i. Master Leases		$0
ii. Subsidies		$0
iii. Vouchers		$0
iv. Other Housing		$0
d. Employment and Education Supports	Costs related to education and employment support to decrease isolation and increase socialization opportunities; under subcontract; for 3 months; $2,000 for ADMHS; 15% FSP and approximately equal amounts to SD and OE; estimated budget based on expected need for school based and school related activities, estimating an average of $667 per month.	$2,000
e. Other Support Expenditures	These funds will be used to provide a key component to the assessment of older adults. Older Adults periodically have an inability to care for themselves, are in crisis and/or are in need of 24 hour supervision and support. Out of home assessments will be made through voluntary placement in a Skilled Nursing Facility (SNF) or other residential settings where the individual can be observed, cared for and evaluated during the assessment period. Assessments will determine the individual's capabilities and mental health treatment needs. This is a short-term assessment period after which the individual will be assisted in accessing necessary supports from other agencies while participating in FSP; for 3 months; $7,500 under subcontract; 15% FSP and approximately equal amounts to SD and OE; estimated budget based on expected need for program supplies and supports, estimating an average of $2,500 per month	$7,500
f. Total Support Expenditures	***This program will focus on reaching the older adult clients who are in need of assessment for mental illness and health issues. Staff will work in the community visiting clients where they live. Peer support activities will be available as well. Services will center around outreach and assessment.***	***$14,576***
2. Personnel Expenditures		
Current Existing Positions		
a. MH Nurse Supervisor	1 FTE at $25.74/hr. x .25 for program oversight; clinical support	$13,384
b. Mental Health Nurse	1 FTE at $24.73/hr. x .25 case manager (2 @ 0.50 FTE)	$12,858
j. Employee Benefits	Benefits average 35% due to part-time positions and benefit levels varying with subcontractor	$9,185
Total Current Existing Positions		$35,427
New Additional Positions		
c. Clinician II/Nurse	1 FTE at $24.73/hr. x .25 personal service coordinator	$12,858
d. ADMHS Specialist I	.50 FTE at $14.20/hr. x .25 consumer specialist, transportation, engagement	$3,693
e. MH Intern Trainee	.50 FTE at $12.00 x .25 peer partner/mentor (2 @ .25 FTE)	$3,120
f. Psychiatrist	.20 FTE at $61.26/hr. x .25 for medication support/monitoring	$6,371
g. ADMHS Specialist II	.25 FTE at $15.98 x .25 benefits specialist working with clients to establish and maintain appropriate benefits	$2,078
j. Employee Benefits	Benefits average 31% due to part-time positions and benefit levels varying with subcontractor	$9,842
Total New Additional Positions		$37,962
k. Total Personnel Expenditures		***$73,389***
3. Operating Expenditures		

a. Professional Services		$0
b. Translation and Interpreter Services	Translation and interpreter services; for 3 months; $50 for ADMHS; 15% FSP and approximately equal amounts to SD and OE; estimated budget based on expected need for translation of program materials and interpretation for non-English speaking clients, estimating an average of $17 per month for the county	$50
c. Travel and Transportation	Travel and transportation costs associated with staff travel; for 3 months; $500 for ADMHS; 15% FSP and approximately equal amounts to SD and OE; estimated budget based on an estimated 344 miles per month at $.485/mile. Staff will provide additional client transportation to services throughout the county	$500
d. General Office Expenditures	Office supplies, phones, and other general offices expenses; for 3 months; $200 for ADMHS; 15% FSP and approximately equal amounts to SD and OE; estimated budget based on $67 per month for the county	$200
e. Rent, Utilities and Equipment	Rent, utilities, and equipment leases & maintenance expense for staff located in satellite offices; $3250 for ADMHS; 15% FSP and approximately equal amounts to SD and OE; estimated budget based on office space rental for the county of $1,083 per month	$3,250
f. Medication and Medical Supports	Chiefly to buy medications for clients without benefits or awaiting pending benefits; for 3 months; $3425 for ADMHS; 15% FSP and approximately equal amounts to SD and OE; estimated budget based on approximate need for $1,142 per month for the county	$3,425
g. Other Operating Expenses (provide		$0
h. Total Operating Expenditures		***$7,425***
4. Program Management		
a. Existing Program Management		$0
b. New Program Management		$0
c. Total Program Management		$0
5. Estimated Total Expenditures when service provider is not known		**$0**
6. Total Proposed Program Budget		**$95,390**
B. Revenues		
1. Existing Revenues		
a. Medi-Cal (FFP only)	Medi-Cal billing based on current levels	$12,290
b. Medicare/Patient Fees/Patient		$0
c. Realignment	Realignment revenue allocated to Older Adult Programs	$12,290
d. State General Funds		$0
e. County Funds	Supplemental County funds	$2,875
f. Grants		$7,973
g. Other Revenue		$0
h. Total Existing Revenues		***$35,428***
2. New Revenues		
a. Medi-Cal (FFP only)	Medi-Cal revenue based on billings generated at approximately15% of staff time (Utilization Rate), difficult to predict the % of eligible clients	$0
b. Medicare/Patient Fees/Patient		$0
c. State General Funds		$0
d. Other Revenue		$0
e. Total New Revenue		***$0***
3. Total Revenues		**$35,428**
C. One-Time CSS Funding Expenditures		**$53,200**
D. Total Funding Requirements		**$113,162**
E. Percent of Total Funding Requirements for Full Service Partnerships		**6.2%**

EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): YOLO | Fiscal Year: 2006-07

Program Workplan #: 4 | Date: 12/1/05

Program Workplan Name: Older Adults: Outreach and Assessment |

Type of Funding: 1. Full Service Partnership | Months of Operation: 12

Proposed Total Client Capacity of Program/Service: FSP 4 | New Program/Service or Expansion: Expansion

Existing Client Capacity of Program/Service: FSP 1 | Prepared by: Joan Beesley

Client Capacity of Program/Service Expanded through MHSA: FSP 3 | Telephone Number: (530) 666 8630

First Year Combined Funding Type: 25% FSP, 30% SD, 45% OE	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene	$9,000		$0	$9,000
b. Travel and Transportation	$6,000		$0	$6,000
c. Housing				
i. Master Leases	$0		$0	$0
ii. Subsidies	$0		$0	$0
iii. Vouchers	$0		$0	$0
iv. Other Housing	$0		$0	$0
d. Employment and Education Supports	$5,000		$0	$5,000
e. Other Support Expenditures (provide description in budget narrative)	$0		$35,884	$35,884
f. Total Support Expenditures	$20,000	$0	$35,884	$55,884
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)	$106,024		$0	$106,024
b. New Additional Personnel Expenditures (from Staffing Detail)	$120,038		$0	$120,038
c. Employee Benefits (Existing Staff = $35,108)	$74,713		$0	$74,713
d. Total Personnel Expenditures	$300,775	$0	$0	$300,775
3. Operating Expenditures				
a. Professional Services	$5,000		$0	$5,000
b. Translation and Interpreter Services	$2,010		$0	$2,010
c. Travel and Transportation	$2,525		$0	$2,525
d. General Office Expenditures	$4,535		$0	$4,535
e. Rent, Utilities and Equipment	$7,050		$0	$7,050
f. Medication and Medical Supports	$17,010		$0	$17,010
g. Other Operating Expenses (provide description in budget narrative)	$3,000		$0	$3,000
h. Total Operating Expenditures	$41,130	$0	$0	$41,130
4. Program Management				
a. Existing Program Management			$0	$0
b. New Program Management			$0	$0
c. Total Program Management		$0	$0	$0
5. Estimated Total Expenditures when service provider is not known	$0			$0
6. Total Proposed Program Budget	**$361,905**	**$0**	**$35,884**	**$397,789**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)	$48,870		$0	$48,870
b. Medicare/Patient Fees/Patient Insurance	$0		$0	$0
c. Realignment	$48,870		$0	$48,870
d. State General Funds	$0		$0	$0
e. County Funds	$11,500		$0	$11,500
f. Grants	$31,892		$0	$31,892
g. Other Revenue	$0		$0	$0
h. Total Existing Revenues	$141,132	$0	$0	$141,132
2. New Revenues				
a. Medi-Cal (FFP only)	$19,004		$0	$19,004
b. Medicare/Patient Fees/Patient Insurance	$0		$0	$0
c. State General Funds	$0		$0	$0
d. Other Revenue	$0		$0	$0
e. Total New Revenue	$19,004	$0	$0	$19,004
3. Total Revenues	**$160,136**	**$0**	**$0**	**$160,136**
C. One-Time CSS Funding Expenditures	**$0**			**$0**
D. Total Funding Requirements	**$201,769**	**$0**	**$35,884**	**$237,653**
E. Percent of Total Funding Requirements for Full Service Partnerships				**13.1%**

EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): YOLO | Fiscal Year: 2006-07

Program Workplan #: 4 | Date: 12/1/05

Program Workplan Name: Older Adults: Outreach and Assessment | Page 1 of 1

Type of Funding: 1. Full Service Partnership | Months of Operation: 12

Proposed Total Client Capacity of Program/Service: FSP 3 | New Program/Service or Expansion: Expansion

Existing Client Capacity of Program/Service: FSP 1 | Prepared by: Joan Beesley

Client Capacity of Program/Service Expanded through MHSA: FSP 4 | Telephone Number: (530) 666-8630

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
MH Nurse Supervisor	Supervisor; clinical lead		1.00	$54,077	$54,077
Mental Health Nurse	Case Management (2 x 0.50 FTE)		1.00	$51,947	$51,947
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	2.00		$106,024
B. New Additional Positions					
Clinician II/Nurse	Personal Service Coordinator		1.00	$51,947	$51,947
ADMHS Specialist I	Consumer specialist; transportation; engagement	0.50	0.50	$29,840	$14,920
MH Intern Trainee	Peer partner/mentor (2 @ 0.25 FTE)		0.50	$25,210	$12,605
Psychiatrist	Medication support; medication monitoring		0.25	$128,693	$32,173
ADMHS Specialist II	Benefits specialist		0.25	$33,573	$8,393
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	0.50	2.50		$120,038
C. Total Program Positions		0.50	4.50		$226,062

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.
b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

EXHIBIT 5 Attachment - Budget Narrative

County(ies):	YOLO
Program Workplan #	4
Program Workplan Name	Older Adult: Outreach and Assessment
New Program/Svs or Expansion	New
Fiscal Year	2006-07
Date	1/19/2006
Months of Operation	12
Prepared by/Phone #	Joan Beesley - (530)-666-8630

First Year Combined Funding Type: 25% FSP, 30% SD, 45% OE **Budget increased by 1.0013%**

A. Expenditures	Narrative	Totals
1. Client, Family Member and Caregiver Support Expenditures		
a. Clothing, Food and Hygiene	Clothing, food, and hygiene items for the purpose of engaging the attention and participation of potential FSP older adult clients who are in need of assessment for mental health treatment; $9,000 for ADMHS; 100% OE; estimated budget based on expected need for incentives to encourage engagement and trust, estimating an average of $750 per month.	$9,000
b. Travel and Transportation	Client travel and transportation costs including client transport, bus passes, and travel reimbursements associated with assessments and program participation; $6,000 for ADMHS; 25% FSP and approximately equal amounts to SD and OE; estimated budget based on expected need for transportation for clients throughout the county to access services offered throughout Yolo County, estimating an average of $500 per month.	$6,000
c. Housing		$0
i. Master Leases		$0
ii. Subsidies		$0
iii. Vouchers		$0
iv. Other Housing		$0
d. Employment and Education Supports	Costs related to education and employment support to decrease isolation and increase social opportunities; under subcontract; $5,000 for ADMHS; 25% FSP and approximately equal amounts to SD and OE; estimated budget based on expected need for school based and school related activities, estimating an average of $417 per month.	$5,000
e. Other Support Expenditures	These funds will be used to provide a key component to the assessment of older adults. Older adults periodically have an inability to care for themselves, are in crisis and/or are in need of 24 hour supervision and support. Out of home assessments will be made through voluntary placement in a Skilled Nursing Facility (SNF) or other residential settings where the individual can be observed, cared for and evaluated during the assessment period. Assessments will determine the individual's capabilities and mental health treatment needs. This is a short-term assessment period after which the individual will be assisted in accessing necessary supports from other agenies while participating in FSP; $35,884 under subcontract; 25% FSP and approximately equal amounts to SD and OE; estimated budget based on expected need for program supplies and supports, estimating an average of $2,990 per month	$35,884
f. Total Support Expenditures	***This program will focus on reaching the older adult clients who are in need of assessment for mental illness and health issues. Staff will work in the community visiting clients where they live. Peer support activities will be available as well. Services will center around outreach and assessment.***	***$55,884***
2. Personnel Expenditures		
Current Existing Positions		
a. MH Nurse Supervisor	1 FTE at $26.00/hr. for program oversight; clinical support	$54,077
b. Mental Health Nurse	1 FTE at $24.97/hr. case manager (2 @ 0.50 FTE)	$51,947
j. Employee Benefits	Benefits average 35% due to part-time positions and benefit levels varying with subcontractor	$37,108
Total Current Existing Positions		$143,132
New Additional Positions		
c. Clinician II/Nurse	1 FTE at $24.97/hr. personal service coordinator	$51,947
d. ADMHS Specialist I	.50 FTE at $14.35/hr. consumer specialist, transportation, engagement	$14,920
e. MH Intern Trainee	.50 FTE at $12.12/hr. peer partner/mentor (2 @ .25 FTE)	$12,605
f. Psychiatrist	.20 FTE at $61.87/hr. for medication support/monitoring	$32,173
g. ADMHS Specialist II	.25 FTE at $16.14/hr. benefits specialist working with clients to establish and maintain appropriate benefits	$8,393

j. Employee Benefits	Benefits average 31% due to part-time positions and benefit levels varying with subcontractor	$37,605
Total New Additional Positions		$157,643
k. Total Personnel Expenditures		***$300,775***
3. Operating Expenditures		
a. Professional Services	Coordination of speakers presenting multicultural perspectives on recovery for clients and staff, and other communication tools; $5,000 for ADMHS; 25% FSP and approximately equal amounts to SD and OE; estimated budget based on expected need for translation of program materials and interpretation for non-English speaking clients, estimating an average of $417 per month for the county to subcontract	$5,000
b. Translation and Interpreter Services	Translation and interpreter services; $2,010 for ADMHS; 25% FSP and approximately equal amounts to SD and OE; estimated budget based on expected need for translation of program materials and interpretation for non-English speaking clients, estimating an average of $168 per month for the county	$2,010
c. Travel and Transportation	Travel and transportation costs associated with staff travel; $2,525 for ADMHS; 25% FSP and approximately equal amounts to SD and OE; estimated budget based on an estimated 434 miles per month at $.485/mile. Staff will provide additional client transportation to services throughout the county	$2,525
d. General Office Expenditures	Office supplies, phones, and other general offices expenses; $4,535 for ADMHS; 25% FSP and approximately equal amounts to SD and OE; estimated budget based on $378 per month for the county	$4,535
e. Rent, Utilities and Equipment	Rent, utilities, and equipment leases & maintenance expense for staff located in satellite offices; $7,080 for ADMHS; 25% FSP and approximately equal amounts to SD and OE; estimated budget based on office space rental for the county of $588 per month	$7,050
f. Medication and Medical Supports	Chiefly to buy medications for clients without benefits or awaiting pending benefits;; $17,010 for ADMHS; 25% FSP and approximately equal amounts to SD and OE; estimated budget based on approximate need for $1,418 per month for the county	$17,010
g. Other Operating Expenses (provide description in budget narrative)	Other operating expenses include developing and disseminating consumer newsletters, flyers and information sheets, miscellaneous equipment and furnishings for the homeless center to make it inviting for the seriously mentally ill; also printing, copying, cell phones, and maintenance; $3,000 for ADMHS; 25% FSP and approximately equal amounts to SD and OE; estimated budget based on $250 per month for the county	$3,000
h. Total Operating Expenditures		***$41,130***
4. Program Management		
a. Existing Program Management		$0
b. New Program Management		$0
c. Total Program Management		$0
5. Estimated Total Expenditures when service provider is not known		**$0**
6. Total Proposed Program Budget		**$397,789**
B. Revenues		
1. Existing Revenues		
a. Medi-Cal (FFP only)	Medi-Cal billing based on current levels	$48,870
b. Medicare/Patient Fees/Patient		$0
c. Realignment	Realignment revenue allocated to Older Adult Programs	$48,870
d. State General Funds		$0
e. County Funds	Supplemental County funds	$11,500
f. Grants		$31,892
g. Other Revenue		$0
h. Total Existing Revenues		***$141,132***
2. New Revenues		
a. Medi-Cal (FFP only)	Medi-Cal revenue based on billings generated at approximately 15% of staff time (Utilization Rate), difficult to predict the % of eligible clients	$19,004
b. Medicare/Patient Fees/Patient		$0
c. State General Funds		$0
d. Other Revenue		$0
e. Total New Revenue		***$19,004***
3. Total Revenues		**$160,136**
C. One-Time CSS Funding Expenditures		**$0**
D. Total Funding Requirements		**$237,653**
E. Percent of Total Funding Requirements for Full Service Partnerships		**13.1%**

EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): YOLO | Fiscal Year: 2007-08

Program Workplan #: 4 | Date: 12/1/05

Program Workplan Name: Older Adults: Outreach and Assessment | Page 1 of 1

Type of Funding: 1. Full Service Partnership | Months of Operation: 12

Proposed Total Client Capacity of Program/Service: FSP 5 | New Program/Service or Expansion: Expansion

Existing Client Capacity of Program/Service: FSP 3 | Prepared by: Joan Beesley

Client Capacity of Program/Service Expanded through MHSA: FSP 2 | Telephone Number: (530) 666-8630

First Year Combined Funding Type: 30% FSP, 25% SD, 45% OE	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene	$15,000		$0	$15,000
b. Travel and Transportation	$5,208		$0	$5,208
c. Housing				
i. Master Leases	$0		$0	$0
ii. Subsidies	$0		$0	$0
iii. Vouchers	$0		$0	$0
iv. Other Housing	$0		$0	$0
d. Employment and Education Supports	$0		$0	$0
e. Other Support Expenditures (provide description in budget narrative)	$0		$40,878	$40,878
f. Total Support Expenditures	$20,208	$0	$40,878	$61,086
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)	$112,255		$0	$112,255
b. New Additional Personnel Expenditures (from Staffing Detail)	$127,094		$0	$127,094
c. Employee Benefits (Existing Staff 39,289)	$79,105		$0	$79,105
d. Total Personnel Expenditures	$318,454	$0	$0	$318,454
3. Operating Expenditures				
a. Professional Services	$12,000		$0	$12,000
b. Translation and Interpreter Services	$2,069		$0	$2,069
c. Travel and Transportation	$2,673		$0	$2,673
d. General Office Expenditures	$3,743		$0	$3,743
e. Rent, Utilities and Equipment	$7,347		$0	$7,347
f. Medication and Medical Supports	$15,915		$0	$15,915
g. Other Operating Expenses (provide description in budget narrative)	$0		$0	$0
h. Total Operating Expenditures	$43,747	$0	$0	$43,747
4. Program Management				
a. Existing Program Management			$0	$0
b. New Program Management			$0	$0
c. Total Program Management		$0	$0	$0
5. Estimated Total Expenditures when service provider is not known				$0
6. Total Proposed Program Budget	**$382,409**	**$0**	**$40,878**	**$423,287**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)	$54,077		$0	$54,077
b. Medicare/Patient Fees/Patient Insurance	$0		$0	$0
c. Realignment	$54,076		$0	$54,076
d. State General Funds	$0		$0	$0
e. County Funds	$11,500		$0	$11,500
f. Grants	$31,892		$0	$31,892
g. Other Revenue	$0		$0	$0
h. Total Existing Revenues	$151,545	$0	$0	$151,545
2. New Revenues				
a. Medi-Cal (FFP only)	$20,121		$0	$20,121
b. Medicare/Patient Fees/Patient Insurance	$0		$0	$0
c. State General Funds	$0		$0	$0
d. Other Revenue	$0		$0	$0
e. Total New Revenue	$20,121	$0	$0	$20,121
3. Total Revenues	**$171,666**	**$0**	**$0**	**$171,666**
C. One-Time CSS Funding Expenditures	**$0**			**$0**
D. Total Funding Requirements	**$210,743**	**$0**	**$40,878**	**$251,621**
E. Percent of Total Funding Requirements for Full Service Partnerships				**13.8%**

EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): YOLO | Fiscal Year: 2007-08

Program Workplan #: 4 | Date: 12/1/05

Program Workplan Name: Older Adults: Outreach and Assessment | Page 1 of 1

Type of Funding: 1. Full Service Partnership | Months of Operation: 12

Proposed Total Client Capacity of Program/Service: FSP 5 | New Program/Service or Expansion: Expansion

Existing Client Capacity of Program/Service: FSP 3 | Prepared by: Joan Beesley

ent Capacity of Program/Service Expanded through MHSA: FSP 2 | Telephone Number: (530) 666-8630

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
MH Nurse Supervisor	Supervisor; clinical lead		1.00	$57,255	$57,255
Mental Health Nurse	Case Management (2 x 0.50 FTE)		1.00	$55,000	$55,000
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	2.00		$112,255
B. New Additional Positions					
Clinician II/Nurse	Personal Service Coordinator		1.00	$55,000	$55,000
ADMHS Specialist I	Consumer specialist; transportation; engagement	0.50	0.50	$31,594	$15,797
MH Intern Trainee	Peer partner/mentor (2 @ 0.25 FTE)		0.50	$26,692	$13,346
Psychiatrist	Medication support; medication monitoring		0.25	$136,258	$34,065
ADMHS Specialist II	Benefits specialist		0.25	$35,546	$8,887
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	0.50	2.50		$127,094
C. Total Program Positions		0.50	4.50		$239,349

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.
b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

EXHIBIT 5 Attachment - Budget Narrative

County(ies):	YOLO
Program Workplan #	4
Program Workplan Name	Older Adult: Outreach and Assessment
New Program/Svs or Expansion	New
Fiscal Year	2007-08
Date	1/19/2006
Months of Operation	12
Prepared by/Phone #	Joan Beesley - (530)-666-8630

First Year Combined Funding Type: 30% FSP, 25% SD, 45% OE		**Budget increased by 5.878%**
A. Expenditures	**Narrative**	**Totals**
1. Client, Family Member and Caregiver Support Expenditures		
a. Clothing, Food and Hygiene	Clothing, food, and hygiene items for the purpose of engaging the attention and participation of potential FSP older adult clients who are in need of assessment for mental health treatment; $15,000 for ADMHS; 100% OE; estimated budget based on expected need for incentives to encourage engagement and trust, estimating an average of $1,250 per month.	$15,000
b. Travel and Transportation	Client travel and transportation costs including client transport, bus passes, and travel reimbursements associated with assessments and program participation; $5,208 for ADMHS; 30% FSP and approximately equal amounts to SD and OE; estimated budget based on expected need for transportation for clients throughout the county to access services offered throughout Yolo County, estimating an average of $434 per month.	$5,208
c. Housing		$0
i. Master Leases		$0
ii. Subsidies		$0
iii. Vouchers		$0
iv. Other Housing		$0
d. Employment and Education		$0
e. Other Support Expenditures	These funds will be used to provide a key component to the assessment of older adults. Older adults periodically have an inability to care for themselves, are in crisis, and/or are in need of 24 hour supervision and support. Out of home assessments will be made through voluntary placement in a Skilled Nursing Facility (SNF) or other residential settings where the individual can be observed, cared for and evaluated during the assessment period. Assessments will determine the individual's capabilities and mental health treatment needs. This is a short-term assessment period after which the individual will be assisted in accessing necessary supports from other agenies while participating in FSP; $40,878 under subcontract; 30% FSP and approximately equal amounts to SD and OE; estimated budget based on expected need for program supplies and supports, estimating an average of $3,407 per month	$40,878
f. Total Support Expenditures	***This program will focus on reaching the older adult clients who are in need of assessment for mental illness and health issues. Staff will work in the community visiting clients where they live. Peer support activities will be available as well. Services will center around outreach and assessment.***	***$61,086***
2. Personnel Expenditures		
Current Existing Positions		
a. MH Nurse Supervisor	1 FTE at $27.53/hr. for program oversight; clinical support	$57,255
b. Mental Health Nurse	1 FTE at $26.44/hr. case manager (2 @ 0.50 FTE)	$55,000
j. Employee Benefits	Benefits average 35% due to part-time positions and benefit levels varying with subcontractor	$39,289
Total Current Existing Positions		$151,544
New Additional Positions		
c. Clinician II/Nurse	1 FTE at $26.44/hr. personal service coordinator	$55,000
d. ADMHS Specialist I	.50 FTE at $15.19/hr. consumer specialist, transportation, engagement	$15,797
e. MH Intern Trainee	.50 FTE at $12.83/hr. peer partner/mentor (2 @ .25 FTE)	$13,346
f. Psychiatrist	.20 FTE at $65.51/hr. for medication support/monitoring	$34,065
g. ADMHS Specialist II	.25 FTE at $17.09/hr. benefits specialist working with clients to establish and maintain appropriate benefits	$8,887
j. Employee Benefits	Benefits average 31% due to part-time positions and benefit levels varying with subcontractor	$39,816
Total New Additional Positions		$166,910
k. Total Personnel Expenditures		***$318,454***
3. Operating Expenditures		

a. Professional Services	Professional services to provide newsletters, flyers, coordination of speakers presenting multicultural perspectives on recovery for clients and staff, and other communication tools; $12,000 for ADMHS; 30% FSP and approximately equal amounts to SD and OE; estimated budget based on expected need for translation of program materials and interpretation for non-English speaking clients, estimating an average of $1,000 per month for the county to subcontract	$12,000
b. Translation and Interpreter Services	Translation and interpreter services; $2,069 for ADMHS; 30% FSP and approximately equal amounts to SD and OE; estimated budget based on expected need for translation of program materials and interpretation for non-English speaking clients, estimating an average of $172 per month for the county	$2,069
c. Travel and Transportation	Travel and transportation costs associated with staff travel; $2,673 for ADMHS; 30% FSP and approximately equal amounts to SD and OE; estimated budget based on an estimated 459 miles per month at $.485/mile. Staff will provide additional client transportation to services throughout the county	$2,673
d. General Office Expenditures	Office supplies, phones, and other general offices expenses; $3,743 for ADMHS; 30% FSP and approximately equal amounts to SD and OE; estimated budget based on $312 per month for the county	$3,743
e. Rent, Utilities and Equipment	Rent, utilities, and equipment leases & maintenance expense for staff located in satellite offices; $7,347 for ADMHS; 30% FSP and approximately equal amounts to SD and OE; estimated budget based on office space rental for the county of $612 per month	$7,347
f. Medication and Medical Supports	Chiefly to buy medications for clients without benefits or awaiting pending benefits; $15,915 for ADMHS; 30% FSP and approximately equal amounts to SD and OE; estimated budget based on approximate need for $1,326 per month for the county	$15,915
g. Other Operating Expenses		$0
h. Total Operating Expenditures		***$43,747***
4. Program Management		
a. Existing Program Management		$0
b. New Program Management		$0
c. Total Program Management		$0
5. Estimated Total Expenditures when service provider is not known		**$0**
6. Total Proposed Program Budget		**$423,287**
B. Revenues		
1. Existing Revenues		
a. Medi-Cal (FFP only)	Medi-Cal billing based on current levels	$54,077
b. Medicare/Patient Fees/Patient		$0
c. Realignment	Realignment revenue allocated to Older Adult Programs	$54,076
d. State General Funds		$0
e. County Funds	Supplemental County funds	$11,500
f. Grants		$31,892
g. Other Revenue		$0
h. Total Existing Revenues		***$151,545***
2. New Revenues		
a. Medi-Cal (FFP only)	Medi-Cal revenue based on billings generated at approximately 15% of staff time (Utilization Rate), difficult to predict the % of eligible clients	$20,121
b. Medicare/Patient Fees/Patient		$0
c. State General Funds		$0
d. Other Revenue		$0
e. Total New Revenue		***$20,121***
3. Total Revenues		**$171,666**
C. One-Time CSS Funding Expenditures		**$0**
D. Total Funding Requirements		**$251,621**
E. Percent of Total Funding Requirements for Full Service Partnerships		**13.8%**

YOLO COUNTY COMMUNITY SERVICES AND SUPPORTS
Three-Year Program and Expenditure Plan
Fiscal Years 2005-06, 2006-07, 2007-08

SECTION VI
PART D:

ADMINISTRATION BUDGET WORKSHEETS (Exhibits 5c) WITH NARRATIVES

ONE-TIME EXPENDITURES WORKSHEET WITH NARRATIVE

CSS BUDGET SUMMARY

EXHIBIT 5c--Mental Health Services Act Community Services and Supports
Administration Budget Worksheet

County(ies): Yolo — Fiscal Year: 2005-06

2005-06--4th Quarter only — Date: Jan. 18,2006

	Client, Family Member and Caregiver FTEs	Total FTEs	Budgeted Expenditures
A. Expenditures			
1. Personnel Expenditures			
a. MHSA Coordinator(s)	0.25	0.25	$15,000
b. MHSA Support Staff		0.25	$7,872
c. Other Personnel (list below)			
i. Analyst		0.25	$12,756
ii. QI		0.20	$2,599
iii.			$0
iv.			$0
v.			$0
vi.			$0
vii.			$0
d. Total FTEs/Salaries	0.25	0.95	$38,227
e. Employee Benefits			$13,380
f. Total Personnel Expenditures			$51,607
2. Operating Expenditures			
a. Professional Services			$2,500
b. Travel and Transportation			$2,200
c. General Office Expenditures			$600
d. Rent, Utilities and Equipment			$1,999
e. Other Operating Expenses			$1,910
f. Total Operating Expenditures			$9,209
3. County Allocated Administration			
a. Countywide Administration (A-87)			$7,430
b. Other Administration			$0
c. Total County Allocated Administration			$7,430
4. Total Proposed County Administration Budget			**$68,246**
B. Revenues			
1. New Revenues			
a. Medi-Cal (FFP only)			$0
b. Other Revenue			$0
2. Total Revenues			**$0**
C. Start-up and One-Time Implementation Expenditures			**$94,912**
D. Total County Administration Funding Requirements			**$163,158**

COUNTY CERTIFICATION

I HEREBY CERTIFY under penalty of perjury that I am the official responsible for the administration of Community Mental Health Services in and for said County; that I have not violated any of the provisions of Section 5891 of the Welfare and Institution Code in that all identified funding requirements (in all related program budgets and this administration budget) represent costs related to the expansion of mental health services since passage of the MHSA and do not represent supplanting of expenditures; that fiscal year 2004-05 funds required to be incurred on mental health services will be used in providing such services; and that to the best of my knowledge and belief this administration budget and all related program budgets in all respects are true, correct, and in accordance with the law.

Date: 1/18/2006

Signature Tom Pinizzotto
Local Mental Health Director

Executed at Woodland, California

EXHIBIT 5c--Mental Health Services Act Community Services and Supports
Administration Budget Narrative

County(ies): Yolo **Fiscal Year:** 2005-06

2005-06--4th Quarter only **Date:** Jan. 18, 2006

	Narrative	Budgeted Expenditures
A. Expenditures		
1. Personnel Expenditures		
a. MHSA Coordinator(s)	1 FTE at $60,000 x .25 to coordinate MHSA Programs, Implementation, Reporting, hiring/staffing	$15,000
b. MHSA Support Staff	1 FTE at $31,489 x .25 administrative support to MHSA administration	$7,872
c. Other Personnel (list below)		
i. Analyst	1 FTE at $51,024 x .25 fiscal/program analyst	$12,756
ii. QI	.20 FTE at $51,980 x .25 quality improvement, utilization review, and cultural competency oversight	$2,599
d. Total FTEs/Salaries		$38,227
e. Employee Benefits	Benefits average 35%	$13,380
f. Total Personnel Expenditures		$51,607
2. Operating Expenditures		
a. Professional Services	Professional consultant general averaging 833 per month	$2,500
b. Travel and Transportation	Conference and travel for MHSA Coordinator	$2,200
c. General Office Expenditures	Office supplies for MHSA coordination staff averaging $200 per month	$600
d. Rent, Utilities and Equipment	Copier, phones, utilities for MHSA coordination staff averaging $666 per month	$1,999
e. Other Operating Expenses	Program supplies, meeting expenses, and incentives	$1,910
f. Total Operating Expenditures		$9,209
3. County Allocated Administration		
a. Countywide Administration (A-87)	Approximately 10% MHSA allocation of ADMHS A-87 costs	$7,430
b. Other Administration		
c. Total County Allocated Administration		$7,430
4. Total Proposed County Administration Budget		**$68,246**
B. Revenues		
1. New Revenues		
a. Medi-Cal (FFP only)		$0
b. Other Revenue		$0
2. Total Revenues		**$0**
C. Start-up and One-Time Implementation Expenditures		**$94,912**
D. Total County Administration Funding Requirements		**$163,158**

EXHIBIT 5c--Mental Health Services Act Community Services and Supports
Administration Budget Worksheet

County(ies): Yolo Fiscal Year: 2006-07

Date: 12/4/05

	Client, Family Member and Caregiver FTEs	Total FTEs	Budgeted Expenditures
A. Expenditures			
1. Personnel Expenditures			
a. MHSA Coordinator(s)	1.00	1.00	$61,800
b. MHSA Support Staff		0.50	$15,902
c. Other Personnel (list below)			
i. Analyst		1.00	$52,554
ii. QI		0.10	$5,250
iii. Billing Clerk		0.50	$18,116
iv.			$0
v.			$0
vi.			$0
vii.			$0
d. Total FTEs/Salaries	1.00	3.10	$153,622
e. Employee Benefits			$53,768
f. Total Personnel Expenditures			$207,390
2. Operating Expenditures			
a. Professional Services			$5,000
b. Travel and Transportation			$5,000
c. General Office Expenditures			$3,500
d. Rent, Utilities and Equipment			$2,000
e. Other Operating Expenses			$2,828
f. Total Operating Expenditures			$18,328
3. County Allocated Administration			
a. Countywide Administration (A-87)			$50,000
b. Other Administration			$0
c. Total County Allocated Administration			$50,000
4. Total Proposed County Administration Budget			**$275,718**
B. Revenues			
1. New Revenues			
a. Medi-Cal (FFP only)			$0
b. Other Revenue			$0
2. Total Revenues			**$0**
C. Start-up and One-Time Implementation Expenditures			
D. Total County Administration Funding Requirements			**$275,718**

COUNTY CERTIFICATION

I HEREBY CERTIFY under penalty of perjury that I am the official responsible for the administration of Community Mental Health Services in and for said County; that I have not violated any of the provisions of Section 5891 of the Welfare and Institution Code in that all identified funding requirements (in all related program budgets and this administration budget) represent costs related to the expansion of mental health services since passage of the MHSA and do not represent supplanting of expenditures; that fiscal year 2004-05 funds required to be incurred on mental health services will be used in providing such services; and that to the best of my knowledge and belief this administration budget and all related program budgets in all respects are true, correct, and in accordance with the law.

Date: 1/18/06 Signature: Tom Pinizzotto
Local Mental Health Director

Executed at Woodland, California

EXHIBIT 5c--Mental Health Services Act Community Services and Supports
Administration Budget Narrative

County(ies): Yolo

Fiscal Year: 2006-07

Date: 12/4/05

	Narrative	Budgeted Expenditures
A. Expenditures		
1. Personnel Expenditures		
a. MHSA Coordinator(s)	1 FTE at $61,800 to coordinate MHSA Programs, Implementation, Reporting, hiring/staffing	$61,800
b. MHSA Support Staff	.50 FTE at $31,804 administrative support to MHSA administration	$15,902
c. Other Personnel (list below)		
i. Analyst	1 FTE at $52,554 fiscal/program analyst	$52,554
ii. QI	.10 FTE at $52,250 quality improvement, utilization review, and cultural competency oversight	$5,250
iii. Billing Clerk	.50 FTE at $36,232 billing clerk	$18,116
d. Total FTEs/Salaries		$153,622
e. Employee Benefits	Benefits average 35%	$53,768
f. Total Personnel Expenditures		$207,390
2. Operating Expenditures		
a. Professional Services	Professional consultant general averaging 417 per month	$5,000
b. Travel and Transportation	Conference and travel for MHSA Coordinator	$5,000
c. General Office Expenditures	Office supplies for MHSA coordination staff averaging $292 per month	$3,500
d. Rent, Utilities and Equipment	Copier, phones, utilities for MHSA coordination staff averaging $167 per month	$2,000
e. Other Operating Expenses	Program supplies, meeting expenses, and incentives	$2,828
f. Total Operating Expenditures		$18,328
3. County Allocated Administration		
a. Countywide Administration (A-87)	Approximately 10% MHSA allocation of ADMHS A-87 costs	$50,000
b. Other Administration		
c. Total County Allocated Administration		$50,000
4. Total Proposed County Administration Budget		**$275,718**
B. Revenues		
1. New Revenues		
a. Medi-Cal (FFP only)		$0
b. Other Revenue		$0
2. Total Revenues		**$0**
C. Start-up and One-Time Implementation Expenditures		**$0**
D. Total County Administration Funding Requirements		**$275,718**

EXHIBIT 5c--Mental Health Services Act Community Services and Supports
Administration Budget Worksheet

County(ies): Yolo Fiscal Year: 2007-08

Date: Nov. 28, 2005

	Client, Family Member and Caregiver FTEs	Total FTEs	Budgeted Expenditures
A. Expenditures			
1. Personnel Expenditures			
a. MHSA Coordinator(s)	1.00	1.00	$63,600
b. MHSA Support Staff		0.75	$24,569
c. Other Personnel (list below)			
i. Analyst		1.00	$54,086
ii. QI		0.10	$5,403
iii. Billing Clerk		0.50	$18,644
iv.			$0
v.			$0
vi.			$0
vii.			$0
d. Total FTEs/Salaries	1.00	3.35	$166,302
e. Employee Benefits			$58,205
f. Total Personnel Expenditures			$224,507
2. Operating Expenditures			
a. Professional Services			$2,500
b. Travel and Transportation			$5,000
c. General Office Expenditures			$2,500
d. Rent, Utilities and Equipment			$2,000
e. Other Operating Expenses			$2,918
f. Total Operating Expenditures			$14,918
3. County Allocated Administration			
a. Countywide Administration (A-87)			$52,500
b. Other Administration			$0
c. Total County Allocated Administration			$52,500
4. Total Proposed County Administration Budget			**$291,925**
B. Revenues			
1. New Revenues			
a. Medi-Cal (FFP only)			$0
b. Other Revenue			$0
2. Total Revenues			**$0**
C. Start-up and One-Time Implementation Expenditures			
D. Total County Administration Funding Requirements			**$291,925**

COUNTY CERTIFICATION

I HEREBY CERTIFY under penalty of perjury that I am the official responsible for the administration of Community Mental Health Services in and for said County; that I have not violated any of the provisions of Section 5891 of the Welfare and Institution Code in that all identified funding requirements (in all related program budgets and this administration budget) represent costs related to the expansion of mental health services since passage of the MHSA and do not represent supplanting of expenditures; that fiscal year 2004-05 funds required to be incurred on mental health services will be used in providing such services; and that to the best of my knowledge and belief this administration budget and all related program budgets in all respects are true, correct, and in accordance with the law.

Date: 1/18/06 Signature: Tom Pinizzotto
Local Mental Health Director

Executed at Woodland, California

EXHIBIT 5c--Mental Health Services Act Community Services and Supports
Administration Budget Narrative

County(ies): Yolo Fiscal Year: 2007-08

Date: 12/4/05

	Narrative	Budgeted Expenditures
A. Expenditures		
1. Personnel Expenditures		
a. MHSA Coordinator(s)	1 FTE at $63,600 to coordinate MHSA Programs, Implementation, Reporting, hiring/staffing	$63,600
b. MHSA Support Staff	.75FTE at $32,759 administrative support to MHSA administration	$24,569
c. Other Personnel (list below)		
i. Analyst	1 FTE at $54,086 fiscal/program analyst	$54,086
ii. QI	.10 FTE at $54,030 quality improvement, utilization review, and cultural competency oversight	$5,403
iii. Billing Clerk	.50 FTE at $37,288 billing clerk	$18,644
d. Total FTEs/Salaries		$166,302
e. Employee Benefits	Benefits average 35%	$58,206
f. Total Personnel Expenditures		$224,508
2. Operating Expenditures		
a. Professional Services	Professional consultant general averaging 208 per month	$2,500
b. Travel and Transportation	Conference and travel for MHSA Coordinator	$5,000
c. General Office Expenditures	Office supplies for MHSA coordination staff averaging $208 per month	$2,500
d. Rent, Utilities and Equipment	Copier, phones, utilities for MHSA coordination staff averaging $167 per month	$2,000
e. Other Operating Expenses	Program supplies, meeting expenses, and incentives	$2,918
f. Total Operating Expenditures		$14,918
3. County Allocated Administration		
a. Countywide Administration (A-87)	Approximately 10% MHSA allocation of ADMHS A-87 costs	$52,500
b. Other Administration		
c. Total County Allocated Administration		$52,500
4. Total Proposed County Administration Budget		**$291,925**
B. Revenues		
1. New Revenues		
a. Medi-Cal (FFP only)		$0
b. Other Revenue		$0
2. Total Revenues		**$0**
C. Start-up and One-Time Implementation Expenditures		**$0**
D. Total County Administration Funding Requirements		**$291,925**

YOLO COUNTY DEPARTMENT OF ALCOHOL, DRUG AND MENTAL HEALTH SERVICES

MHSA Community Services and Supports One-Time Expenditures Worksheet						
	Children	Youth	Adult	Older Adult	Admin	Total
	GCV Pilot	Pathways	Wellness	Outreach		
A. Expenditures Submitted December 2005 for Immediate Funding:						
1. Extended Planning and System Improvement						
a. Extended Planning: MHSA Coordinator, staff, expenses					62,088	62,088
b. Total Extended Planning and System Improvement					62,088	62,088
2. Total Expenditures For Immediate Funding					**62,088**	**62,088**
B. One-Time Expenditures for Funding in 4th Quarter FY 05-06:						
1. Equipment for New Program Staff						
a. Vehicles	40,000	48,000	158,000	40,000		286,000
b. Cell Phones	1,000	1,400	2,400	1,200		6,000
c. Computer Stations	8,000	10,000	20,000	12,000	4,000	54,000
d. Office Furniture and Furnishings	4,000	8,500	8,550			21,050
e. Total new staff equipment	53,000	67,900	188,950	53,200	4,000	367,050
2. Program Enhancements						
a. Lease (2.25 years) center for transition youth program		81,000				81,000
b. Lease (2.25 years) center for homeless, with client residences			81,000			81,000
c. Remodeling of homeless center and client living areas			50,000			50,000
d. Crisis Stabilization Residential for Adult FSP and Outreach			107,500			107,500
e. Household goods and furnishings for homeless adults			15,000			15,000
f. Storage unit for goods and furnishings for homeless adults			5,400			5,400
g. Start-up costs ("seed money") for Consumer-Run Business			50,000			50,000
h. Total program enhancements		81,000	308,900			389,900
3. Administrative Expenses						
a. Staff Training/Technical					11,000	11,000
b. Staff Training/Clinical and Cultural Competency					11,000	11,000
c. Staff Office Furn./Work Stations					8,000	8,000
d. Office Equipment and Computer Enhancements (server, peripherals)					40,912	40,912
e. Contract for Report Writer					20,000	20,000
f. Total administrative expenses					90,912	90,912
4. Total Expenditures For Funding in 4th Quarter 05-06	**53,000**	**148,900**	**497,850**	**53,200**	**94,912**	**847,862**
C. One-Time Expenditures for Funding in FY 06-07						
1. Housing Project						
a. Funds to leverage construction of consumer housing, with supports			454,975			454,975
b. Total			454,975			454,975
2. Total Expenditures For Funding in FY 06-07			**454,975**			**454,975**
D. Total One-Time Expenditures	**53,000**	**148,900**	**952,825**	**53,200**	**157,000**	**1,364,925**

YOLO COUNTY

MHSA Community Services and Supports One-Time Expenditures -- Budget Narrative

A. Expenditures Submitted December 2005 for Immediate Funding:		
1. Extended Planning and System Improvement		
a. Extended Planning: MHSA Coordinator, staff, expenses	Extension of MHSA planning funds. Amount represents 50% of Yolo County's original planning allocation of $124,176. Additional planning funds needed to cover salary of MHSA Coordinator and staff, office expenses, expenses of MHSA plan public review and approval process. Individual budget and funding request to be submitted to DMH in December, 2005.	$62,088
b. Total Extended Planning and System Improvement	Total Extended Planning Funds estimated at $62,088.	$62,088
2. Total Expenditures For Immediate Funding		**$62,088**
B. One-Time Expenditures for Funding in 4th Quarter FY 05-06:		
1. Equipment for New Program Staff		
a. Vehicles	10 cars at $20,000; 2 vans at $28,000; 1 truck at $30,000; totaling $286,000.	$286,000
b. Cell Phones	30 cell phones under business plan, estimated at $200 each, totaling $6,000.	$6,000
c. Computer Workstations	27 computer workstations averaging $2,000 each, including printing capability and 3 laptop units; totaling $54,000.	$54,000
d. Office Furniture and Furnishings	Office furniture and desks for MHSA staff housed at mental health centers and satellite locations, varying in amounts per set-up; approximately 30 set-ups; totaling $21,050.	$21,050
e. Total new staff equipment	Total equipment needed to accommodate new staff is $367,050.	$367,050
2. Program Enhancements		
a. Lease (2.25 years) center for transition youth program	Building lease for transition age youth center for 2.25 years at $3,000 per month.	$81,000
b. Lease (2.25 years) center for homeless, with client residences	Building lease for adults homeless center for 2.5 years at $3, 000 per month.	$81,000
c. Remodeling of homeless center and client living areas	Leasehold improvement to homeless center facility including upgrade of living areas for use as temporary housing, upgrade of air conditioning and electrical; estimating $50,000 for the project.	$50,000
d. Crisis Stabilization Residential for Adult FSP and Outreach	Cost of crisis stabilization bed at $240 per day, estimated usage of 448 days over 2.25 years.	$107,500
e. Household goods and furnishings for homeless adults	Cost of household furnishings and supplies used to engage homeless consumers or assist FSP clients, particularly those re-establishing residences. Funds needed to purchase necessary items $15,000.	$15,000
f. Storage unit for goods and furnishings for homeless adults	Rental of storage unit for 2.25 years for storing program-related goods and clients belongs while permanent housing is being established at $200 per month.	$5,400
g. Start-up costs ("seed money") for Consumer-Run Business	Start-up funds for contractor-managed consumer-run business project of $50,000.	$50,000
h. Total program enhancements	Total program enhancements needed to establish new programs is $389,900.	$389,900
3. Administrative Expenses		
a. Staff Training/Technical	Staff training in MIS system, billing, county software programs and misc. technical needs at an average of $324 per staff for 34 staff estimated at $11,000.	$11,000
b. Staff Training/Clinical and Cultural Competency	Staff and contractor training in clinical, cultural competency and MHSA principles, averaging $2,750 per training for 4 staff trainings estimated at $11,000.	$11,000
c. Staff Office Furn./Work Stations	Administrative staff office furniture and work stations for new staff estimated at $8,000.	$8,000
d. Office Equipment	Office equipment to support administration of MHSA programs, including computers, copiers, fax machine, printers, approximated at $15,912. Purchase of server and peripherals to enhance computer system to accommodate and manage MHSA-related data, approximated at $25,000.	$40,912
e. Contract for Report Writer	Professional services contract for consultant to write reports estimated at $20,000.	$20,000
f. Total administrative expenses	Total administrative one-time expenditures needed to establish new programs is $90,912.	$90,912
4. Total Expenditures For Funding in 4th Quarter 05-06		**$847,862**
C. One-Time Expenditures--Funding Requested for FY 06-07:		
1. Housing Project		
a. Funds for Consumer housing project (from Special One-Time Funding)	Funds to leverage development of consumer housing project, with supports, for use by MHSA consumers. Proposal to be initiated and funded in FY 2005-06.	$454,975
b. Total	Total funds requested for consumer housing project.	$454,975
2. Total Expenditures For Funding in FY 06-07		**$454,975**
D. Total One-Time Expenditures		**$1,364,925**

MHSA CSS BUDGET SUMMARY

YOLO COUNTY	Children's	Trans Youth	Adults	Older Adults	Admin.	Extended	Total
MHSA Community Services and Supports	CSS	CSS	CSS	CSS	OH	Planning	
FY 05/06 Program Expenditures	71,158	95,061	160,548	95,390	68,246	0	490,403
Medi-Cal/Other Revenue	0	0	0	(35,428)	0	0	(35,428)
CSS Funds from DMH	71,158	95,061	160,548	59,962	68,246	0	454,975
One-Time Funds Requested in FY 05/06	53,000	148,900	497,850	53,200	94,912	0	847,862
One-Time Requested Dec. 2005	0	0	0	0	0	62,088	62,088
Total Funds from DMH in FY 05/06	**124,158**	**243,961**	**658,398**	**113,162**	**163,158**	**62,088**	**1,364,925**
FY 06/07 Program Expenditures	313,543	414,492	731,093	397,789	275,718	0	2,132,635
Medi-Cal/Other Revenue	(43,224)	(43,224)	(47,928)	(160,136)	0	0	(294,512)
CSS Funds from DMH	270,319	371,268	683,165	237,653	275,718	0	1,838,123
One-Time Funds Requested in FY 06/07	0	0	454,975	0	0	0	454,975
Total Funds from DMH in FY 06/07	**270,319**	**371,268**	**1,138,140**	**237,653**	**275,718**	**0**	**2,293,098**
FY 07/08 Program Expenditures	331,973	438,857	774,066	423,287	291,925	0	2,260,108
Medi-Cal/Other Revenue	(45,765)	(45,765)	(50,745)	(171,666)	0	0	(313,941)
CSS Funds from DMH	286,208	393,092	723,321	251,621	291,925	0	1,946,167
One-Time Funds Requested in FY 07/08	0	0	0	0	0	0	0
Total Funds from DMH in FY 07/08	**286,208**	**393,092**	**723,321**	**251,621**	**291,925**	**0**	**1,946,167**
Total Funds from DMH by Category	680,685	1,008,321	2,519,859	602,436	730,801	62,088	**5,604,190**