

EXHIBIT A

**COUNTY CERTIFICATION
MHSA FY 2009/10 ANNUAL UPDATE**

County Name: Lake-17

| County Mental Health Director | Project Lead |
|--|--------------------------------|
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I hereby certify that I am the official responsible for the administration of public community mental health services in and for said County and that the County has complied with all pertinent regulations, laws and statutes for this Annual Update. Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code Section 5891 and California Code of Regulations (CCR), Title 9, Section 3410, Non-Supplant.

This Annual Update has been developed with the participation of stakeholders, in accordance with CCR, Title 9, Sections 3300, 3310(d) and 3315(a). The draft FY 09/10 Annual Update was circulated for 30 days to stakeholders for review and comment and a public hearing was held by the local mental health board or commission. All input has been considered with adjustments made, as appropriate.

All documents in the attached FY 2009/10 Annual Update are true and correct.

Signature

Date

Director

Title
Local Mental Health Director/Designee

EXHIBIT B

Description of Community Program Planning and Local Review Processes MHSA FY 2009/10 ANNUAL UPDATE

County Name: Lake-17

Instructions: Utilizing the following format please provide a brief description of the Community Program Planning and Local Review Processes that were conducted as part of this Annual Update.

1. Briefly describe the Community Program Planning Process for development of the FY 2009/10 Annual Update. It shall include the methods for obtaining stakeholder input. (suggested length – one-half page)

Lake County Mental Health Department facilitated a meeting on May 15, 2009 to update stakeholders as to the current activities with respect to the implementation of ongoing approved Community Services and Supports (CSS) workplans in Lake County. Stakeholders were encouraged to ask questions and to provide feedback in relation to this information. It was expressed to stakeholders that the current CSS workplans continue to provide much needed services and support throughout the community. Stakeholders were advised that the intention of the department, in the existing economic climate, is to maintain the current level of services and that the additional funding for 2009-2010 would be dedicated to fund the prudent reserve to support sustainable programming after the next fiscal year.

The Community Planning Process in Lake County also involves ongoing communication and feedback with stakeholders. Individual and organizational stakeholders that have been involved at any point in the process are invited to participate in open meetings as well as to provide input through direct contact with the department. In order to continue the expansion of stakeholder participation, targeted outreach is provided to those determined to be un- or under-represented in the process.

2. Identify the stakeholder entities involved in the Community Program Planning Process.

Eighteen individuals attended the aforementioned planning meeting. Stakeholders representing consumer and family members, the local family resource center, the Latino community, consumer advocacy, and mental health providers participated. During the process of planning for the CSS Plan Update for 2009-2010, outreach was made to the regional center, law enforcement, social services, the office of education, the local National Alliance on Mental Illness chapter, consumer peer leadership, First 5 Lake County, and the Tribal, and African American communities.

EXHIBIT B

3. Describe how the information provided by DMH and any additional information provided by the County regarding the implementation of the Community Services and Supports (CSS) component was shared with stakeholders.

The stakeholders involved in the CSS planning meeting on May 15, 2009 were informed through a Power Point presentation the history of the MHSA in Lake County and the progress made to date. This information included a discussion around the three approved CSS workplans in Lake County and their respective program elements. Information on other MHSA components and their integration with CSS was also part of the discussion including the Prevention and Early Intervention plan submitted to DMH in early May. Additionally, the same information is made available during the stakeholder outreach process.

4. Attach substantive comments received about the CSS implementation information and responses to those comments. Indicate if none received.

A request for planning documentation to be translated to the Spanish language was made in order to reduce the interpretation requirements at planning meetings. The consensus was that this is an appropriate suggestion and that it would be so for future meetings.

It was suggested that services for parolees should be made available and it was clarified that the MHSA precludes services to this population. It was concluded that referral information for those on parole who need services be provided at the drop-in center.

A request was made to increase the level of service to those people released from the County Jail who have serious mental health issues. This was identified as a need for increased service coordination and will be provided without needing to change the budget for the currently existing Forensic Mental Health Program.

5. List the dates of the 30-day stakeholder review and public hearing. Attach substantive comments received during the stakeholder review and public hearing and responses to those comments. Indicate if none received.

The 30 day review period is May 22, 2009 – June 20, 2009. The public hearing is scheduled for June 25, 2009.

Substantive comments pending.

EXHIBIT C

Report on FY 2007/08 Community Services and Supports Activities MHSA FY 2009/10 ANNUAL UPDATE

County Name: Lake-17

Provide a brief narrative description of progress in providing services through the MHSA Community Services and Supports (CSS) component to unserved and underserved populations, with emphasis on reducing racial/ethnic service disparities. (suggested length – one-half page)

The Mental Health Services Act (MHSA), since its inception in 2005, has had a significant impact on the way community Mental Health services are delivered in Lake County. Beginning with the required “Community Planning Process” for the development of the first three- year Community Supports and Services Plan, the MHSA has fostered a community-wide awareness as to the Mental Health needs of the local population. Community based organizations, government agencies, community members, and consumers and their families, as stakeholders, all are more informed about, and involved in, what amounts to a transformation of how mental health services are provided as well as perceived in the county. Fiscal year 2007-2008 represents the culmination of this first three-year plan.

As a result of the ongoing implementation of the MHSA in fiscal year 2007-2008, Lake County Mental Health now offers an array of services and support to individuals and families experiencing life with severe mental illness. The concepts of resiliency, recovery, wellness, and a “whatever it takes” approach are becoming a reality in the way business is done. This includes individual and family based services for consumers of all ages and system-wide services for crisis, housing, peer support, forensic mental health, outreach and engagement for un-served or underserved populations, and the initial efforts to integrate mental health services with medical providers in the community.

The services provided to individual mental health consumers and their families by way of Full Service Partnership (FSP) programming in the past year have had a significant, positive impact on the lives of many. This “whatever it takes” approach to service coordination and implementing a recovery plan has allowed departmental staff to be creative in assessing and meeting the identified needs for each individual situation. FSP programming has resulted in the reduction of acute hospitalization, out of home and out of county placements, incarceration, and crisis evaluations for those consumers who are enrolled.

A continuum of crisis services has been established allowing early identification and intervention for those people experiencing immediate need for mental health services. This includes a “warm-line” service, where a troubled individual or family member can talk to a counselor and receive guidance around a particular mental health related issue. A new crisis hot-line service has been established,

EXHIBIT C

where a local crisis worker is available to respond to a person who is experiencing an emergent mental health need. As part of the continuum, two crisis outreach workers have been added to the team and are available to meet the needs of individuals in the community through proactive contact and follow-up.

Lake County Mental Health has established a supportive housing access program for those mental health consumers at risk of homelessness, placement in long term facilities (often out of County), or incarceration due to their illness. The agency leases eight transitional apartment units that are available to up to sixteen consumers, on a temporary basis for stabilization and to support the process of establishing a permanent supportive residence in the community. Consumers who have been placed in long term care, out of county, continue to be successfully brought "back home" due to the availability of this transitional living arrangement. Two apartments are kept available for crisis respite and occupied for up to three days to avoid acute hospitalization when appropriate. The goal for each consumer is permanent supportive housing. A number of consumers have been assisted in finding, obtaining, and maintaining permanent housing through the MHSA housing program.

The department has established two full service drop-in centers for transitional age youth (TAY) and adult consumers with mental health challenges. The Lake Center for Support provides the TAY consumers, ages 16-24, and their families with education, counseling, and other therapeutic services to support recovery from emotional disturbance and mental illness. This project is contracted with a community based organization, Redwood Children's Services, and has seen continual growth since its establishment in the spring of 2008. The Lighthouse Drop-in Center was opened in August of 2007 and is a peer-run center staffed by consumers and family members serving the adult and older adult populations. This full service facility provides service coordination, peer counseling, socialization and companionship, and vocational opportunities for those with mental illness.

Mental health services are made available to those consumers incarcerated in the county jail or juvenile hall by way of a forensic mental health program. The goal of the program is release from incarceration and continued mental health services and supports to foster recovery and discontinue involvement with the judicial system. Upon release, consumers are provide with the necessary, targeted service coordination in all areas of recovery including housing, food and clothing, benefits counseling, medical assessment and mental health services.

In August of 2007, Lake County Mental Health established Outreach and Engagement programs focused on the local Hispanic and Native American communities. Service providers who are part of the targeted communities were hired to provide access to mental health services and develop strategies to overcome the stigma and discrimination that occur within target population.

EXHIBIT C

Cultural preferences are considered with respect to the services offered. Outreach takes place individually, with community organizations and events, and efforts are made to engage these underserved populations “where they are at” both geographically as well as culturally.

Lake County Mental Health is putting forth an effort to work with local medical providers, including the two Federally Qualified Rural Health Clinics located within the community, to integrate both physical and mental health services. The demand for psychiatric services combined with the shortage of psychiatric specialists to provide medical intervention creates an urgent need to integrate services through coordination with community physicians. This process is at the beginning stages and should see significant progress in the coming year.

In addition to the services mentioned above, Lake County Mental Health has contracts in place with community based organizations to provide additional support and specialized mental health services. These contracts serve school age children at risk of failure and those at risk of or currently experiencing out of home placement due to emotional disturbances. They serve individuals and families who are at risk of dysfunction due to escalating mental health issues. The older adult population is served through a contract that provides training and clinical supervision for older adult peers to provide in home counseling. These additional services and supports are intended to provide a more seamless and thorough approach to the provision of mental health services in Lake County.

Mental Health Services Act-Work Plan Description (EXHIBIT D)



County Name

Lake - 17

Work Plan Title

Personal and Innovative Recovery (PAIR-FSP)

Population to Be Served

The Full Service Partnership programming in Lake County is made available to consumers and families of all ages and ethnic/cultural populations who are experiencing serious mental health issues and are in need of services and supports in addition to traditional clinical interventions.

Work Plan Description

In the spirit of the Mental Health Services Act and its mandate to transform the community mental health system, Lake County makes available Personal and Innovative Recovery programming to consumers and families eligible for mental health services. The PAIR programming is available across age groups, cultural and ethnic populations, and levels of care. This “whatever it takes” approach to service coordination and implementing a recovery plan has allowed departmental staff to be creative in assessing and meeting the identified needs for each individual and their families when appropriate. The PAIR workplan includes, but is not limited to, access to crisis management, peer and parent partner support, residential transition programming, subsidized permanent supportive housing, medical support for physical illness and ailments, as well as such basic necessities as food, clothing, and medication.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

__90__ Total

Number of Clients By Funding Category

__90__ Full Service Partnerships

----- System Development

----- Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

----- Total

Number of Clients By Type of Prevention

----- Early Intervention

----- Indicated/Selected

----- Universal

Mental Health Services Act-Work Plan Description (EXHIBIT D)



County Name

Lake - 17

Work Plan Title

System Transformation and Recovery (STAR - GSD)

Population to Be Served

General System Development programming in Lake County is made available to consumers and families of all ages and ethnic/cultural populations who are experiencing serious mental health issues.

Work Plan Description

The STAR program in Lake County attempts to provide the seamless integration of mental health services by providing a variety of system enhancement programming. The Crisis Continuum provides funding for an in-county crisis hot-line, crisis outreach services, crisis respite, and peer supported warm-line services. The transition age youth and adult drop-in centers provide community access to a wide range of services and peer support for these age groups. The forensic mental health program provides screening, support, and advocacy for those people incarcerated with mental health problems in both the jail and juvenile hall. Housing options are being expanded through the housing access program through coordination with other community based organizations. Older adult services are made accessible through STAR including funding for the community based Senior Peer Counseling Program and a clinician dedicated to serve this age group. Integration of mental health and medical services is made possible by this workplan through outreach to the local hospitals, clinics and primary care physicians.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

__200__ Total

Number of Clients By Funding Category

----- Full Service Partnerships

__200__ System Development

----- Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

----- Total

Number of Clients By Type of Prevention

----- Early Intervention

----- Indicated/Selected

----- Universal



County Name

Lake - 17

Work Plan Title

Community Outreach and Engagement (O&E)

Population to Be Served

The Community Outreach and Engagement programming in Lake County is made available to consumers and families of all ages who are members of the local Latino and Tribal populations.

Work Plan Description

Lake County provides Community Outreach and Engagement programming for the local Latino and Tribal populations. Service coordinators who are members of the targeted communities were hired to provide access to mental health services and develop strategies to overcome the stigma and discrimination that occur within target population. Cultural preferences are considered with respect to the services offered. Outreach takes place individually, with community organizations and events, and efforts are made to engage these underserved populations “where they are at” both geographically as well as culturally.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

--180-- Total

Number of Clients By Funding Category

----- Full Service Partnerships

----- System Development

--180-- Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

----- Total

Number of Clients By Type of Prevention

----- Early Intervention

----- Indicated/Selected

----- Universal

EXHIBIT E-Summary Funding Request

FY 2009/10 Mental Health Services Act
Summary Funding Request

County: Lake - 17

Date: 5/21/2009

| | MHSA Component | | | | |
|---|--------------------|------------------|------------------|------------------|------------------|
| | CSS | CFTN | WET | PEI | Inn |
| A. FY 2009/10 Planning Estimates | | | | | |
| 1. Published Planning Estimate ^{a/} | \$1,985,000 | \$0 | \$0 | \$530,800 | \$150,000 |
| 2. Transfers ^{b/} | \$0 | \$0 | \$0 | | |
| 3. Adjusted Planning Estimates | \$1,985,000 | \$0 | \$0 | \$530,800 | \$150,000 |
| B. FY 2009/10 Funding Request | | | | | |
| 1. Required Funding in FY 2009/10 ^{c/} | \$2,135,496 | | | | |
| 2. Net Available Unspent Funds | | | | | |
| a. Unspent FY 2007/08 Funds ^{d/} | \$150,496 | \$0 | \$34,152 | \$75,000 | \$0 |
| b. Adjustment for FY 2008/09 ^{e/} | | \$0 | \$0 | \$3,300 | \$0 |
| c. Total Net Available Unspent Funds | \$150,496 | \$0 | \$34,152 | \$71,700 | \$0 |
| 3. Total FY 2009/10 Funding Request | \$1,985,000 | \$0 | -\$34,152 | -\$71,700 | \$0 |
| C. Funding | | | | | |
| 1. Unapproved FY 06/07 Planning Estimates | | | \$78,750 | | |
| 2. Unapproved FY 07/08 Planning Estimates | \$0 | \$600,000 | \$112,500 | \$103,400 | |
| 3. Unapproved FY 08/09 Planning Estimates | \$0 | \$188,500 | \$225,000 | \$359,200 | \$150,000 |
| 4. Unapproved FY 09/10 Planning Estimates | \$1,985,000 | | | \$503,800 | \$150,000 |
| 5. Total Funding^{f/} | \$1,985,000 | \$788,500 | \$416,250 | \$966,400 | \$300,000 |

**FY 2009/10 Mental Health Services Act
Community Services and Supports Funding Request**

County: Lake - 17

Date: 5/21/2009

| CSS Work Plans | | | | FY 09/10 Required MHA Funding | Estimated MHA Funds by Service Category | | | | Estimated MHA Funds by Age Group | | | |
|----------------|--|--------------------------------------|-----------|--|---|-----------------------|----------------------------|---------------------------|---|-------------------------|-----------|-------------|
| No. | Name | New (N)/ Approved Existing (E) | | | Full Service Partnerships (FSP) | System Development | Outreach and Engagement | MHA Housing Program | Children, Youth, and Their Families | Transition Age Youth | Adult | Older Adult |
| 1. | FSP - PAIR | E | \$663,930 | \$663,930 | | | | \$199,179 | \$132,786 | \$199,179 | \$132,786 | |
| 2. | GSD - STAR | E | \$494,693 | | \$494,693 | | | \$123,673 | \$123,673 | \$148,408 | \$98,939 | |
| 3. | O&E - COE | E | \$143,201 | | | \$143,201 | | \$42,960 | \$28,640 | \$42,960 | \$28,640 | |
| 26. | Subtotal: Work Plans ^{a/} | | | \$1,301,824 | \$663,930 | \$494,693 | \$143,201 | \$0 | \$365,812 | \$285,099 | \$390,547 | \$260,365 |
| 27. | Plus County Administration | | | \$183,294 | | | | | | | | |
| 28. | Plus Optional 10% Operating Reserve | | | \$130,182 | | | | | | | | |
| 29. | Plus CSS Prudent Reserve ^{b/} | | | \$520,196 | | | | | | | | |
| 30. | Total MHA Funds Required for CSS | | | \$2,135,496 | | | | | | | | |

a/ Majority of funds must be directed towards FSPs (Title 9, California Code of Regulations Section 3620(c)). Percent of Funds directed towards FSPs=

51.00%

b/Transfers to Capital Facilities and Technological Needs, Workforce Education and Training, and Prudent Reserve are subject to limitations of WIC 5892b.

EXHIBIT G

Community Services and Supports Prudent Reserve Plan FY 2009/10 ANNUAL UPDATE MENTAL HEALTH SERVICES ACT

County: Lake - 17

Date: May 22, 2009

Instructions: Utilizing the following format please provide a plan for achieving and maintaining a prudent reserve.

| | |
|--|--------------------|
| 1. Requested FY 2009/10 CSS Services Funding | \$1,301,825 |
| Enter the total funds requested from Exhibit E1 – CSS line 26. | |
| 2. Less: Non-Recurring Expenditures | - _____ |
| Subtract any identified CSS non-recurring expenditures included in #1 above. | |
| 3. Plus: CSS Administration | + \$183,294 |
| Enter the total administration funds requested for CSS from Exhibit E1 – CSS line 27. | |
| 4. Sub-total | \$1,485,119 |
| 5. Maximum Prudent Reserve (50%) | \$742,560 |
| Enter 50%, or one-half, of the line item 4 sub-total. This is the estimated amount the County must achieve and maintain as a prudent reserve by July 1, 2010. If the funding level for CSS services and county administration changes for FY 10/11, the amount of the prudent reserve would also change. | |
| 6. Prudent Reserve Balance from Prior Approvals | \$182,750 |
| Enter the total amounts previously approved through Plan Updates for the local prudent reserve. | |
| 7. Plus: Amount requested to dedicate to Prudent Reserve through this Plan Update | + \$520,196 |
| Enter the amount of funding requested through this Plan update for the local prudent reserve from Exhibit E1 – CSS line 29. | |
| 8. Prudent Reserve Balance | \$702,946 |
| Add lines 6 and 7. | |
| 9. Prudent Reserve Shortfall to Achieving 50% | (\$39,614) |
| Subtract line 8 from line 5. A positive amount indicates that the County has not dedicated sufficient funding to the local prudent reserve. Please describe below how the County intends to reach the 50% requirement by July 1, 2010; for example indicate future increases in CSS planning estimates that will be dedicated to the prudent reserve before funding any program expansion. | |

Lake County plans to fund the balance shortfall with a portion of unspent funds for FY08/09 when determined by way of the revenue expenditure report. These funds will most likely come from the operating reserve allocated for this fiscal year.

Note: If subtracting line 8 from line 5 results in a negative amount – this indicates that the County is dedicating too much funding to the local prudent reserve, and the prudent reserve funding request will be reduced by DMH to reflect the maximum.