# LAKE COUNTY MENTAL HEALTH DEPARTMENT

# MENTAL HEALTH SERVICES ACT 3-YEAR PLAN FOR COMMUNITY SERVICES AND SUPPORT

PLAN FOR CONSIDERATION BY
CALIFORNIA STATE DEPARTMENT OF
MENTAL HEALTH
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**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: Lake Date: January 13, 2006

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**Table of Frequently Used Acronyms**

| This | Means This . . . . |
|---|---|
| ACE | Adverse Childhood Experience |
| AODS | Alcohol and Other Drug Services |
| BOS | Lake County Board of Supervisors |
| CADDS | California Alcohol and Drugs Database |
| CIMH | California Institute of Mental Health |
| CBO | Community-Based Organization |
| CSOC | Children's System of Care |
| DHS | Lake County Department of Health Services |
| DMH | California State Department of Mental Health |
| ER | Emergency Room |
| FSP | Full Service Partnership |
| FTE | Full-Time Equivalent |
| GLBT | Gay, Lesbian, Bi-Sexual, Transgender |
| GSD | General System Development |
| HIPAA | Health Insurance Portability & Accountability Act |
| IPRT | Interagency Placement Review Team |
| LCMH | Lake County Mental Health |
| LCOE | Lake County Office of Education |
| MHB | Mental Health Board |
| MHSA | Mental Health Services Act |
| MOU | Memorandum of Understanding |
| NAMI | National Alliance on Mental Illness |
| OA | Older Adult |
| OE | Outreach and Engagement |
| PCP | Primary Care Physician |
| PSA | Public Service Announcement |
| RFP | Request For Proposal |
| SED | Serious Emotional Disturbance |
| TAY | Transition Age Youth |

## PART I: COUNTY/COMMUNITY PUBLIC PLANNING PROCESS AND PLAN REVIEW PROCESS

### SECTION I: Planning Process

**Introduction**.

The Lake County Department of Mental Health ("LCMH"), formerly a division of the Lake County Health Services Department, received unconditional approval of its planning application in a letter from the California Department of Mental Health ("DMH"), dated April 15, 2005. As noted in our planning application, prior to the MHSA, LCMH was already engaged in an inclusive planning process, working toward a "recovery-based re-design and development of community based services" for the unserved or underserved mental health consumer. The pre-planning process created a strong foundation of awareness and inclusion that facilitated the MHSA planning process.

Existing partners and preparatory activities for the MHSA planning process included:

a. A lively and enthusiastic National Alliance for the Mentally Ill ("NAMI") chapter, with consumers and family members of those with mental illness passionately interested in the local MHSA planning process. Participation in the regular NAMI meetings is not limited to members. Between 7 to 12 individuals were actively involved during the planning process. Lake County's NAMI President, Katherine Porovich, has served in the past as Chair of the MHB in Lake County, and is a tireless advocate for the needs of LCMH clients and their families.

b. An active Mental Health Board ("MHB"), trained by the California Institute of Mental Health on the specific roles of MHBs. Just prior to the passage of Proposition 63, the MHB had surveyed several partner agencies regarding unmet needs of those with mental illness, and the resulting impacts on those agencies. This information, which focused, among other things, on delays in crisis response and the lack of an LCMH presence in schools, was integrated into the MHSA planning process. MHB members participated in MHSA trainings, as listed below. The MHB was a key partner in the planning process, designating two participants to serve on the Steering Committee. Members reviewed draft sections of the Plan and minutes from the Steering Committee meetings and provided comments during Plan development. The MHB reviewed the Plan before it was released for public comment and conducted the public hearing which was held on December 9, 2005.

c. An ongoing community assessment process, now in its third year, which is facilitated by the Lake County Department of Health Services ("LCDHS"). The *Community Health Needs Assessment* includes mental health issues as part of an expansive definition of health. The process included statistically representative telephone surveys of Lake County residents (unlike the California Health Interview Survey which combines Lake and Mendocino counties).

d. LCMH's long-term partnerships with a wide range of agencies and other collaboratives promoted meaningful community participation in the planning process. These relationships include: Healthy Start (with 35+ partners and 10 family service centers serving 16 schools); Safe Schools/Healthy Students; the Emergency Response & Crisis Management project (including the Lake County Sheriff's Office, the Lake County Office of Emergency Services, and the Lake County Office of Education); the Lake County Department of Social Services (including Child Protective Services, Adult Protective Services, and the Public Guardian); Senior Peer Counseling; the Friendly Visitors Program; Adult and Child Multi-Disciplinary Teams; the Health Leadership Network (including both hospitals); the Policy Council for Children and Youth; the Jail Medical Quality Assurance Committee; and the Lake County Probation Department Every agency which interacts or potentially could interact with consumers and their families is a partner with LCDHS in one or more configurations. We are particularly grateful for the willingness of local law enforcement agencies, including Probation, to work with us in this process, as mental illness is often a factor in conduct that draws their attention. The Lake County Sheriff's and Probation Departments frequently house individuals with mental illness at the County Jail and in Juvenile Hall. As such, they work closely with consumers and their families, and are among those most frustrated by deficiencies in the existing Mental Health system.

**1. Planning process included meaningful involvement of consumers and families as full partners in planning, implementation, and evaluation.**

**A. Planning Process.**

The planning process was designed to be accessible, inclusive, and comfortable for consumers and families. Experience has shown that some people prefer a group venue, while others can only speak candidly in small groups or one-on-one. Still others need the distance and security provided by an anonymous survey. Our planning process design provided consumers and families with a choice of participation options, including public meetings, Community Work Groups, and anonymous surveys, plus telephone or email communication with the LCMH Director or other staff. The Stakeholders' Steering Committee, which analyzed and distilled the results of the various group processes, had active consumer members. To remove the most common practical barriers to participation, LCMH provided travel expenses, on-site childcare, and refreshments for community meetings. These resources were also made available at subsequent planning Work Groups and Stakeholders' Steering Committee meetings.

Outreach efforts to consumers and families used the multiple approaches outlined in our plan-to-plan, including:

a. Four community meetings, two held in the evenings and two during the day at four different sites, to overcome the barriers imposed by intra-County distances and standard working hours. These are significant barriers to community participation in this County. Middletown, at the southern gateway to Lake County, is a 78 mile round-trip from Lakeport, where LCMH's main office is located and about a 40 mile round-trip from

our other office in Clearlake. Public transportation stops at 6:00 p.m. As noted, transportation, on-site childcare, and refreshments were provided at each meeting. These meetings had 120 attendees, an excellent turnout.

b. NAMI co-sponsorship of the community meetings, providing the perspectives of, and responsiveness to, a significant segment of the consumer/family population.

c. Participation by NAMI, LCMH client self-help groups, and a community coalition formed to create a private non-profit "Clubhouse", plus recruitment of family members and consumers to participate in the community meetings, Community Work Groups, and other planning activities. Trained consumer volunteers now run the LCMH client self-help groups in Clearlake. The California Network of Mental Health Clients provides ongoing trainings for consumers, consumer-volunteers, etc. on, e.g., the role of consumer employment and involvement in the MHSA process. Lake County consumers, plus consumer staff and volunteers, have attended these out-of-County trainings. LCMH provided drivers to take consumers to trainings, as well as providing other barrier removal support.

d. Notices of the four community meetings were posted in English and Spanish at LCMH offices and clinics. Information on how to obtain transportation was also posted. Stacks of notices were available at all LCMH lobbies. The receptionists alerted clients when they came in for appointments or otherwise. Clinicians also discussed the opportunity and personally invited their clients to attend. At least 500 fliers were posted throughout the County. Sites included the County's major public buildings, e.g., the libraries, the Courthouses (Lakeport and Clearlake), and City offices (Lakeport and Clearlake), plus private buildings, such as the Senior Centers, grocery stores, and local health clinics. Further, fliers were distributed to the Department of Social Services and placed in their reception areas. Copies of the fliers have been retained in our files. This information was also made part of the rolling "community calendar" on the local public access television station, which ran it repeatedly for the week prior to each meeting.

e. Interested NAMI members and consumers were given copies of notices to distribute in places where they believed interested persons would see them.

f. LCMH distributed the notices and invitations to join the Work Groups via its extensive mailing list. Invitations were sent to individuals and organizations, including churches, non-profit agencies, hospitals, schools, and other community contacts who were likely to work with consumers and families. These contacts were asked to "get the word out" to consumers and family members. Existing organized advocacy groups that received information included the Senior Centers, the California Human Development Corporation, the Native American Community Education Center, the Lake County Tribal Health Consortium, Inc. ("Tribal Health"), and the Redwood Coast Regional Center. Tribal Health provides comprehensive health services to all Native Americans in Lake County regardless of tribal affiliation. Their services include mental health treatment. As such, they are a key link to geographically and culturally isolated Native American communities. LCMH is aware that there are significant numbers of consumers or

potential consumers and their family members who are not being served by us, but who may be being served by others. Our work with Tribal Health, the Inter-Tribal Council of California, Inc. ("ITCC"), the Native American Community Education Center, and other trusted groups is an example of our efforts to reach deeply into the consumer community through trusted intermediaries.

g. We had planned to establish and publicize a toll-free telephone line dedicated to MHSA outreach and input. We found that simply ensuring that the Director was personally available to anyone who wished to discuss the MHSA has been effective and much less costly. Consumers and families are already familiar with the LCMH number. It is in the telephone book and the community resource directories prepared by various agencies, including the Lake County Community Action Agency, which serves the low-income community. Because there is a time-delay between releasing a telephone number and having it penetrate the community, it seemed more user-friendly to work with what was already in place. Our Director regularly receives personal calls from consumers and family members who have input regarding the MHSA.

h. To overcome geographic remoteness and distances, we devised a combination of strategies. These included providing transportation, holding community meetings at multiple locations, and ensuring opportunities to participate by telephone and email. Interactive web access was partially developed in response to the MHSA (e.g., this plan was posted on the new LCMH website) and will be further refined with addition of the "Network of Care" to the website. All California counties will be receiving a generic edition of the "Network of Care" interactive website, which will then be customized for each county. Lake County's MHSA webpage has been linked to, and opens at, LCMH's Network of Care page which is now operational. The menu for this site will include a comprehensive local resource directory, plus links to a library of research and publications, a legislation tracker, contacts for elected officials, links to support and advocacy groups, and a personal, protected page for each user to monitor his or her own health and "park" information, e.g., medications, allergies, advanced directives, etc. The Network of Care and MHSA pages will be updated regularly. Email links will be provided, so community members can communicate directly with designated LCMH staff and MHSA contacts as determined at the time of implementation.

In addition, MHSA presentations to the Board of Supervisors are televised live (on Tuesdays) and re-broadcast the following weekend. Our June 29, 2005 community training with Dr. Mark Ragins was videotaped and has been edited for broadcasting on the public access channel. We intend to do the same with other trainings and MHSA events.

i. We took an "infusion" approach to cultural competency. Rather than create a separate MHSA Cultural Competency Work Group, which could have marginalized the issue, we integrated cultural competency issues within the Work Groups. The plan-to-plan included stipends to consumers and members of minority groups to do personal outreach to into their communities. This approach ensures that proposed programs and strategies will be inherently culturally competent. LCMH's existing Cultural Competency

Committee provided expertise, e.g., by sharing research, best practices information, and serving as an advisory to the planning process. Three members of this committee attended the annual CIMH/CMHDA Cultural Competency Conference this year, which was, to a large degree, oriented around implementation of culturally competent practices through the MHSA. LCMH's Cultural Competency Committee will continue to provide insight, access to constituencies, and support throughout MHSA implementation and evaluation. This group reviewed the Plan during development and prior to submission to the State Department of Mental Health and provided detailed, written recommendations. The Stakeholders' Steering Committee membership also reflects local diversity.

Specific cultural competency outreach activities included participation in the Cinco de Mayo celebrations, personal contacts with representatives from the six Native American Tribal Councils, and participation in the Bi-national Health Week/Semana de Sante health fair in conjunction with the visit of the Mexican Consulate General, which attracted hundreds of people. MHSA surveys in both English and Spanish were collected at this health care event. LCMH also worked collaboratively with AODS and Tribal Health to provide this information at the Lake County Fair and other community events.

j. Lake County's active NAMI chapter has been engaged in mental health services planning even before the passage of Proposition 63. NAMI distributed its own surveys regarding unmet mental health needs in the community, including a confidential survey of LCMH staff. Its regular meetings include routine review and comment on State and local MHSA activities. Its President is in regular telephone and in-person contact with the LCMH Director. A NAMI member participated on the Stakeholders' Steering Committee.

k. Other consumer/family support and recruitment activities included providing training opportunities and organizational start-up support for consumers and families, consumer-groups, parent-partner groups, and similar entities. At one time, Lake County had an active and independent community-based Consumer Self-Help group, which has since disbanded. Because MHSA has created a sense of hope, LCMH sees a window of opportunity to engage consumers in ongoing participation in MHSA planning, implementation, and evaluation, which will widen as Consumer Self-Help strategies are implemented.

l. Two consumers were engaged to do outreach interviews with individuals in parks and other public areas on perceived unmet needs in local mental health services. The interviewers were asked to especially (but not exclusively) seek out input from individuals who might be homeless or whom they perceived as potentially benefiting from mental health services. Gift certificates were provided as incentives to both interviewers and interviewees. A total of 20 interviews were conducted. Interviewers were able to discuss issues in an informal way with several people who had formerly been involved with LCMH and are currently avoiding the system. The interviewers prepared a brief report on each contact for consideration in the planning process.

m. Finally, a survey to help prioritize new services under MHSA was distributed at LCMH offices, given directly to clients, given to agencies and groups serving consumers, and circulated at health fairs and other public events. The survey was also printed in the *Lake County Record-Bee*, the *Clearlake Observer*, and the *Middletown Times Star*. Readers could clip it out, complete it, and mail it in. A total of 268 surveys were returned, 242 in English and 26 in Spanish. We believe the anonymity of the survey process was reassuring to vulnerable or alienated individuals. The surveys gave us an additional source of candid input, and are summarized in **Part II, Section 1: Community Concerns.**

m. Our planning budget included $13,970 to support consumer/family participation, in the form of stipends, childcare, translation services, travel, transportation, publications, advertisements, meetings, and trainings, plus other activities identified during the process.

The outcome of our consumer/family outreach and recruitment efforts was substantial. At least 40 consumers and/or family members attended one or more meetings or trainings. Through NAMI, an additional 10 provided input, at NAMI meetings, by surveys, or as communicated through their President. Other consumers/family members spoke to, or e-mail, the Mental Health Director. Consumers and family members attended and spoke at the MHB's December 9th public hearing on the posted plan, as described below. We obtained input from diverse unserved and underserved groups, including racial, ethnic, linguistic, cultural, and those with low socio-economic status.

## B. Ongoing Involvement in Planning and Implementation.

Several members of the Stakeholders' Steering Committee participated in a regional training on MHSA conducted by CIMH in September 2005. One of the direct outcomes of that training was that the Stakeholders' Steering Committee has committed to ongoing involvement with MHSA and has created a plan for community engagement throughout MHSA implementation and evaluation. A detailed process was developed to achieve ongoing relationships with the community, including strategies to identify and recruit community leaders who may not previously have been involved. The first set of strategies will keep the MHSA open and accountable to the community, as follows:

- Holding quarterly Stakeholders' Steering Committee meetings, which are open to the public. LCMH will publish an annual meeting calendar, including articles in the newspaper and posting on its website. It will also publish a quarterly notice in the local newspapers, with articles and reports of MHSA program activities.
- MHSA-funded programs will report to the Stakeholders' Steering Committee at the quarterly meetings. Each quarter, two programs will be scheduled to report, which will be noted on the annual meeting calendar and in the quarterly notices. There will be Question & Answer sessions and program-specific feedback loops.

- Each quarterly meeting will include opportunities for input from community members and other stakeholders, including feedback on perceptions of the MHSA, perhaps using the Brown Act's approach to set time limits on individual input.
- Each quarterly meeting will include opportunities for feedback from the community, agencies, consumers, and other stakeholders on the meetings' effectiveness, i.e., what worked and what did not.
- LCMH and the Stakeholders' Steering Committee will co-sponsor an Annual Program Review, including site visits and an all-program report-out to the community, including a written annual report.
- MHSA-funded programs, the Stakeholders' Steering Committee, and LCMH will ask consumers to share their own experiences on how the MHSA helped them and will create an attractive, consumer-friendly publication from these stories.

These public, open, regularly scheduled, continuous reporting and feedback strategies create accountability, credibility, and the opportunity for continuous quality improvement. They reflect the deeply felt commitment of the planning participants to welcome the community into the MHSA process.

The second set of strategies will ensure ongoing community recruitment and engagement, including identification of community leaders. The Stakeholders' Steering Committee agreed that community engagement was a "shared responsibility." Personal contacts and invitations are most likely to be effective, but take time. Therefore, the Stakeholders' Steering Committee agreed to distribute that responsibility among its members. Activities include:

- Stakeholders' Steering Committee members will volunteer to engage their various communities and constituencies, keep them involved, and report to them on MHSA activities and progress.
- Stakeholders' Steering Committee will maintain its fluid and open structure, so new people can come on board. Individuals will be required to commit to some level of participation before being admitted to membership on the Steering Committee, to balance openness with stability. We expect about 10-12 consistent "hard-core" attendees, with perhaps 10-12 more who attend regularly.
- Community members who have criticisms or suggestions to change the MHSA programs will be asked to recruit 5 others who share their views and form a work group. This approach places responsibility and also power to make change in the community, rather than vesting them exclusively in LCMH, the Stakeholders' Steering Committee, or MHSA programs. A member of the LCMH staff and/or the Stakeholders' Steering Committee will meet with the work group to discuss next steps, which may include referring or connecting the group to another group or organization, modifying the MHSA, or some other LCMH activity.

Individuals who are able to identify issues, recruit a work group, and stay with the process are identifying themselves as community leaders. They are well positioned to become Stakeholders' Steering Committee members.

## 2. The public planning process was comprehensive and representative.

The planning process initially created four Work Groups, one each for Children's Services, Transitional Age Youth ("TAY"), Adults, and Older Adults which remained open to any interested community members. The Children's Services and TAY Groups held joint meetings, with separate breakouts. Each Group addressed unmet needs and focused on prioritizing desired outcomes. The planning process also included an Information/Technology Work Group that focused on data-related activities that will affect all four MHSA age groups. LCMH expects to create two additional Work Groups during implementation: (a) an Education and Training Work Group to organize trainings for LCMH staff, consumers, partners, and other stakeholders on MHSA-relevant topics; and (b) a Prevention and Early Intervention Work Group to coordinate planning and implementation of such activities, including MHSA-funded prevention services, to complement this MHSA plan.

All Work Groups were trained and oriented to the MHSA and their part in the planning process. Training on the distinction between "programs" and "outcomes" was given, which provided specific examples, such as the data generated by AB 2034. The Steering Committee was oriented to the concept of "best practices" and multiple examples for each age group were provided for consideration as well as a variety of primary resources on model programs. Steering Committee members were additionally directed to the DMH website for MHSA resources for additional information on best or promising practices or to review other MHSA plans.

Participation in the Work Groups was structured to promote active engagement, which ensured that everyone had a voice and no one controlled the planning process. Instead, the openness of the process facilitated input from a wide variety of individuals and entities. Each Group encouraged full and frank input from all members, so that the initial process would be free, creative, and highly energized. The Groups crafted statements as to priority for outcomes. The reports from each Work Group reflected wide consensus. Later discussions refined the process, filtering recommendations through "best practices" research and prioritizing them according to: (a) quality; (b) feasibility, i.e., can something measurable be accomplished in three years; (c) impact on the greatest number of individuals; and (d) impact on the greatest number of needs.

As discussed throughout **Part II**, below, Lake County is not as diverse as California, ethnically, linguistically, or culturally. Diversity is increasing, however. This MHSA Plan is an opportunity to build systems that are inherently culturally competent. The County has reached the 5% language threshold for Spanish-speakers. According to Census 2000, the Native American community comprises 3% of the total population. Local estimates and recent birth rates strongly suggest this percentage is too low. Planning participants included representatives from the Native American, migrant farm worker, and Spanish-speaking communities, as well as providers for those with developmental disabilities (Redwood Coast Regional Center, People Services) and staff from Lake

County Alcohol and Other Drug Services ("AODS"), who helped to provide focus on needs related to dual and/or multiple diagnoses.
We estimate that the planning process had active participation from 150-160 individuals (unduplicated count), plus 268 surveys. This total includes 120 attendees at the community meetings, 108 at a training provided by Dr. Mark Ragins, 60 Work Group participants, and 21 in the Stakeholders' Steering Committee, plus input from NAMI, the MHB, and individual contacts between individuals and the LCMH Director.

*Table I.1: Profile of Work Groups*

| | Children | TAY | Adult | OA | Information Technology[1] | Stakeholders Steering Committee |
|---|---|---|---|---|---|---|
| # meetings | 8 | 8 | | 4 | 8 | 9 |
| # participants | 13 | 6 | 15 | 18 | 4 | 21 |
| # County constituents | 6 | 2 | | | 0 | 3 |
| Diverse Communities: | | | | | | |
| ▪ Latino | ▪ 0 | ▪ 0 | | ▪ 0 | ▪ 0 | ▪ 1 |
| ▪ Native American | ▪ 2 | ▪ 2 | ▪ 1 | ▪ 1 | ▪ 0 | ▪ 4 |
| ▪ High risk youth | ▪ 0 | ▪ 1 | ▪ N/A | ▪ N/A | ▪ 0 | ▪ 0 |
| ▪ Low income | ▪ 0 | ▪ 0 | ▪ 0 | ▪ 0 | ▪ 0 | ▪ 0 |
| ▪ Immigrant | ▪ 0 | ▪ 0 | ▪ 0 | ▪ 0 | ▪ 0 | ▪ 1 |
| ▪ Non-native English speaking | ▪ 0 | ▪ 0 | ▪ 0 | ▪ 0 | ▪ 0 | ▪ 1 |
| ▪ Co-occurring disorders (RCRC; AODS) | | | | | | ▪ 2 |
| Agency partners | 7 | 7 | 6 | 5 | N/A | 11 |
| Consumers | 2 | 2 | 2 | 4 | N/A | 2 |
| Family members | | | | | N/A | |

[1] The Information Technology Committee was a small work group consisting of the County's Director of Information Technology, plus LCMH's Director, Administration Manager, and Ethnic Services Manager (cultural competency). It focused on creating user-friendly data collection systems and user-friendly, attractive, customized reports from that data. The MHSA Plan will require extensive data collection, creating accessible and accountable programs.

LCMH staff facilitated the Work Groups. LCMH provided transportation, meeting space, notices, agendas, minutes, and reminders. Our staff also coordinated on-site childcare, and refreshments. Significant planning funds were invested to eliminate the barriers to participation most often cited by community members. Other County staff responsibilities in this process are detailed below. Some individuals represent more than 1 category, e.g., Latino, immigrant, and non-native English-speaking.

### 3. LCMH Staff Responsibilities and Functions.

**a. Overall responsibility.** During the planning process, LCMH underwent a significant transition, which was unrelated to the MHSA. Originally a Division of LCDHS, Mental Health became its own Department on July 1, 2005. At that time, full responsibility for the MHSA planning and implementation process was transferred from LCDHS Director Ruth Lincoln to Kristy Kelly, who transitioned from being Mental Health Director of a Division of LCDHS, to Director of LCMH during the planning process. The Planning Application estimated that at least 10% of Ms. Kelly's time would be devoted to the planning process. Her participation regularly exceeded this amount. No planning funds were allocated for her services.

The original planning design envisioned hiring a contractor to guide the entire process, from the community meetings through drafting the Plan for submission to DMH. A Request For Proposal was released, but received no bidders. The RFP was scaled down and limited to preparation of the Plan. Four bids were received and one was selected. LCMH assumed responsibility for completing the planning process, e.g., facilitating the Work Groups, collecting their information and input, identifying resources to meet the needs identified, preparing MHSA budgets, and so forth. LCMH is continuing to seek a contractor to provide needed support for ongoing planning and implementation and is committed to continuing community involvement in the MHSA.

**b. Summary of staff functions and time devoted to planning process (to date).**

(i) *Kristy Kelly, Director, LCMH*: Ms. Kelly had overall responsibility for management of planning process. As noted, she was personally available, by telephone, email, or in-person, to consumers, their families, and the general community. Ms. Kelly prepared Requests for Proposals and contracts for services to support the planning process, and made presentations to the MHB, NAMI, and the Board of Supervisors on the MHSA planning process. Ms. Kelly facilitated all four of the community meetings and nine Steering Committee meetings, participated in a variety of trainings (both as facilitator and learner), and met with potential service providers, contractors, and other stakeholders throughout the planning process. She also met weekly with the MHSA Consultant, beginning July 7, 2005 and provided final review and edits to this plan. Ms Kelly devoted at least 20% of her time to the planning process from January, 2005 through December, 2005 for a total in excess of 500 hours.

(ii) *Melinda Moranda, LCMH Division Secretary:* Ms. Moranda was responsible for ensuring continuity of information flow throughout LCMH and from LCMH to consumers, families, partner agencies, and the community. She was the designated contact person for MHSA implementation and coordinated a variety of logistical issues related to MHSA planning, e.g., meeting locations and times, copies of sign-sheets, DMH website postings, etc. Ms. Moranda organized each of the four community meetings, including publicity, transportation and child care, food, flip charts, clean-up, etc. She prepared minutes and hand-outs for all community meetings and meetings of the Steering Committee, collected all information generated by the various Work Groups and forwarded these minutes to the MHB and NAMI President. Ms. Moranda regularly downloaded and printed information from the DMH MHSA website and maintained binders for all MHSA-related materials. She coordinated or performed all of the preparations for a full-day training by Dr. Mark Ragins in Lakeport, which was attended by 108 individuals. These preparations included publicity, registration, locating and setting up the venue, arranging for food, handouts and technical support, and video-taping of the proceedings. She also participated in the half-day intensive training at the Village Integrated Services Agency, and made all of the related travel arrangements for the 8 Lake County participants in that training. Ms. Moranda worked closely with the Contractor selected to write the plan and made all arrangements for the printing and distribution of the plan. She devoted at least 50% of her time to the planning process from January, 2005 through December, 2005 or approximately 1,040 hours. (This estimate does not reflect MHSA-related overtime worked by Ms. Moranda, which was substantial. It also does not reflect the fact that Ms. Moranda was newly hired into the position of Department Secretary at a time when Mental Health was becoming its own Department and that she was new to the field of Mental Health, having recently retired from 27 years as a teacher. Suffice it to say that Ms. Moranda is a quick study and an MHSA champion!)

(iii) *Terence Rooney, Ph.D., Deputy Director, Children's Services:* Dr. Rooney co-facilitated the Children's and TAY Work Groups with Joyce Elmer, Director of the Safe Schools/Healthy Students program. Dr. Rooney also participated in trainings. Dr. Rooney devoted at least 5% of his time to the planning process from January, 2005 through December, 2005 or approximately 104 hours.

(iv) *Scott Abbott, MFTI and Deborah Johnson, Adult Team Leaders*: Mr. Abbott facilitated the MHSA Adult Work Group. He devoted at least 5% of his time to the planning process from January, 2005 through December, 2005 or approximately 104 hours. Ms. Johnson assisted with facilitation of several meetings.

(v) *Jackie Smythe, MFTI, Mental Health Specialist:* Ms. Smythe facilitated the Older Adults Work Group. Ms. Smythe devoted at least 5% of her time to the planning process from January, 2005 through December, 2005 or approximately 104 hours.

Other than for Ms. Moranda, no planning funds were expended on LCMH staff time

## 4. Training.

Planning funds were set aside to train consumers, family members, partner agencies, Work Group members, LCMH staff, and the general community on the intent and proper use of MHSA funds. As the Planning Application noted, LCMH had no control over whether anyone other than its own staff participated in trainings. To maximize participation, the planning process included both out-of-County and in-County opportunities. In addition, key partner agencies were budgeted to receive special allocations to cover costs incurred by having staff participate in MHSA training, e.g., staff time, mileage, etc. These agencies were:

- Lake County Department of Health Services
- Lake County Department of Social Services
- Lake County Probation Department
- Lakeport Police Department
- Clearlake Police Department,
- Lake County Sheriff's Department (including the Hill Road Jail Facility)
- Alcohol and Other Drugs Services
- Education agencies, including the Lake County Office of Education

Although these agencies were notified in writing of the availability of the funds, to date no agency has submitted a request for them. As a result, planning resources have been re-directed toward providing exposure to, and training on, best practices models, including participation in "mini-intensives" at the Village ISA. In addition, regional training opportunities for consumer self-help and a variety of other MHSA issues were unexpectedly made available, and Ms. Kelly, the Work Group Facilitators, LCMH staff, and our partner agencies recruited, and provided support for, consumers and community members to participate in several trainings.

The Planning Application included funding for a projector and lap top computer to create a mobile Power Point Presentation Unit (the "Unit"). The Unit was used for presentations to the general community, the Stakeholders' Steering Committee (formed from the Work Groups), LCMH and other County staff, the Board of Supervisors, and local agencies. Topics covered included: (a) overview of the MHSA and its implications; (b) orientation to the planning process and (c) the results of the planning process.

The planning process offered a wide range of training options to ensure full participation by stakeholders, including consumers and staff, in the local planning process. Trainings covered the basic concepts of the MHSA, skill-building for different groups of participants, opportunities to observe successful models, and technical assistance. LCMH covered all costs and provided transportation for consumers to facilitate their participation. The following Table summarizes the training component of the planning process.

*Table I.2: Training Component*

| Date | Description of Training | Number and/or Category of Attendee(s) |
|---|---|---|
| January 2005 | Network of Mental Health Clients, *Forum on the MHSA* | 1: consumer-employee |
| February 9-11, 2005 | Statewide Policy Meeting (CIMH) | 2: LCMH Director; Secretary of the MHB |
| June 29, 2005 | *Recovery-Based Planning for the MHSA*, led by Dr. Mark Ragins | 108: consumers, private providers, agencies, LCMH staff, community members |
| July 12, 2005 | County Information Technology - Web-Page Development | 4: MHSA Coordinator; Administrative Team |
| July 20, 2005 | Site Visit to The Village | 2: LCMH Director; Chair of the MHB |
| August 24-25,2005 | Site Visit to The Village | 8: LCMH staff – clerical (reception), Adult Team MHSA Coordinator |
| October 6-7, 2005 | MHSA Regional Training Round II, *Moving from Planning to Implementation - Laying the Cornerstone of Transformation: Wellness, Recovery, Resilience, Cultural Competency, Housing & Employment* | 6: LCMH Director, LCMH staff - OA Team & TAY MH worker; Member, Children's Work Group; Consumer; Consultant |
| October 19-21, 2005 | Rose Jenkins Conference | 1: Deputy Director, LCMH Children's Services |
| November 2-4, 2005 | Statewide Cultural Competency Conference | 3: Members of Cultural Competency Committee |
| January 13-15, 2006 (planned) | *Esperanza y Lucha* – California Network of MH Clients Forum | 25: 23 Clients and 2 LCMH staff |

**Section II: Plan Review.**

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

The draft plan was posted on the LCMH website and an announcement, with link, also posted on the Lake County web page. E-mail linkage for feedback was provided. Spiral bound copies were distributed to the following groups and partner agencies, as determined by the MHB and Mental Health Director:

- Each member of the 5-person Board of Supervisors
- Each member of the MHB

- NAMI President and all NAMI members, as requested
- Each member of the Stakeholders' Steering Committee
- Workgroup facilitators
- LCMH Cultural Competency Committee
- Consumer Self-Help group facilitators
- Office of Clients' Rights Advocacy
- Native American Community Education Center
- Senior Law Project
- Lake County Department of Health Services
- Lake County Department of Social Services
- Lake County Probation Department
- Lakeport Police Department
- Clearlake Police Department
- Lake County Sheriff's Department (including the Hill Road Jail Facility)
- Alcohol and Other Drug Services
- Education agencies (local school districts), including the Lake County Office of Education
- Presiding Judge of the Superior Court
- Public Defender
- District Attorney
- County Counsel
- County Administrative Officer

In addition, spiral bound copies were placed in the County public libraries (main and branch locations), the waiting rooms at both LCMH clinics, Tribal Health, Sutter-Lakeside Clinic, Redbud Clinic, Lakeshore Clinic, Sutter Lakeside Hospital Emergency Room, Adventist Health Redbud Community Hospital Emergency Room, the Senior Centers, Board and Care facilities, Courthouse lobbies, Inter-Tribal Council (ITCC), Redwood Coast Regional Center, Fire Districts, City Halls for both incorporated cities (Lakeport and Clearlake). A copy was also mailed or given to any individual requesting one. In all, 180 copies of the plan were distributed.

**2. Documentation of the public hearing by the Mental Health Board.** The public hearing was held on December 9, 2005 from 11:00 a.m. to 1:00 p.m. at the County Courthouse in Lakeport. The hearing time was chosen to allow working individuals to attend. A formal legal notice of hearing was published 10 days before the hearing, in Spanish and English, in the three local newspapers. In addition, informal advertisements, with eye-catching color graphics, were placed in the two largest newspapers. Both the legal notice and advertisements ran for two days each. Notice was also posted through the LCMH website and radio Public Service Announcements were made. Over a hundred flyers in English and Spanish were distributed by staff and clients to locations where they would be seen by interested parties.

A Spanish interpreter was available at the hearing, and a Sign-language interpreter was placed on "on-call" status, to respond immediately, if called. Interpretive services were not requested at the hearing.

At least 25 individuals attended the hearing, including consumers, family-members, interested citizens, MHB members, County Counsel, a member of the Board of Supervisors, the County Administrative Officer, the LCMH Director and the LCMH Secretary, and the Plan writer. Three hand-outs were provided for all: (a) the meeting agenda; (b) a double-sided handout with the Proposed Lake County MHSA Program Description summarizing the 8 proposed programs on one side and the Lake County MHSA Planning Outcomes, summarizing critical concerns, desired outcomes, and chosen strategies for each age group; and (c) an article on recovery. Printed copies of the plan were also available.

Katherine Andre, the Chairperson of the MHB, convened the meeting, briefly summarized the history of the MHSA, and opened meeting for public comment.

> "We're here to listen."
> Katherine Andre, MHB Chairperson

Once everyone who wished to speak had had an opportunity to make his or her initial comments, Dr. Andre opened up the discussion for the audience to ask questions of the MHB. There were no questions, so the floor was opened for a second round of public comments. At the conclusion of the second round, Dr. Andre asked for more comments or feedback. There were none, so she thanked the participants, and adjourned the meeting at 12:23 p.m. The MHB remained available in the Board of Supervisors' chambers until 1:00 p.m., the posted end-time for the meeting. No one arrived, however. The hearing was videotaped and a copy is available from Director Kelly, as are written minutes of the proceedings.

In addition to comments received at the meeting, several individuals and groups provided comments and recommendations. These ranged from proofreading to highly substantive. Some were provided by letter, memorandum, or report; others by email; and one individual proofed about 75 pages of the plan.

Director Kelly held two meetings with the private provider community (one each in Lakeport and Clearlake) to orient them to the MHSA plan and take their feedback. No substantive recommendations for altering the plan were made by this group.

LCMH staff was also oriented to the plan in a variety of contexts, and several staff members made recommendations to strengthen the plan that were incorporated into the final version.

**3. Summary and Analysis of any Substantive Recommendations for Revisions.**

The substantive recommendations for revision are summarized below by topic.

a. Budget. The County Administrative Officer made the point that the Consumer Self-Help Center could not be purchased for the allocated amount.

b. Consumer Self-Help Center. A number of comments were received from representatives of a newly-formed (July 28, 2005) nonprofit (the Safe Haven Club House, Inc.). Their concerns and recommendations included:

(i) A concern that associating the Center with LCMH would discourage clients and community members who do not want or are not eligible for LCMH services from using it, e.g., due to the stigma attached to any association with LCMH or with mental illness

(ii) A concern that non-LCMH clients be able to use the Center
(iii) A recommendation that the Center be operated by an entity other than LCMH, i.e., that even the offer by LCMH to serve as an "incubator" in the first year while the Center facility is being developed creates too close a linkage

(iv) That the Center be operated primarily by consumers and/or volunteers with very few paid staff

(v) That the Center have extended hours of service, beyond the initial normal business hours (M-F, 8-5)

At least some of these comments reflect misunderstandings of the draft Plan. For example, one comment reflected the inaccurate perception that the Center would be co-located with LCMH. Another offered the Clubhouse as an alternative because it will offer vocational, rehabilitative, educational, and support group services, with client direction. These services, and client oversight, are incorporated into the proposed design.

The Safe Haven Clubhouse, Inc. then submitted a written proposal to operate the Center using the Clubhouse model, with a budget of $186,441 in Year 1 and a budget of $233,867 in Years 2 and 3.

Other comments were received from consumers, family members, and MHB members, as follows:

(i) Two consumers strongly recommended that the Center be staffed by professionals, not just consumers. One pointed out that professionals are more able to recognize and respond to safety issues, since some individuals with mental illness appear normal, but can manipulate, exploit, and injure others. Another reiterated that consumers and peers will feel safer to access and participate in services if staff is

present. This comment also noted that clients and staff working together sends a positive, recovery-focused message.

(ii) A family-member recommended two Centers, one in Clearlake and one in Lakeport

(iii) MHB members recommended that the Center serve LCMH clients, but also individuals with serious mental illness served by private providers and those who are unserved.

(iv) MHB members strongly recommended that the Center be clearly separated from LCMH, i.e., located separately with non-LCMH signage.

(v) MHB members reinforced the proposal that LCMH work with a reputable, non-profit contractor strongly oriented toward consumer-driven services to establish and operate the Center, using the standard County procurement process. The winning proposal will provide a detailed roadmap of Center services, at a minimum the already-identified services listed in the Plan.

(vi) MHB members also considered the possibility of forming two different entities, a Clubhouse for informal peer support and a one-stop Center that provides formal access to a wide range of services and supports.

c. Housing. A variety of comments strongly reiterated the need for a range of housing options, including:

(i) Supportive housing options, in Lakeport and Clearlake

(ii) Homeless shelters, in Lakeport and Clearlake. (There appeared to be confusion regarding whether the Center would also be a shelter for homeless individuals with serious mental illness.)

d. Crisis Response. Consumers, family-members, advocates, and MHB members strongly reinforced the urgent need for a crisis response continuum that will reduce the length of time individuals spend in the Emergency Rooms waiting for response and services.

e. Cultural Competency/Outreach. Advocates at the hearing spoke of the need for greater, personal outreach to unserved communities, e.g., Spanish-speaking, Native American, and others.

Substantial written feedback was given by the Inter-Tribal Council, which highlighted issues of importance to their community, and provided some corrections in language and terminology used in the plan. There were no requests for specific modifications of the proposed programs, rather, suggestions were made to strengthen cultural competency within them.

In addition, the Cultural Competency Committee prepared a written proposal strongly advocating for the creation of two full-time Outreach Workers to engage the Latino and Native American/indigenous migrant population. The Outreach Workers will be bilingual and multi-cultural, function as a team, and spend most of their time in the field. They will provide information about LCMH, but also about other resources. They will earn community trust and build individual rapport, make referrals, and help the isolated/fearful client make informed decisions. Once established, the Outreach Team could also reach out to other isolated populations, e.g., homeless, GLBT, isolated older adults, and TAY.

Other Native American advocates and representatives recommended:

(i) Outreach to Native American/Latino individuals, especially the youth, to "close the gap" between Native Americans and Latinos

(ii) Training LCMH staff, contractors, collaborative partners, primary care physicians, and others in the cultural and other needs of Native Americans, with training in elder cultural competencies

(iii) Ensuring that at least some staff who work with Native Americans are also fluent Spanish-speakers

(iv) Modify or expand definitions of therapy to include "cultural therapy" and develop process to define and accept cultural qualifications

f. Children's Services/Prevention/Early Intervention. Children's service providers recommended:

(i) Services to very young children (0-5), especially for those born tox positive or prenatally exposed to drugs and/or alcohol, to redress the effects of these circumstances and to promote early attachment and social/emotional development

(ii) School-based services to ensure that children, especially those with serious emotional disturbance, have consistent access to services

g. Older Adult Services. Advocates recommended:

(i) Expanded peer counseling, and training for peer counselors

(ii) Outreach and sensitive services to engage and assist Native American elders

**4. Description of Substantive Changes to the Plan Circulated for Public Review and Comment.**

The comments and recommendations detailed above led to a number of substantive changes to the Plan as circulated for public review and comment, as follows:

(a) Center Ownership. As recommended by the County Administrative Officer and as further suggested by the MHB Chairperson, the budget for GSD-02, the Consumer Self-Help Center was changed. The purchase of the Center facility has been replaced with lease-to-own, preferably three-years prepaid using one-time CSS funding. The Request For Proposal process which will identify the Center operator will allow the bidder to include a lease-to-own component, if the bidder has access to property. Years 2 and 3 will provide a small amount of funding to cover increased operational costs.

(b) Center Operations. In response to consumer, advocates, community, MHB, and Safe Haven Club House, Inc. representatives, the following substantive changes were made to GSD-02:

(i) The initial 8-5, M-F hours of operation were redefined as "minimum."

(ii) LCMH will issue a Request For Proposals, in compliance with County procurement policies, to identify a qualified non-profit that is strongly oriented to a model that is client-directed and staffed. The various bidders will provide detailed plans for how the Center will be implemented, including the lease-to-own option, specific services, expanded business hours, and who will be served. At a minimum, the Center will provide access to vocational and education resources, housing services (through GSD-03), AODS services, psychiatric consultations, Forensic Mental Health Partnership services (through FSP-02), meaningful social and recreational activities, a café or other food service, showers, rest areas, computers with internet access, a washer-dryer, showers, personal hygiene supplies, clean underwear and socks. Consumer Advisory Groups, peer self-help groups, consumer and volunteer staffing will be included. The amount reflected in GSD-02 budgets will be considered the "lump sum" maximum available for contracted activities, and serve as guidance for the expected level of staffing and support to be provided.

(iii) Should no qualified bidder emerge, LCMH will operate the center as indicated in the GSD-02 budgets.

(iv) Both LCMH and non-LCMH clients will be served by the Center, including those served by private providers and those who are unserved. An intergenerational focus, to include Older Adults, is encouraged.

(c) Housing. In response to comments received that housing is needed in both the Clearlake and Lakeport areas, GSD-03 was revised to allocate $50,000 in seed money to the Rural Communities Housing Development Corp. to provide the required match for the development of 10-12 units of subsidized housing for LCMH clients in the Clearlake area. The RCHDC Director has agreed to this partnership. LCMH has already participated in housing development with RCHDC for its clients in Lakeport.

As described in detail in **Part II, Section VI**, GSD-03 will increase housing options for LCMH clients, including supportive housing.

(d) Crisis Response. The comments received underscored the urgent need for the crisis response continuum provided by GSD-01. No substantive changes were requested.

(e) Cultural Competency/Outreach. In response to the written comments provided by the Cultural Competency Committee and Native American stakeholders, plus comments at the MHB hearing, OE-01 was extensively revised. In Years 2 and 3, OE-01 will field two .75 FTE outreach workers, with the responsibilities recommended by the Cultural Competency Committee. At least one and preferably both will be fluent in Spanish. They will be able to communicate with the populations to be served and to inspire "trust and confidence. " ITCC staff indicated a strong preference that outreach workers be LCMH staff, rather than contracted through tribal organizations, to create a more direct link to services.

In addition, the trainings provided by OE-01 will include the cultural and other needs of Native Americans, with initial emphasis on the cultural needs of Native American elders. Further, trainings on alternative therapies will examine the concepts of "cultural therapy" and "best practices" approaches to defining and accepting culturally-based qualifications to provide therapeutic services.

(f) Children's Services/Prevention/Early Intervention. These comments will be incorporated into the planning and design of prevention/early intervention services for children when DMH releases the prevention funds. In addition, the primary intervention program proposal described in Year 2 of FSP-01 will address the comment requesting school-based services.

(g) Older Adults. There were no substantive changes needed with respect to older adults, as the proposed programs already incorporate the requested activities.

**Conclusion:**

The comments and input on the draft Plan were generally very positive. The planning process was deemed genuinely inclusive and the proposed programs were found to meet the community's prioritized needs. As detailed above, most of the substantive comments were incorporated into the Plan, making it stronger, more specific, and even more responsive to community priorities and preferences.

"It's a total transformation!"
Mental Health Board Member

## Part II: Program and Expenditure Plan Requirements

### Section 1: Identifying Community Issues Related to Mental Illness and Resulting from Lack of Community Services and Supports

The planning process included an "environmental scan" which provided a broad understanding of the relevant demographics, socioeconomic issues, and unique local conditions that shape life in Lake County. Information was obtained from a variety of sources, including Census 2000, the California Department of Finance - Demographics Unit, the California Department of Education, the California Alcohol and Drugs Data System ("CADDS"), research, local agencies, and the community.

### A. Environmental Scan

### a. Introduction to Lake County

Lake County is a lovely, rural, isolated area which has long been an affordable vacation and retirement destination for working families from the Bay Area and elsewhere. The County is famous for the clearest air in the state, Clear Lake (California's largest all-natural lake), and an outdoor, small-town lifestyle. Its high rates of crime and violence, alcohol-related death rates, methamphetamine manufacture, and poverty have been recognized by entities as diverse as the Federal Departments of Education and Justice, the Substance Abuse and Mental Health Administration, the California Department of Education, the California Attorney General's Office, and the Board of Corrections.

*Location.* Lake County is ringed by mountains and divided by Clear Lake. It is cut off from California's two main north-south transportation corridors: Highway 101 to the west and Highway 5 to the east. There are only four access points to the County: Highway 20 from the east and from Mendocino County in the west, Highway 175 (the Hopland grade, south of Ukiah), and Highway 29 (over St. Helena mountain from Napa). All are two-lane roads through mountain passes. All are difficult to drive, even in good weather. Lake County residents must travel for health and other services, as many providers are located outside the County.

*Geographic and social Isolation.* Lake County residents are hard to find and to serve. They are scattered in small towns around Clear Lake and in the mountains. There are only two incorporated cities: Clearlake (population 13,810) and Lakeport (population 5,108), the County seat (California Department of Finance or "DOF"). All Lake County communities are defined as "rural", i.e., fewer than 25,000 residents. Just blocks away from town centers, the streets revert to unpaved, unlit, unmarked roads. Some outlying areas have no electricity or telephones. Public transit is limited and stops at 6:00 p.m.

Residents, especially older individuals, are cut off from each other and from services, including health care, recreation, social support, employment, and even food. Seniors who vacationed here in their youth or who are seeking affordable housing settle here to spend their golden years in the peaceful country. Many don't realize how isolated the

County is and far apart the towns are. They become increasingly lonely and vulnerable to depression, alcoholism, illness, and predatory caregivers and relatives.

### b. Population – Age, Gender, Ethnicity

As noted, Lake County is less diverse than California, but diversity is rising. Younger age cohorts are more diverse than older ones, as Table I.1 following this page demonstrates. Latinos are overwhelmingly the largest non-White ethnic group in Lake County. Within the Latino population, however, are a variety of subpopulations and cultures, which pose an additional challenge to equity and cultural competence.

*Age-related issues.* The County has an unusual age structure. About 23% of the population is under 18 and 25% is 60 or older. Because nearly half of the County's residents are likely to require support services, this structure greatly increases the local need for health and human services, while reducing local capacity to pay for them. The County must prepare for an imminent boom in its older adult population, as Table I.2 below demonstrates.

*Table I.2: Percentage Change in Selected Age Cohorts 1990-2000*

| Age Cohort | Lake 1990 Number | Lake 2000 Number | Lake 2000 Percent | California 2000 Percent | Lake 90-00 % Change |
|---|---|---|---|---|---|
| 45-54 | 4,984 | 8,904 | 15.3% | 12.8% | +78.7% |
| 55-59 | 2,454 | 3,567 | 6.1% | 4.3% | +45.4% |
| 60 – 64 | 3,179 | 3,167 | 5.4% | 3.4% | -0.4% |
| 65-74 | 7,046 | 6,102 | 10.5% | 5.6% | -13.4% |
| 75-84 | 3,607 | 4,075 | 7.0% | 3.8% | +13.0% |
| 85 and over | 819 | 1,182 | 2.0% | 1.3% | +44.3 |

Source: Census 2000

Table I.1: Population by Age, Gender, and Ethnicity

| Age | Gender | Native American | Asian | Black | Hispanic | Multiracial | Pacific Islander | White | Total |
|---|---|---|---|---|---|---|---|---|---|
| 0-15 | F | 341 | 40 | 177 | 1,355 | 271 | 6 | 4,006 | 6,196 |
| | M | 301 | 35 | 186 | 1,465 | 268 | 5 | 4,285 | 6,545 |
| **Total 0-15** | | **642** | **75** | **363** | **2,820** | **539** | **11** | **8,291** | **12,741** |
| 16-17 | F | 54 | 6 | 23 | 221 | 27 | 0 | 732 | 1,063 |
| | M | 32 | 6 | 19 | 222 | 28 | 3 | 736 | 1,046 |
| **Total 16-17** | | **86** | **12** | **42** | **443** | **55** | **3** | **1,468** | **2,109** |
| 18-20 | F | 62 | 6 | 31 | 258 | 53 | 7 | 980 | 1,397 |
| | M | 70 | 14 | 31 | 237 | 50 | 2 | 1,033 | 1,437 |
| **Total 18-20** | | **132** | **20** | **62** | **495** | **103** | **9** | **2,013** | **2,834** |
| 21-25 | F | 92 | 16 | 47 | 183 | 54 | 2 | 951 | 1,345 |
| | M | 67 | 14 | 62 | 272 | 65 | 2 | 1,133 | 1,615 |
| **Total 21-25** | | **159** | **30** | **109** | **455** | **119** | **4** | **2,084** | **2,960** |
| 26-39 | F | 175 | 96 | 135 | 734 | 77 | 10 | 3,015 | 4,242 |
| | M | 211 | 33 | 141 | 854 | 70 | 10 | 2,736 | 4,055 |
| **Total 26-39** | | **386** | **129** | **276** | **1,588** | **147** | **20** | **5,751** | **8,297** |
| 40-59 | F | 359 | 114 | 208 | 1,041 | 198 | 21 | 8,129 | 10,070 |
| | M | 320 | 73 | 164 | 1,180 | 139 | 12 | 7.782 | 9,670 |
| **Total 40-59** | | **679** | **187** | **372** | **2,221** | **337** | **33** | **15,911** | **19,740** |
| 60-64 | F | 50 | 17 | 32 | 148 | 36 | 0 | 1,663 | 1,946 |
| | M | 41 | 19 | 43 | 156 | 31 | 2 | 1,518 | 1,810 |
| **Total 60-64** | | **91** | **36** | **75** | **304** | **67** | **2** | **3,181** | **3,756** |
| 65+ | F | 77 | 59 | 206 | 335 | 99 | 8 | 5,649 | 6,433 |
| | M | 83 | 35 | 184 | 339 | 87 | 4 | 4,784 | 5,516 |
| **Total 65+** | | **160** | **94** | **390** | **674** | **186** | **12** | **10,433** | **11,949** |
| **Grand Total** | | **2,335** | **583** | **1,689** | **9,000** | **1,553** | **94** | **49,132** | **64,386** |

Source: DMH Pivot Table

**Dual and Multiple Diagnosis Issues - Disability**

Lake County has high rates of disability and substance abuse. Census 2000 tallied 32,450 disabilities for residents aged 5-65+. Different age groups reported different age-related disabilities, e.g., people 16-64 years reported employment disability, while people 65+ reported self-care disability. All groups reported on mental disability. Even assuming that the disability rates within the MHSA target populations are no higher than those of the general population, these data confirm that the Lake County MHSA must include effective responses to clients who present with more than one condition.

(Note: The age groupings used by Census 2000 do not correspond exactly to the MHSA age groups.)

*c (i) Rates of disability – Children aged 5-15.* At least 819 or 8.8% of children aged 0-15 reported one or more disabilities (Census 2000, Summary File 3, Table P42). Of the 1,003 total disabilities tallied for this age group, 658 or 65.1% were mental disabilities, defined as 6 months or more of mental disability (Census 2000, Summary File 3, Table P41).

*(c)(ii) Rates of disability – TAY aged 16-20.* Of TAY aged 16-20, 459 or 12.6% reported one or more disabilities (Census 2000, Summary File 3, Table P42). The total disabilities tallied for this group under Table P41 are included within the 16-64 year olds.

(c)(iii) *Rates of Disability – Adults.* Of adults aged 21-64, 9,950 or 32.3% reported one or more disabilities (Census 2000, Summary File 3, Table P42). Of the 20,914 disabilities tallied for this age group, 3,357 or 16% were mental disabilities. This age group reported higher numbers of physical disabilities (5,249) and employment disabilities (6,077). (Census 2000, Summary File 3, Table P41).

*(c)(iv) High rates of disability – Older Adults.* Lake County has the highest percentage of disabled and/or elderly (65+) residents in California (Census 2000), at 37% of the total disabled population. About 5,040 or 45% of individuals 65+ are disabled (Census 2000). A 2004 survey of Lake County seniors found that 53.3% of the senior respondents were disabled or had a chronic illness, as did 46.8% of their caregivers (Martinek, C. *Lake and Mendocino Counties Senior and Caregiver Needs Assessment Survey, Summary Report 2005,* prepared for North Coast Opportunities, Inc., Area Agency on Aging). About 20% of adults 55+ "experience specific mental disorders that are not part of 'normal' aging" (Administration on Aging, "Older Adults and Mental Health: Issues and Opportunities, 2001, p. 9).

The aging process itself involves physical changes, increased chronic impairment, and disability. Many older adults have multiple chronic illnesses. All have unique age-related psychological needs. The cumulative effect of, e.g., poverty, lack of proper health care and/or nutrition (or the reverse), sets the stage for a healthy or impaired old age. Elders are less able to recover from trauma; one problem leads to the next, creating a downward spiral.

The loss of sensory acuity has psychological impact, including cognitive impairment due to the lack of stimulus, isolation from friends and relatives, grief and anger over the loss, etc. Some forms of hearing loss, visual impairments, and cognitive impairments can be prevented or reduced. For example, exercise, crossword puzzles, and social interaction appear to slow down cognitive impairment, even the onset of Alzheimer's. One key challenge for MHSA services to older adults is to ensure that service providers and older adults alike are able to distinguish between "normal" aging, preventable problems (e.g., side-effects of over-medication, loss, neglect, abuse, and isolation), and serious mental illness. Further, such preventable problems can lead to serious mental illness in older adults, a process comparable to that identified by the ACE Study. Because so many adults can expect to live to 85+, the 20+ years between 65-85 are key opportunities for the MHSA to prevent or mitigate serious mental illness in the older adult age group.

### d. Dual and Multiple Diagnosis Issues - Substance Abuse

Lake County has a serious, chronic problem with abuse of all types of substances, including alcohol. Data from multiple sources collated by AODS confirms the scope of the problem. For example, of California's 58 counties, Lake County ranks, per capita (1st equals best, 58th equals worst), as follows:

- 48th for drug arrests (FY 2001)
- 54th for alcohol violations, excluding Driving Under the Influence (DUI) (FY2001)
- 53rd for DUI arrests (FY 2001)
- 50th for alcohol-involve motor vehicle fatal and injury accidents (FY 2000)
- 49th for adult treatment admissions (FY 2002)
- 58th for deaths due to alcohol and drug use (FY 2000)

(Source: California Department of Alcohol and Drug Programs, as presented by Lake County AODS March 1, 2005)

The California Attorney General's Office found that 28% of Lake County's adult misdemeanor arrests were specifically for drug and alcohol offenses. At the felony level, 26% of adult felony arrests were specifically for drug and alcohol offenses. Of the 267 adult felony arrests for drugs, 216 or 81% were for dangerous drugs, i.e., methamphetamine.

Bookings at the Hill Road Correctional Facility (the "Jail") reflect the prevalence of drug and alcohol problems. In FY 2003-2004, there were 1,347 bookings (or 27% of the 5,000 total) into the jail for alcohol charges and 987 bookings (or 20%) for drug charges. These numbers are limited to bookings in which the primary charge was an alcohol or drug offense and does not reflect the total number of bookings for incidents in which alcohol or drugs were involved.

CADDS provides a profile of Lake County residents in treatment for substance abuse. During FY 2003-2004, there were 826 substance abuse treatment admissions in Lake County, of which 598 were at AODS. The primary problem drugs, in order, are: methamphetamine (36%), marijuana (33%), alcohol (23%), and other substances, e.g.,

heroin, cocaine, etc. (8%). New admissions (no prior treatment) accounted for 41% of admissions, indicating a constantly renewed population in need of help. Age, gender, and ethnicity analyses reveal some disparities and some areas that, while equitable, are disturbing.

Age:

- Persons under 18 accounted for 22% of the admissions, consistent with their proportion of the general population.
- Persons 18-25 accounted for 15.8%, of admissions, nearly double their proportion of the general population
- Persons 26-55 accounted for 59% of admissions, somewhat higher than their proportion (44%) of the general population
- Persons 55+ accounted for 3.3% of admissions, well-below their proportion of the general population

This age distribution suggests that older adults are either not experiencing substance abuse problems or are not accessing treatment or are not accessing treatment through providers who report to CADDS.

Age at first use strongly indicates that substance abuse problems start early in Lake County. To the extent that early onset substance abuse may reflect other issues, e.g., abusive families or self-medication for mental or emotional pain,

- 47.2% reported age of first use as under 15
- 26% reported age of first use as 15-17
- 18.4% reported age of first use as 18-25 (TAY)
- 5.4% reported age of first use as 26-35
- 3% reported age of first use as 35+

Gender:

- Women accounted for 46% of admissions, somewhat less than their proportion of the general population
- Males accounted for 54% of admissions, somewhat higher than their proportion of the general population

Other situational characteristics:

- 11.9% reported mental disability; 0.5% reported developmental disability
- 6% were homeless
- 30.5% were unemployed

Ethnicity:

The ethnicity of users admitted to treatment is slightly more diverse than the ethnicity of the general population as of 2000. Assuming that Lake County is becoming more ethnically diverse, especially among younger residents, then the ethnicity of users in treatment may indicate that whites have better access to services (including being more willing to use them) than other groups, as follows:

- 80.1% were White (not Hispanic)
- 10.5% were Hispanic
- 3.4% were Native American
- 4.4% were Black
- 1.1% were Asian/Pacific Islander
- 0.5% were other

LCMH's generally accepted benchmark is that about 50% of mental health clients have substance abuse issues, for a variety of reasons which may include self-medication.

**e. Language barriers, including illiteracy**

Lake County is overwhelmingly English-speaking (defined as language spoken at home) at 89.8%. Spanish-speakers now comprise at least 7.7% of the total population and 75% of the non-English-speaking population (Census 2000). The rapid growth in the Spanish-speaking population will lead to language barriers affecting services to all four age groups. Language barriers are likely to affect adults and older adults the most, as children and youth will learn English at school. There has been a gender-based barrier in that married Latinas are sometimes prevented from learning English by their husbands. The extent of this issue cannot be quantified. At least some of the monolingual population will remain so for life. Additionally, younger immigrants are bringing their older parents and relatives to live with them.

About 20% of the adult population reads at or below a $5^{th} - 7^{th}$ grade level (Adult Literacy Program estimate, based on national prevalence rates). Interviews with key informants from the local Native American community revealed that many Native American elders cannot read or write and do not care to learn how. The traditional culture was oral; they view literacy as compromising their tribal identity. Unfortunately, illiteracy makes them vulnerable to unscrupulous caregivers and less able to navigate service systems.

**f. Poverty**

Poverty is a global risk factor for negative outcomes, including lack of mental health. As the World Health Organization notes, the accepted correlation between poverty and lack of wellness has a corollary: lack of wellness leads to poverty, creating a vicious cycle. Lake County is poor, with poverty levels highest among the youngest residents. The County's overall poverty rate was 15.8% according to a 2002 estimate by the California HealthCare Foundation. About 39% of all residents live in households below 200% of

poverty (DMH Prevalence Table 2). In 2000, Lake County had the 6th highest rate of child poverty among California's 58 counties (Lake County Community Assessment Project, 2002, p. 96).

*f (i) Children.* The poverty profile of Lake County's children under 18 is as follows:

- 29.5% of children under age 5 are below poverty (Census 2000; 2002 N/A)
- 21.3% (3,038) of all children 0-18 are below poverty (U.S. Census Bureau, Small Area Income & Poverty Estimates 2002, released December 2004)
- 9.9% (1,333) are below 50% of poverty (Census 2000)
- 55.5% (7,232) of children 0-17 are below 200% of poverty. Because the cost of living in California is so high, falling below 200% of poverty has significant impact on children's access to resources, e.g., food, housing, health care. (DMH Prevalence Table 2)
- 37.9% (5,329) live in neighborhoods where 20% or more of residents are below poverty

Estimates of children 0-17 below 200% of poverty, by ethnicity, can be derived using the ethnicities provided in Table I.1, above, cross referenced with the percentage of this age group below 200% of poverty from DMH Prevalence Table 2. There appears to be no single data source that provides age x ethnicity x poverty level.

Please note that the MHSA age groups define children as aged 0-15 and TAY as aged 16-25, but the Prevalence Table aggregates data for children 0-17. Thus, the age groups in the Tables below are not entirely consistent with the MHSA age groups.

*Table I.3: Children 0-17 Below 200% of Poverty*

| Total | | White | | Black | | Native American | | Asian/ PI | | Hispanic | | Other/Multi | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| # | % | # | % | # | % | # | % | # | % | # | % | # | % |
| 7,234 | 100% | 4,647 | 64.2% | 218 | 3% | 325 | 4.5% | 56 | .9% | 1,623 | 22.4% | 365 | 5% |

*f (ii) TAY:* As noted above, 21.3% of youth aged 16-17 are below poverty. TAY aged 18-25 are poorer than their 16-17 year old peers. About 32.9% of TAY aged 18-25 are below 200% of poverty, making this a high-need, high-risk underserved age group. Estimates of the ethnicities of TAY below 200% of poverty were derived by applying the ethnic percentages of Table 1.1 to the 1,907 TAY aged 18-25 below 200% of poverty from DMH Prevalence Table 2. There appears to be no single data source that provides age x ethnicity x poverty level.

*Table I.4: TAY 18-25 Below 200% of Poverty*

| Total | | White | | Black | | Native American | | Asian/ PI | | Hispanic | | Other/Multi | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| # | % | # | % | # | % | # | % | # | % | # | % | # | % |
| 1,907 | 100% | 1,348 | 70.7% | 57 | 3% | 95 | 5% | 19 | 1% | 313 | 16.4% | 73 | 3.8% |

Note: The ethnic totals are < 1,907 due to rounding.

*f (iii) Adults:*

The same methodology was used to calculate the total number of adults below 200% of poverty and then to calculate the ethnic percentages. Please note that DMH Prevalence Table 2 aggregates the 55-64 year old age group. Therefore, the number of adults 55-60 below 200% of poverty was estimated at one-half of the 2,522 adults aged 55-64 below 200% of poverty.

*Table I.5: Adults 26-59 Below 200% of Poverty*

| Total | | White | | Black | | Native American | | Asian/ PI | | Hispanic | | Other/Multi | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| # | % | # | % | # | % | # | % | # | % | # | % | # | % |
| 10,426 | 100% | 8,059 | 77.3% | 240 | 2.3% | 396 | 3.8% | 136 | 1.3% | 1,418 | 13.6% | 177 | 1.7% |

*f (iv) Older Adults:* According to Census 2000, the poverty rate for Lake County older adults 65+ is 12%, the lowest of the MHSA age groups. However, the County ranks 14th among California counties for seniors in poverty. We rank 3rd highest in California for the percentage of older adults (65+) on Medi-Cal (1 in 36 residents) (*California Long Term Care County Data Book 2002,* California Association for Adult Day Services).

*Table I.6: Older Adults 60+ below 200% of Poverty*

| Poverty Level | Total population 60+ in poverty | | 60+ White (Non-Hispanic) | | 60+ Black/AA | | 60+ Native American | | 60+ Asian | | 60+ Other/ Multi | | 60+ Latino | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| <100% Poverty[1] | 1,255 | | 84.86% | | 3.2% | | 3.6% | | 0 | | 3.6% | | 5.2% | |
| <125% Poverty[2] | 2,385 | | 87% | | 3.3% | | 2.3% | | 0 | | 2.1% | | 5.2% | |
| <200% Poverty[3] | 5,560 | 100% | 4,821 | 86.7% | 167 | 3% | 89 | 1.6% | 50 | 4% | 89 | 1.6% | 345 | 6.2% |

[1] Department of Finance was consulted for current data and referred us to the U.S. Census 2000. This Table was compiled from Census SF-3, Tables PCT 49 and PCT 75a-75i. Information derived from Table 90. California Population Aged 60 and Over with Income Below 100% of Poverty Level by Race and Hispanic Origin for State, PSAs, and Counties, California Department of Aging [2] Information derived from Table 88. California Population Aged 60 and Over with Income Below 125% of Poverty Level by Race and Hispanic Origin for State, PSAs, and Counties, California Department of Aging [3] Figures derived by the same methodology used for the other age groups. As noted above, the DMH Prevalence Table 2 aggregated 55-64 year-olds, so one-half of the total number (2,522) was used to approximate the total 60-64 year-olds.

*f(v) Gender-based Income Gap.* There is a significant gender-based income gap. Census 2000 reported the median earnings of a male, full-time year-round worker as $35,771. A female full-time, year-round worker made only $24,028, difference of $11,743 or about 67% of the man's earnings. Low-income women are at enhanced risk

of homelessness. They are also more likely to stay in an abusive situation to avoid homelessness and protect their children's economic security and emotional stability.

### g. Adverse Childhood Experiences

The Adverse Childhood Experiences ("ACE") study (the "ACE Study") is a long-term (over 11 years), epidemiological research project conducted collaboratively by the Centers for Disease Control and Kaiser Permanent's Department of Preventive Medicine in San Diego California with the active participation of 17,421 adults. The ACE study revealed a powerful and long-lasting relationship between the emotional experiences of children and their physical and mental health as adults. The ACE study examined eight categories of childhood abuse and household dysfunction. The abuse categories were: physical abuse, recurrent emotional abuse, and sexual abuse. The household dysfunction categories were: growing up in a household in which someone was in prison; in which the mother was treated violently; with an alcohol or drug user; in which someone was chronically depressed, mentally ill, or suicidal; and/or in which at least one biological parent was lost to the participant during childhood, regardless of cause. Each participant received an ACE Score based on their experiences, e.g., a person exposed to none of the categories had an ACE Score of 0, a person whose mother was a victim of domestic violence had an ACE Score of 1, and so on. The average age of participants was 57 years; most were middle class.

The ACE Study's two "most important" general findings were:

1. ACEs are far more common than has been recognized or acknowledged
2. They have a powerful relation to adult health a half-century later

It also found that most participants, if exposed to any category, were exposed to more than one, i.e., there was an 80% likelihood of multiple exposures. The ACE Study also acknowledged that the categories tend to co-occur, i.e., a child growing up with an alcoholic parent or in a home with domestic violence is probably exposed to other dysfunctions as well.

The Study's research question is: What is the relationship of the ACEs to specific organic diseases and emotional disorders? The Study found that higher ACES Scores are directly related to higher levels of emotional distress, substance abuse, depression, and suicide in adulthood. For example:

- A male child with an ACE Score of 6 has a 4,600% increase in the likelihood of later becoming an Intravenous drug user than a male child with an ACE Score of 0. The Study asks: "Might [heroin] be used for the relief of profound anguish dating back to childhood experiences? Might it be the best coping device that an individual can find? Is IV drug use properly viewed as a personal *solution* to problems that were well concealed by social niceties and taboo?"
- An individual with an ACE Score of 4 or more is 460% more likely to be suffering from depression than an individual with an ACE Score of 0

- There was a 1,220% increase in attempted suicide between these two groups. At higher ACE Scores, the prevalence of attempted suicide increased 30-51-fold (3,000 – 5,100%).
- Persons who have ACE Scores of 4 or more have a 4 to 12-fold increased health risk for alcoholism and drug abuse.
- (Felitti, V.J., The Relationship of Adverse Childhood Experiences to Adult Health: Turning gold into lead, English translation of: Felitti, V.J., Belastungen in der Kindheit under Gesundheit im Erwachsenenalter: die Verwandlung von Gold in Blei. Z. psychosom Med Psychother 2002; 48(4): 359-369, p.4).

The ACE Study provided a holistic, intergenerational perspective that helped guide LCMH's MHSA planning process. One of our planning goals was to create programs that promote resiliency and recovery so that young clients grow out of, rather than age into, the system. Because what happens in childhood has a powerful long-term effect on mental health in adulthood, we included awareness of ACEs in programming for children and TAY. The power of resiliency in children and youth, coupled with early intervention, can avert the ACE-related outcomes described above. Professionals working with adult and even older adult mental health clients have two tasks: (a) to help clients cope with the effects of their own ACEs; and (b) if the client has children in the home, develop services that mitigate the ACE of living with a parent with mental illness. The power of this approach is that early intervention for children *is* prevention for the other population groups, creating multiple positive impacts from one investment.

### h. Family Violence: Child Abuse, Domestic Violence, and Elder Abuse

Family violence is a factor in our MHSA planning due to its intensity in Lake County, its inter-generational impact, and its effect on mental health.

*h(i) Child Abuse.* As detailed above, child abuse is now acknowledged as having a powerful long-term impact on the health and well-being of its victims through adulthood. Lake County's chronic high rates of child abuse create a large "pool" of potential mental health clients, either as children or as adults, as predicted by the ACE Study. Early intervention, even with children as young as 0-3, can avoid such abuse or mitigate its effects. Examples of such intervention include an interagency response triggered by infants testing positive for the presence of drug metabolites ("tox positive") that protects the child and, if possible, assists the mother. Other interventions currently underway in Lake County include training primary care physicians in programs like Brazelton's "Touch Points" so they have the skills to engage parents in their children's healthy growth and development.

*h (ii) Domestic Violence or Intimate Partner Violence (IPV). IPV* has at least two victims: the women (as this is primarily a crime against women) and, if there are children in the home, the children. The experience of domestic violence is extremely stressful. Such stress can precipitate mental illness, worsen a pre-existing condition, and/or create post-traumatic stress issues after the violence ends. Women with children who flee their batterer are at higher risk of homelessness, which is both

stressful and a barrier to accessing services. Some of the effects on children from exposure to violence are listed above under the ACE Study.

Older women are the unseen victims of IPV. The *National Elder Abuse Incidence Study* found that about 76.3% of elder domestic abuse and neglect victims are women. Unfortunately, older women are less likely to be recognized as victims of abuse. The image of the domestic violence victim is that of the younger woman with children. It is still too common for health care providers to assume that the older woman's injuries and behavior are due to "old age" than to abuse or neglect. Further, abuse and neglect can affect emotional and mental health in the elderly, creating a negative downward spiral.

Domestic violence cases reported to the Lake County District Attorney's Office rose slightly to 68 felony and 343 misdemeanor cases for 2004-2005.

*h (iii) Elder Abuse.* Our seniors are endangered, by crime in the neighborhoods and by elder abuse. Each year, about 128 cases of elder abuse are referred to the Lake County District Attorney's Office. The National Elder Abuse Incidence Study estimates that only 1 in 5 incidents are reported. Therefore, these cases represent 640 incidents of elder abuse each year or nearly two acts of abuse every day in Lake County. (The National Elder Abuse Incidence Study, National Center on Elder Abuse 1998) Nationally, there is a gender disparity, with the majority of victims being female.

## B. Adverse Community Impacts in Lake County of Untreated Serious Mental Illness and Emotional Disorders

The MHSA Requirements[2] identified a set of long-term, adverse community impacts arising from untreated mental illness and serious emotional disorders. The planning process confirmed that Lake County is experiencing all of them, albeit in varying degrees. The designated impacts are:

- For children, youth, and some transition age youth:
  - Inability to be in a mainstream school environment
  - School failure
  - Hospitalization
  - Peer and family problems
  - Out-of-home and out-of-area placement
  - Involvement in the child welfare system
  - Involvement in the juvenile justice system

- For adults, older adults, and some transition age youth:
  - Homelessness
  - Frequent hospitalizations
  - Frequent emergency medical care

[2] MHSA Community Services and Supports: Three-Year Program and Expenditure Plan Requirements , authorized by Welfare and Institutions Code Section 5848 and available on-line at www.dmh.ca.gov

- Inability to work
- Inability to manage independence
- Isolation
- Involuntary care
- Institutionalization
- Incarceration

The Lake County planning process also identified two other significant impacts: (i) homelessness among children, i.e., 0-18 or pre-TAY; and (ii) the long-term effects of untreated post-traumatic stress arising from child abuse, domestic violence, elder abuse, plus possible effects of military service. The Lake County Pomo tribes link their community's current difficulties in functionality to the legacy of recent racially and culturally-motivated violence and injustice they have experienced, characterized as "Genocide Affliction Post-Traumatic Stress Disorder Syndrome" or "GAP." This analysis holds that even well-intentioned programs and policies will be, at best, ineffective in ending the existing "cycle of dependency and underdevelopment." To be effective, programs must "validate" the importance of culture and tradition in "restoring the self-worth of California Indians" (Chavez, H., *Overview of Genocide Affliction Post Traumatic Stress Disorder Syndrome Effect upon Development of California Indians,* ITCC, September 2005). These issues are woven into the discussion of community concerns below.

The following sections follow the format of the Requirements.

## 1. Major County/Community Issues Identified in the Public Planning Process.

The Stakeholders' Steering Committee analyzed and distilled information from the environmental scan detailed above, survey results, input from individuals, the four public community meetings, and the Work Groups to identify the top community concerns. The input from the surveys is described below. The community meetings and work groups provided in-depth guidance on unmet needs, service disparities, and desired outcomes which the Stakeholders' Steering Committee used to guide its work.

Surveys were administered by NAMI, the MHB, and LCMH. These independent processes generated valuable insights into community concerns. The top priorities identified by each survey are listed below.

*a. NAMI:*

1. A more structured day treatment program
2 A long-term supervised housing facility with support services and also (same level of priority) several crisis residential beds
3. A homeless shelter or other type of short-term emergency housing to provide immediate shelter
4. A mobile and effective crisis team to respond

5. Appropriate and timely mental health treatment of the mentally ill who are incarcerated in the local County Jail, including evaluation by a psychiatrist, medication, counseling, and post-discharge follow-up by LCMH
6. Drop-In Centers in both Clearlake and Lakeport, open for set hours during the week, with peer support, activities, and consumer-led (with training) activities.

The MHSA planning process and this Plan addressed several of these findings, e.g., 2, 4, 5, and 6.

*b.* *MHB:* On October 21, 2004, the MHB presented the LCMH Director and the Board of Supervisors with a report of their findings from their Mental Health Needs Assessment Questionnaire. 53 completed questionnaires were returned by members of law enforcement, probation, fire and County Schools. Significant findings included:

- Law enforcement concern for slow response-time with crises (56.6 % "never" receive a timely response)

- Interest in mutual training (50% law enforcement, 80% fire, 66.6% probation and 82% schools). Training in mental health issues was reported by all to be at most a yearly event. The most frequent response for frequency of MH training was "never." (This ranged from 50 to 66% of responses.)

- A significant number of added comments addressed the need for school-based mental health services, e.g., "Increase staff to provide on-campus counseling."

These findings were also included in the MHSA planning process and have been addressed in a variety of ways, e.g., with an early roll-out of school-based services, an expanded continuum of crisis response, and multiple training opportunities for partner agencies.

*c. 2005 Lake County MHSA Survey Questionnaire Data (Analyses prepared by J. Holden of the Stakeholders' Steering Committee)*

c (i) *English-Speaking Community*

LCMH circulated a short paper-and-pencil survey to Lake County residents over the summer of 2005 as part of the MHSA planning process. The self-administering questionnaire offered 7 categories of unmet need for "kids and teens", and 8 categories of unmet need for "adults and older adults", each to be rated on a 3-point scale ("very important", "important", "not important at this time").

The questionnaires were printed in the local newspaper and were distributed at the Lake County Fair and at health clinics. A total of 242 questionnaires were returned. Of these 60 (25%) had technical problems. These problems included people misunderstanding the rating system, responding to only some of the items, and/or a

substantial number rating all items with "1" or all items with "3", which offers no discriminative value between items.

This left 182 questionnaires used in the present analysis. The analysis calculated the number of "very important" responses as a percentage of the total responses to an item. The statistical reliability of the actual percentage numbers themselves are considered to be less reliable than the resulting rank orderings of these percentages. Both are presented below (format taken from Survey):

"FOR KIDS AND TEENS":

1. Getting help when they are having trouble at school (84%).
2. Help when they have alcohol/drug problems as well as mental illness (78%).
3. Early identification of problems (71%).
4. Getting the medicine they need (63%).
5. Staying out of trouble with the law (55%).
6. Seeing a psychiatrist with little delay (45%)
7. Parents for other parents to talk to who have had similar problems (30%)

"FOR ADULTS AND OLDER ADULTS":

1. Help when they have alcohol/drug problems as well as mental illness (73%).
2. Getting the medicine they need (65%).
3. Living in stable housing (62%).
4. Not being isolated and/or lonely (58%).
5. (Tied) Getting and keeping a job (54%).
6. (Tied) Staying out of trouble with the law (54%).
7. Seeing a psychiatrist with little delay (51%).
8. Having something meaningful to do during the day (50%).

With the exception of the top priority item, the percentage differences between the items in "Adults and Older Adults" are quite slim, never more than 4 percentage points apart, at least some of which can be accounted for by measurement errors. Thus, the reliability of the individual rank orders is lower than is found with the wider spread of percentages between the items in "Children and Teens", which range from 30-84% compared to 50-73% for "Adults and Older Adults".

*c (ii) Spanish-speaking Community*

The Survey described above was translated into Spanish and distributed in both English and Spanish at the October 2005 Bi-national Health Event in Lakeport. A total of 26 questionnaires were returned. Of these, 6 rated all items with "1" or all items with "3", which offer no discriminative value between items.

This left 20 questionnaires used in the present analysis. The analysis calculated the number of "very important" responses as a percentage of the total responses to an item. The statistical reliability of the actual percentage numbers themselves are considered to be less reliable than the resulting rank orderings of these percentages. Both are presented below:

"FOR KIDS AND TEENS":

1. Help when they have alcohol/drug problems as well as mental illness (95%).
2. Getting help when they are having trouble at school (84%).
3. Early identification of problems (68%).
4. Getting the medicine they need (63%).
5. Staying out of trouble with the law (58%).
6. Seeing a psychiatrist with little delay (32%)
7. Parents for other parents to talk to who have had similar problems (21%)

"FOR ADULTS AND OLDER ADULTS":

1. (Tie) Help when they have alcohol/drug problems as well as mental illness (88%).
2. (Tie) Getting and keeping a job (88%)
3. Living in stable housing (82%).
4. Staying out of trouble with the law (71%).
5. Getting the medicine they need (65%)
6. Having something meaningful to do during the day (53%)
7. Not being isolated or lonely (47%)
8. Seeing a psychiatrist with little delay (41%)

These rank-order results are reasonably parallel to the results obtained in the larger countywide survey, especially for children/teens, but "Getting and keeping a job" was rated much higher (tied for #1) with this Latino sample than with the general population rating (#5). Also, isolation seems less a factor for Latino adults.

NOTE: The general population surveys likely included an unknown number of Latino respondents. Adding the present findings to the general population findings, however, would distort how representative the findings from that survey are of the general population.

The Steering Committee then reviewed the Work Group desired outcomes and concerns, compared all of the information to the Requirements, and prioritized Lake County concerns as detailed in Table I.7, below. Table I.8 links the prioritized community issues with the prioritized desired outcomes for each age group. As directed by the Requirements, the issues to be addressed in the first 3 year planning cycle are asterisked.

*Table I.7:* County/Community Issues

| Children/Youth | Transition Age Youth | Adults | Older Adults |
|---|---|---|---|
| *1. Lack of early access to services | *1. Isolation, leading to lack of early identification of mental health issues | *1. Homelessness/ Hospitalization/ Incarceration | *1. Inability to live independently/ involuntary care/ institutionalization |
| *2. School failure/inability to be in mainstream | *2. Inability to manage independence/work | *2. Isolation, arising from stigma of mental illness, plus geography, transportation, etc. | *2. Isolation |
| *3. Peer and family problems | *3. Institutionalization/ incarceration | *3. Inability to manage independence | *3. Lack of acceptance, tolerance, and understanding of older adults |
| 4. involvement in juvenile justice system | | | |
| 5. Out of home and out of area placement | | | |

Table I.8, following this page, links the prioritized community issues with the prioritized desired outcomes developed by the Work Groups.

*Table I.8: Community Priorities (Bold Face) Linked to Desired Outcomes*

| Children/Youth | Transition Age Youth | Adults | Older Adults |
|---|---|---|---|
| 1.**School failure/inability to be in mainstream** All children physically and emotionally ready to start school | 1. **Isolation:** Outreach, e.g., create community-based drop-in center run by TAY | 1. **Homelessness/ hospitalizations/ incarceration** Decrease hospitalization, homelessness, incarceration | 1. **Inability to live independently/involuntary care/institutionalization** Being and feeling secure in all caregiver relationships, plus improved quality of care in the home |
| 2. **Involvement in juvenile justice system or All** Increased early access to services (intervention programs) | 2. **Isolation:** Create user-friendly network of coordinated, integrated services, with clear eligibility criteria, leading to increased access | 2. **Isolation:** Decrease isolation/loneliness | 2. **Isolation:** Increased access to services, including transportation |
| 3. **School failure/inability to be in mainstream** Meaningful alternative after school programs for children with severe mental/ emotional health issues | 3. **Institutionalization or incarceration:** Maintain the family unit or least restrictive, community-based placement | 3. **Inability to manage independence** Create user-friendly network of services/places to go for help in the community | 3. **Inability to live independently/involuntary care, etc. :** Increased functional ability, i.e., functioning at home and in the community |
| 4. **Involvement in juvenile justice system** Decreased expulsions and juvenile arrests | 4. **Inability to manage independence/ work:** Transition to independence in the community, with ongoing support after 18 | 4. **Isolation/ Stigma** Decrease the stigma of mental illness, including having a voice in the community (self-advocacy | 4. Decrease abuse by neighbors, drug-dealers, and caregivers |
| 5. **Out of home and out of area placement** Fewer children sent out-of-County for treatment, including group home placements | 5. **All:** Early identification of mental health issues, i.e., before age 16 | 5. Local, in-County detox unit | 5. **Lack of acceptance, tolerance, and understanding** of older adults, including those with mental illness |
| 6. **Peer and family problems** Improved parent/family involvement with schools and other resources | | | |

## 2. Factors/criteria leading to selection of prioritized issues.

For all age groups, the issues were prioritized according to the following criteria:

a. Did the issue occur in more than one age group?
b. Did the issue arise from concerns shared by more than one age group, e.g., stigma or need for early intervention?
c. Did the issue lead to outcomes shared by more than one age group or comparable across age groups?
d. Did addressing the issue for one age group, e.g., early intervention for children, benefit another, e.g., reduced needs among TAY?
e. Was the issue aligned with one or more of the MHSA outcomes, e.g., having opportunities for activities which are meaningful?
f. Does the issue have significant social and economic impact (e.g., the cost of out-of-home and out-of-area placement is so high that it severely limits the system's capacity to provide more proactive, less intrusive services)?

## 3. Racial, ethnic, and gender disparities within prioritized community issues.

This section analyzes disparities within the prioritized community issues by age group.

### 3a. Children

*3a (i). Lack of early access to services (children only)*

Very young children 0-3 who are not in child care, children 3-5 not in preschool, and school-aged children not enrolled in public school are less likely to have access to services. This disparity arises because Lake County has several child care- or school-linked programs that link children to services. These include:

- Health Linkages which provides health care information, training, and a health care warm line for some child care providers
- Healthy Start, which serves the State Preschools run by LCOE and schools in every district in Lake County
- Safe Schools/Healthy Students which provides school-based mental health services to low and moderate acuity students throughout Lake County

The Early Start Team, which includes Redwood Coast Regional Center, Easter Seals, and the Special Education Local Plan Area, provides access to services for very young children. Quantifying disparities among children outside these systems is difficult, as they are not readily accessible. The school districts have varying levels of early outreach to children 0-5. The efforts of groups working with children with special needs or who are at risk of developmental delays or other disabilities have led to a greater acceptance of the efficacy of early intervention to avert or mitigate problems, e.g., the need for special education services upon school entry.

*3a (ii). School failure/inability to be in mainstream (children only)*

There are disparities among the children known to have serious difficulty navigating the mainstream school environment. The following Table compares the ethnicity of the general student population enrolled in public school with: (i) the ethnicity of children with emotional disturbance; and (ii) ethnicity and 9th-12th grade drop-out rates.

*Table I.9: Ethnicity and Difficulty with Mainstream School*

| | Native American | Asian/Pacific Islander | Hispanic | African American | White | Multiple/No Response |
|---|---|---|---|---|---|---|
| **General student population**[1] | 5.2% | 1.8% | 19.4% | 2.9% | 66.9% | N/A |
| **ED**[2] | 1.5% | 1.5% | 4.5% | 6% | 86.4% | N/A |
| **All Disabilities**[2] | 6.3% | 1% | 15% | 5.4% | 72.2% | N/A |
| **4-year drop-out rate**[3] | 12.5 | 0 | 10 | 0 | 5.3 | 0 |

[1] California Department of Education 2004-2005 school year [2] California Department of Education, Special Education Division, reporting cycle December 1, 2004. [3] California Department of Education 2003-2004 (most recent available year). The County's total 4-year rate is 5.9. The rate is not a percentage, but is derived by formula.

LCMH is involved with only one Special Day Classroom, serving about 4 children five days per week. The students have been very successful over the years, with several returning to, and doing well in, mainstream classes. Some have become honor students and graduated from high school.

*3a (iii). Peer and family problems (children only)*

The California Healthy Kids Survey ("CHKS") is funded by the California Department of Education to assist schools to: (i) "prevent youth health-risk behaviors; and (ii) promote positive youth development, resilience, and well-being" (CHKS Report 2004-2005). Youth in grades 7, 9, and 11 answer questions on topics such as drug use, bullying, violence, safety, and resilience (including peer environment, and home environment). The responses of Lake County school-aged children to relevant questions reveal some significant peer and family problems and strengths. (Note: All data are from the Fall 2004 Lake County Combined Report, the most recent available report).

*Table I.10: Peer and Family Problems*

| Question | 7th | 9th | 11th |
|---|---|---|---|
| Had mean rumors/lies spread about you? | 54% | 58 | 51 |
| Had sexual jokes/comments/gestures made to you 4 or more times? | 18% | 35% | 33% |
| Been made fun of because of you looks/way you talk? | 42% | 48% | 38% |
| Been pushed, shoved, hit, etc.? | 52% | 48% | 27% |
| Been afraid of being beaten up? | 29% | 33% | 20% |
| Been in physical fight? | 34% | 29% | 22% |
| Been harassed on school property in last 12 months for:<br>▪ Race, ethnicity, national origin<br>▪ Religion<br>▪ Gender<br>▪ Sexual orientation (or perceived orientation)<br>▪ Physical/mental disability<br>▪ Other (undefined) | <br>▪ 11%<br>▪ 5%<br>▪ 10%<br>▪ 8%<br>▪ 6%<br>▪ 26% | <br>▪ 19%<br>▪ 14%<br>▪ 15%<br>▪ 13%<br>▪ 9%<br>▪ 37% | <br>▪ 22%<br>▪ 12%<br>▪ 11%<br>▪ 6%<br>▪ 2%<br>▪ 21% |
| I have a friend my age who really cares about me; who talks with me about my problems; who helps me when I'm having a hard time (% reporting "high" assets) | ▪ 61 | ▪ 57 | ▪ 66 |
| High expectations – pro-social peers (try to do what is right; do well in school) (% reporting "high" assets) | ▪ 46 | ▪ 41 | ▪ 48 |
| Home environment:<br>▪ Caring relationships; Adults in Home<br>▪ High expectations: Adults in Home<br>▪ Meaningful participation | <br>▪ 67<br>▪ 78<br>▪ 51 | <br>▪ 55<br>▪ 73<br>▪ 38 | <br>▪ 60<br>▪ 81<br>▪ 40 |

Although the students report significant levels of bullying and harassment, they also report positive home environments. With respect to peers, however, the responses show: (i) high levels of close peer relationships; but (ii) significantly lower levels of high expectations by those peers. Because youth rely so much on peers, the relatively low level of pro-social peers within the high level of strong peer relationships suggests an area of vulnerability.

## 3b TAY

### *3b(i) Isolation (TAY)*

Isolation is a significant factor in the lives of many Lake County residents, regardless of age, gender, ethnicity, or race. Lake County's geographic isolation from other counties and areas forces residents to depend on local resources. The County's rugged rural terrain makes in-County travel difficult. Many roads remain unpaved, unlit, and unmarked, even within blocks of schools and main streets. A few communities have neither electricity nor telephones. The lack of accessible, affordable, convenient public transportation further isolates residents, especially those who are too poor to legally operate a car.

All TAYs, especially those in foster care, are isolated by the circumstances of their age and lives. TAYs are likely to be even more vulnerable than the general population to the issues that isolate Lake County residents from services, e.g., lack of affordable, accessible, convenient transportation; lack of a medical home; lack of health insurance. Too many have been had multiple foster and other placements. They have not been able to develop social networks and support systems. At 18, many disappear from system visibility due to lost eligibility for children's services. They may resurface as adults in the jail or prison populations, however.

Hispanic and Native American TAYs are subject to isolating factors related to their ethnicity. Hispanic TAYS are subject to social, linguistic, and geographic isolation. Socially, they may still be experiencing discrimination, including an anti-immigrant backlash. TAYs of Hispanic descent born in the United States may still find themselves labeled "Mexican", regardless of their families' actual country of origin. Linguistically, they can be isolated by lack of fluency in written and spoken English. According to Census 2000, 22% of Spanish-speaking households are linguistically isolated, i.e., all members 14 years and older have some difficulty with English.

During this planning process, the Native American community identified a significant demographic shift. Specifically, younger tribal members are both Native American and Latino. Some are primarily Spanish-speaking and may see themselves first as Latino and only secondarily as Native Americans. Even those who do claim their Native American heritage do not fully understand or participate in the traditional culture. The adult and elder Native American community expressed concern with the potential for dilution and loss of that traditional culture. Further, these Native American/Latino TAY lack the protection of a strong cultural identity, whether Native American or Latino. That heritage does appear to buffer risk factors and stresses.

As TAYs make the transition into independent living, language skills become survival skills. Linguistic inadequacy can affect their ability to find meaningful work, continue their educations, and advocate for themselves, e.g., for equal housing and other opportunities. Geographically, the Hispanic community in Lake County tends to cluster around vineyards and orchards, many living in farm worker housing. Some of these areas are remote from all services.

Native American TAYs are dealing with physical isolation on still-remote rancherias. Again, many have unpaved, unmarked, unlit roads. Buses, including school buses, have only recently penetrated to the rancherias' interiors. These youth must also cope with a painful social and historical legacy. The Pomo's experience with forced relocation is recent (1960's) and divisive, as some families cooperated and some did not. The advent of the casinos reinforced internal factions, at least initially; Native Americans of all tribes are surrounded by reminders of conquest. Young Native Americans are trying to reconcile pride in their cultural heritage, tribal identity and loyalty, and the need to succeed in mainstream society. This task sets them apart from their non-Native American peers.

3b (ii). *Inability to manage independence/work.* Only 20 TAY in foster care are taking advantage of the Independent Living Skills Program (Lake County DSS, 2005). This suggests that many others are attempting to transition from foster care into the mainstream at age 18 without such skills.

It appears that Lake County's residents of working age (16+) have difficulty managing work. According to the Employment Development Department, about 22,915 or 49.8% of such residents are not in the labor force, not employed, and not looking for work. If one assumes that about half of these are homemakers, retired, or disabled, then about 10,000 individuals of working age are neither employed nor counted as unemployed (defined as "individuals who are not working, but are able, available, and actively looking for work"). If TAY are experiencing the same difficulty with work as the general population, then at least 2,500 are outside the world of work. If the serious mental illness prevalence estimate of 10% for the 18-64 age group (derived from DMH Prevalence Table 2) is applied to the TAY age group, then about 250 of the TAY outside the labor force are experiencing serious mental illness.

3b (iii). *Institutionalization/incarceration.* TAY aged 18-25 accounted for 20% of the 2004-2005 bookings at the Jail. This level is disproportionate to their percentage of the total population. There were 1,044 TAY booked into the Jail. If an 80% recidivism rate is assumed, then 165 TAY (unduplicated) or 3% of all Lake County TAY were incarcerated that year; a 50% recidivism rate results in 522 TAY incarcerated or about 9% of all TAY. This strongly suggests that TAY are having difficulty negotiating the demands of early adulthood.

### 3c. Adults

*3c (i). Homelessness/hospitalization/incarceration (All Ages)*

*Homelessness.* Homelessness affects men, women, and children throughout the nation and Lake County. Although homelessness is considered primarily an urban problem, it is pervasive in rural areas as well. The root causes of homelessness are: (i) poverty; and (ii) shortage of affordable rental housing, defined as costing less than 30% of one's income (www.nationalhomeless.org/who.html).

There are multiple definitions of homelessness. Lake County is using the definition used in the McKinney-Vento Act's education subtitle: "lack[ing] a fixed, regular and adequate nighttime residence", i.e., sharing housing of others due to loss of housing, economic hardship, or similar reason; living in motels, hotels, trailer parks, or camp grounds, emergency or transitional shelters, abandoned in hospitals, awaiting foster care placement; having a primary nighttime residence not designed for or used as a sleeping place for humans (e.g., a rowboat); cars, parks, public spaces, abandoned buildings, bus or train stations; and migratory youth in similar conditions. This definition

is especially useful for rural areas, since most of our homeless are not in shelters, but are making do with a combination of the options listed in McKinney-Vento.

A review of the websites of Housing and Urban Development, SAMHSA, National Resource and Training Center on Homelessness and Mental Illness, and the National Coalition for the Homeless failed to identify a firm formula for estimating the number of homeless in a rural area. The websites have estimated subpopulations, e.g., children, families with children, single men, veterans, etc. by urban, suburban, and rural populations. The following discussion estimates the total homeless in Lake County and subpopulations, including those with severe and persistent mental illness.

The general composition of the national homeless population is:

- 39% children under 18
- 51% adults aged 31-50
- 2.5%-19.4% adults aged 55-60

(Data was not found for older adults 65+ as such)

The U.S Conference of Mayors found that families with children are the fasted-growing segment of the homeless population, comprising about 40% of the homeless (U.S. Conference of Mayors 2003 Survey).

The rural homeless population has its own unique character, however, but it is less precisely quantified:

- Families, single mothers, and children make up the largest group of homeless in rural areas
- Rural homeless are more likely to be white, female, married, working, homeless for the first time, homeless for shorter periods
- Homelessness among Native Americans and farm workers is largely rural
- Rural homelessness is most pronounced in agricultural areas

(www.nationalhomeless.org/rural/htm, downloaded 9/03/05)

Veterans are a visible subpopulation of the adult homeless. About 33% of homeless men are veterans; 98% of the homeless veterans are men. (www.huduser.org/publications/homeless/homelessness/highlight, citing the *National Survey of Homeless Assistance Providers and Clients*, downloaded 9/12/05).

Other factors affecting rural homelessness include:

- A structural or physical housing problem that forces families to relocate to safer housing, which is unaffordable
- Distance between low-cost housing and employment opportunities
- Lack of transportation
- Decline in home ownership
- Rising rent burdens

- Insecure tenancy due to changes in the local real estate market (*Rural Homelessness, NCH Fact Sheet #13;* www.nationalhomeless.org/rural.html, downloaded 9/3/05).

The ethnicity of the national homeless populations is disproportionately non-white. These percentages are cumulative of all homeless nationwide. It is likely that Lake County has more white and Native American homeless, consistent with rural patterns.

- 41% of homeless are non-Hispanic white (compared to 76% of general population)
- 40% are African American (compared to 11% of general population)
- 11% are Hispanic (compared to 9% of general population)
- 8% are Native American (compared to 1% of general population)

The adult homeless report high rates of ACEs:

- 25% were physically or sexually abused as children
- 27% were in foster care or institutions as children
- 21% were homeless as children
- 54% were incarcerated at some point in their lives

Mental illness prevalence among the homeless is high:

- 20%-25% of single adult homeless (both genders) suffer from severe and persistent mental illness (U.S. Conference of Mayors, 2003 Survey)
- Of these, however, only 5%-7% require institutionalization (Federal Task Force on Homelessness and Severe Mental Illness, cited by National Coalition for the Homeless, Fact Sheet # 5, www.nationalhomeless.org/mental.html, downloaded 9/3/05).
- Up to 50% of the homeless with mental illness have co-occurring substance use disorders (www.nrchmi.samhsa.gov/facts/facts_question_3.asp, downloaded 9/12/05)
- Mental disorders are risk factors for homelessness. Low income individuals with mental disorders are at enhanced risk. Mental illness affects a person's ability to manage the tasks of daily life, e.g., self-care, household management, and relationships.
- The homeless who have mental illness tend to be homeless for longer periods
- Their social support and family networks are often damaged
- They have more trouble getting and keeping work,
- Due to the mental illness symptoms plus the problems of homelessness, they have many untreated physical health issues, e.g., skin conditions
- Typically, they are long-term residents of the areas in which they are homeless (www.nrchmi.samhsa.gov/facts/facts_question_3.asp, downloaded 9/12/05)
- They are twice as likely as other homeless to be arrested or jailed, mostly for misdemeanors and are often good candidates for diversion from jail into treatment

- (National Coalition for the Homeless, Fact Sheet # 5, www.nationalhomeless.org/mental.html, downloaded 9/3/05; confirmed by www.nrchmi.samhsa.gov/facts/facts_question_3.asp, downloaded 9/12/05).

*Quantification of homelessness in Lake County.* The following numbers are estimates, based on: (i) a 1994 Special Needs Report for the Lake County Housing element which estimated homelessness at 5% of the general population; (ii) extrapolation from the known homelessness rate of enrolled and served school-aged children in Lake County. The rates are likely to be too low. Only children who have been located and served are counted, yet homelessness necessarily includes children who are unseen and uncounted.

The calculations are as follows:

- The Lake County Homeless Student Assistance Program reported serving 556 school-aged children (6-18) or 5.3% of the total enrollment of 10,400
- 5.3% of the general population of 64,386 (see Pivot Table, above) = 3,412 homeless, Countywide.

The following Table estimates the number of homeless within each MHSA age group:

*Table 1.11: Homeless Estimates by Age Group*

| <18 Years | 18-25 Years | 26-59 Years | 60+ Years | Total All Ages |
|---|---|---|---|---|
| 5.3% x 14,850 = 787 | 5.3% x 5,794 = 307 | 5.3% x 28,037 = 1,486 | 5.3% x 15,705 = 832 | **3,412** |

Applying national rates to the 3,412 homeless in Lake County generates more detail of the composition of this population:

- 41% of the 1,793 adults (includes TAY, per national estimates) or 735 will be male
- 14% of the 1,793 adults or 251 will be female
- 40% of the total will be families with children, or 1,365 families
- 33% of the 735 men or 243 will be veterans

The homeless population with severe, persistent mental illness is estimated at:

- 359 (20% of 1,793 adults) to 448 (25% of 1,793 adults).
- Of these, 50% or 180-224 will have co-occurring substance use disorders
- Only 18 (5% of 359) to 31 (7% of 448) will require institutionalization

*3c (ii) Hospitalization.* On any given day, Lake County Mental Health has responsibility for an average of 4 adults hospitalized for mental health issues. (The range can be from 0 to 9 per day.) This does not reflect individuals who have private health insurance and make their own arrangements for a psychiatric hospital stay (estimated to be a very small number).

*3c (iii). Incarceration.*

According to Census 2000, Lake County had 287 individuals in correctional institutions. Of these, 241 or 84% were male and 46 or 16% were female. This figure appears to have risen. By December 31, 2004, Lake County had 542 residents in prison, including California Youth Authority wards, County Diagnostic Cases, and other State/ Federal Custody cases (Table 10. Institution Populations by County of Commitment, *California Prisoners and* Parolees, December 31, 2004, Board of Corrections).

The incarcerated population should count both inmates in the Jail and County residents in the state prison system. The MSHA planning process focused on jail inmates, as services are to be provided in-County. Residents housed out-of-County in the state prison system are outside the scope of this Plan. LCMH will work with other partners to develop systems to address the mental health needs of prisoners who are paroled to the County. The mental health needs of the children of Lake County's prisoners will also be a factor in future planning.

The Hill Road Correctional Facility has a capacity of 279 residents, with beds for 202 males and 77 females. For FY 2004-2005, the average daily population was 250, with an average length of stay of 20 days. The Jail Commander estimates that the majority of inmates do have substance abuse problems. She further notes that there are more and more inmates with serious mental illnesses. Assuming the prevalence estimates provided in Prevalence Table 2 apply, at least 10.42% of these inmates (an average of the prevalence rates for the 18-64 year-old age groups) or 26 of the 250 average daily population have serious mental illnesses. These individuals are likely to require support to successfully return to, and remain in, the community.

*3c (iv) Isolation.* As noted, isolation is a fact of life in Lake County. Adults are subject to the same factors as TAYs, e.g., the geographic, social, cultural, and linguistic barriers described above. Latinas may be subject to additional barriers, due to family pressures that forbid them to learn English, learn how to drive, or travel alone. Lack of affordable, convenient transportation affects all age groups. Adults with mental illnesses face additional social isolation arising from multiple causes: (i) the stigma arising from a conventional view of mental illness which discounts recovery and resiliency; and (ii) discomfort in dealing with others; (iii) lack of privacy due to small town life. As one client who has been part of the mental health system for over 40 years put it in a letter to LCMH Director Kelly:

> "We really need to have a place where us kind of Folk can meet and get some mutual social gathering. It would be good for us Mentally Off people. That's when Patient's get into trouble, living in isolation and lonely. "(Letter, April 27, 2005)

*3c (v). Inability to manage independence.* Managing independence is a challenge for many adults who do not have a mental illness. It is a very serious issue for those who face serious daily difficulties with mood and/or thought processes, especially when this creates problems with meeting adult responsibilities for maintaining housing, self-care

and a daily routine. Learning how to manage a mental illness can take many years, and "down times" can easily result in hospitalization, incarceration and/or homelessness.

### 3d. Older Adults.

*3d (i). Inability to live independently/involuntary care/institutionalization.* The disparities in this area are primarily gender-related, as women tend to outlive men. The following Table summarizes these differences in the 65+ population (data not available for 60+).

*Table I.12: Gender Disparities in Group Quarters (non-Correctional)*

| Type of Group Quarters | Total (Both genders) | Male | Female |
|---|---|---|---|
| **Institutions** | 244 | 63 (25.9%) | 181 (74.2%) |
| **Nursing Home** | 249 | 61 (24%) | 188 (76%) |

Source: U.S. Census Bureau, Census 2000, QT-P12. Group Quarters Population by Sex, Age, and Type of Group Quarters: 2000.

It is likely that the ethnicity of these residents follows that of the older population, i.e., they are about 90% white. As the more diverse younger population ages, diversity among those unable to live independently will increase.

*3d (ii). Isolation.* Older adults are at enhanced risk of isolation from a variety of causes. These range from the obvious e.g., lost driving privileges, to the more subtle, e.g., lack of understanding among providers and the general population of the effects of aging, such as degenerative health adjustment disorder. Physical isolation can easily arise from: (1) loss of driving privileges, due to vision and hearing losses or cognitive impairment; and (2) inability to use public transit, due to distance from the home or physical frailty or cognitive impairment. Social isolation arises from a variety of factors. These include widely held assumptions about aging, e.g., that all older adults suffer from some degree of dementia or confusion. This stigma can reduce their status as valued individuals. Older adults tend to be reluctant to seek help, due to the stigma of mental illness and/or the fear of being institutionalized. Many older adults are living alone, which can easily turn into isolation as physical or mental impairments arise.

*Table I.13: Distribution of Seniors Living Alone*

| | All Households w/ 60+ /All Households | 60+ | | 65+ | | 75+ | |
|---|---|---|---|---|---|---|---|
| | | # | % | # | % | # | % |
| | 10,088/23.974 | 3,829 | 37.9% | 3,203 | 31.9% | 1,786 | 17.7% |

Census 2000, SF-1, U.S. Census Bureau 2001, produced by CA Census Data Center

Other factors include language and ethnicity. As discussed above, Lake County is overwhelmingly English-speaking. The rapid growth in the Spanish-speaking population will lead to more seniors with language barriers. At least some of the monolingual population will remain so into age. Additionally, younger immigrants are bringing their

older parents and relatives to live with them. According to Native American participants in the MHSA planning process, many Native American elders cannot read or write and do not care to learn how. The traditional culture was oral; they view literacy as compromising tribal identity. Unfortunately, illiteracy makes them vulnerable to fraud and unable to navigate the various service systems. Some Native American elders will be interested in learning to read and write, however, if a trusted source provides it.

All forms of isolation are dangerous for seniors, because isolation can lead to depression. Depression, in turn, leads to lack of self-care, health problems, and/or substance abuse, which may ultimately lead to accidental or intentional suicide. Depressed individuals lose the capacity to perform normal daily tasks. Cultural isolation affects Native Americans and Latinos, as detailed above. Geographic isolation and social isolation as experienced by older adults have been discussed at length.

*3d (iii). Lack of acceptance, tolerance, and understanding.* As discussed above, older adults must cope not only with aging, but also with lack of understanding of the issues of aging. Too often, family, friends, service providers, and the general community perceive the older adult as impaired by age and therefore, lacking credibility and value. This leaves older adults vulnerable, e.g., an abusive caregiver will simply assert that Aunt Mary is "confused, you know how old folks get." Yet, older adults do suffer from significant levels of mental disorders. Almost 20% of those who are 55+ will have specific mental disorders that are not within "normal" aging. Further, dementia disorders are associated with aging. The prevalence of Alzheimer's and related disorders rises from over 1.4% for older adults under 70 years old to 25% for those over 85 years (the "oldest old"). In addition, increased use of prescription medication puts them at risk for medication-related disorders that can mimic mental illness. Lake County already has one of the highest populations of the "oldest old" (85+) in California, at 1 in 43 residents. As noted, disparities will be gender-related, as the majority of older adults are female.

Some mental health clients internalize the stigma of being a client. The MHSA provides hope for change, i.e., recovery. As one consumer put it:

> "I want to be part of this community and this is one way I can start"

**4. Justification for Community Issues Not in the "Direction" Section.**

The two community issues selected independently were: (a) lack of early access to services; and (b) lack of acceptance, tolerance, and understanding of older adults. Both have been discussed at length, above. These issues are significant for Lake County due to our unusual age structure. Because we have a disproportionate percentage of our population either younger than 18 or aged 60+, issues which affect these groups have a disproportionate effect on our community.

Early access to services was identified as a key concern. Early access to services is a critical issue because children are uniquely resilient. Early intervention is proven to avert or mitigate future developmental problems, including emotional and mental issues. The lack of such intervention results in more intractable problems which can require more expensive interventions with less likelihood of success. Our limited resources are spent on the intervention end of the system of care to the detriment of prevention, creating a self-perpetuating problem. The original Children's System of Care designed for Lake County in 1999-2000 recognized this imbalance as a core weakness.

For older adults, lack of acceptance, tolerance, and understanding are key concerns. Lake County's older adults are a huge resource for the community, but their unique needs and concerns are still not well-understood. It is too easy for older adults and those who work with them to misinterpret the effects of normal aging as mental or physical illness. Conversely, it is also possible for a provider to assume the effects of mental illness in an older adult are actually due to aging. Further, there can be adverse effects from so-called normal aging that lead to anxiety, depression, or other mental illness among older adults. For example, older adults can suffer great anxiety due to the physical decline associated even with healthy aging, yet neither they nor those working with them may understand the source of the stress. Older adults with serious mental illness have even fewer coping skills to use to adapt to conditions related to physical decline. The mentally ill are also less able to regulate their self-care, exacerbating their decline and possibly leading to involuntary institutionalization.

Older adults may live 20+ years after attaining age 65. Adverse experiences during that time or during the precursor years between 55-65 could lead to, or exacerbate, serious mental illness. Older adults may suffer adverse effects from degenerative health conditions, abandonment by family, outliving family and close friends, and experiencing physical and other types of abuse and neglect including financial and fiduciary abuse. They may be, or feel, deprived of meaningful roles in the community. In Lake County, these effects often go untreated. Reasons for this lack of intervention include too few services. Many older adults are unwilling to seek mental health assistance, due to the stigma attached to such services. Older adults with serious mental illness, e.g., psychosis, schizophrenia, and anti-social paranoid personality disorders usually do not live to an uninstitutionalized old age.

The MHSA has a key opportunity to Identify and develop strategies to respond to the "socially-created disorders" experienced by older adults, as described above. Targeted and sensitive intervention to avert or mitigate these experiences could prevent or reduce the impact of serious mental illness in older adults. This approach is consistent with the MHSA's focus on recovery. It recognizes that there are many chances for each individual to recover and exit the system or minimize their need for it, from childhood right through old age. A rigorous study of the effects of adverse aging experiences, perhaps modeled on the ACE Study, would be a useful resource.

The lack of acceptance, tolerance, and understanding of older adults is due, in large part, to stereotypical ways of thinking about aging and the aging population. It causes

older adults to avoid the service system because there is a lack of positive regard for, and understanding of, their needs. The at-risk older adult needs more social reassurance, especially since so many have lost the family structure of support. Changing Lake County's approach to seniors will lead to greater wellness among this population, by reducing their isolation, anxiety, depression, and other negative outcomes, such as suicide.

Because the older adult population in Lake County is projected to burgeon in the next decade, the MHSA planning process was seen as a critical opportunity to develop strategies to foster acceptance, tolerance, and understanding of these vulnerable and valuable residents. The Stakeholders' Steering Committee strongly endorsed acceptance, tolerance, and understanding of Lake County's older adults as a valid priority for this MHSA plan.

## Section II: Analyzing Mental Health Needs in the Community

Section II is an initial assessment of the mental health needs of Lake County residents, including those living on the rancherias, in the Juvenile Hall, in foster care, or in other local placements. It covers everyone who would qualify for MHSA services, ranging from unserved, underserved or fully served and attempts to disaggregate groups by age and by situation, e.g., homelessness, etc. During the first three years of Plan services, we will refine this analysis to pinpoint specific groups in need of MHSA services.

### 1. Narrative Analysis of the Unserved Populations in Lake County.

The planning process found a significant number of individuals in each age group are unserved. Within the general population, there are several groups with situational characteristics that make them both more likely to have a serious mental illness and less likely to be served. In Lake County, the unserved groups identified at this time are:

- The uninsured or underinsured (all age groups)
- Homeless (all age groups) or those at risk of homelessness (all age groups)
- Children and youth transitioning from the juvenile justice system or from placements, including TAY without a transition plan
- Adults who are transitioning from incarceration or who are at risk of incarceration, e.g., with substance abuse issues
- Native Americans in general, with two sub-groups: (a) elders; and (b) individuals of mixed Native American/Latino heritage, especially TAY and Spanish-speaking
- Latinos, especially recent immigrants and migrant farm workers
- Indigenous migrants, e.g., Indians from Mexico, Central, and South America who are often assumed to be part of the farm worker population, but are not Latino
- Older adults, especially those who are isolated, homebound, at risk of homelessness, and/or who are not utilizing any services, whether social, medical, or mental health

At a minimum, there are at least 2,005 unserved, including the projected percentage of the population below 200% of poverty having serious mental illness/serious emotional disturbance based on Prevalence Table 2, plus the homeless and those incarcerated in the Jail. Each component of the total was calculated separately, as follows:

- Using Prevalence Table 2, we calculated the total number of children, TAY, adults, and older adults below 200% of poverty who would be subject to serious mental illness/serious emotional disturbance. Ethnic percentages were calculated using the ethnic proportions of **Table 1.1, Part II, Section 1.** The numbers served by LCMH were subtracted from these totals to generate a core number of unserved.

- Using the estimated homeless, by age group, we calculated the total number of individuals in each age group who would be subject to serious mental

illness/serious emotional disturbance, using the adult prevalence rate of 20% (the lower of the two rates of 20% and 25%).

- Using the total bookings for each age group, reduced for recidivism (50% for TAY and Older Adults, but 65% for Adults, assuming that: (a) TAY are less likely to have the habit of criminal conduct; and (b) Older Adults are less likely to be arrested and booked, as they are more likely to be homebound.)

- Because Native Americans are disproportionately poor, we calculated their prevalence rates based on the total numbers in each age group, rather than those below 200% of poverty.

- There is a 50% female/50% male gender split when all age four age groups are combined.

Table II.1.A summarizes the minimum unserved, by ethnicity and gender.

*Table II.1.A: Unserved – Male*

| Ethnicity | (Prevalence – LCMH) | Homeless | Incarcerated | Total |
|---|---|---|---|---|
| **White** | 156 | 267 | 247 | 670 |
| **African American** | 5 | 8 | 23 | 36 |
| **Native American** | 91 | 11 | 17 | 119 |
| **Asian/Pacific Islander** | 12 | 5 | 0 | 17 |
| **Latino** | 172 | 30 | 54 | 256 |
| **Other/Multi-race** | 7 | 9 | 0 | 16 |
| **Total** | 443 | 330 | 341 | 1,114 |

*Table II.1.B: Unserved – Feale*

| Ethnicity | (Prevalence – LCMH) | Homeless | Incarcerated | Total |
|---|---|---|---|---|
| **White** | 161 | 260 | 115 | 536 |
| **African American** | 10 | 8 | 4 | 22 |
| **Native American** | 72 | 13 | 8 | 93 |
| **Asian/Pacific Islander** | 4 | 7 | 0 | 11 |
| **Latino** | 158 | 48 | 7 | 213 |
| **Other/Multi-race** | 7 | 9 | 0 | 16 |
| **Total** | 412 | 345 | 134 | 891 |

These unserved and underserved groups are discussed in separate sections below, with estimates of the number of individuals within each group. In some cases, the data were not available by age x gender x ethnicity, so estimates were based on the gender split and ethnic percentages provided in **Table 1.1, Part II, Section 1**, above.

*a. Uninsured or underinsured.* Health insurance is the gateway to health care. Without it, individuals and families will delay care until their symptoms force them to do so. Quantifying this variable is extremely difficult. We examined the California Health Interview Survey ("CHIS"), Medi-Cal and Medicare utilization data, the Community Health Project 2002, and consulted with the local Healthy Families enrollment agency. The CHIS lumps Mendocino and Lake Counties together, which is likely to understate the number of uninsured in Lake County, the poorer of the two counties. The results of these various approaches were surprisingly consistent.

According to the CHIS, the uninsured, by age group, are:

- Children @ 10%
- Non-elderly (adults) @ 20.1%
- Non-elderly (all ages) @ 17.5%

(UCLA Center for Health Policy Research, *The State of Health Insurance in California: Findings from the 2001 California Health Interview Survey, 2002).*

Medi-Cal utilization rates strongly suggest that a significant percentage of Lake County's poor are likely to be uninsured. Because the MHSA target population will be mostly low-income, the number of Medi-Cal eligibles who are not using Medi-Cal is a useful indicator of the unserved. Of the 14,419 Medi-Cal eligibles in Lake County in calendar year 2003, only 9,151 were utilizing Medi-Cal, a 37% gap. When the 37% rate is applied to the Medi-Cal eligibles by age group, it results in the following estimates of uninsured children, TAY, adults, and older adults:

- Children: 5,785 eligibles x 37% = 2,140
- TAY: 1,169 eligibles x 37% = 433
- Adults: 5,210 eligibles x 37% = 1,928
- Older adults: 2,255 eligibles x 37% = 834

To further refine the unserved estimate, we multiplied the Medi-Cal-eligible, uninsured number by the prevalence rates for serious emotional disturbance/mental illness. This method found 505 uninsured individuals likely to be unserved or underserved:

- Children: 2,140 x 8.96% = 192
- TAY: 433 x 11% (an average of the prevalence rates of 12.35% for 18-20 year-olds and 9.70% for 21-24 year-olds) = 48
- Adults 25-54: 1,928 x 10.62% (an average of the prevalence rates of 9.58% + 13.18% + 9.11%) for these ages = 205
- Older Adults 55-65+: 834 x 7.26% (an average of the prevalence rates of 8.64% + 5.89% for these ages) = 60

(Watkins, J. and Cline, M. 2005. California's Medical Assistance Program, Annual Statistical Report, Calendar Year 2003. California Department of Health Services, Sacramento, *March* 2005).

The Medi-Cal penetration rates for Fiscal Year 03-04 (most recent available) reinforces this analysis. For Fiscal Year 03-04, there were 19,973 Medi-Cal eligibles. LCMH served a total of 1,246 or about 6.2% of the total eligibles. Assuming a general serious mental illness prevalence rate of 9% (based on Prevalence Table 2), there are 1,798 Medi-Cal eligible individuals who have serious mental illness. The difference between the 1,246 total served and the 1,798 projected to have serious mental illness is 552.

If these 552 individuals are distributed proportionally among the 4 MHSA age groups, we have identified:

- 127 children (23% of the total population)
- 50 TAY (9% of the total population)
- 243 adults (44% of the total population)
- 132 older adults (24% of the total population)

who have serious mental illness, are eligible for Medi-Cal, and are unserved. LCMH served 2,125 individuals in FY 04-05. This calculation indicates that its caseload must expand by 26% simply to serve the unserved poor who have serious mental illness.

In addition, the Healthy Families Program ("HFP") estimates that 2,599 or 63% of eligible children are not enrolled (Sutter Lakeside Community Services, 2005).

Other factors reduce access to health insurance, including:

- *"Churning"/System complexity.* HFP churning (automatic disenrollment followed by re-enrollment) averages 39%/year, based on annual disenrollment of 603 families/12 months or 50/month over an average monthly enrollment of 1,556. About 400 eligibles/month or 2.8% fall off Medi-Cal, for about 33% turnover/year. There is no consistent access to personal assistance with insurance renewal. Families fail to renew on time or make mistakes. Incomplete and inaccurate applications are two of the top three reasons for loss of HFP coverage.

- *Unstable income.* About 47% of Lake County jobs are seasonal (tourism, agriculture) or in services, so family income fluctuates. Out-of-season (November–March), families qualify for Medi-Cal. In-season (April-October), income rises and they lose Medi-Cal eligibility, but qualify for HFP. Many families fail to apply during each transition and lose coverage.

- *Perinatal transitions.* After a mother on Medi-Cal delivers the baby, the baby is on Medi-Cal for the first visit, but should be enrolled via Gateway to qualify for 1 year of Medi-Cal. Too many mothers and service providers are unaware of this option.

- *Incarceration transitions*: Youth and adults who are incarcerated or in the Lake County Juvenile Hall lose Medi-Cal eligibility. After they leave, they regain eligibility and coverage is reinstated. Too many fail to use their coverage or to retain it, losing continuity of service, e.g., therapy and psychotropic medications.

- *Lack of employer-based insurance.* 83% of local businesses employ fewer than 10 people (CED 2005). About 41.6% of those employees are likely to be uninsured, since small businesses can't afford to cover them (2004 California Health Care Foundation).

- *Can't afford it.* Of the uninsured, 54.8% stated they can't afford insurance (2002 DHS Assessment). The County of Lake charges its employees $325/month, regardless of salary, for dependent health coverage. The annual cost of dependent coverage will consume 19% of an entry-level clerical worker's gross income (@ $9.70/hr.).

- *Language.* According to Census 2000, 7.7% of the population was Spanish-speaking, but the Latino population has burgeoned since then. The Latino community agrees that language is the top barrier to health care (Cinco de Mayo Consumer Survey 2005).

- *Transportation.* As noted, County roads are difficult, public transit is limited, and distances are daunting. It can take all day to get from one town to the next, making travel to a Medi-Cal eligibility review infeasible for many clients.

- *Family dysfunction and alienation.* Providers report that at least 5%-10% of parents are too depressed, mentally ill, addicted, or dysfunctional to complete applications, pay premiums, or otherwise manage their health care. Some hate or fear authority. Others are so ashamed of needing Medi-Cal that they refuse it, despite the effect on their children's well-being. (Interview, Healthy Start, April 2005)

Latinos are disproportionately likely to be uninsured: 77% of first-generation Latino children have never been insured, compared to only 12% of non-Hispanic white children. (UCLA Center for the Study of Latino Health and Culture). Locally, about 32% of HFP and 12.2% of Medi-Cal recipients are Latino (CHDS 2003). Possible reasons for the lack of insurance coverage may be lack of cultural competence in service delivery to Latinos.

DMH Medi-Cal penetration rates, discussed in Section 3, below, confirm a disparity in utilization of insurance.

*b. Homelessness.*

b(i) *Homeless Individuals.* The total number of homeless in Lake County was estimated in **Section II.1**, above. By MHSA age group, they are:

- Children: 787
- TAY: 307
- Adults: 1,486
- Older adults: 832

Applying the 20%-25% adult prevalence rate for severe, persistent mental illness among the homeless to all age groups generates an estimate of homeless individuals with serious mental illness or serious emotional disturbance, summarized below:

*Table II.3: Unserved Homeless*

| Age Group | 20% Prevalence | 25% Prevalence |
|---|---|---|
| **Children** | 157 | 197 |
| **TAY** | 61 | 77 |
| **Adults** | 297 | 371 |
| **Older Adults** | 166 | 208 |
| **Total** | **681** | **853** |

*b (ii) Individuals at Risk of Homelessness.* The number of residents at risk for homelessness is estimated based on the standard noted above: individuals paying 30% or more of income for housing are at risk. By that standard, 42.2% of Lake County households who rent are at risk (gross rent as percentage of household income). Owners are at surprisingly high risk, with 30.6% of all owners having ownership costs equal to 30% or more of household income. (See below for detail.)

*c. Children and youth in juvenile justice system or transitioning from foster care as TAYs.*

c (i) *Children and youth in juvenile justice system.* As of December 2005, there are about 404 youth in the juvenile justice system in Lake County: 344 wards of the court, 36 on informal probation (behavioral contract with possibility of formal detention), 13 in other status, and 8 pending. The caseload is 77.8% male, 22.2% female. Ethnically, it is 72% white, 14.5% Hispanic, and 4.5% African American. The Lake County Juvenile Hall can house about 40 youth. It has been at full capacity, but dropped to about 35 average daily population from January – July 31, 2005. This reduction is attributed to the loss of several deputy probation officers, not to reduced juvenile crime.

The youth in the Hall are at enhanced risk of severe emotional disturbance or serious mental illness. The Judicial Council of California and DMH jointly endorsed the need for collaborative partnerships between courts and mental health systems of care, saying that ". . . serious mental illness among juvenile offenders . . . is conservatively estimated at 15 to 20 percent" (Letter dated July 19, 2005). LCMH now provides the services of a licensed clinician one-half day per week; about 6-8 youth are being served. The

clinician provides ongoing counseling and helps clients plan for their return to the community. Intensity and continuity of services are constrained by the limited time available. LCMH would like to increase the Clinician position to 20-40 hours/week, but is having difficulty with recruitment. LCMH estimates 10%-20% or 4-8 of the Hall's residents are seriously emotionally disturbed ("SED") or have serious mental illness.

According to monthly workload statistics for the first seven months of calendar year 2005, there were 84 mental health worker contacts and 17 psychiatric contacts in the Hall. Medication was administered 4,112 times, but there is no break-out of how much of that medication was related to mental illness. There were 10 suicide attempts during this time frame, but no deaths.

Youth served in the Hall may become unserved upon discharge due to system complexities. The contract vendor which provides psychotropic medications will neither issue prescriptions for post-Hall use nor allow youth to leave the Hall with any remaining medications. Youth become eligible for Medi-Cal upon discharge and coverage is, apparently, automatically reinstated at that time. However, there is no mechanism to ensure that they or their families apply for, or utilize, Medi-Cal in time to ensure continuity of service.

*c (ii) TAY in transition (post-18).* TAY in transition are at enhanced risk of being or becoming unserved. The Interagency Placement Review Team currently limits its oversight to cases of children in placement at Level 10 and above. TAY who are leaving the Hall are not likely to have an exit plan, other than the terms of their Probation Agreement. All foster youth are mandated to be offered transition planning; however, there is no mechanism to make them accept it. The Lake County Department of Social Services estimates that at least 1 in 3 of those aging out of the system won't cooperate in planning or don't want help. It is likely that many of these have SED. A TAY who participated in the TAY Work Group noted that post-18-year-old TAYs, with or without plans, would benefit from access to ongoing support, i.e., a "Prodigal Program" (her phrase). TAYs, like other youth who enter the world at 18, often find the need for a "booster" of counseling, housing, or other help. They're not ready to navigate the adult service system. Without extended eligibility for TAY-specific services, they become unserved.

c (iii) *TAY incarcerated, transitioning from, or at risk of, incarceration.* Lake County has a substantial inmate population which led to significant expansion of the County jail, the Hill Road Correctional Facility (the "Hill Road Jail" or the "Jail"). The Hill Road Jail serves the entire County, including the cities of Lakeport and Clearlake. It houses both men and women, at varying levels of security. Data on inmates is collected in age cohorts from 18-25, 26-55, and 56+. In 2004-2005, the average daily population was 250. There were 5,000 bookings (duplicated count). TAY leaving the Hill Road Jail need aftercare and support, e.g., housing, mental health counseling, etc. to remain out of the criminal justice system. The gender and ethnicity of the TAY booked into the Jail during 2004-2005 provided the profile of the TAY inmate population shown below.

*Table II.4: Demographics of Lake County TAY (18-25) Inmate Population 2004-2005*

| | Gender | White | Black | Native American | Hispanic | Asian/PI | Other | Grand Total |
|---|---|---|---|---|---|---|---|---|
| **Number** | M | 326 | 37 | 54 | 201 | 1 | 7 | 626 |
| | F | 381 | 2 | 17 | 17 | 0 | 1 | 418 |
| **Total** | | 707 | 39 | 71 | 218 | 1 | 8 | 1,044 |
| **Percent (Gender x Ethnicity)** | M | 46% | 95% | 76% | 92% | 100% | 88% | -------- |
| | F | 54% | 5% | 24% | 8% | 9 | 12% | -------- |

*d. Adults incarcerated, transitioning from, or at risk of, incarceration.* Using the gender and ethnic breakdown of the 5,000 bookings during 2004-2005, the adult and older adult inmate populations are profiled in the two tables below. There are very few older adults incarcerated in Lake County. Inmates leaving the Jail need pre-release planning and assistance with housing, employment, education, socialization, and other aspects of re-entry into the community.

*Table II.5: Demographics of Lake County Adult Inmate (26-55) Population 2004-2005*

| | Gender | White | Black | Native American | Hispanic | Asian/PI | Other | Grand Total |
|---|---|---|---|---|---|---|---|---|
| **Number** | M | 2,096 | 194 | 113 | 311 | 7 | 13 | 2,734 |
| | F | 729 | 39 | 72 | 60 | 9 | 5 | 914 |
| **Total** | | 2,825 | 233 | 185 | 371 | 16 | 18 | 3,648 |
| **Percent (Gender x Ethnicity)** | M | 74% | 83% | 61% | 84% | 44% | 72% | -------- |
| | F | 26% | 17% | 39% | 16% | 56% | 28% | -------- |

*Table II.6: Demographics of Lake County Older Adult (56+) Inmate Population 2004-2005*

| | Gender | White | Black | Native American | Hispanic | Asian/PI | Other | Grand Total |
|---|---|---|---|---|---|---|---|---|
| **Number** | M | 240 | 18 | 5 | 11 | 0 | 1 | 275 |
| | F | 26 | 0 | 2 | 3 | 2 | 0 | 33 |
| **Total** | | 266 | 18 | 7 | 14 | 2 | 1 | 308 |
| **Percent** | M | 90.2% | 100% | 71.4% | 78.6% | 0 | 100% | -------- |
| | F | 9.8% | 0 | 28.6% | 21.4% | 100% | 0 | -------- |

Inmates of all ages receive mental health services from the California Forensic Medical Group, through a contract with LCMH. Prior to discharge, LCMH attempts to meet with inmates who are on psychotropic medications to set up a discharge plan and follow-up appointment. If the inmate is released after-hours, the LCMH Crisis Team will go out to the jail to assist; if possible, the Crisis Team will have developed a discharge plan with the inmate prior to release. LCMH also provides "bridge" medication to maintain continuity pending a follow-up appointment with LCMH. Emergency housing is often needed, but currently not provided.

Discharged inmates are at enhanced risk of becoming unserved. They have lost the structure, support, and housing provided by the jail environment, which does help some individuals to maintain a mental health regimen. There is no mechanism to ensure that they keep their follow-up appointments and to stay on their medications. There is no funding to provide transitional housing, either supported or unsupported. There is no safe, non-stigmatizing place where inmates with mental health issues can go to receive help or just hang out in a reassuring and sober environment.

The groups estimated to be most at risk of incarceration are: (i) recently-released offenders; (ii) the homeless, especially homeless men, as discussed above; (iii) adults of both genders with substance abuse issues, as discussed above; and (iv) unserved adults with mental illness and/or co-occurring disorders, including developmental disabilities.

*e. Native Americans.*

The Native American population, mostly indigenous Pomo and Lake Miwok, is a culturally significant minority. Recently, members of other tribes have settled in Lake County, including Cherokee, Creek, Navajo, and others. This inter-tribal diversity has caused some friction. Overall, Lake County has one of the largest Native American populations, by percentage, in the country, at more than triple either of the state's (1%) or the nation's (.9%) rates. According to the 2005 Population Table, above, there are 2,335 Native Americans in Lake County: (i) 768 children; (ii) 291 TAY; (iii) 1,065 adults; and (iv) 251 older adults ("elders"), or about 11% of the Native American population.

The local tribes are organized into rancherias, each governed by a tribal council:

- Middletown Indian Rancheria, southwest of Middletown
- Elem Indian Colony, near Clearlake Oaks
- Big Valley Indian Rancheria, on Clear Lake, near Finley and Lakeport
- Scotts Valley Indian Rancheria, in development northeast of Lakeport
- Robinson Rancheria, east of Upper Lake and near Lakeport
- Upper Lake Indian Rancheria, northeast of Upper Lake
- Lower Lake Rancheria, in the process of organizing and establishing a physical site
- Ponnelville, a Mendocino tribe which has purchased a housing tract in Lake County

The rancherias remain remote from services. Some still have unpaved, unmarked, unlit roads and limited bus service. Casino income is being invested in roads, community centers, new housing, child care, and other services, however. Many of Lake County's Native Americans are living in the mainstream (their phrase) with neither mainstream resources nor rancheria resources, e.g., subsidized housing, etc. The local concern that the Census 2000 undercounted the Native American population appears to be well-founded. The Census found only 13 elders at Big Valley Rancheria, yet an Inter-Tribal

Council of California, Inc. ("ITCC") liaison estimates that he personally knows at least 25-30 elders living there.

The local Pomo are grappling with recent (1960's) forced re-locations, extreme poverty and isolation (geographic and cultural), the divisive impact of casino money, and loss of tribal values. Traditional Pomo families were sober and peaceful. Elders were respected guardians of traditions, language, and life skills. There has been a recent resurgence of interest in, and respect for, the Pomo traditions. Grandchildren are seeking out the wisdom of their grandparents, but they literally do not know the culturally acceptable way to ask for guidance. The growing number of youth and young adults who have a joint Latino/Native American heritage creates yet another subgroup with unique needs. These individuals can be marginalized, not only by the mainstream, but also by the Native American, and Latino cultures. Some are Spanish-speaking, which separates them from their Native American relatives.

The Native American elders from all tribes are coping with aging, poverty, medical costs, chronic health conditions, and geographic and social isolation. The Pomo are also facing another problem: how to pass on the living, vital Pomo way, e.g., language, medicine, stories, songs, dances, history, basket weaving, tule boat racing, and other indigenous life skills. There are only two or three living speakers of Pomo. Based on interviews held by ITCC in 2005, the elders' concerns include:

- High cost of utilities, medication, health care co-payments, gasoline, etc.
- Hunger; can't afford to feed self, grandchildren, relatives, tribal members who need help
- Responsibility for children, grandchildren, relatives' children, and adults, e.g., 1 elder woman has 14 people living in her 2-bedroom house
- Disconnection from home territory
- Disconnection from tribal community, family, clans ("No one comes to visit me")
- Keepers of traditional ways, language, etc. which will be lost when they die

Lake County Native Americans tend to be poorly served by mainstream providers in general, not just mental health services. Lack of culturally competent services is the core issue. Services must be offered with respect. Providers must understand that clients may be bitter, angry, and reject services at first. The service providers (both agency and individual) must have personal contacts with trusted tribal leaders (who may or may not be Tribal Council members). These trusted tribal leaders will be essential partners in the effort to make culturally competent services acceptable to the underserved Native American communities. As detailed above, geographic, social, economic, and cultural isolation are barriers to obtaining and benefiting from mainstream services. Native Americans of all ages are striving to navigate both mainstream and tribal cultures with integrity.

*f. Latinos.* The situational characteristics of the local Latino populations have been discussed at length above. In addition to geographic, linguistic, and cultural isolation, there is fear of the immigrant backlash typified by the border vigilante

movement. Undocumented workers are afraid to seek help. Parents who are not citizens can be deported, even if their children are citizens. LCMH, the Corporation for Human Development, and Tribal Health jointly developed a framework for understanding generational differences within this population. First generation Latino immigrants confront depression, anxiety, post-traumatic stress disorder ("PTSD"), and cultural adjustment/family-related problems as they seek to live in, and raise their children in, a very different culture. Some have fled violence and oppression in their homelands, but may still suffer from PTSD due to those experiences. Second generation Latino immigrants benefit from education and prevention services in areas such as parenting, women's support, youth/teen groups, substance abuse groups, psycho-education, and skill-building groups focused on depression, anxiety, and PTSD.

It is important to note that the Latino population is becoming a large and stable segment of Lake County society. Infusing all services with cultural competence, including community-based outreach, will ensure that LCMH is able to serve ever-larger numbers of Latinos.

*g. Indigenous migrants.* Indigenous migrants are Indians from Mexico, Central America, and South American who are coming to Lake County either in their own tribal units or with the farm worker and other Spanish-speaking populations. For them, Spanish is a second language and English is a third. In their home countries, they tend to have been the poorest, most discriminated against, most isolated, and most unserved. The phenomenon of indigenous immigration (as it is known) is becoming familiar to Nebraska, Florida, and California (Los Angeles, Fresno, and Madera). Guatemalan and Oaxacan indigenous migrants have formed well-established communities in these areas. In Madera, California the Mixtec community is so large that grocery store signs are in Spanish and Mixtec, a language centuries older than Spanish.

Indigenous migrants appear to have a different approach to immigration: they move in communities, keeping centuries of traditions of social rights and organization. They create transnational communities, e.g., "Oaxacalifornia", a "space in which migrants bring together their lives in California with their communities of origin more than 2,500 miles away" (Gaspar Rivera-Salgado and Jonathon Fox, quoted in "Communities Without Borders", *The Nation,* October 2005). "When people migrate from a community in Oaxaca, in the new places where they settle they form a committee comprised of people from their home town. This is a tradition they don't lose, wherever they go." (Rufino Domingues, Coordinator, Indigenous Front of Binational Organizations or FIOB, quoted in "Communities Without Borders", *The Nation,* October 2005). (Note: FIOB is the Spanish-language acronym.)

The mainstream tends to lump indigenous migrants with the Latino population, which rejects them. It is very difficult to quantify how many indigenous immigrants have come to Lake County, as this is a newly-identified trend for us. These cultures cherish their languages, the concept of tequio or collective work to support the community, and their traditions, including alternative healing practices. The FIOB and other indigenous

organizations are significant strengths for these communities and potential collaborative partners for LCMH in providing services to this newly-arrived group. The FIOB has chapters all along the migrant trail. Its bi-national assemblies adopt a uniform political program every two years, but local chapters address the distinct problems of indigenous communities in each location. LCMH will seek out the nearest FIOB chapter as well as other indigenous groups as they develop in our area.

**2. Estimated total number of persons needing MHSA services who are already served and those who are underserved/inappropriately served.**

The following required Tables (collectively, "Chart A"), estimate the total number of persons needing MHSA mental health services who are already served. According to the Requirements, a fully served client is: (a) diagnosed with serious mental illness or serious emotional disorder; (b) receiving mental health services through an individual service plan; and (c) client and service provider/ coordinator agree that they are getting the services they want and need in order to achieve their wellness/recovery goals.

Chart A was calculated as follows:

- DMH Prevalence Table 2 was used to quantify the prevalence of serious mental illness within each age group, i.e., to account for the fact that not all of the clients served by LCMH have serious mental illness. This approach probably understates the true prevalence, however, as LCMH clients are more likely than the general population to have serious mental illness.

- DMH Pivot Table (as summarized in Table I.1) provided the gender and ethnic proportions for each age group

- The LCMH 2004-2005 Utilization Report provided the raw numbers of clients served within each age group

- The Utilization Report numbers were adjusted according to the most recent state Performance Outcome Survey ("POQ") of LCMH clients, which identified the percentage of individuals (or their caregivers/parents) who were satisfied with their participation in developing the treatment plan, one of the key elements of the MHSA definition of "fully served". The fully-served number is derived by multiplying the total number served by the percentage reporting such satisfaction. Where there was a range of responses, we used the lowest number of fully-served to ensure that all of the underserved/ inappropriately served were identified. The underserved/inappropriately served number is derived by subtracting the fully-served total from the prevalence estimate.

This very conservative approach generated low, but credible, numbers for our planning process.

## CHART A: Service Utilization by Race/Ethnicity

*Table A.1: Service Utilization by Race/Ethnicity, Children and Youth*

| RACE/ETHNICITY | Fully Served[1] | | Underserved / Inappropriately Served | | Total Served | | County Poverty Population[2] | | County Population 16-25[3] | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Male | Female | Male | Female | Number | % | Number | % | Number | % |
| African American | 8 | 3 | 7 | 2 | 20 | 5.1% | 218 | 3% | 363 | 2.8 % |
| Asian/Pacific Islander | 0 | 0 | 0 | 0 | 0 | 0 | 56 | .9% | 86 | 1% |
| Latino | 8 | 6 | 6 | 4 | 24 | 6.2% | 1,623 | 22.4 % | 2,820 | 22% |
| Native American | 5 | 2 | 4 | 2 | 13 | 3.3% | 325 | 4.5% | 642 | 5% |
| White | 99 | 71 | 79 | 57 | 306 | 78.5 % | 4,647 | 64.2 % | 8,291 | 65% |
| Other/Multi-race | 8 | 7 | 7 | 5 | 27 | 6.9% | 365 | 5% | 539 | 4% |
| **Total** | **128** | **89** | **103** | **70** | **390** | **100** | **7,234** | **100 %** | **12,741** | **100 %** |

[1] These numbers were adjusted according to the LCMH POQ which indicated that 55.5% to 66.7% of children (or their caregivers) were satisfied with their participation in developing the treatment plan, i.e., were "fully served". The Fully Served number used the low-end of the range, i.e., 55.5%. [2] Calculated from DMH Prevalence Table 2. [3] Based on Table I.1.

*Table A.2: Service Utilization by Race/Ethnicity, Transition Age Youth*

| RACE/ ETHNICITY | Fully Served[1] | | Underserved/ Inappropriately Served | | Total Served | | County Poverty Population[2] | | County Population[3] | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Male | Female | Male | Female | Number | % | Number | % | Number | % |
| African American | 7 | 4 | 3 | 4 | 18 | 4.8% | 57 | 3% | 213 | 2.6% |
| Asian/Pacific Islander | <1 | 1 | 0 | 1 | 3 | .8% | 19 | 1% | 78 | 1% |
| Latino | 9 | 9 | 5 | 7 | 30 | 8% | 313 | 16.4% | 1,393 | 17.6% |
| Native American | 3 | 3 | 2 | 3 | 11 | 3% | 95 | 5% | 377 | 4.7% |
| White | 87 | 95 | 43 | 77 | 302 | 81.4% | 1,348 | 70.4% | 5,565 | 70.9% |
| Other/Multi-race | 1 | 3 | 1 | 2 | 7 | 1.8% | 73 | 3.8% | 277 | 3.6% |
| **Total** | 108 | 115 | **54** | **94** | **371** | **100%[4]** | **1,905** | **100%** | **7,903** | **100%[4]** |

[1] These numbers were adjusted according to the POQ which indicated that 55.5% to 66.7% of TAY (or their caregivers) were satisfied with their participation in developing the treatment plan, i.e., "fully served". The Fully Served number uses the low-end of the range, i.e., 55.5% of clients served. [2] Calculated from DMH Prevalence Table 2, which aggregated the poverty rate for 18-25 year-olds. [3] Based on Table I.1.
[4] Total slightly <100% due to rounding.

*Table A.3: Service Utilization by Race/Ethnicity, Adults*

| RACE/ETHNICITY | Fully Served[1] | | Underserved/ Inappropriately Served | | Total Served | | County Poverty Population[2] | | County Population[3] | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Male | Female | Male | Female | Number | % | Number | % | Number | % |
| African American | 10 | 23 | 4 | 9 | 46 | 3.7% | 240 | 2.3% | 648 | 2.3% |
| Asian/Pacific Islander | 1 | 5 | 0 | 2 | 8 | .6% | 136 | 1.3% | 369 | 1.3% |
| Latino | 17 | 29 | 7 | 11 | 64 | 5.1% | 1,418 | 13.6% | 3,809 | 13.6% |
| Native American | 11 | 22 | 5 | 9 | 47 | 3.8% | 396 | 3.8% | 1,065 | 3.8% |
| White | 299 | 458 | 118 | 181 | 1,056 | 84.9% | 8,059 | 77.3% | 21,662 | 77.3% |
| Other/Multi-race | 9 | 7 | 4 | 3 | 23 | 1.8% | 177 | 1.7% | 484 | 1.7% |
| **Total** | **347** | **544** | **138** | **215** | **1,244** | **100%[4]** | **10,426** | **100%** | **28,037** | **100%** |

[1] These numbers were adjusted according to the POQ which indicated that 71.7% - 90.3% of adults were satisfied with their participation in developing the treatment plan, i.e., were "fully served". The Fully Served number uses the low-end of the range, i.e., 71.7% of clients served. [2] Calculated from DMH Prevalence Table 2, which aggregated the poverty rate for 26-64 year-olds. Therefore, we split the 2,522 individuals in age group 55-64 and included 1,261 with the adult age group and 1,261 with the older adult age group. [3] Based on Table I.1. [4 Actual] total <100% due to rounding.

*Table A.4: Service Utilization by Race/Ethnicity, Older Adults*

| RACE/ ETHNICITY | Fully Served[1] | | Underserved/ Inappropriately Served | | Total Served | | County Poverty Population[2] | | County Population[3] | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Male | Female | Male | Female | Number | % | Number | % | Number | % |
| African American | 1 | 1 | 0 | 0 | 2 | 1.6% | 167 | 3% | 465 | 3% |
| Asian/Pacific Islander | 0 | 0 | 0 | 0 | 0 | 0 | 50 | <1% | 144 | <1% |
| Latino | 1 | 0 | 0 | 0 | 1 | .8% | 345 | 6.2% | 978 | 6.2% |
| Native American | 1 | 1 | 0 | 0 | 2 | 1.6% | 89 | 1.6% | 251 | 1.6% |
| White | 31 | 61 | 7 | 14 | 113 | 94.2% | 4,821 | 86.7% | 13,614 | 86.7% |
| Other/Multi-race | 1 | 1 | 0 | 0 | 2 | 1.6% | 89 | 1.6% | 253 | 1.6% |
| | 35 | 64 | **7** | **14** | **120** | **100%[4]** | 5,560 | 100% | 15,705 | 100%[5] |

[1] The Prevalence Table age groups are different from LCMH's utilization report, so prevalence is reported for 65+ year-olds, but utilization is reported for 61+ year-olds. The POQ indicated that 100% of older adults (or their caregivers) were satisfied with their participation in developing the treatment plan, i.e., were "fully served". However, the number of older adults responding to the survey was quite small. Further, it is unlikely that 100% of the 120 older adults served are satisfied with their participation in their treatment plans. Therefore, this Fully Served number is based on the 81% of LCMH clients who were "generally satisfied" with their treatment. If there was only 1 client in a category (e.g., 1 Hispanic male), we used the whole number, not a percentage. [2] Calculated from DMH Prevalence Table 2, which aggregated the poverty rate for 26-64 year-olds. Therefore, we split the 2,522 individuals in age group 55-64 and included 1,261 with the adult age group and 1,261 with the older adult age group. [3] Based on Table I.1. [4] Total <100% due to rounding. [5] Total >100% due to rounding.

**3. Analysis of ethnic disparities in the fully served, underserved, and inappropriately served populations.**

*a. Fully served - Criteria.* As noted, only clients who met all three DMH criteria were included. They were limited to adults and older adults diagnosed with serious mental illness and children/youth diagnosed with serious emotional disorders. All LCMH clients have an individual service plan in which the client and LCMH staff are to mutually identify the goals of client participation in the system and the services that will be provided to try to meet these goals. In the most recent state Performance Outcome Survey ("POQ"), 81% of clients reported being either "satisfied" or "highly satisfied" with the services they received in Lake County.

Lake County has limited resources to provide full services. We do not have AB 34, AB 2034, Children's System of Care, or Older Adults' System of Care services in place.

*a (i). Fully served- Ethnic Disparities.*

Although our numbers are small, there are some indicators of ethnic disparity among the fully served populations. In general, whites are overrepresented and Latinos are severely underrepresented. For example, of the children served, 78.5% were white, but only 65% of the 0-15 population is white.

Latinos are severely underserved and unserved. In all age groups. For example, they comprise only 6.2% of the fully-served population of male children, but comprise 22% of the general population, a difference of 3.43 to 1. The total of fully served plus underserved Latinos falls significantly below this group's proportion of the total population in all age groups. Older adult Latinos are particularly at risk. These disparities may indicate that whites are more able to use LCMH services than Latinos. They may also reflect a "buffer" effect of intact Latino culture among new immigrant families.

Younger Native Americans are also disproportionately underserved. Asian/Pacific Islanders are a very small component of the Lake County population, but are underrepresented in the LCMH caseload.

The Medi-Cal penetration rates confirm these conclusions. Of the 1,246 unduplicated Medi-Cal clients served by LCMH in Fiscal Year 03-04, 85.6% were white, but only 2.6% were Latino. African Americans were slightly over-represented, at 5.3%. Native Americans were severely underrepresented, at .6%, reinforcing the concerns of the Stakeholders' Steering Committee and Native American groups. Asian/Pacific Islanders were slightly underrepresented, at .8%. The Other/mixed race/unknown category is growing as the County's demographics change, so the 5.5% of reported clients in this category is probably appropriate. (APS Healthcare Report for Fiscal Year 03-04, updated June 20, 2005.

Among adults, there is a significant gender disparity, with females overrepresented at 61% of the fully served clients. This may be due to women feeling more comfortable admitting a need for help in a culture that values stoicism in men.

*b (i). Underserved or Inappropriately served – Criteria.* Lake County's socioeconomic conditions limit the resources available to protect residents from being underserved or inappropriately served. Potentially underserved groups include: (1) individuals with diagnosed conditions who are not receiving the services they need for wellness/recovery; and (2) those who are at risk of situational characteristics, e.g., homelessness, incarceration, out-of-home placement, etc. The first of the two chief contributors to this problem is the lack of a range of supported housing options for, e.g., recently-released inmates, TAY transitioning from foster care, adults and older adults with persistent mental illness, and those with co-occurring disorders, including developmental disabilities. The other contributor is the lack of community-based supportive services that would allow individuals to achieve less restrictive placements or even to return home. The underserved/inappropriately served issue is the "If only" problem, as in:

| "If only we had supportive housing, we could serve . . . "; "if only we knew how to reach them, we could . . . ", etc. |
|---|

Estimating the number of individuals who are underserved or inappropriately served is challenging. For example, Lake County is not especially supportive of, or friendly to, gays, lesbians, bisexuals, or transgender ("GLBT") individuals, although there is a residential enclave of adult GLBT and at least one high school which enforces a culture of tolerance and respect that includes GLBT youth. GLBT individuals are reluctant, with reason, to "come out", even to therapists or support groups. In our small towns, anonymity is hard to preserve. On the other hand, LCMH is fortunate to have several staff members who are openly "out". This Department has a strong history of acceptance and support of GLBT individuals.

This estimate of underserved or inappropriately served groups is based on the categories suggested by DMH, supplemented by categories that reflect local concerns. It is likely to be low and will be reviewed and revised during the first three-year implementation period.

*b (ii) Underserved or inappropriately served children.*

*b (ii) 1 Children in out-of-home placement, including out-of-County placement.*

This category includes children in foster care and group homes (both dependent and delinquent youth). The following discussion describes these groups, including ethnic disparities.

**Foster Care.** There were 291 youth on the foster care caseload as of September 8, 2005. Of these, 52 are at risk of out-of-home placement, 15 are subject to emergency response, and 228 are in out-of-home placement. Lake County only has 2 group homes offering 20 in-County beds for non-delinquent juveniles. Both group homes are in the same small town, remote from the larger population centers. Therefore, most foster youth must be placed out-of-County, which can disrupt their family structure and their treatment. The ethnic profile of the 228 foster youth in out-of-home placement is:

*Table II.7: Ethnicity of Foster Children in Out-of-Home Placement*

| Ethnicity | Foster Children 0-18 | | All Children 0-17[1] | |
|---|---|---|---|---|
| | Number | Percent | Number | Percent |
| Unknown/Multirace | 2 | <1% | 594 | 4% |
| Native American | 30 | 13% | 728 | 4.9% |
| African American | 21 | 9% | 405 | 2.7% |
| Asian/Pacific Islander | 6 | 3% | 101 | 1% |
| Hispanic | 26 | 12% | 3,263 | 22% |
| White | 143 | 64% | 9,759 | 65.7% |
| **Total** | **228** | **100%[2]** | **14,850** | **100%** |

[1] Table II.1, Section II, Chapter 1 [2] Actual total >100% due to rounding.

50% of the children are receiving mental health services and 11 had court-ordered psychotropic medications. Of the 224, 24 are currently in group home placement and 170 are in local foster care. Of the children in out-of-County group homes, 5 (3 placed by Child Protective Services and 2 by LCMH) are receiving specialty mental health services (day treatment intensive) paid for by LCMH above and beyond the standard room and board rate. All five are white; four are male and one is female.

**Delinquent youth in placement.** All Probation-supervised youth who are in placement are out-of-County, as there are no in-County placements for delinquent youth. Probation operates a placement-prevention/family strengthening program known as "Project Return". Its original focus was to return youth from out-of-County placement. During its first years, however, Project Return found that most of the delinquent youth in placement were appropriately placed, whether due to their own needs or due to the lack

of suitable homes to which to return. With experience, Project Return is now balancing its efforts between returning youth from placement and preventing placement. Probation is reviewing its caseload to determine how many delinquent youth in placement that could, with community supports, return to less restrictive placements in Lake County, if available.

In addition to youth in placement, there is another group of underserved youth at risk of entering the juvenile justice system. These are youth who have committed one or more minor offenses and whose age, school behavior, prior delinquent conduct, and family functioning indicate they are at risk. Lake County served these youth with a collaborative, research-based program, known as the "First Offender Family Preservation Program" or "First Offender". Partners included Probation, the courts, health services, Mendo-Lake Alternative Services, and others. Families and staff co-created individualized treatment plans, based on strengths and needs. The children and youth served received intensive supervision plus individual and group counseling provided by a licensed Senior Mental Health Clinician. First Offender served about 50-70 at-risk youth each year, with exemplary results. First Offender closed in 2002, creating a continuing gap in services. Its clients were 70% male and 30% female. Ethnically, First Offender youth were: (i) 77% white; (ii) 12% Latino; (iii) 6% Native American; (iv) 2% interracial; and (vi) 1% each for African American, Asian/Pacific Islander, and other (Philliber Research Associates, The NET, Lake County Family Resource Center – Summary of Program Results Through May 2000, the final reporting period). This ethnic composition is significant, as Lake County was much less diverse 5 years ago.

*b (iii). TAY.* As discussed above, TAY are uniquely vulnerable to being underserved or inappropriately served. At 18, they "age out" of placement and lose eligibility for most children's services. LCMH is able serve TAY until they are 24, making it a portal through which they can receive other help, such as housing assistance. They are likely to need ongoing support to successfully complete the transition from dependency to autonomy by early adulthood (24-25 years). Such support includes ongoing eligibility for case management, LCMH services, supportive housing (if available), vocational counseling, etc.

Self-sufficiency leading to autonomy is a key to recovery for this group.

**TAY at risk of homelessness.** As noted, individuals paying more than 30% of income for housing are at risk of homelessness. The Census provides this data in age cohorts beginning with householders aged 15-24, which approximates the TAY group. We are assuming that: (1) that the ethnicity of TAY renters and owners is the same; and (2) that the gender split of TAY renters and owners is also the same. Both ethnicity and gender percentages are taken from Table I.1.

According to Census 2000, 42.9% of TAY renters are at risk of homelessness; 30% are paying 35% or more of their gross income in rent (U.S. Census Bureau, H11. *Tenure by Race of Householder* and H71. *Age of Householder by Gross Rent as a Percentage of*

*Household Income in 1999*, Census 2000 Summary File 3). Of the 73 TAY homeowners, 35 or 47.9% are paying 35% or more of their household income in owner costs. (U.S. Census Bureau, H96. *Age of Householder by Selected Monthly Owner Costs as a Percentage of Household Income in 1999.* Census 2000 Summary File 3). Based on those assumptions, the profile of TAY estimated at risk of homelessness is:

*Table II.8: TAY at Risk of Homelessness*

| Ethnicity | Renters | | Owners | | Unserved or Inappropriately Served (Renters + Owners) | |
|---|---|---|---|---|---|---|
| | Male | Female | Male | Female | Male | Female |
| African American | 3 | 2 | 1 | 1 | 4 | 3 |
| Asian/Pacific Islander | 1 | 1 | 1 | 0 | 2 | 1 |
| Latino | 16 | 15 | 7 | 6 | 23 | 21 |
| Native American | 4 | 4 | 1 | 2 | 5 | 6 |
| White | 65 | 60 | 27 | 24 | 92 | 84 |
| Other/Multi | 3 | 3 | 2 | 1 | 5 | 4 |
| Total | 92 | 85 | 39 | 34 | 131 | 119 |

*b (iv). Adults.*

For this age group, the underserved/inappropriately served populations include: (1) adults in Board and Care facilities who could move to more independent and permanent housing; (2) adults at risk of homelessness; (3) adults served by Mental Health who would benefit from supportive housing, i.e., it would assist them to progress toward recovery and meaningful life in the community; and (4) Native Americans and Latinos, especially second-generation immigrants and migrant farm workers.

**Adults in Board and Care or other residential facilities.** According to the Lake County Department of Social Services, there are 168 licensed beds in the County, of which only 45 are Adult Residential Facilities ("ARF"). There are also 40 adults placed out-of-County who are also LCMH clients, e.g., conserved. Both LCMH and Redwood Coast Regional Center clients must be in licensed facilities, if conserved. There are not enough in-County beds to meet the need. The range of services available to clients in Board and Care and ARF varies by type of licensure and quality of caregiver. Clients must ask for additional services, such as transitional planning and preparation to move to less restrictive placements. Unfortunately, it appears that some of these clients do not know they have this right and their mental health/developmental disability issues may prevent them from exercising it without help. It is not always in the best economic

interest of their caregivers to encourage them to move on. Placement at the least restrictive level is always the goal of LCMH, however

Our best estimate of clients in Board and Care or Adult Residential Facilities who may be underserved or inappropriately served is about 1 in 3 or 28. Ethnic and gender data for this group is not available, as the state licensing authority does not collect it.

**Adults at risk of homelessness.** As noted, individuals paying more than 30% of income for housing are at risk of homelessness. Unfortunately, the Census quantifies this by household rather than by individual. Further, household tenure is available by race or age or poverty, but not (apparently) by race x age x poverty and not by gender. The age groups used by the Census are not congruent with those of the MHSA. The Census provides housing data for adults in age cohorts beginning with householders aged 25-34 up to 55-64 years. For this estimate, we excluded adults 55-64 because DMH allows us to include adults "aging out" with the older adult group.

We were able to separate the adult householders into renters and owners. We are assuming that: We are assuming that: (1) that the ethnicity of TAY renters and owners is the same; and (2) that the gender split of TAY renters and owners is also the same. Both ethnicity and gender percentages are taken from Table I.1.

According to Census 2000, 40.8% of adult renters are at risk of homelessness; of these, however, 33.6% are paying 35% or more of their gross income in rent. About 31.4% of owners are at risk of homelessness. The number of renters and homeowners is about equal in this age group (4,646 owners versus 4,775 renters). (U.S. Census Bureau, H11. *Tenure by Race of Householder* and H71. *Age of Householder by Gross Rent as a Percentage of Household Income in 1999*, Census 2000 Summary File 3). Based on those assumptions, the profile of adults estimated at risk of homelessness is:

*Table II.9: Adults at Risk of Homelessness*

| Ethnicity | Renters | | Owners | | Underserved/ Inappropriately Served (Renters + Owners) | |
|---|---|---|---|---|---|---|
| | Male | Female | Male | Female | Male | Female |
| African American | 17 | 20 | 16 | 18 | 33 | 38 |
| Asian/Pacific Islander | 7 | 14 | 7 | 12 | 14 | 26 |
| Latino | 115 | 102 | 105 | 93 | 220 | 195 |
| Native American | 30 | 31 | 27 | 28 | 57 | 59 |
| White | 605 | 630 | 553 | 575 | 1,158 | 1,205 |
| Other/Multi | 12 | 15 | 11 | 14 | 23 | 29 |
| Total | 786 | 812 | 719 | 740 | 1.505 | 1,552 |

**LCMH Clients and Supportive Housing.** LCMH asked its clinicians and case managers to review their caseloads and estimate how many of their adult clients would make more progress toward recovery and/or be better able to sustain recovery if they had some type of supportive housing. Of the 784 open adult client cases, the staff estimates that 83-85 clients or 11% would benefit from having in-County supportive housing options. Ethnic data were not collected.

*b (iv) Native Americans and Latinos.* As discussed and quantified above, Native Americans and many Latinos are unserved, i.e., do not engage with LCMH at all. Others engage briefly, e.g., 1 or 2 visits or complete one course of treatment, but do not stay involved or fail to follow-up.

*b (iv). Older Adults.*

Older adults who are likely to be underserved or inappropriately served include: (i) older adults in institutions, including nursing homes, who could live at home or in less restrictive placement with supportive services; (ii) older adults who make frequent emergency room visits and do not have a comprehensive assessment; and (iii) older adults at risk of homelessness.

**Older adults in institutions.** There are 123 licensed Residential Care Facility ("RCF") beds for older adults. The state licensing authority does not collect data on ethnicities served in the RCFs. According to the Census Bureau, there are 298 older adults (65+) in group quarters: 244 institutionalized and 54 not institutionalized. There are no locked facilities in Lake County; older adults requiring this level of care are placed in locked regional facilities. Moving clients from locked facilities back to the community is challenging. In addition to safety issues, the issue of whether the placement was necessary may arise if the client successfully transitions back into the community. Census 2000 did not cross-reference the types of group quarters x age x ethnicity. Further, the age groups used by the Census Bureau for this data are limited to <18, 18-64, and 65+. We assumed that the ethnicity of the "institutionalized" older adults is consistent with the ethnicity of the general older adult population. The Census 2000 gender split of 74% female and 26% male was applied to all of the ethnic groups.

*Table II.10: Institutionalized Older Adults*

| Ethnicity | Older adults in Institutions | |
|---|---|---|
| | Male | Female |
| African American | 2 | 6 |
| Asian/Pacific Islander | 1 | 1 |
| Latino | 43 | 10 |
| Native American | 1 | 2 |
| White | 55 | 158 |
| Other/Multi | 1 | 3 |
| Total[1] | 63 | 180 |

[1] Total <244 due to rounding.

The local Latino population is still relatively young. The first generation immigrant family structures are still very strong. As the population ages and family cohesion softens, it is likely there will be more Latinos in the institutionalized older adult population.

Of the older adults in institutions, we estimate that perhaps 1 in 5 or 20% could return home with significant support or move to assisted living. Again, services are offered to clients in licensed facilities, either by LCMH or Redwood Caregiver Resource Center ("RCRC"), as applicable. They are entirely voluntary, however, and clients tend to refuse them.

**Older adults at risk of homelessness.** As noted, individuals paying more than 30% of income for housing are at risk of homelessness. Unfortunately, the Census quantifies this by household rather than by individual. As also noted, household tenure is available by race or age or poverty, but not (apparently) by race x age x poverty and not by gender. The Census provides this data for adults in age cohorts beginning with householders aged 25-34 up to 75+ years. We were able to separate the older adult households into renters and owners. This estimate uses the ethnicity and gender proportions for the 60+ age group from Table I.1 and Census Bureau housing data for 55+.

According to Census 2000, older adult renters are at enhanced risk of homelessness, with 46% paying 30% or more of their income in rent; 38.6% are paying 35% or more of their gross income in rent. (H.71. *Age of Householder by Gross Rent as a Percentage of Household Income in 1999*, Census 2000 Summary File 3; (U.S. Census Bureau, H11. *Tenure by Race of Householder* and H71.) ). Over three times as many older adults own their homes as rent them (5,477 owners versus 1,704 renters). Older adult homeowners are at less risk of homelessness, with only 29.7% paying 30% or more of their income in selected housing costs. However, 24% are paying 35% or more. (U. S. Census Bureau, H96. *Age of Householder by Selected Monthly Owner Costs as a Percentage of Household Income in 1999,* Census 2000, Summary File 3.; U.S. Census Bureau, H11. *Tenure by Race of Householder* and H71.) Based on those assumptions, the profile of adults estimated at risk of homelessness is:

*Table II.11: Older Adults at Risk of Homelessness*

| Ethnicity | Renters | | Owners | | Underserved/ Inappropriately Served (Renters + Owners) | |
|---|---|---|---|---|---|---|
| | Male | Female | Male | Female | Male | Female |
| African American | 11 | 12 | 24 | 25 | 35 | 37 |
| Asian/Pacific Islander | 3 | 5 | 7 | 9 | 10 | 14 |
| Latino | 25 | 24 | 52 | 49 | 77 | 73 |
| Native American | 6 | 7 | 13 | 13 | 19 | 20 |
| White | 313 | 367 | 649 | 762 | 962 | 1,129 |
| Other/Multi | 6 | 7 | 12 | 14 | 18 | 21 |
| Total | 364 | 422 | 757 | 872 | 1,121 | 1,294 |

**4. Culturally and Linguistically Competent Services.**

Cultural and linguistic competency issues were woven into the entire planning process at all levels, from the Work Groups to the Steering Committee to the final product. LCMH's Cultural Competency Committee was available to provide advice and guidance. The Stakeholders' Steering Committee identified two overarching community concerns; one was cultural competency Specific aspects of culturally competency included culturally effective outreach to the Native American community and linguistically accessible services to the Latino community. As noted, Spanish is the dominant second language in Lake County. The County's 5% threshold for bilingual services has been surpassed.

The Steering Committee established the following objectives for the provision of culturally and linguistically competent services:

1. 100% of LCMH staff having direct contact with, or providing direct services to, clients, will receive training on cultural issues. Examples discussed by the Steering Committee include: (i) knowledge of other cultures' healing traditions and practices; (ii) knowledge of other cultures' inclusion of spiritual components in healing and in mental health services; (iii) family systems, e.g., in Native American families cousins are referred to as "sisters"; and (iv) understanding of differences in body language, speech patterns, and manners, e.g., not making eye contact is a sign of respect, not evasion, in many non-Anglo cultures.

2. LCMH will recruit for additional staff with Spanish-speaking bilingual fluency to have direct contact with, or provide direct services to, clients. Multicultural backgrounds and experience will be important, e.g., experience with indigenous cultures, migrant farm workers, and intergenerational differences among the Spanish-speaking immigrant population. LCMH should also plan to recruit Spanish-speaking staff with the cultural competency skills to serve the growing Latino/Native American population.

3. LCMH will train 100% of staff providing outreach to or direct services to Native Americans, Latinos, and other cultural groups, when identified, on culturally competent service provision.

4. Through the MHSA, LCMH will coordinate cultural competency training for all of its agency partners and their staffs on a range of issues, from traditional healing practices to differences in medication metabolism. Universal training will help create a system that is consistently responsive and comfortable for all participants, regardless of their initial portal of entry into it.

Our overarching goal is to create a welcoming environment in which people have the space and freedom to change, to find their own resiliency, and to recover. Such hospitality opens a "wide spectrum of options for choice and commitment." (*Second Movement: From Hostility to Hospitality, p. 51*).

## Section III: Identifying Initial Populations for Full Service Partnerships

### 1. Identification and Description of Initial Populations to be Fully Served.

The Stakeholders' Steering Committee chose the initial populations for full service partnerships after multiple meetings devoted to this question. Their careful and candid consideration of community concerns, feasible interventions, and the MHSA Guidelines led to a coherent set of programs with, in most cases, intergenerational services and impact. They chose one full service partnership population for each age group. As noted, most programs will serve more than one age group. We used a simple numbering system, based on the three types of funding: Full Service Partnerships ("FSP"), General System Development ("GSD"), and Outreach and Engagement ("OE"). As described in Section VI, below, a percentage of the GSD funds will serve FSP clients. The FSP target numbers are discussed for 2005-2006 only; we plan to increase the numbers served each year, as summarized in Table III.1, below and Exhibit 3.

**Children and Youth:**

In 2005-2006, the MHSA will serve 8 children and youth aged 10-17 who have serious emotional disturbance and who are at risk of school failure, out-of-home placement, and/or incarceration in the Lake County Juvenile Hall. We project that these youth will be mostly white, consistent with the general school-aged population, the population in the Juvenile Hall, and that in out-of-home placement. We intend to serve at least 50% non-white children, prioritizing Native Americans, Latinos, children of mixed Native American/Latino heritage, and indigenous migrants. Because Lake County remains predominantly white, this is an ambitious target.

**Transition Age Youth:**

In 2005-2006, the MHSA will serve 10 TAY, aged 18-25, who have serious emotional disorder or who have experienced a first episode of major mental illness and who are involved in the criminal justice system (i.e., incarcerated in the Lake County Jail), or who are at risk of such involvement, as indicated by prior incarceration in the Lake County Juvenile Hall or who are aging out of the child welfare and/or juvenile justice systems. Our proposed OE program will train staff and community partners to recognize the needs of TAY from diverse cultures and in the skills to provide services in culturally acceptable and accessible ways. It will also field an Outreach Team in Years 2 and 3. As the OE program takes hold, we expect to serve more Native American, Latino, and GLBT TAY. We intend to serve at least 50% non-white TAY, prioritizing Native Americans, Latinos, children of mixed Native American/Latino heritage, and indigenous migrants. Because Lake County remains predominantly white, this is an ambitious target.

**Adults:**

In 2005-2006, the MHSA will serve 30 adults FSP participants, aged 26-55, who have serious mental illness (including co-occurring substance use disorders) and who are currently homeless, institutionalized, or incarcerated or at risk of same, e.g., coming out of the Lake County Jail. This population is likely to be more diverse than the general adult population. We intend to serve at least 50% non-white adults, prioritizing Native Americans, Latinos, children of mixed Native American/Latino heritage, and indigenous migrants. Because Lake County remains predominantly white, this is an ambitious target.

**Older Adults:**

In 2005-2006, the MHSA will serve 20 older adults, aged 60+, who have serious mental illness (including co-occurring substance use disorders) and who are not currently served. We will seek out and engage those whose personal and community functioning is so impaired, as indicated by isolation and depression, that they either are currently, or are at risk of becoming, homeless, hospitalized, or placed in nursing home care. Older adults who are so underserved they are at risk of any of the above-listed characteristics will also qualify for services. Transition age older adults (55-60 years old) will be included in the older adult FSP participants when appropriate, i.e., when they are at risk of the above-listed characteristics.

We expect that the initial population served will be mostly white, consistent with the demographics of this age group. Feedback from the Native American and Hispanic communities indicates that the availability of home-based services may make MHSA services more welcome in these communities than traditional clinic-based services have been in the past. However, our OE program will dedicate significant time to training providers in cultural competencies relevant to Native American elders, as a first step toward engaging them in MHSA services. Over the first three-year period, we expect to serve increasingly diverse older adults.

**2. Criteria that led to the selection of the initial population for the first three years.**

The Stakeholders' Steering Committee established consistent criteria for selecting the initial populations from all four age groups, as follows:

- Alignment with community concerns and responsiveness to stakeholder input from all sources
- Opportunity to intervene at points of increased vulnerability and risk, i.e., transitions from foster care, juvenile hall, jail
- Cost-effective impact, e.g., reduced placements, hospitalizations, nursing home care
- Clearly-identified needs not met from other sources, i.e., non-duplicative services

- Existence of partners to supplement or leverage services to create a continuum of culturally competent care
- Feasible targeting of ethnic and racial disparities in services
- Number of unserved individuals within each age group

**3. How selection of initial populations will reduce specific ethnic disparities in Lake County.**

Lake County's generally homogeneous population, the size of the unserved populations, and the MHSA's modest target severely constrain our capacity to significantly reduce ethnic disparities in access and utilization. The community led the process of choosing the initial populations. The urgent need for culturally competent services was discussed at all of the Stakeholders' Steering Committee meetings. Unless services are culturally competent, existing ethnic and racial disparities will be perpetuated despite the MHSA's commitment to systems transformation. The selection of the initial full service populations included consideration of how readily they could be provided with such services. The Stakeholders' Steering Committee was deeply concerned that members of all age groups are avoiding mental health services or not taking full advantage of them due to discomfort with how and where they are provided.

During the planning process, the Native American community provided a detailed and in-depth analysis of the reasons why the Lake County Pomo do not use LCMH or other mainstream services. As noted, tribal participants in the MHSA planning process reported that the Pomo's negative experiences with the mainstream culture are recent, profoundly traumatic, and infuse their relationship to it with bitterness. Services to local Native Americans of all ages must take this into consideration. Providers must be prepared to demonstrate a consistent and enduring level of interest as an essential element to establishing trusting relationships.

The issues of full and equitable access and utilization will be increasingly important in the near future, as Lake County is at the threshold of a significant leap in diversity. School-children are already more diverse than the general population. In-migration is changing the diversity of the adult population; immigrants from other countries are bringing their parents here, so the older adult population will be changing as well.

As estimated above, Lake County has a significant proportion of individuals with serious mental illness or mental health needs who are either unserved or underserved. To recap, our general population is 64,386 of whom 25,127 are below 200% of poverty. The prevalence rates for all ages are about 9.22%, leading to a minimum of 2,317 residents below 200% of poverty with serious mental illness or serious emotional disturbance. If the same prevalence rate applies to the general, non-poverty population, there are about 5,936 residents with serious mental illness. LCMH served about 2,125, or about 36% of the maximum estimated need. The few other resources providing mental health services tend to avoid high acuity cases and focus on low-to-moderate acuity, e.g., mild anxiety or depression, relationship issues, etc. True to the "safety net" identity of public mental health systems, LCMH is virtually the only provider, public or

private, willing and able to deal with the complex needs of individuals with serious mental health issues. The Stakeholders' Steering Committee considered the scope of the unmet need as an overriding concern that crosses all variables.

**Children/Youth:**

Because children and youth are so much more diverse than the general population, the community values the opportunity provided by MHSA to extend mental health services to Native American, Latino, black, indigenous migrant, and mixed race children and youth, including those who are Native American/Latino. The MHSA will seek out and enroll children and, youth from these groups in its full service partnership population, in order to reduce and prevent the future development of any minority overrepresentation in the juvenile justice, child welfare, and foster care systems.

**TAY:**

The Stakeholders' Steering Committee's overarching concern with this group was to fully utilize the opportunity to transition them successfully into autonomous, happy lives in the community and out of the system, rather than simply having them age into adult consumers. The top priority was youth who will age out of non-LCMH children's services, lose eligibility, and become at risk for negative outcomes, such as jail, for lack of positive supports during the transition. Within the TAY eligible for full service partnerships, efforts will be made to engage TAY who are Native American, Latino, Native American/Latino mixed heritage, and indigenous migrants.

**Adults:**

The adults in the initial full service partnership group will be more diverse than the general population. As discussed the FSP target for this age group will focus on reducing disparities with respect to Native American, Latino, Native American/Latino, and indigenous migrants.

**Older Adults:**

According to the Census, Lake County's older adults are over 90% white. Older adults below 125% of poverty are slightly more diverse, at 87% white. This homogeneity is projected to begin changing swiftly in the near future. At the present time, however, Native American elders are the group most likely to require services and least likely to use them as they are currently offered. The MHSA programs will all work closely with local resources to develop service delivery strategies that render our services culturally acceptable and, therefore, accessible to this isolated, underserved, and high risk group. Ongoing MHSA planning will include ways to adapt services to respond to changes within the general population of older adults, as it ages and becomes more diverse.

**Cross-Age Concerns:**

The community, the Work Groups, and the Stakeholders' Steering Committee were all concerned with the prevalence of co-occurring mental health and substance use disorders, estimated at 50%. Because this prevalence rate was so high, the Stakeholder Steering Committee agreed that the initial populations for full service partnerships would necessarily include a high number of individuals with such disorders. LCMH enjoys a strong collaborative relationship with AODS, which had a representative serving on the Stakeholders' Steering Committee. Mutual training with AODS and other partner agencies on the treatment opportunities available through the MSHA for those who are dually diagnosed will serve as a significant gateway to these services.

The following Table summarizes the proposed FSP target totals for each year. We assumed that some FSP will graduate in Year 3 and new ones will be enrolled, leading to an increase in the total FSP served that Year.

*Table III.1 FSP Target*

| Year | Children 0-17 | TAY 18-25 | Adults 26-59 | Older Adults 60+ | Total |
|---|---|---|---|---|---|
| 2005-2006 | 8 | 10 | 30 | 20 | 68 |
| 2006-2007 | 20 | 25 | 60 | 40 | 145 |
| 2007-2008 | 30 | 25 | 65 | 45 | 165 |
| **Total** | **58** | **60** | **155** | **105** | **378** |

## Section IV: Identifying Program Strategies

The Requirements list strategies (activities) which will be accepted by DMH. Although the various strategies are listed according to particular age groups, many can be used for any age group. The Stakeholders' Steering Committee found that the community's choice of desired activities dovetailed with DMH Requirements. We note that the Requirements mandate that CSOC infrastructure, CSOC services, and wraparound be provided. The programs developed for this MHSA Plan typically weave multiple strategies together to provide integrated services, which is considered appropriate by DMH. Several of our chosen programs provide intergenerational services, an approach expressly encouraged by the Requirements. Further the programs are mutually reinforcing, e.g., the Crisis Response Continuum will provide crisis response services to all programs; the Housing Specialist will serve all FSP groups; and so on.

This page is inserted to confirm that we have read and complied with those Requirements.

## Section V: Assessing Capacity

### 1. Analysis of capacity to meet needs of racially and ethnically diverse populations in Lake County.

LCMH is committed to providing culturally and linguistically appropriate services to Lake County's increasingly diverse residents. Hiring and retaining a diverse workforce is a key strategy to achieve this goal. The LCMH Cultural Competency Committee provides a forum for representatives from diverse communities to share insights and provide guidance to LCMH. Many of their recommendations have been adopted by LCMH. In fact, this Committee re-designed the proposed OE-01 program making it much more proactive in Years 2 and 3. This Committee's eight years' experience and ongoing financial support from LCMH have begun to create the trust and continuity essential to establish positive relationships between a government agency and diverse groups.

Table V.1, below, summarizes the ethnicity of the various categories of LCMH staff and compares them to the ethnicity of the County population overall. The support services group is composed of drivers or parent partners and reception staff. As such, they are in constant direct contact with clients and, together with reception staff, are the "face" of LCMH. Of the drivers and parent partners, 15 or 83% were white, 1 or 5.5% was black, 1 or 5.5% was Native American, and 1 or 5.5% was Russian. Because the proposed MHSA programs will allow LCMH to hire additional personnel, we have a timely opportunity to increase the cultural, linguistic, and ethnic diversity of LCMH staff, subject to federal, State, and local employment requirements.

*Table V.1: LCMH County Staff Ethnicity*

| Ethnicity | County 2000 Census | Administration | | Direct Services | | Support Services | | Self-identified Staff/ Consumers | |
|---|---|---|---|---|---|---|---|---|---|
| | Percent | # | % | # | % | # | % | # | % |
| White | 86.2% | 7 | 100% | 38 | 85% | 15 | 83 | 2 | 100% |
| Latino | 11.4% | | | 3 | 8% | | | | |
| Black | 2.1% | | | 0 | 0 | 1 | 5.5 | | |
| Native American | 3% | | | 2 | 5% | | | | |
| Asian/PI | .9% | | | 0 | 0 | | | | |
| East Indian ("Other Asian") | .1% | | | 1 | 2% | | | | |
| Russian | N/A | | | 0 | 0 | 1 | 5.5 | | |
| **Total** | | 7 | 100% | 44 | 1005 | 17 | 100% | 2 | 100% |

*Table V.2: LCMH County Staff Languages*

| Language | County Percent | Administration | | Direct Services | | Support Services | | Self-identified Staff/ Consumers | |
|---|---|---|---|---|---|---|---|---|---|
| | | # | % | # | % | # | % | # | % |
| English | 89.8 | 5 | 71.4% | 43 | 97.7% | 16 | 94.1% | 2 | 100% |
| Spanish[1] | 7.7 | 1 | 14.3% | 1 | 2.3% | 0 | 0 | 0 | 0 |
| French | 1.7[2] | 1 | 14.3% | 0 | 0 | 0 | 0 | 0 | 0 |
| Russian | 1.7[2] | 0 | 0 | 0 | 0 | 1 | 5.9% | 0 | 0 |
| **Total**[3] | 100% | 7 | 100% | 44 | 100% | 17 | 100% | 2 | 100% |

[1] The only language for which language proficiency certification is available is Spanish. The other languages are noted because they do increase our capacity to serve diverse clients. [2] French and Russian are included in the broad category "Other Indo-European Languages". (Source: Census 2000, Table DP-2) [3] Actual total >100% due to rounding.

Lake County is now officially a County with a threshold language: Spanish. LCMH pays a 2.5% bilingual pay differential for staff who pass the language proficiency exam. Currently, there is only one LCMH direct services staff member who is certified for language proficiency.

These Tables demonstrate that LCMH has made progress toward its goal of a diverse workforce to serve a diverse population, but there is a substantial gap between the percentage of fluent Spanish-speaking staff (3%) and the percentage of residents who prefer Spanish to English. Recruiting and retaining Spanish-speaking staff for all categories is an ongoing goal, but is most critical for direct service providers.

Although Lake County remains a relatively homogenous area, its younger population is increasingly diverse. LCMH must plan now to recruit and maintain a workforce that can meet both current and future needs.

**2. Comparison of percentages of ethnically and linguistically diverse direct service providers to total population who may need services and total population currently served.**

LCMH has been trying to build a diverse staff to provide direct services, both internally and through contracts with other providers. The Tables confirm that LCMH direct services staff are at or slightly above the percentage of Native Americans in the total population, about 3% (all age groups). There are no African American direct services staff, although one support staff is African American. Collectively, staff diversity lags behind diversity Countywide, but is improving. There are is only 1 Asian staff member, who is East Indian; however, most of the local Asian population is Filipino (.3% of total population or 180 individuals). Lake County is experiencing an increase in Chinese, Thai, Lao, Cambodian, and other Asian and Southeast Asian residents and needs to plan to serve them. The most immediate challenge is to hire and retain bilingual and bicultural Latino and Native American direct services providers and other staff.

As noted, Spanish is the only threshold language for Lake County and LCMH employs one direct services staff member who is certified as language-proficient in Spanish. Other staff may have some Spanish-speaking ability, but are not certified. Fortunately, the co-located AODS program is allowing one of its Hispanic, bilingual staff to serve as an interpreter when needed. LCMH has also re-activated the Language Line interpreter service and provided a demonstration of how to access it at a cultural competency workshop. LCMH will also incorporate the cultural and linguistic needs of the immigrants from indigenous tribes originating in Mexico, Central American, and South American community, who are often hidden within, and marginalized by, the Latino community. English is their third language, after their own (e.g., Mixtec), and Spanish.

LCMH is working closely with representatives from the Latino and Native American communities to: (a) identify where to focus outreach and recruitment efforts, e.g., to recruit Native American and bilingual, multi-cultural therapists; and (b) effective outreach and recruitment strategies to locate such individuals. Support staff should also be a focus, as they are often the first LCMH contacts for new clients. Their interactions set the tone of the relationship and are important factors in client engagement with LCMH. Our first challenge is to recruit, hire, train, and deploy bilingual, multicultural staff to meet consumer needs, wherever and whatever they may be.

**3. Provide an analysis and discuss possible barriers to implementation of MHSA Plan programs.**

Our chief barriers are: (a) the pool of qualified bilingual, multicultural direct services providers is too small to meet the need; (b) the need for ongoing, in-depth training of LCMH and partners' staff in culturally competent service delivery approaches; (c) lack of trust and credibility with the communities to be served. Lake County is a Mental Health Professional Shortage Area, like so many other rural areas nationwide. As the MHSA Plans come into effect statewide, California counties are likely to be competing with each other to hire qualified, racially, ethnically, and linguistically diverse staff, both direct services and support. The Cultural Competency Committee has already developed a process to recruit such staff. One strategy is to find and work with existing and new staff who are pursuing professional career tracks and support them. Proposed support includes flexible scheduling or other adjustments to allow them to balance work and education. One Native American employee came to LCMH as a Cal-WORKs employee and is only six credits from her Bachelor's Degree. She hopes to obtain her Master's Degree and become a licensed therapist.

Other ongoing activities will include: (a) advertising on the Hispanic Hotline, *Black Careers Now*, *Asian Pacific Careers*, and other ethnic newspapers and radio stations; (b) working with the local Latino Coalition to distribute job fliers and recruiting material to potential Latino candidates; (c) providing greater access to language proficiency testing by offering evening, weekend, and offsite testing; (d) participating in Job Fairs (local, regional, and statewide) to recruit diverse candidates to pursue government

employment; and (e) distributing job fliers and recruiting information; and (vi) making presentations to the local Indian Casinos. One long-term strategy is to develop candidates from, e.g., the California Human Development Corporation, the Inter-Tribal Council of California, Inc., and Sonoma State University.

The Cultural Competency Committee identified the lack of trust, access, and linguistic capacity as the top barriers that lead to disparities in access to mental health services. To facilitate the development of trust, LCMH is working more closely with respected and credible representatives from the Latino and Native American communities. Both are cultures of affiliation. LCMH is working with leaders from these groups to develop trusting relationships with them and, by extension, with their communities.

Access is an ongoing problem, as the preceding discussion of the County's geography, roads, and lack of convenient, affordable transportation demonstrated. LCMH's approach is two-fold: (a) using our own strategies, detailed herein; and (b) leveraging access to mental health services through well-chosen, well-placed partners. Our own strategies include: (a) co-locating with AODS at one clinic site; (b) co-locating with another contracted community health provider at the other clinic site; and (c) co-locating services with Public Health Field clinics. LCMH has recently contracted with the Safe Schools/Healthy Students program to expand school-based counseling services to low- and moderate-acuity students County-wide.

Training will help us earn the trust of our clients and their communities. The Stakeholders' Steering Committee included basic cultural competency training as an urgent need for all staff, whether direct services or not, so that LCMH as a whole is perceived as welcoming. Direct services and outreach staff should have more in-depth training on specific cultural competency issues. Trust is hard to earn and easy to lose, especially in small communities where a single small verbal slip may be quickly circulated, sometimes exaggerated, and never forgotten.

All staff will also need to be trained on the change to our organizational culture required by the MHSA process. Recovery, resilience, transforming a medical model of mental health services into a community-centered model, and some of the practical issues of wraparound, are new and challenging concepts. During the planning process, LCMH brought Dr. Mark Ragins into the County and opened the training to a broad range of stakeholders, as noted in Section I. The excitement of the participants and their willingness to explore new approaches strongly suggest that our MHSA process and programs are well-timed and will succeed.

Linguistic capacity is a great challenge, as discussed above. We will be competing with Counties whose pay scales are superior to ours and who have more resources and amenities. On the other hand, Lake County is a Mental Health Professional Shortage Area. Dr. Olga Segal, our new psychiatrist, became interested in working in Lake County due to this status. LCMH is receiving inquiries from other highly-qualified individuals as well, so some out-of-County recruitment may occur. Over time,

recruitment and development of staff from within our local community, including consumers, will probably be our most effective strategy.

LCMH expects expedited implementation of the proposed MHSA programs. The public, collaborative, and open planning process raised awareness and developed buy-in from a wide range of stakeholders. LCMH's collaborative partners will leverage the MHSA's programs' access and impact. Some of our identified key partners include: (a) the collaborative Health Leadership Network with a membership that includes both local hospitals; (b) Lake County Healthy Start, with Family Service Centers serving 16 schools throughout the County; (c) Mental Health Crisis Response Teams; (d) the Emergency Response and Crisis Management project; (e) AODS; (f) the Department of Social Services, including Child Protective Services, Adult Protective Services, In-Home Supportive Services, Medi-Cal, and the Housing Authority; (g) the Federally Qualified Health Clinics associated with the two hospitals; (h) Rural Communities Housing Corporation; and (i) Senior Peer Counseling, Friendly Visitors, Senior Centers, Senior Law Project, These partnerships also leverage our outreach into both diverse and physically remote communities, giving us a presence throughout the County. The MHSA process gives us the resources to create a continuum of care that includes all of our partners.

## Section VI: Developing Work Plans with Time Frames and Budgets/Staffing

### I. Summary Information on Programs to be Developed or Expanded

### 1. Complete Exhibits 1, 2, and 3, providing summary information related to the detailed work plans contained in the Program and Expenditure Plan.

Exhibit 1 is fully executed and attached as the cover page for this Plan.
Exhibits 2 and 3 follow this Section.

### 2. Estimate of Percent of Lake County MHSA funding applied to Full Service Partnerships.

Introductory Note: The terms Full Service Partnership ("FSP"), General System Development ("GSD"), and Outreach & Engagement ("OE") refer to the three types of system transformation funding available under the MHSA. FSP funds provide "whatever it takes" for initial populations. FSPs include individualized, client/family driven services and supports plans which emphasize recovery and resilience. FSPs can include flexible funding. GSD "help[s] Counties improve programs, services, and supports for all clients and families . . . to change service delivery systems and build transformational programs and services." (Requirements, p. 8). Examples of GSD programs include mobile crisis teams and rehabilitation services including supportive housing and supportive employment. OE funds special activities needed to reach unserved populations.

Lake County's three-year CSS funding plan is detailed in Exhibit 2, which shows the allocation of funds requested by each Program Work Plan among FSP, GSD, and OE programs. As permitted by the MHSA, some of the funding for GSD and OE programs also serves individuals in FSPs. We have estimated those amounts and included them in the FSP totals in Exhibit 2. Some of the funds requested under the Other One-Time CSS Start-Up Costs category will also serve individuals in FSPs.

Lake County is a small county and, therefore, the small county exception applies. By the end of the three-year funding period, a majority of the CSS funding will serve individuals in FSPs. The annual percentage of funding allocated to FSPs is:

Year 1: 30.2%
Year 2: 58.5%
Year 3: 59.3%

Table VI.1, below, summarizes our proposed budget by fiscal year, Program Work Plan, and funding category (FSP, GSD, and OE), including estimated administration and Other One-Time CSS Start-Up Costs.

*Table VI.1: Summary of CSS Funding*

| Type of Funding | FY 05/06 | FY 06/07 | FY 07/08 | Total | Percentages |
|---|---|---|---|---|---|
| Full Service Partnerships[1] | $229,426 | $471,645 | $477,629 | $1,178,700 | 49.7% |
| General System Development | $128,584 | $231,478 | $222,332 | $582,394 | 24.5% |
| Outreach & Engagement | $18,324 | $52,651 | $58,905 | $129,880 | 5.4% |
| **Sub-Total** | $376,334 | $755,774 | $758,866 | $1,890,974 | 79.7% |
| One-Time Start-Up Costs[2] | $313,000 | 0 | 0 | $313,000 | 13.2% |
| Administration | $70,696 | $49,852 | $46,760 | $167,308 | 7% |
| **Total Budget** | $760,030[1] | $805,626 | $805,626 | $2,371,282 | 100% |

1 This amount is slightly higher than the actual budget request due to rounding.

**3. Estimated number of individuals expected to receive services through System Development funds for each of the three fiscal years and how many are expected to have FSPs each year.**

Our three General System Development Programs create resources which will directly benefit and serve members of the FSPs.

*Table VI-2: GSD/FSP Overlap Estimate*

| | Estimated # of Individuals Served by GSD | Estimated # of GSD Individuals Expected to have FSP[2] |
|---|---|---|
| **FY 05/06** | 279[1] | 34 |
| **FY 06/07** | 3,125[1] | 85 |
| **FY 07/08** | 3,183[1] | 85 |
| **Total:** | **6,587** | **204** |

[1] These totals include warm line/crisis line telephone calls, estimated at 4/day in Year 1, rising to 13+/day by Year 3, unduplicated count, or 400/month. We expect some consumers and community members will use the Crisis Line repeatedly during a period of acute crisis. [2] This total excludes individuals served by the crisis line, as there is no way to track how many FSP participants will enter the MHSA programs through the crisis line. We expect GSD-01 to be a gateway to other MHSA programs, however. These FSP numbers are minimum estimates, as it is highly probable that 100% of the FSP participants will use one or more of the GSD programs.

**4. Estimated unduplicated count of individuals expected to be reached through Outreach and Engagement strategies for each of the three fiscal years and how many are expected to have FSPs each year.**

OE activities will begin in Year 1, but will reach a relatively small number of individuals, as our Year 1 will include at most 120 days of activities (March 1 – June 30, 2006). All FSP clients will be reached, directly or indirectly, by OE services, due to its training and outreach components.

*Table VI.3: OE/FSP Overlap Estimate*

| | Estimated # of Individuals Reached through OE | Estimated # of OE Individuals Expected to have FSP |
|---|---|---|
| **FY 05/06** | 100 | 68 |
| **FY 06/07** | 200 | 145 |
| **FY 07/08** | 400 | 165 |
| **Total:** | **700** | **378** |

**5. Wraparound implementation.** Lake County will be implementing wraparound services for children and youth through the MHSA. Although our original Children's System of Care (CSOC) program ceased operations, it left a positive legacy and strong foundation for the MHSA. The process of developing, and initial implementation of, our first CSOC paved the way for our MSHA planning process and the programs it developed. Commitment to strength-based approaches, family and consumer-driven services, full inclusion of the client and family in treatment plans, collaboration with other stakeholders, "whatever it takes" support, and blended/braided funding became part of our organizational culture. LCMH moved away from a clinic-based medical model toward providing services in the community or home or other places where the client is comfortable. The work of the original CSOC ensured that the values and concepts underlying the MHSA were familiar to, and readily accepted by, LCMH, our partners, our clients, and the general community.

Further, the CSOC infrastructure remains in place. The interagency case management council, known as the Interagency Placement Review Team ("IPRT") is fully operational, with a formal written protocol. It has expanded services from children in placement at Level 14 or above to children who are in placement at Level 10 and above or who are at risk of such placement. The CSOC's interagency policy council was incorporated into an SB 997 Presley-Brown Interagency Children's Policy Council, which is in hiatus. We intend to revive that Council.

Lake County intends to participate in the SB 163 Wraparound Services Program, if available, as a wraparound sustainability strategy. MHSA funds will be "seed money" to support the planning required to apply for, and implement, that program.

Lake County's MHSA consists of 8 inter-related, mutually-reinforcing programs:

| | |
|---|---|
| GSD-01: | Crisis Response Continuum |
| GSD-02: | TAY and Adult One-Stop Consumer Self-Help Drop-In Center |
| GSD-03: | Housing Development & Access |
| FSP-01: | Children's Wraparound |
| FSP-02: | Forensic Mental Health Partnership |
| FSP-03: | Integrated Physical and Mental Health Services |
| FSP-04: | Older Adult Access & Resources Program |
| OE-01: | Community Outreach and Engagement |

**GSD-01: Crisis Response Continuum**

**1. Exhibit 4** is completed and attached at the end of this **Section**, as required.

**a. Brief description.** GSD-01 creates the capacity for LCMH to respond flexibly and in a holistic, culturally competent manner to mental health crises or imminent crises. It creates a continuum of response, ranging from a toll-free access/crisis/warmline to voluntary crisis residential housing. This program is a gateway to MHSA services for FSP and other clients. GSD-01 is described in detail in the narrative responses to Questions 2-13, below.

**b. Age and situational characteristics of priority population.** This program will serve all four MHSA age groups. The priority populations' situational characteristics are: (i) for children, SED; (ii) for TAY, serious mental illness or first episode; and (iii) for adults and older adults, serious mental illness. In addition, the priority populations will be in crisis or at risk of crisis and will benefit from access to an array of options that offer alternatives to a medical model of crisis response. The situational characteristics of the priority populations reflect our commitment to reducing ethnic disparities in access. At least initially, about 50% of the FSP served will be white and 50% will be non-white, with priority to Native Americans, Latinos, individuals of mixed Native American/Latino heritage, and indigenous immigrants. To a large degree, this is a self-selected population.

**c. Identification of strategies.** All program strategies are chosen from the options provided in the Requirements. They are:

(i) Access/crisis/warmline, operated 24/7 with "live" trained responders
(ii) Two additional crisis workers to enhance Countywide mobile response
(iii) Outpatient crisis resolution, which follows in-hospital assessment and stabilization with services in a community-based setting, including support, rest, hygiene, exploration of placement options, etc.
(iv) Voluntary crisis residential placement for 2 weeks – 30 days in a facility operated by Phoenix Corporation which has 7 beds dedicated to LCMH
(v) Flexible funding to meet urgent needs, e.g., clean socks and underwear, meal vouchers, etc.
(vi) Transportation, including funds set aside for senior crisis transportation as many seniors are unable to drive or use other transportation, for a variety of reasons.

**d. Identification of funding types and age group(s) to be served by each strategy.** The funding used is General System Development, some of which is dedicated to serving the FSP clients. All strategies will serve all four age groups, except that the senior crisis transport set-aside is dedicated to older adults.

**2. Describe in detail the proposed program and how that program advances the goals of the MHSA.**

General System Development Program – 01 is the Crisis Response Continuum ("CRC"). This is a new service that will support all four MHSA age groups. The Work Groups and Stakeholders' Steering Committee devoted significant time to exploring this issue, including a presentation by an ER physician and review of the needs analysis created by Dr. Olga Segal (see **2.d.**, below). Current crisis response services have significant gaps. Essentially, crisis response is provided by LCMH on-call crisis workers who respond to the hospital ERs when a client is in crisis, whether the client is at the ER voluntarily or has been brought in by law enforcement. Clients in crisis during off-hours have no intermediate resources, i.e., no one to talk to without triggering an agency-driven crisis response. The current structure has other significant problems, which affect clients' willingness to use it and its effectiveness. There are two hospitals in Lake County, separated by about 26 miles, each way. If a crisis worker is at one site, clients in crisis at the other must wait until the first crisis is cleared. This has resulted in clients waiting between 8 and 36 hours for assistance. Many simply walk out rather than stay in the ER. While they are in the ER, they can be disruptive, affecting the well-being of others. The critical problem is the lack of suitable placements for clients in crisis. Lake County's existing options are: (a) the client returns to the environment in which the crisis occurred, e.g., home; (b) the client is taken out-of-County to a facility willing to accept him or her. Too often, the only available facilities are high-security, locked wards, which are more restrictive than many clients need. The search for space is the primary reason for the delay in clearing crisis cases from the ER, which has the ripple effect described above: the system chokes up, leaving consumers in crisis without prompt, sensitive, effective assistance. The ER is disrupted and crowded; clients who are suffering must wait inordinately long times for help.

GSD-01 addresses these problems by creating a new, multi-component continuum of care for individuals in crisis, including:

**(a). Access/Crisis/Warm-Line (new).** This service will be provided under contract. A 24-hour access/crisis/warm line will be staffed by live, trained operators, who will either be located in Lake County or have a menu of local options to which they can directly link callers. This service will be publicized extensively through newspapers, radio (including KPFZ, our own community radio station), PSAs, brochures, fliers, wallet cards, and personal contact. People can call at any time to discuss their situation, vent feelings, reduce isolation, and the like. A Mental Health Specialist will be on-call to talk to clients who may need more help, including crisis response, i.e., triage. If a client needs more help, the MH Specialist will arrange to meet the client at the ER to provide assessment and to link the client to services.

**(b). Crisis Workers (existing plus new).** LCMH has six full-time MH Specialists on-call who provide 24/7 crisis coverage. They meet clients at the hospital ERs, do assessments, locate placements, make follow-up appointments. These Specialists are dedicated to crisis response, providing this service in rotation, via an on-call schedule.

They serve about 50 clients/month or about 500 (estimated unduplicated count) per year. The proposed expansion will add two full-time crisis workers to significantly enhance and expand this service and facilitate the program's other strategies.

**(c). Outpatient Crisis Resolution (new).** This service creates follow-up support options for clients who have been assessed at the ER and found not to meet the criteria for 5150. These services may be provided at a variety of locations, including the Consumer Self-Help Center (GSD-02), local clinics, and through contractual arrangements between LCMH and one or two local motels to provide safe rooms in non-hospital settings. The consumers on the Stakeholders' Steering Committee adamantly rejected hospital-based observation beds or other hospital-based options for MHSA-funded crisis response. The proposed less-restrictive, community-based approach is also preferred by the hospitals, as it reduces crowding and other impacts on staff and patients using the ER.

The Outpatient Crisis Resolution component will be staffed by new LCMH crisis response staff supported by the addition of 2 Licensed Psychiatric Technicians (Mental Health Specialists), in rotation, to assist with 24/7 coverage County-wide. The MHSA-funded staff will respond where needed, may stay with the client, assist him or her to achieve resolution of the immediate crisis, help plan next steps, and connect the client with other resources, e.g., medications, temporary housing, peer or family support, etc.

**(d). Psychiatrist (new – not funded by GSD-01).** The MHSA is funding a full-time psychiatrist, Dr. Olga Segal, to provide services to MHSA clients of all ages. Dr. Segal is comfortable working with all ages: children, TAY, adults, and older adults. She is experienced in providing psychiatric services in the field and is willing to provide community-based psychiatric services to FSP clients as identified in this MHSA plan. As part of our planning process, Dr. Segal made visited community primary care providers, including Tribal Health, primary care physicians, the ER physicians, and staff and physicians from the two Federally Qualified Rural Health Clinics. This outreach process was useful in identifying the unmet needs of the primary care community and to plan for ways that the MHSA programs could begin to meet them. Dr. Segal is willing to make in-home visits, provide services at Tribal Health and the Senior Centers, and will respond to urgent needs of the crisis team to consult and prescribe, as appropriate. Dr. Segal is co-funded by three other MHSA programs: FSP-01, FSP-03, and FSP-04. As discussed, many of our programs' strategies are mutually reinforcing.

**(e). Crisis Residential Facility (new).** LCMH proposes to contract with The Phoenix Program to purchase access to seven beds at a new crisis residential facility in Ukiah, 78 miles roundtrip from Lakeport. Although this service will be provided out-of-County, it is comparatively close and convenient for consumers and staff alike. This option is significantly less-restrictive than an in-patient acute setting. All services are voluntary. Consumers will be placed in this 14-bed facility from 2 weeks to 30 days, with on-site services and supports. During placement, LCMH staff will work with clients to design transition plans, whether for return to the community or for longer-term placement, for example, at a board and care facility. This facility will also serve

individuals returning to the community from jail, prison, or other institutions. The Phoenix Program has a long history of providing this type of service, and is particularly well-versed in providing recovery-oriented services to dually-diagnosed clients. Clients will receive a combination of short-term housing, treatment (including access to a staff psychiatrist) and case management services. This new option allows clients to make thoughtful decisions about their own recovery, in a supportive and knowledgeable environment.

**(f) Flexible Funding (new).** This Program will also provide flexible funding to meet short-term urgent needs, e.g., 1-2 night motel vouchers; clean socks; meal vouchers, etc. Crisis workers will carry meal, bus, motel, and retail vouchers to meet participants' immediate needs. To receive additional support, participants will be asked to come to the nearest LCMH clinic.

This program is eligible for Medi-Cal funding, with the county match covered by MHSA. Services to clients who are not Medi-Cal eligible will be funded entirely by MHSA. GSD-01 will be a gateway to FSP programs, until and unless all FSP spaces are filled.

**3. Describe any housing or employment services to be provided.** As noted, this program includes limited short-term crisis stabilization housing as well as longer-term crisis residential housing. All stakeholders agreed that these options are likely to result in more consumers returning to, and remaining safely in, their communities. They create an opportunity for clients to step back from the place where the crisis occurred, stabilize and assemble resources, and then choose to return, taking a strength-based approach.

**4. Average cost for each FSP.** Although this is a GSD program, we estimate that 25%-50% of enrolled FSP participants or about 34 individuals of all ages will use GSD-01 services in Year 1. As noted, crisis will be a point of identification and access for FSP participants. Where capacity is an issue, i.e., in Crisis Residential Housing, even a currently-enrolled FSP participant will have to wait for a slot to open. Any person who meets Medi-Cal medical necessity for Crisis Residential placement will be seriously mentally ill, homeless, or at risk of homelessness. (i.e., will meet FSP eligibility criteria for adults). The cost per FSP (all funding types and sources, i.e., total budget without revenue deduction) is: $5,006 in Year 1; $7,520 in Year 2; $6,786in Year 3.

**5. How program advances goals of recovery for adults and resiliency for children.**

This program is designed to promote recovery and resiliency. Consumers of all ages will have access to a menu of options and support, including: the crisis line, crisis stabilization services, existing LCMH resources, flexible funding, and the services of Dr. Segal. Clients, assisted by MHSA and LCMH staff, can choose what they need to achieve their own goals. The crisis residential housing option is limited to adults, as it is specifically designed for this population. This approach replaces a pure medical model of crisis response, which is typically limited to the decision of whether or not to provide

involuntary hospital treatment, with an individualized, community-based, progressive response that provides a variety of voluntary options. Consumers will have more opportunity to make choices during the crisis-response process, beginning with the choice to call for help through the warm line. Crisis stabilization creates a community-based option in which consumers, including parents of children in crisis, work with MH Specialists to analyze the crisis situation and choose from available services and supports. The Crisis Residential component is a new, community-based, less restrictive housing option that promotes recovery. Clients, with assistance from LCMH, can choose what they need to achieve their own goals.

6. **Expanding existing options.** As described above, the existing options were limited to on-call crisis response services provided by LCMH Mental Health Specialists. Crisis response staff provide the assessment from which the other options and plans flow. The proposed program wraps around the existing resources, creating a more efficient and user-friendly continuum of care.

7. **Services and supports provided by clients/family members.** This program does not rely on services and supports from clients/family members. LCMH and the Crisis Line will recruit and train interested and able consumers to staff the crisis line.

8. **Collaboration strategies with other stakeholders.** The identified stakeholders are:

- Adventist Health Redbud Community Hospital ER (discussed below)
- Sutter Lakeside Hospital ER (discussed below)
- The Phoenix Program (operator of the voluntary crisis residential facility)
- Tribal Health, which may provide locations for outpatient crisis resolution
- ITCC, which may provide locations for outpatient crisis resolution, cultural competency training for crisis response workers and crisis line staff, etc.
- Local law enforcement, which will continue to assist the ER and LCMH crisis staff, as needed

Stakeholders to be identified include the specific clinics and motels where crisis stabilization services will be provided.

Collaboration is required in any mental health crisis response system. LCMH currently works with local law enforcement to provide safety and containment to crisis situations until the Emergency Room staff can provide medical evaluation and clearance. At that point, LCMH crisis staff conduct an evaluation for 5150 status and make placements in acute psychiatric settings, as appropriate. If the situation at the ER becomes dangerous, or if the patient elopes from the ER when there is still concern for his or her safety or public safety, law enforcement is called upon to assist. These fundamental roles will not be changed by GSD-01. Rather, the options for dealing with the needs of an individual in crisis will be expanded, with anticipated reductions in lengthy delays in placement and extended dependency on the ER. It is also anticipated that having more pro-active and inviting programs in the community will increase access to needed

services well before the point of crisis, thus decreasing the "revolving door" syndrome experienced by those with chronic mental illness

**9. Cultural competence.** All staff will be trained in cultural competence. We will address ethnic disparities using multiple approaches, including providing on-site services in client homes or community clinics, to the degree that these alternatives are more welcome to members of ethnically diverse communities. At least one staff member will be fluent in Spanish. The new Crisis Line will continue to have access to the Language Line, and every attempt will continue to be made to provide Spanish-speaking staff. The program's capacity to locate crisis stabilization housing in a variety of community-based settings is intended to address disparities in access by placing this resource in places acceptable to our underserved groups. One of our issues was seniors' lack of access to crisis services, because they cannot or do not drive, as well as their unwillingness to identify as "mental health" clients. Therefore, this program includes both funding for crisis transportation for seniors and limited home-based crisis evaluations. (Individuals who need acute hospital care will continue to be medically cleared at the Emergency Room.)

Increased peer and Parent Partner support, provided through other MHSA programs, is another feature of our approach that reflects our commitment to recognizing the uniqueness of client and family member cultures and supporting them within the crisis response continuum.

**10. Services will be sensitive to sexual orientation, gender-sensitive, and reflect the differing psychologies and needs of women and men, boys and girls.** As an agency, LCMH is committed to continue: (a) to hire and train staff in ways that knowledgably address the unique needs of both males and females of all ages; and (b) to be culturally competent in working with gay, lesbian, bisexual, and transgender ("GLBT") clients. We are fortunate in having a number of employees who are GLBT and are willing to disclose their orientation to clients and/or family members, as appropriate each client's needs. Cultural competency trainings for LCMH staff and partner agencies include training on gender-based differences in medication effectiveness, communication strategies, gender- and age-based differences in psychology, etc. As is typical in most mental-health settings, more females than males use our services. Our staff make every attempt to provide appropriate support in the face of males' culturally-based reluctance to admit needing help. The closest PFLAG group is located in Ukiah, which is 40 minutes away from Lakeport. A crisis line for GLBT youth is available, but not well-publicized: Lavender Youth Recreation and Information Center (LYRIC). However, this is a long-distance call. As a result, LCMH recognizes that our crisis service is the resource most likely to be turned to by individuals who need to be able to speak about sexual orientation as part of a full conversation about their current distress (whether as individuals or family members). Staff are trained to be open and supportive with regard to these issues. In addition, staff will continue to be trained in the issues of sexual assault and domestic violence, and will be aware of local resources to which they can refer clients.

**11. Services will be used to meet the needs of individuals residing out-of-County.** Although this program focuses on the needs of in-County residents in crisis, we will contact all Lake County consumers in out-of-County placement to inform them of the new options. As consumers return from placement, we believe this new program will assist them to remain safe in the community, avoid long-term placement and dislocation, and expedite their return to the community from short-term placement. We will also work with parole officers to inform parolees of this resource prior to their return to Lake County.

**12. Strategies not listed in Section IV.**

None.

**13. Time Line with Critical Implementation Dates.**

We expect rapid implementation once the plan is approved by DMH. Key services will be provided through contracts entered into using the County procurement process, which is likely to result in Requests For Proposal ("RFPs") for contracts of this scope. RFPs and provisional contracts will be developed pending DMH approval of the plan. (The contract for the crisis residential facility is already under development.)

The Year 1 Time Line is provided below:

| | |
|---|---|
| January 10, 2006 | Plan review, modification and approval by BOS |
| January 13, 2006 | Plan submission to DMH |
| January - February, 2006 | Hire MHSA Coordinator, Analyst II (all programs) |
| February, 2006 | Develop and release RFP for contract Crisis Line provider |
| March, 2006 | DMH approval (estimate) |
| March, 2006 | Crisis Residential facility operational |
| March - April, 2006 | Recruit, hire, train, and assign Mental Health Specialists |
| April, 2006 | Complete RFP review and select Crisis Line contractor(s) |
| May, 2006 | Expanded Crisis Line operational |
| June, 2006 | Crisis stabilization housing operational |

**14. Budget Requests.** See Exhibit 5a, 5b, and Budget Narrative.

**15. Quarterly Progress Report.** See Exhibit 6, pre-completed with estimated populations to be served.

**Part III. Required Exhibits.** The required Exhibits follow this section, as directed.

## GSD-02: TAY and Adult One-Stop Drop-In Center: Consumer Self-Help Center

1. **Exhibit 4** is completed and attached at the end of this **Section**, as required.

a. **Brief description.** This program provides a welcoming, structured, and safe one-stop center, with separate entrances and areas for TAY and adults. The Center will create access to integrated resources (health, substance abuse, employment services, mental health, housing, education support, vocational training). It will also be a nexus for peer support, consumer-led self-help groups, and meaningful recreational activities. It will be a friendly place for consumers to socialize, network, and develop friendships. The Center will be physically separate from LCMH so clients and non-clients will feel safe from the stigma still associated with using LCMH services. The proposed operational structure is to contract with a qualified non-profit strongly oriented toward a client-directed model, using the County procurement process. GSD-02 is described in detail in the narrative responses to Questions 2-13, below.

b. **Age and situational characteristics of priority population.** This program will serve only two MHSA age groups: TAY and adults. The priority populations' situational characteristics are: (i) for TAY, serious mental illness or first episode; and (ii) for adults and older adults, serious mental illness. To a large degree, this is a self-selected population. The situational characteristics of the priority populations reflect our commitment to reducing ethnic disparities in access. At least initially, about 50% of the FSP served will be white and 50% will be non-white, with priority to Native Americans, Latinos, individuals of mixed Native American/Latino heritage, and indigenous immigrants.

c. **Identification of strategies.** All program strategies are chosen from the options provided in the Requirements, as follows:

(i) An "integrated 'one-stop' center where essential health, substance abuse, employment, housing, and mental health services can be accessed
(ii) Consumer and family-run services, e.g., peer support and self-help groups; some positions will be filled by consumers, e.g., reception.
(iii) Independent living classes provided on-site
(iv) Education support services provided by collaborative partners, e.g., LCOE, Workforce Investment Act, Community Colleges. Computers with internet access will be available, as expressly requested by consumer participants in the planning process.
(v) Recreation and social activities, with consumers involved in planning and implementation through the TAY and Adult Advisory Councils
(vi) Supportive employment and other productive activities and personal growth opportunities, e.g., development of job options, work experience, and volunteer opportunities
(vii) Housing support will be provided through GSD-03; the Housing Specialist will hold office hours and keep appointments at the Center

(viii) Community re-entry services, diversion support, etc. will be provided by FSP-02; the Forensic Mental Health Specialist will hold office hours and keep appointments at the Center
(ix) Ethnic-specific outreach strategies, culturally appropriate services, and community cultural practices will be available at the Center.

**d. Identification of funding types and age group(s) to be served by each strategy.** The funding used is General System Development, some of which is dedicated to serving the FSP clients. All strategies will serve both age groups.

**2. Describe in detail the proposed program and how that program advances the goals of the MHSA.**

General System Development Program – 02 is the TAY and Adult One-Stop Drop-In Center (the "Consumer Self-Help Center" or the "Center"). This new program addresses multiple needs through a TAY and Adult center. As detailed above, consumers, family members, LCMH staff, and the general community all agree on the need for a welcoming, safe, and stable place for TAY and adults to gather with peers for services and mutual support.

The Center will be divided between TAY and adult consumers, with separate entrances. Each environment will be set up to be appealing to the different age groups (décor, furnishings, etc.) It is intended to be located in one of Lake County's more racially and ethnically diverse communities, subject to: (a) availability of an acceptable site; (b) acceptance by neighbors; and (c) applicable government zoning, use permits, etc. The joint approach was chosen because both age groups need this service, but funding couldn't cover two separate buildings. The Center will be a busy, happy place, with people coming and going, connecting with others, learning skills and making plans for their lives.

The Center will expand services and supports for existing clients and will also attract and serve new consumers. It will address the need for friendly, non-stigmatizing access to services; the lack of stigma and overt identification with LCMH is a key element of this strategy. LCMH staff will provide safety, structure, and protection for clients. During the planning process, consumers strongly urged that LCMH staff be on-site. The Center will be the portal of entry to a wide range of services, engaging un-served and underserved TAY and adults. Because it is friendly, community-based, and non-stigmatizing, it will engage individuals from our diverse communities who avoid mainstream services.

The Center's minimum operating hours will be a standard work week: M-F, 9-5, but there is strong support for extended hours.

Proposed services and supports include:

(a) Peer support, provided by peer staff and volunteers;

(b) A full-time receptionist position to answer the telephones, maintain sign-in sheets, post fliers, monitor supplies, and provide a consistent presence in the Center. It is important that when consumers call, a "real person" answers, not an answering service;

(c) Two FTE Case Managers, one dedicated to TAY participants and one dedicated to adult participants, who will provide intensive services for the FSP participants served, plus referrals and other help for all clients;

(d) Center Consumer Coordinator, funded at the MH Specialist level and filled by a consumer, to provide peer-to-peer assistance with services, referrals, etc.

(e) Co-located services. Services to be provided include:

(i) Vocational and educational resources from the Lake County Office of Education ("LCOE"), including GED, vocational education, Regional Occupational Program, and Workforce Investment Act resources (Employment Development Department, Vocational Rehabilitation, et al.);

(ii) Housing services, provided by GSD-03, Housing Development & Access, including referrals to housing options, assistance with planning a move, finding financing, etc., provided on-site by the MHSA Housing Developer;

(iii) AODS services, since both TAY and adults have high levels of co-occurring disorders;

(iv) Psychiatric consultations with Dr. Segal and other clinical services, as needed;

(v) Forensic Mental Health Partnership (FSP-02) services, with the Forensic Mental Health Specialist holding regular office hours on each side of the Center. FSP-02 services include pre- and post-release and discharge planning for juveniles in the Juvenile Hall and inmates in the County Jail, to create successful transitions, including assistance with housing, job development, and maintaining stable services;

(vi) Computers with internet access for job searches, resume posting, etc.

(vii) Washer-dryer, showers, personal hygiene supplies, new socks and underwear;

(viii) Recliners in a separate, "Quiet Room" or "Resting Area"

(ix) Some type of food service

(x) Through staff, vouchers for food, temporary housing, etc.

Other possible co-located services include: twelve-step groups (although Alcoholics Anonymous may choose to remain separate from any LCMH activity); weight-loss groups; diabetes support groups; exercise and yoga classes; autobiography classes; on-site café; faith-based resources; etc., as determined by consumer choice and as feasible.

The one-stop structure will be "user friendly" and welcoming to individuals who may have come to distrust traditional mental health services. Co-location also addresses the lack of transportation, which is a major barrier to accessing services. The current vision is that the Center will serve not only LCMH and MHSA clients, but also individuals with serious mental illness who are served by private providers or who are unserved. The Center will be linked with the Clubhouse, should a separate Clubhouse be developed, through referrals to maximize the range of services for consumers.

LCMH plans to contract with a reputable non-profit provider to establish and operate the Center. The County procurement process will be used, which typically involves an RFP for contracts of the scope. A recently incorporated (July 2005) community group is seeking to establish a Clubhouse in the County and demonstrated interest in becoming the Center operator. The RFP process will generate a detailed plan for Center implementation. Any proposal must include, at a minimum, the TAY/Adult structure, the services listed above, and a lease-to-own plan for the Center site.

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

The Center will be a clearinghouse for housing and employment support services. Housing and job information will be posted there. TAY and adults will also be able to consult with the Housing Specialist on available housing options, how to qualify for them, what resources are available, and so on. Employment support includes the services of the Workforce Investment Act (Lake County Career Center), workshops, and computer access, via the Internet, to the Employment Development Department, etc. Employment referrals (including access to supported employment and job training) will be made from the Center, with support from the case managers. LCMH currently provides pre-employment training and support through a contract with People Services, Inc. This service was originally one program element of a Co-operative Contract from DMH, with vocational services provided by the State Department of Rehabilitation. (This Co-operative Contract was found to be not cost-effective, and was terminated by LCMH in 2004.) As part of the collaborative efforts of MHSA, LCMH plans to re-visit the feasibility of a new Co-operative Contract, with an emphasis on job development and placement, and support services. No MHSA funds are being budgeted for this purpose, but this effort, if successful, will support the vocational aspects of the MHSA plan.

**4. Average cost for FSP participants.**

Because so many services will be co-located at the Center, we expect a significant number of TAY and Adult FSP participants will use it, at 50% in Year 1, rising to 75% in Years 2 and 3. The cost per FSP (all funding types and sources, i.e., total budget without revenue deduction) is: $5,006 in Year 1; $7,520 in Year 2; $6,786in Year 3. The cost per FSP is: $1,947 in Year 1; $2,952 in Year 2; $2,651 in Year 3.

**5. How the proposed program will advance the goals of recovery for adults and resiliency for TAY.**

The one-stop Center fosters recovery/resilience through a variety of strategies. The Center's core contribution to recovery/resiliency is that it creates a safe place in the community for TAY and adults with mental illness to come together with their peers during the working day for mutual support, skills development, and access to a variety of resources. Other contributions to recovery/resiliency are detailed below.

The Center will provide opportunities for TAY and adults to volunteer and/or to be or become gainfully employed. Both age groups will be trained and encouraged to provide peer support. As funding is leveraged, they will be employed in such positions. The receptionist position will likely be filled by one or more TAY and adults: i.e., one FTE to be divided among two or more individuals. Over time, we expect to develop on-site opportunities to contribute, through volunteer or paid work cleaning the facility and maintaining the grounds, or through creating businesses, such as website maintenance or bicycle repair. Peer support fosters recovery in multiple ways: it strengthens both the provider and recipient, while modeling the fact that recovery is possible. Those who provide peer support learn that they have something of value to contribute to their community. Those who receive it get help when they need it from someone who shares their experience and whose words of encouragement are more credible as a result. The Center will provide opportunities for meaningful activities and will foster networks of supportive relationships, both MHSA outcomes.

The Center will have separate consumer-only TAY and Adult Advisory Councils to participate in the planning and implementation of Center activities. Participating in decision-making with LCMH staff and other professional providers is empowering, increases participants' self-esteem, and promotes recovery.

Finally, the emphasis on co-located services sends a direct message: mental illness is only a part of one's life. Consumers also work, volunteer, write, socialize, do art projects, research on the internet, and contribute meaningfully to their community in a variety of ways. The Center won't just talk about recovery, it will show recovery in action. The network of services and support available at the Center will prove to TAY and adults that recovery is possible. Further, it will facilitate movement away from dependence on the mental health system toward autonomy, whenever possible.

One of our priorities was to help TAY learn to manage their symptoms and their lives so that they will be able to leave the system altogether, rather than simply age into adult consumers. The Center is a key strategy, since it links TAY to housing, employment-readiness, and positive peer support, while providing "something to do and somewhere to go." One young participant in the TAY Work Group noted that "autonomy" is a better choice of aspiration than "independence", since "independence" implies being alone, unconnected to family, elders, clans, and a web of support. The Center will celebrate its participants' successes, such as completing classes, graduating from groups, etc.

Services will be culturally competent, which includes recognizing that other cultures may have different (or no) concepts of mental illness and recovery. Using familiar language to create and offer services is a first step to making them accessible to TAY and adults from diverse communities. In addition, inclusion of cultural practices to support healing and growth, plus connections to wider cultural resources will be an ongoing focus of program development throughout our MHSA programs.

**6. If expanding an existing program or strategy, please describe.**

Not applicable. There is no comparable program in Lake County.

**7. Describe which services and supports clients and/or family members will provide. Indicate whether clients and/or families will actually run the service.**

As described above, the Center will provide a range of opportunities for clients and family members to provide services and supports. First and foremost will be ample opportunities for peer support activities, e.g., peer-led support groups. Clients will be recruited for, and encouraged to undertake, paid receptionist duties. NAMI has already recommended to its membership that they consider volunteering, although there is awareness that family involvement is perceived differently by some clients, and may not always be welcomed. As the Center evolves, more opportunities will be created for clients to contribute, either as volunteers or in paid positions. The Center is envisioned as a job/business incubator, similar to the way employment opportunities are developed at The Village, and other programs. Clients may start as volunteers, learning skills that can lead to paid work, either at the Center or elsewhere. They will develop resumes, work records, and contacts that can recommend them for jobs. The Advisory Councils will advise Center staff on activities and policy decisions.

**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.**

Although this is a new program, the planning process identified strong collaborative partners eager to participate. The initial list includes:

- LCOE, which offered to bring adult education services (which includes TAY) to the Center, such as the Regional Occupation Program, vocational education workshops, Workforce Investment Act services (a network of employment developers), Homeless and Foster Youth Assistance (for transitions as youth age out of the systems), plus links and referrals
- Mendocino Community College and Yuba Community College, which will provide a variety of supportive services to consumers (both TAY and Adult) who wish to pursue post-secondary educational opportunities. The Colleges are also offering employment in tutoring positions and modification of class load requirements for students seeking financial aid.
- Alcohol and Other Drug Services, which can offer on-site groups and counseling, treatment options and plans, and referrals to other services
- Department of Social Services, which provides an Independent Living Program which could hold sessions or provide information at the Center
- Public Health services (clinics), Women, Infants, and Children (WIC) clinics, Medi-Cal and Healthy Families enrollment, and other co-located services to integrate physical and mental health
- Tribal Health/Reach Out Program, which works with all three of Lake County's largest minority populations (Native Americans, Hispanics, and African Americans, and will make referrals and may provide on-site services
- Local tribal organizations, which are interested in replicating the Center model on-site at the rancherias, extending its impact
- Faith-based organizations, which will be able to contribute meaningful activities and opportunities

Potential partners include community-based groups and individual community members who could offer, e.g., yoga classes, autobiography classes, cooking, classes on alternative healing practices, etc.

**9. Cultural competence.** All MHSA programs are designed to be culturally competent and, therefore, inclusive and accessible. Specific aspects of cultural competence for this program include:

- Training in culturally competent service provision for staff from LCMH and our collaborative partners. Tribal Health has already agreed to provide training on the barriers that prevent Native Americans from seeking, using, and benefiting from, mainstream services.
- Bilingual, multicultural staff,
- Bilingual, multicultural written materials, at suitable literacy levels, and suitable generational levels, i.e., what works for 22 year olds probably won't resonate for 44 year-olds
- Multicultural decor. Sensitive color choices, design themes, bilingual captions, art traditions from other cultures, etc. create a genuinely welcoming environment for all, broadening everyone's horizons.
- Outreach to, and endorsements from, tribal and community leaders from the Latino, Native American, and indigenous migrant communities. For cultures of

affiliation approval from respected leaders (respected by consumers) will make TAY and adults more comfortable with using the Center.

- All staff will follow the LCMH Cultural Competence Plan; the Center contractor must agree to do so.
- To the extent feasible, the Center will be located in a racially and ethnically diverse community. As noted, partnerships with local tribes may lead to additional Centers on the rancherias.

**10. Services will be provided in a manner that is sensitive to sexual orientation, gender-sensitive, and reflects the differing psychologies and needs of women and men, boys and girls.**

The Center's design, with separate areas for adults and TAY, is expressly intended to provide services that are age-appropriate, since TAY and adults are at very different stages of life. Within the TAY population, the younger TAY (16-17) have very different issues from the older TAY. Within the TAY and adult age groups, both sexes grapple with differing issues of identity, social roles, gender-mediated esteem issues, and the like. The Center will use or create community supports for GLBT youth and adults. TAY are particularly in need of support when coping with sexual orientation and coming of age issues. Lake County has not been a particularly sympathetic environment for GLBT youth. Although some of the more extreme violence against GLBT individuals has not occurred here, GLBT youth and adults tend to be quite discreet and, therefore, are at risk of being isolated and underserved. LCMH anticipates that the inclination towards "discretion" will not change for most clients, given the "small-town" nature of our communities. It is LCMH's intent to offer support to GLBT consumers so that issues of fear, isolation and depression that may develop do not lead to loss of opportunities for a full and functional life.

Specific programs for TAY clients will be developed during the first year of implementation. During this process careful consideration will be given to separately scheduling drop-in hours and services for the younger TAY clients (16-17 year-olds). Developmental needs and vulnerability to exploitation by others will be considerations in service planning. Information and support to bolster healthy self-identification, assertiveness and verbal self-defense training, relationship skills to improve communication with family members, and basic health information are among the subject areas that may be explored in this context. LCMH will work with resources developed by the California Institute for Mental Health and other reputable training sources to insure that the program offers services that match best practices in this area.

**11. How services will be used to meet service needs for individuals residing out-of-County.**

Outreach to individuals residing out-of-County is an important component of this service. Many youth and adults have been placed out-of-County because there are no in-County options for them. When they return to the County, they need to know about positive, community-based activities that can help them make a successful transition to

less-restrictive environments. To that end, the Youth and Adult Advisory Councils will be asked to develop fliers that can be sent or given to TAY and adults in out-of-County placements. The flier will be available in English and Spanish. Versions may be created with endorsements from tribal leaders, Latino groups, leaders from other first nations, and so on. The Advisory Councils will also be consulted on appropriate web-based postings, since what works for TAY is likely not to work for adults and older adults (and vice versa). TAY and adults from diverse, under-served communities may be more likely to use the Center if they know their community leaders approve.

**12. If your County selected one or more strategies that are not listed in Section IV, please describe them in detail.**

None.

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

The Year 1 Time Line is provided below:

| | |
|---|---|
| January 10, 2006 | Plan review, modification, and approval by BOS |
| January 13, 2006 | Plan submission to DMH |
| March, 2006 | DMH approval (estimate) |
| March 2006 | Mental Health Specialist recruitment process begins |
| April 2006 | Hire, train, and assign Mental Health Specialists |
| July 2006 | Develop and release RFP for contract Center provider |

**14. Budget Requests.** See Exhibit 5a, 5b, and Budget Narrative.

**15. Quarterly Progress Report.** See Exhibit 6, pre-completed with estimated populations to be served.

**Part III. Required Exhibits.** The required Exhibits follow this section, as directed.

## GSD-03: Housing Development and Access

**a. Brief description.** This program has two components: planning and implementation. In Year 1, the program will engage contractor(s) to: (i) inventory existing housing resources; (ii) research and develop a range of culturally-appropriate in-County housing options for MHSA clients; (iii) identify funding sources; (iv) involve potential landlords and developers; (v) support the Housing Collaborative; and (vi) generate a written plan. In addition, seed money will be provided to Rural Communities Housing Development Corporation to begin development of housing in Clearlake for LCMH clients. In Years 2 and 3, the program will hire a Housing Specialist to carry out the plan and to provide direct services to MHSA clients, including FSP clients. The Specialist will work with case managers to inform them of housing opportunities, will serve as the single-point-of-contact for landlords, clients, and developers; assist in the resolution of conflicts; develop supported on-site employment options; pursue funding opportunities; and oversee flexible funding to assist clients to find or remain in stable housing. This program will be a strategy incorporated into other programs. GSD-03 is described in detail in the narrative responses to Questions 2-13, below.

**b. Age and situational characteristics of priority population.** This program will serve all four MHSA age groups. The priority populations' situational characteristics are: (i) for children, SED; (ii) for TAY, serious mental illness or first episode; and (iii) for adults and older adults, serious mental illness. The situational characteristics of the priority populations reflect our commitment to reducing ethnic disparities in access. At least initially, about 50% of the FSP served will be white and 50% will be non-white, with priority to Native Americans, Latinos, individuals of mixed Native American/Latino heritage, and indigenous immigrants.

**c. Identification of strategies.** All program strategies are chosen from the options provided in the Requirements. They are:

(i) Development of a range of housing options, e.g., supportive, transitional, permanent, and respite. As noted, this program will support development of 10-12 units of supportive housing in Clearlake in Year 1. Possible housing options include: site-based, scattered, "wet", "damp', and "dry".
(ii) Culturally-appropriate options, e.g., family-style housing, housing on tribal lands, etc. to create home environments that facilitate recovery by honoring cultural heritage
(iii) Employment support, through creating on-site employment opportunities, as determined by the needs, skills, and interests of clients, e.g., landscaping, maintenance, bicycle repair, etc. Clients will develop job-related experience, skills, and resumes.
(iv) Crisis residential housing is available through GSD-01.

**d. Identification of funding types and age group(s) to be served by each strategy.** The funding used is General System Development, some of which is dedicated to serving the FSP clients. All strategies will serve all four age groups.

**2. Describe in detail the proposed program and how that program advances the goals of the MHSA.**

GSD-03 targets housing development and access for TAY, adults, and older adults with serious mental illness. It is a direct response to the problems of homelessness, risk of homelessness, and lack of housing stability that have severe negative impact on consumers' recovery. Preliminary findings from the statewide AB 2034 evaluation, detailed under **5,** below, amply justify our investment of MSHA funds in this program.

GSD-03 will be implemented in two phases: (a) a start-up phase during the Year 1 stub period; and (b) ongoing implementation during Years 2 and 3. This approach uses the shortened Year 1 time frame as an opportunity to set up the program. During the start-up phase, we will locate and contract with an experienced supportive housing specialist to: (a) inventory Lake County's supportive housing resources, potential resources, and needs; and (b) develop a plan to prioritize and meet those needs, blending existing resources with other sources. The County procurement process will be used to identify a qualified contractor, typically through an RFP process for contracts of this scope. The qualified contractor must have experience in working with California Counties, with County Mental Health Departments, and with supportive housing planning and implementation.

Phase 1 will generate the MHSA roadmap for housing development. We expect that the Housing Plan will address two central issues: (a) the housing needs of individual Lake County consumers; and (b) how to expand housing opportunities for them.

The contractor will be asked to evaluate many options for LCMH, such as:

(a) Working with nonprofit and for-profit developers to create scattered options in existing structures
(b) Creating scattered housing options in planned developments, e.g., by working with landlords to encourage acceptance of consumers
(c) Converting existing structures to congregate housing
(d) master-leasing buildings or apartments
(e) Building new supportive housing
(f) Identifying tax-forfeiture properties for purchase
(g) Creating transitional housing (for children: not to disrupt school attendance.)

A mix of housing models is likely to be developed, including "clean and sober" housing, "wet" and "damp" housing, single-occupancy residences (generally, one-bedroom or studio apartments), plus inter-generational and tribal models.

Phase 1 will also include a one-time seed money allocation to the Rural Communities Housing Development Corporation to be used to draw down other funding to develop a small supportive housing complex in Clearlake for LCMH clients, comparable to the

one developed by RCHDC in Lakeport. Consumers, family-members, and the general community strongly advocated for the development of housing in Clearlake.

Phase 2 will focus on Plan implementation. LCMH will hire a full-time Housing Specialist who will:

(a) Be the "go-to" person for both landlords and clients for problem resolution;
(b) Advocate for supportive housing to landlords and, with the LCMH Director and consumers, to local governments;
(c) Coordinate the LCMH Housing Collaborative and Homeless Task Force in close collaboration with the Lake County Community Action Agency;
(D) Work closely with the Forensic Mental Health Specialist to develop post-discharge/release housing plans for FSP participants;
(e) Assist LCMH case managers to advocate on behalf of individuals to help them find and get housing, including training the case managers in how to assist consumers to apply for housing subsidies;
(f) Coordinate supportive services to help consumers remain in housing;
(g) coordinate the MHSA housing subsidy program, which will cover short-term housing subsidies, assistance with move-in costs, etc., prioritizing FSP participants [Note: rental subsidies will not be provided from this GSD program]
(h) Actively recruit landlords, systematically locate available units, and arrange with landlords to pre-empt units as they become available
(i) track funding opportunities, including public and private sources, and coordinate the application process.

Our dual focus on both supporting individuals and increasing the supply of permanent housing is justified by the preliminary evaluation of AB 2034. It found that the more successful counties/programs both served individuals and expanded the supply and/or range of housing available to them. (*Preliminary Findings from the AB2034 Housing Strategies Evaluation,* Corporation for Supportive Housing, www.csh.org).

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

The housing options are discussed above. We expect to provide vocational rehabilitation and training, plus paid employment opportunities, including: (a) building maintenance; (b) cleaning services; (c) gardening and landscaping; (d) other, on-site businesses, such as a bicycle repair shop (by way of example only; we will check with consumers as to their interests and skills before setting on on-site businesses).

**4. Average cost for each FSP participant served.**

In Year 1, we assumed about 10 FSP participants will be served, due to the emphasis on planning and start-up activities. For Years 2 and 3, we assumed about 75% of FSP participants will utilize one or more of this program's services, since affordable housing was identified as a key issue for clients. The average cost per FSP (all funding types

and sources, i.e., total budget without revenue deduction) is: $2,249 in Year 1; $740 in Year 2; $1,010 in Year 3.

**5. How program advances goals of recovery for adults and resiliency for children.**

Stable housing is fundamental to recovery. The preliminary findings from the AB 2034 evaluation confirm strong link between housing and recovery:

> "If you give consumers housing, they are **MUCH** more likely to stay enrolled in the program. "
> Corporation for Supportive Housing, April 13, 2005 presentation

Further, enrolling "more challenging" consumers (i.e., those with longer histories of homelessness or more barriers to housing stability) did not affect housing outcomes. Therefore, we do not have to make consumers "housing ready" before placing them. There is a "very strong" correlation between high proportions of "ever-enrolled" consumers in housing and a low proportion of consumers who dis-enroll. It appears that stable housing leads to more stable lives. Consumers who have clean, safe, supportive housing are able to focus their energies on recovery, rather than survival. Further, a consumer living in a stable housing situation is a consumer whose mental illness no longer controls critical aspects of his or her life. The illness becomes one descriptor of the person, in a much broader context.

Local consumers agree.

> "With housing, we can . . . become more productive, live a better life on our own, take care of ourselves . . ."

Over a decade of studies summarized by the Corporation for Supportive Housing confirm the positive effect of stable housing on clients with mental illness:

- A study of almost 900 homeless individuals with mental illness who were provided with supportive housing found that 83.5% of participants remained housed a year later and showed decreases in symptoms of schizophrenia and depression.
- A study of almost 5,000 homeless individuals with mental illness who were provided with supportive housing confirmed that nearly 80% remained housed a year later, with 10% moving on to independent settings.
- Individuals with substance abuse issues appear to benefit significantly from supportive housing according to follow-up study of 201 graduates of a chemical dependency treatment program. This study found that 56.6% of those living independently remained sober, 56.4% of those in a halfway house remained sober, 57.1% of those in a supported SRO remained sober, but 90% of those living in supportive housing remained sober.

These are very significant findings for Lake County, given our high prevalence of co-occurring disorders.
Other positive impacts of supportive housing on individuals with very low incomes, plus serious persistent issues including mental illness, HIV/AIDS, or substance abuse, include:

- Decreases of more than 50% in tenants' emergency room visits and hospital inpatient days
- Decreases in tenants' use of emergency detoxification services by more than 80%
- Increases of 50% in earned income and 40% in the rate of participant employment when employment services are provided in supportive housing
- A decrease in dependence on entitlements, quantified at $1,448 per tenant each year

(All data posted at http://www.csh.org, "Supportive Housing Works to End Homelessness", downloaded 10/19/2005).

### 6. Expanding existing options.

As documented in Part II, Sections I and II, Lake County has very few housing options for consumers. LCMH provides supplemental funding for two in-County Board and Care facilities, with a total capacity of 12. LCMH also provides subsidized housing for 12 mental health clients in a very small complex located next to the main Lake County Department of Health Services facility in Lakeport. The units are owned and managed by Rural Communities Housing Development Corporation, a private nonprofit. All units are dedicated to the use of mental health clients. Supportive services are provided on a voluntary basis, e.g., case managers hold weekly meetings with clients. Although initial eligibility is tied to client status, there is no continuing obligation to accept services. There are no in-County supportive housing options nor is there an inventory of options and a plan to meet local needs.

### 7. Services and supports provided by clients/family members.

As noted above, the proposed program includes opportunities for consumers to provide services, such as maintenance, cleaning, gardening, and landscaping. Services could be used to create credits toward rent costs or paying employment. Successful clients will develop marketable skills, job-related experience, and more complete resumes. Over time, we intend to develop on-site businesses in congregate housing. First, however, the congregate housing must be developed and filled. It is likely that on-site businesses will be implemented as part of the second MHSA plan, but planning for them will be part of this Plan.

## 8. Collaboration strategies with other stakeholders.

LCMH is developing a Housing Collaborative. Proposed partners include:

- Lake County Department of Social Services ("DSS"), which is the County Housing Authority and operates the Section 8 Housing Program
- Representatives from consumers and NAMI
- Representatives from the Board of Supervisors, the Lakeport City Council, and the Clearlake City Council
- Senior Law Project
- Tribal Councils
- California Human Development Corporation (representing farm workers)
- Tribal Health
- The Lake County Community Action Agency, serving the low-income community. The CAA operates the County's only homeless shelter, which it plans to expand

The program will be integrated with other MHSA programs. The Housing Specialist will hold regular office hours at the Center and will post opportunities at the Center (in hard copy) and also on the LCMH Network of Caring website. He or she will also work closely with the Forensic Mental Health Specialist and the Interagency Placement Review Team to transition TAY, adults, and older adults from incarceration or placement to appropriate community-based housing options.

## 9. Cultural competence.

Cultural competency will be integrated into the planning and implementation phases of this program. One issue that arose immediately was the assumption that single-occupancy apartments are the optimal choice. For some cultures, intergenerational housing is the more "normal" model, based on the extended family experience of elders, parents, children, aunties, uncles, etc. all living together. Tribal and Latino cultures both adhere to this model. The planning contractor will work closely with local representatives from these cultures to ensure that a full range of culturally acceptable options are included in planning. Another possible option includes developing tribal housing that includes consumers without stigmatizing them as such.

## 10. Services will be sensitive to sexual orientation, gender-sensitive, and reflect the differing psychological needs of women and men, boys and girls.

Housing options will respect gender-based needs and will protect all residents from discrimination based on sexual orientation. A special issue for Lake County is the likelihood of that we will need to provide housing that meets the needs of older individuals. Most of these are likely to be women, as women tend both to outlive, and to be poorer than, men.

**11. Services will be used to meet the needs of individuals residing out-of-County.**

Outreach to individuals out-of-County is an important component of this service. Many youth and adults who are placed out-of-County will be returning to the County. When they return to the County, they need to know about supportive housing options that can help them make a successful transition to less-restrictive environments. To that end, the Youth and Adult Advisory Councils will be asked to work with the Housing Specialist to develop housing fliers that can be sent or given to TAY and adults in out-of-County placements. The housing flier will be available in English and Spanish at appropriate literacy levels. Versions may be created with endorsements from tribal leaders, Latino groups, leaders from other first nations, and so on. The Advisory Councils will also be consulted for appropriate web-page postings, since what appeals to TAY may not work for adults and older adults and vice versa. TAY and adults from diverse, unserved communities may be more likely to contact the Housing Specialist if they know their community leaders approve.

**12. Strategies not listed in Section IV.**

None.

**12. Time Line with Critical Implementation Dates.**

The Year 1 Time Line is provided below:

| | |
|---|---|
| January 10, 2006 | Plan review, modification, and approval by BOS |
| January 13, 2005 | Plan submission to DMH |
| March, 2006 | DMH approval (estimate) |
| February - March 2006 | RFP developed and released |
| March - April 2006 | Contractor selected |
| July 2006 | Housing Plan completed |
| July 2006 | Hire, train and assign Housing Specialist |

**14. Budget Requests.** See Exhibit 5a, 5b, and Budget Narrative.

**15. Quarterly Progress Report.** See Exhibit 6, pre-completed with estimated populations to be served.

**Part III. Required Exhibits.** The required Exhibits follow this section, as directed.

**FSP-O1: Children's Wraparound**

**a. Brief description.** This program will restore wraparound activities in Lake County, including: (i) flexible funds to support wraparound services; (ii) collaborative planning with DSS to create an SB 163 program to reduce out-of-home placements or provide placements in least-restrictive environments; (ii) two parent-partners to assist parents to gain the support, resources, and skills to help their children and themselves; (iii) medication and medical supports to reduce barriers to resiliency; (iv) psychiatric services; (v) school-based services through an early mental health (Primary Intervention Program or "PIP") provided by a contractor in Year 2, who will be self-funded in Year 3; (vi) services and supports provided in culturally-appropriate and accessible settings, e.g., school, Tribal Health, etc.; (vii) cultural and gender-sensitive outreach and services at schools and other locations; (viii) CSOC infrastructure support. FSP-01 is described in detail in the narrative responses to Questions 2-13, below.

**b. Age and situational characteristics of priority population.** This program will serve children only. The priority populations' situational characteristics are: SED with a priority for children who are uninsured, under-insured, not eligible for Medi-Cal, homeless, or in out-of-home placement or at risk of same. Other situational characteristics of the priority population reflect our commitment to reducing ethnic disparities in access. At least initially, about 50% of the FSP served will be white and 50% will be non-white, with priority to Native Americans, Latinos, individuals of mixed Native American/Latino heritage, and indigenous immigrants.

**c. Identification of strategies.** All program strategies are chosen from the options provided in the Requirements. They are:

(i) Wraparound services: psychiatric services, family support, and flexible funding to overcome barriers and promote resilience, family strengthening, etc.
(ii) CSOC infrastructure, e.g., planning committee, support for the IPRT, written MOUs
(iii) Cultural and gender-sensitive outreach and services at schools, Tribal Health, other locations (supported by OE-01), with FSP-01 services provided at multiple, accessible, culturally-acceptable locations
(iv) Crisis services, provided by GSD-01
(v) Integrated physical and mental health services, with referrals and follow-up to primary care and other providers, e.g., Redbud Family Health Clinic
(vi) Permanent supportive housing through GSD-03 (Note: Housing for children will preserve stable school enrollment)
(vii) Placement reduction, as an effect of the program and also through SB 163 planning and implementation.

**d. Identification of funding types and age group(s) to be served by each strategy.** The funding used is FSP. All strategies will serve children.

**2. Describe in detail the proposed program and how that program advances the goals of the MHSA.**

FSP-01 – Wraparound re-establishes wraparound services for children and their families. This program directly advances the goals of the MHSA, which incorporates the principles and approaches of the CSOC and expressly requires that wraparound services be provided.

The proposed new services are:

(a) Psychiatric services provided by Dr. Olga Segal, pursuant to a contract with LCMH. About 25% of her time will be devoted to children's services. Like most small counties, Lake County has had great difficulty in providing children's psychiatric services. LCMH is currently dependent on telepsychiatry for this service. There have been no in-County children's psychiatrists in years. Dr.Segal is willing to treat children over age 12 and will consult with LCMH's telepsychiatry provider for children younger than this. Dr. Segal is also willing to meet with clients in the community, as well as at the two LCMH clinics. LCMH is currently working with Tribal Health to establish a protocol for Dr. Segal to work on-site in their clinic on a regular basis. In addition, as part of the CSOC's wraparound services, Dr. Segal can provide other support to parents and children enrolled in the program, including consultation with primary care providers, school staff, and/or other involved partners who need information on the role of medication in the service plan.

(b) One year of Primary Intervention Program ("PIP") services, pursuant to a contract to be entered into using the County procurement process, typically an RFP for contracts of this scope. This approach was strongly endorsed by the Stakeholders' Steering Committee, as it balances the urgent community concern for early intervention with the constraints of our limited MHSA funding. The PIP contractor will serve the 3-4 highest need elementary school sites which are willing to participate. The contractor will be responsible for sustaining this component. The PIP will be self-funding by Year 3. It is expected to identify and refer children who qualify for FSP participation.

(c) 2.0 FTE Parent Partners. As services to children increase, LCMH will increase services and supports to parents. Parent peer support is a crucial strategy for CSOC/wraparound design. Many of our parents are suspicious of mainstream services, intimidated by them, or find them too complex. Parent Partners will provide peer-to-peer understanding, help parents navigate the services system, and advocate for parents. Further, LCMH will provide advocacy training opportunities for Parent Partners and the parents served. The 2.0 FTE may be divided among several Parent Partners, to ensure this program has the capacity to ensure full coverage: geographically, racially, ethnically, and also by gender and sexual orientation.

(d) SB 163 Wraparound Planning. The Stakeholders Steering Committee also strongly urged that LCMH take the lead in coordinating development of an SB 163

wraparound program, if available. The approach will be like the MHSA: "Start small, start smart", i.e., 5 or fewer children. The SB 163 pilot will be expanded in future years and used to leverage additional wraparound services. This is a key opportunity to collaborate with DSS.

(e) Flexible Funding. This is a key component of wraparound. Following the model established through the prior Children's System of Care, wraparound flexible funding will be used to help families meet needs that directly affect their capacity to keep their children safe and healthy at home or in least-restrictive placements. Examples include: housing assistance (rent subsidies, move-in costs, moving costs, etc.), job search help, wardrobe assistance, medication co-payments, tattoo removal, sports league fees and uniforms, health club memberships, other wellness activities, etc. Because funding is limited, the following process will be used to disburse these funds:

(i) Requests can come from many sources, including parents themselves, the children's case managers, Mental Health Specialists, the PIP/EPSDT contractors, Dr. Segal, or the Parent Partners.

(ii) If the request is for a child and unless the request is an emergency, the Inter-Agency Placement Review Team (IPRT) will meet and review each request at its regularly scheduled meetings. (Any staff person becoming aware of an emergency client need can request support using the existing Departmental policy and procedures, which supersedes this process.) The IPRT will take the lead on coordinating distribution of this funding. In compliance with current policies and procedures, staff will forward requests from parents/families and case managers to the IPRT.

(Note: Any staff member may make a request on behalf of a client of any age, whether TAY, adult, or older adult, which will receive same-day review pursuant to LCMH's existing policies and procedures.)

(iii) As our policy does not permit cash disbursements, LCMH has an expedited process for flexible funding. LCMH issues purchase orders to providers of goods or services, which then invoice LCMH. LCMH has accounts at local pharmacies, grocery stores, K-Mart, Lake County Transit, and other local retailers. There is a "no alcohol or cigarettes" policy.

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

Some housing and employment support services will be provided, in order to assist the family/caregivers to provide for the child FSP participant. Each family's case manager and the MHSA Housing Specialist will work with families to help them find, and qualify for, suitable housing. The Flexible Fund will provide assistance, such as first-and-last month's rent, security and cleaning deposits, and moving expenses. Employment services will be provided through collaborative partners, such as the Lake County Office of Education and the two Community Colleges.

**4. Average cost for each FSP.**

This is an FSP program, intended to serve all of the FSP participants who are children. The average cost per FSP (all funding types and sources, i.e., total budget without revenue deduction) is: $1,667 in Year 1; $7,656 in Year 2; $5,209 in Year 3.

**5. How program advances goals of recovery for adults and resiliency for children.**

This program includes a variety of "best practice" service-delivery models to promote resiliency in children. Its activities may also promote recovery for some adults with serious mental illness who are the parents or caregivers of the children served. It strengthens the existing system to establish a continuum of care that provides early intervention services and practical supports for children and their families. Early intervention for children is both a community concern and an effective therapeutic approach. This program increases LCMH's capacity to provide such early intervention, which increases the effectiveness of services. Early intervention helps children develop resiliency and move out of the mental health system, rather than aging into it. The focus on family-driven, strengths-based services increases the external assets available to children by creating positive home environments. The more external assets a child has, the more internal assets he or she will develop. Services to one child in a family (the FSP participant) have collateral benefits to all other children in the family, through improved family functioning.

**6. Expanding existing options.**

Lake County has dedicated significant resources to serve children. The legacy of the Children's System of Care process and its successor enrollee-based programs provide a strong foundation for the MHSA. The CSOC experience changed the culture and operations of LCMH, changes which have become part of the new way of doing business promised by our MHSA plan. These changes include: (a) family-driven, strength-based treatment plans, developed with clients and parents as equal partners; (b) individualized case management; (c) investment in services to support least-restrictive placement; and (d) willingness to serve all children and families "where they are", e.g., services brought to more natural environments as feasible (schools, homes, in placement, etc.)

Existing CSOC infrastructure includes:

(a) An interagency children's policy and planning committee, with the membership and duties set forth in Welfare and Institutions Code Sections 5866(b) and (c), which is on hiatus, but can easily be revitalized;

(b) An operational countywide interagency case management council as set forth in Welfare and Institutions Code Section 5866(d, the Interagency Placement Review Team

("IPRT"), which has been providing interagency case management since the inception of CSOC and has survived the de-funding of CSOC because it is a truly useful activity for all agency participants;

(c) An existing IPRT protocol, plus CSOC Memoranda of Understanding which can be updated and adapted to the MHSA wraparound system;

(d) School-based children's mental health services provided under contract with LCMH by the Safe Schools/Healthy Students program of the Lake County Office of Education. This contract uses EPSDT funds, supplementing MHSA services to children. School-based mental health services were identified as an urgent community priority during the MHSA planning process. The need and opportunity were so significant that LCMH chose to provide these services immediately, without waiting for approval of the MSHA plan. We believe that doing so is in the spirit of the MHSA, i.e., bringing a rich array of services to where participants are in the community. School-based services are a proven service delivery model for children. Further, our own operating data found that when LCMH supported a prior school-based children's services program, our penetration into the unserved and underserved communities, especially ethnic minorities, was much greater.

(e) LCMH's own Children's Services Division, the core services supported by wraparound, comprised of: 1 Deputy Director for Children's Services, 3.5 Senior (licensed) Mental Health Specialists, 2 Mental Health Specialists, 5 Case Managers, and 2 Parent Partners.

LCMH will be expanding its policies and procedures with respect to flexible funding uses to add non-emergency expenditures, and will be considering how to address the new Medicare Part D co-payment issues for clients with Medi-Cal and Medi-Medi. In addition, this program is integrated with, and supported by, several of the other MHSA programs:

(a) GSD-01: Crisis Response Continuum. This resource will serve children and families in crisis by providing families with access to warm line support which may in itself by enough to ameliorate a crisis. Children who need crisis intervention will avoid long waits in the hospital ER and will be served in more reassuring environments by its out-patient crisis resolution component.

(b) GSD-03: Housing Access: As discussed above, too many children lack a fixed and adequate night time residence. Homelessness blocks children's access to stable treatment and stresses family and individual functioning. This program will strengthen families and promote children's resiliency. Children and families will be linked to it through the case management process.

(c) FSP-02: Forensic Mental Health Partnership: Children as young as 8 and 9 have been placed in the Juvenile Hall. This program will assist them and their families to prepare for their discharge. In addition, children whose parents are incarcerated will

be served, as this program also provides comparable services for jail inmates. This approach may also mitigate the ACE of having an incarcerated parent.

(d) FSP-03: Integrated Physical and Mental Health Services. This program provides additional services from Dr. Segal, school-based mental health services, services provided in health care settings, et al. to support wellness for children and families.

**7. Services and supports provided by clients/family members.**
The Parent Partners will provide services to parents and family members served by this program. Over time, we expect to recruit Parent Partners from the parents and family members served.

**8. Collaboration strategies with other stakeholders.** This program builds on the collaborative strengths and relationships established during the CSOC and maintained thereafter. These include:

(a) *LCOE – Safe Schools/Healthy Students*. LCOE operates the Safe Schools/Healthy Students program which provides school-based mental health services to children of low and moderate acuity. SS/HS is the EPSDT contractor as well.

(b) *LCOE – Healthy Start.* Healthy Start provides school-based services including health care access (vision, dental, hearing, etc.), immunization, clothing, hygiene, health insurance access, transportation, case management, and other family support services.

(c) *LCOE – Workforce Investment Act.* WIA is a collaborative of employment and job developers, including the Employment Development Department, the Department of Vocational Rehabilitation, and others.

(d) *Mendocino College and Yuba College* – These two community colleges provide continuing education opportunities for adults of all ages, including certificated courses.

(e) *Department of Social Services* – DSS operates the Housing Authority and is the key partner for SB 163 development.

(f) *Probation* – Probation operates the Lake County Juvenile Hall and is a core member of the IPRT.

(g) *Lake County Sheriff's Department* – LCDS operates the County Jail and will be a core partner in FSP-02, Forensic Mental Health.

(h) *Children's Council* – The Child Abuse Prevention Council provides public education and outreach on the importance of early intervention and the long-term effects of ACEs on the mental health of adults.

(i) *Special Education Local Plan Area (SELPA)* – SELPA serves about 1,322 special education students, including those identified as SED. SELPA was a founding member of the CSOC and is a core member of the IPRT. SELPA has access to a wide array of resources to support families and children as they recover from SED.

*(j) Tribal Health* – Tribal Health serves Native Americans from all tribes, providing a broad array of services, including general health care, dental care, counseling, and transportation. It has expanded outreach and engagement services to Native Americans, Latinos, and African Americans through its Reach Out program. Tribal Health will also provide expertise on cultural competency issues, including access to training opportunities.

*(k) School Districts* – As applicable, to promote educational success and facilitate successful transitions for children moving into, or returning to, a particular district.

Other partners will be added during implementation, as they are identified.

**9. Cultural competence.** Cultural competence is critical for all LCMH services. It is extremely critical for children's services, since early intervention has the most impact. When services are not culturally competent, families avoid them and children do not receive the help that will let them grow to be independent of the system. All children's services staff will be trained to provide culturally competent services. During the planning process, the Inter-Tribal Council of California provided guidance on culturally competent approaches to serving the Native American community using multi-generational post-traumatic stress concepts. The Parent Partners are important resources, since they can mediate between the mainstream and the family cultures. This program's flexible design, which brings services to homes, schools, clinics, Tribal Health, rancherias, and other settings, is itself a cultural competency strategy. The EPSDT-funded school-based children's services exemplify this approach. Parent Partners and other staff will be recruited for linguistic and cultural diversity as well.

**10. Services will be sensitive to sexual orientation, gender-sensitive, and reflect the differing psychologies and needs of women and men, boys and girls.**

Boys and girls will receive sensitive services that address their gender-specific developmental needs. For example, girls may be coping with stereotypes that promote submissiveness, leading them to be more easily victimized. Boys may be coping with stereotypes that define men as stoic and violent, leading them to deny their own need for help (and also opening them up to victimization). GLBT parents have a complex array of issues leading to concerns which may affect their willingness to engage with mainstream service providers. As noted, LCMH has GLBT staff who will be able to provide sensitive services to this underserved group, consistent with their individualized service plans.

**11. Services will be used to meet the needs of individuals residing out-of-County.**

Children residing out-of-County are a key target group of this Program, as one of our long-term goals is to bring them back into the community, into the most feasible natural environments. LCMH staff will review the case histories of all children with serious emotional disorders who are currently in placement. Those who are candidates for return will be prioritized for services. While the children are in placement, services will be offered to their families to strengthen them in preparation for the children's return. Case managers will meet with the IPRT 3-6 months prior to the child's scheduled discharge to plan for his or her return, including an aftercare plan. Aftercare plans will include planning for re-entry into the schools. These plans will include wraparound services and allocate flexible funding for them.

**12. Strategies not listed in Section IV.**

None.

**13. Time Line with Critical Implementation Dates.**

The Year 1 Time Line is provided below:

| | |
|---|---|
| January 10, 2006 | Plan review, modification and approval by BOS |
| January 13, 2006 | Plan submission to DMH |
| March, 2006 | DMH approval (estimate) |
| March 2006 | Revise MH Policies and Procedures and set up special accounts for flexible funds |
| March-April 2006 | Develop and release RFP for PIP for Year 2 |
| April 2006 | Hire, train, and assign Parent Partners |
| July 2006 | PIP contractor selected for Year 2 |
| July 2006 | Develop and release RFP for SB 163 consultant |

**14. Budget Requests.** See Exhibit 5a, 5b, and Budget Narrative.

**15. Quarterly Progress Report.** See Exhibit 6, pre-completed with estimated populations to be served.

**FSP-02: Forensic Mental Health Partnership**

1. **Exhibit 4** is completed and attached at the end of this **Section**, as required.

**a. Brief description.** FSP-02 fields a full-time Forensic Mental Health Specialist who will provide integrated services with law enforcement, the County Jail, Juvenile Hall, Probation, and the Courts. The Specialist will provide: (i) pre-discharge/release planning for residents of the Juvenile Hall and inmates in the Jail; (ii) transitional support post-discharge/release, including assistance with finding housing, employment, medication support, family reintegration, other community re-entry activities, and family strengthening; (iii) a diversion program as an alternative to Jail or Juvenile Hall (chosen because a full Mental Health Court program is not feasible at this time); and (iv) case management and linkages to support, including participation in the IPRT. FSP-02 is described in detail in the narrative responses to Questions 2-13, below.

**b. Age and situational characteristics of priority population.** This program serves older children, TAY, and adults. Children as young as 8 and 9 have been residents of the Juvenile Hall. Older adults will be served, but are not a priority as few older adults are booked into the Jail. The situational characteristics of the priority populations reflect our commitment to reducing ethnic disparities in access. At least initially, about 50% of the FSP served will be white and 50% will be non-white, with priority to Native Americans, Latinos, individuals of mixed Native American/Latino heritage, and indigenous immigrants.

**c. Identification of strategies.** All program strategies are chosen from the options provided in the Requirements. They are:

(i) Integrated services to reduce incarceration, implemented by the full-time Specialist as described above. The Specialist will: work with Jail and Juvenile Hall staff, law enforcement, Probation, and the Courts to identify clients; meet with clients while they are still incarcerated to develop transition plans; meet with the IPRT to identify interagency partners, develop case plans, and obtain interagency commitments to support the clients' smooth re-entry; and meet with the clients post-release in community-based settings, e.g., tribal offices, the Center, and elsewhere to provide support and follow-up.
(ii) Housing, including transitional and permanent housing options, will be provided by GSD-03; the two Specialists will work closely to match clients with appropriate housing and assist them to remain in stable housing
(iii) Support services, e.g., medication and medical support to assist clients who are on medication to maintain a stable regime as they return to the community, provide assistance with physical and other health conditions which are barriers to recovery, and assist clients to preserve or obtain post-release insurance coverage.
(iv) Integrated physical and mental health services provided through collaboration with partners, e.g., primary care providers, and some co-located services at the Center. The IPRT will be a key source of linkages and follow-up.

(v) Integrated services with law enforcement, probation, and the courts to create a diversion (alternatives to jail/juvenile hall) program. A full Mental Health Court is not feasible at this time, but diversion is the key to reducing incarceration and maintaining community-based options for these clients.
(vi) Crisis response services will be provided by GSD-01.
(vii) Transportation will assist clients to access and utilize resources

**d. Identification of funding types and age group(s) to be served by each strategy.** The funding used is FSP. As noted, the age groups to be served are children, TAY, and adults. All strategies will serve all age groups.

**2. Describe in detail the proposed program and how that program advances the goals of the MHSA.**

FSP-02, Forensic Mental Health Partnership, is a tightly-focused program which serves three age groups: older children, TAY, and adults who are either in the Juvenile Hall or the County Jail. Although older adults are not excluded, we do not expect to be serving them, as they are much less likely to be incarcerated.

The Program will be coordinated by a Forensic Mental Health Specialist (a Senior Mental Health Specialist position). This full-time position will:

(a) Provide on-site transition planning to juveniles at the Hall and to TAY and adults at the Jail;

(b) Work with the case managers of the juveniles and inmates served to complete pre-release/discharge plans;

(c) Hold regular office hours at the Center to provide on-going community-based support for TAY and adults post-release;

(d) Participate on the IPRT, as needed, and on other interagency teams, such as Student Resource and Student Study Teams, which plan for student entry or re-entry into mainstream schools;

(e) Ensure that health insurance coverage, mental health treatment, and medication regimes are maintained during the transition from incarceration to community-based placement;

(f) With the LCMH Director, work with the Presiding Judge of the Superior Court, the Lake County District Attorney, the Contract Public Defender, and the Chief Probation Officer to design and implement a pilot mental health diversion program for offenders who pose no threat to public safety;

Mental Health Court is a proven best practice, but local resources are too limited to create one. Therefore, we have chosen to implement the most significant aspect of

Mental Health Court, which is diversion from incarceration linked to community supports for rehabilitation and recovery. As the program builds a track record of success, the diversion program will be expanded to serve more individuals

This position will carry a combined caseload of juveniles, TAY, and adults. Individuals on the caseload will remain with the Specialist until they, together with their case managers, decide that they no longer need the support. This long-term commitment is modeled on our successful First Offender and Project Return programs. Participant involvement is projected to be 6-18 months and, in rare cases, up to 3 years.

**3. Describe any housing or employment services to be provided.** The Forensic Specialist, assisted by the individuals' case managers, will coordinate housing and employment assistance. Housing services will be provided by GSD-03. Employment services will be provided to TAY and adults through the Center. Both services are expected to be important elements of the transition plans. Incarcerated TAY and adults are at enhanced risk of homelessness upon release, leading to recidivism.

**4. Average cost for each FSP.**

As detailed above, individuals with serious mental illness/serious emotional disturbance are at enhanced risk of involvement with the justice system. At a minimum, 20 children, TAY, and adults will be served in Year 1, rising to 60 children, TAY, and adult FSP clients in Years 2 and 3. The average cost per FSP, including all fund types and sources (i.e., MHSA budget request not reduced by projected revenues) is: $1,613 in Year 1; $1,419 in Year 2; $1,541 in Year 3.

**5. How program advances goals of recovery for adults and resiliency for children**

Individuals with unaddressed mental health issues frequently have difficulty with the criminal justice system and may also have histories of negative interactions with the mental health system, causing them to avoid such services. This population is also especially likely to be dually-diagnosed for substance abuse. MHSA creates an opportunity to engage with these individuals at a time when they may be motivated to participate in treatment, as their illness can be a barrier to successful re-entry into the community. The mere fact of having been in the system is a risk factor for recidivism. This program addresses the unique barriers to recovery that incarcerated individuals must overcome. These include the effects of family dislocation, lost housing and reduced employability, and unstable mental health services and medication. The program's emphasis on re-integrating participants with family, school (if applicable), and community focuses them on a positive future. Mental illness becomes one aspect of their lives, balanced by the more stable housing, employment, and family situation. As noted above, stable housing is especially important to reducing recidivism for individuals with serious mental illness.

**6. Expand existing options.**

There are no existing options providing this service for this target population.

**7. Services and supports provided by clients/family members.**

Clients and family members will be part of their own planning teams. NAMI may provide volunteers to assist with transitional activities. Parent Partners from FSP-01 will assist parents of children served by this program to participate in this process.

**8. Collaboration strategies with other stakeholders.**

This is an inherently collaborative program. The core collaborative stakeholders are:

(a) *Lake County Superior Court*: There are five courtrooms, plus a juvenile court. The LCMH Director and Forensic Mental Health Specialist will meet with the Presiding Judge of the Superior Court to discuss creation of a pilot mental health diversion program. Lake County has successfully implemented a juvenile Drug Court, so a positive precedent is in place. This program is not attempting to start a Mental Health Court, due to funding and other logistical limitations.

(b) *Lake County District Attorney.* The LCMH Director will meet with the Lake County District Attorney as soon as feasible to discuss development of the diversion program. She will provide the DA with information regarding comparable programs, including successes, failures, methodology, recidivism rates, and known impacts on public safety.

(c) *Lake County Contract Public Defender.* The LCMH Director will also meet with the Lake County Contract Public Defender as soon as feasible to discuss development of this diversion program. She will provide information regarding comparable programs including successes, failures, methodology, recidivism rates, and known impacts on public safety.

(d) *Probation*: Probation operates the Lake County Juvenile Hall and is, therefore, a key stakeholder. About 10% of Juvenile Hall residents on any given day are diagnosed with SED. Services that will assist them and their families to prepare for a smooth transition back into the home or into in-County group homes or foster care is likely to reduce future misconduct. Breaking the habit of criminal conduct at an early age is a proven crime prevention strategy benefiting both Probation and the general community.

(e) *Lake County Sheriff's Department*: LCSD operates the County Jail, which serves the County and both incorporated cities. Services that assist inmates to transition smoothly back into the general community will reduce recidivism. The planning and preparation involved also give inmates hope and a vision of themselves within the community, which may reduce misconduct while in custody.

(f) *AODS.* Because so many inmates have co-occurring disorders, the program Specialist will work closely with AODS to provide integrated services to these clients.

(g) *PIA Client Rights Advocates.* This group will provide insight into the legal and other concerns of clients and help educate the Specialist and other LCMH staff on them.

(h) As applicable, representatives from clients' tribes, cultural organizations, etc. will assist the Specialist to facilitate their transitions back to their communities.

**9. Cultural competence.**

Services will be individualized, so the cultural competence of the Forensic Mental Health Specialist will be weighed heavily during the recruitment and hiring process. The program will provide services in multiple settings, including the Juvenile Hall, the Jail, the Center, in the home, and in community settings where children, TAY, and adults and their families are most comfortable.

> As Sheriff Rod Mitchell once said, "When they're in the jail, they're inmates; when they're out, they're neighbors."

**10. Services will be sensitive to sexual orientation, gender-sensitive, and reflect the differing psychologies and needs of men and women, boys and girls.**

The Forensic Mental Health Specialist will be highly trained in the disparate psychologies and needs of individuals with diverse sexual orientations, plus age and gender-based differences. Because this Specialist will be working with children as young as 8 and adults of no fixed age, experience and skill with a wide range of ages is essential. The Specialist will be comfortable working with GLBT individuals.

**11. Services will be used to meet the needs of individuals residing out-of-County.**

Individuals residing out-of-County are not eligible for services, by definition, as services are dedicated to individuals housed at the Juvenile Hall or incarcerated in the County Jail. As noted, LCMH will explore ways to provide comparable services to parolees returning to the County, as their needs are comparable to the clients served by FSP-02.

**12. Strategies not listed in Section IV.**

None.

**13. Time Line with Critical Implementation Dates.**

| | |
|---|---|
| January 10, 2006 | Plan review, modification, and approval by BOS |
| January 13, 2006 | Plan submission to DMH |
| March, 2006 | DMH approval (estimate) |
| March 2006 | Forensic Mental Health Specialist recruitment process begins |
| April 2006 | Hire, train, and assign Forensic Mental Health Specialist |
| June 2007 | Pilot diversion program fully implemented |
| January 31, 2008 | Pilot diversion program expanded, if feasible |

**14. Budget Requests.** See Exhibit 5a, 5b, and Budget Narrative.

**15. Quarterly Progress Report.** See Exhibit 6, pre-completed with estimated populations to be served.

**FSP-03: Integrated Physical and Mental Health Services**

**1. Exhibit 4** is completed and attached at the end of this **Section**, as required.

**a. Brief description.** This program: (i) offers psychiatric consultation to primary care physicians and other care providers to increase clients' access to mental health services in health care settings, creating inter-disciplinary integrated services; and (ii) provides psychiatric services to underserved populations.

**b. Age and situational characteristics of priority population.** This program serves TAY and adults with serious mental illness or, if TAY, after a first episode. Situational characteristics include: (i) being isolated, unserved, or underserved, e.g., ethnic minorities; and/or (ii) being uninsured, underinsured, or ineligible for Medi-Cal. The situational characteristics of the priority populations reflect our commitment to reducing ethnic disparities in access. At least initially, about 50% of the FSP served will be white and 50% will be non-white, with priority to Native Americans, Latinos, individuals of mixed Native American/Latino heritage, and indigenous immigrants.

**c. Identification of strategies.** All program strategies are chosen from the options provided in the Requirements. This program's central strategy is the provision of integrated physical and mental health services, including co-location and collaboration. Dr. Segal will provide psychiatric services in the home, at various community settings, at LCMH, the Center, Tribal Health, or other locations which are culturally acceptable and promote greater access to resources. Other strategies include:

(i) Education for primary care providers to increase coordination and integration, as they are key sources of referral and also support to clients in recovery
(ii) Services to assist families supporting youth, e.g., flexible funding
(iii) Self-directed services in which clients receive funds to pay for services/supports, using the program's flexible funding
(iv) Medication and medical supports to promote stable medication regimes, reduce barriers to recovery due to physical health issues, and promote access to services through stable insurance coverage
(v) Transportation

**d. Identification of funding types and age group(s) to be served by each strategy.** The funding used is FSP. All strategies will serve both age groups.

**2. Describe in detail the proposed program and how that program advances the goals of the MHSA.**

FSP-03, Integrated Physical and Mental Health Services, brings vital mental health services into the community. This program will serve TAY and adults. Its partnerships with well-established collaborative stakeholders will enhance its services and ensure its credibility. There are three components to this program: (a) MHSA-funded psychiatric services provided under contract by Dr. Segal, who was described in FSP-01, above;

(b) MHSA-funded services provided through other linked programs (GSD-02, FSP-01, FSP-02, and FSP-04); and (c) non-MHSA-funded services provided by collaborative stakeholders, notably Healthy Start and Safe Schools/Healthy Students (both divisions of LCOE).

Dr. Segal will provide psychiatric services at a number of locations around Lake County. This approach brings essential services to consumers where they are, i.e., in places that are culturally acceptable or physically and socially accessible. For example, Dr. Segal is will be providing services on-site at Tribal Health. Her co-location with a provider already accepted by much of the Native American community will have multiple benefits: (a) her services are implicitly endorsed by a provider accepted by this community; and (b) clients will be able to receive psychiatric help, plus general medical care, dental care, and other services at the same site. Dr. Segal will also accept referrals from the ITCC. Her services will also be available at both LCMH clinics, in Lakeport and in Clearlake. The Clearlake clinic is directly across the street from the new Family Health Clinic operated by Adventist Health Redbud Community Hospital. Again, clients will be able to have their physical and mental health needs met in one trip. As detailed in FSP-04, below, she will be providing services to at least one senior center, through the FSP-04 program. Additional senior centers may be added through that program.

Other MHSA-funded services that will support this program include:

(a) PIP, described in FSP-01. PIP will provide school-based early intervention services. The PIP contractor, when selected, will be working closely with Healthy Start, Safe Schools/Healthy Students, the Department of Social Services, and Sutter Lakeside Community Services (which is changing its name to "Lake Family Resource Center") to ensure that participants also receive physical health services, including health insurance enrollment and support. Health insurance is the gateway to accessing health care of all types.

(b) The Consumer Self-Help Center, described in GSD-02. The Centers will provide co-located services, which are likely to include health clinics, immunization clinics, WIC, and referrals to physical health services providers. As noted, the Southshore LCMH Clinic is located across the street from a major health clinic; referral relationships are already well-established.

(c) The Crisis Continuum, described in GSD-01. Crisis services are highly likely to be referral sources for Dr. Segal. GSD-01 is expected to be the gateway to many MHSA services.

Non-MHSA-funded services that support this program include:

(a) *LCOE- Healthy Start*. Healthy Start is a collaborative school-based program that serves every school district in Lake County. Healthy Start provides a wide range of services to children aged 0-18+ and their families. These include: case management, health insurance access, dental care (through the dental van and partner providers),

vision and hearing screenings, referrals to primary providers, transportation, hygiene, clothing, food, and other family support services, as chosen by each site. Healthy Start is governed by a County-wide collaborative of over 35 partners, of which LCMH is one.

(b) *LCOE-Safe Schools/Healthy Students*. SS/HS is a school-based program that provides a wide range of supports for schools, students, and their families. SS/HS offers the Second Step Violence Prevention Curriculum, the LifeSkills substance abuse prevention program, the Teen Connection after school program for middle school students, plus school-based clinical and counseling services for low and moderate acuity students. LCMH recently awarded SS/HS a contract to expand its clinical and counseling services to Medi-Cal eligible students.

(c) *Early Start*: Early Start is a team of providers serving very young children who have, or are at risk of, developmental delays and disabilities. Early Start partners include Redwood Coast Regional Center, SELPA, and Easter Seals. Early Start provides early intervention, individualized planning, and parent support services. Its focus on early intervention is congruent with the community's concerns in this regard. The Regional Center participated in the MHSA planning process.

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

This program does not directly provide housing or employment services. Such services will be available through referrals and linkages to other MHSA programs, such as GSD-02, GSD-03, and through other collaborative stakeholders, such as Healthy Start, the Workforce Investment Act, et al. Psychiatric stabilization provided by this program is an important precondition to successful employment. According to the preliminary findings of the AB 2034 evaluation, "housing readiness" is not a necessary precondition to successful placement in supportive housing. Nevertheless, some degree of stability is likely to promote client success in housing.

**4. Average cost for each FSP.**

This calculation assumes that 25 of the TAY and adult FSP participants use this program during Year 1, rising to 75 in Year 2 and 80 in Year 3. The cost per FSP (all funding types and sources, i.e., total budget without revenue deduction) is: $1,040 in Year 1; $834 in Year 2; $786 in Year 3.

**5. How program advances the goals of recovery for adults and resiliency for children.**

Dr. Segal's services address a central gap in our continuum, the lack of in-County psychiatric services. Psychiatric services address fundamental issues for clients with severe emotional disturbance or serious mental illness. Further, the capacity to respond quickly to an initial episode of serious mental illness can avert serious negative outcomes, including chronic mental illness. The MHSA recognizes this capacity is extremely important for TAY. Psychiatric services remove barriers to recovery and

facilitate resiliency. Clients who receive necessary medication are stabilized. They become able to benefit from therapy and regain control over their lives. They can move to less-restrictive placements, returning to, or remaining in, their communities. They become able to work, to pursue activities which are meaningful to them, and to enjoy healthier and happier relationships with family and friends. Children are able to cope with the stresses of mainstream classrooms and stay safely in school. They develop external assets, e.g., high levels of connection to school, positive peers, and healthier families. Higher levels of external assets foster higher levels of internal assets, i.e., resiliency. Psychiatric services are an essential element of a continuum of integrated services.

The other components of this program address recovery and resiliency by meeting clients' other needs, e.g., for physical health services and for co-located, non-psychiatric mental health services, including early intervention. Co-locating Dr. Segal at Tribal Health integrates her services with a wide array of other physical health services, The LCMH clinics are conveniently located to promote access to other health services, especially in Clearlake. Early intervention for children takes advantage of the innate resiliency of very young children. Extensive research indicates that early intervention is much more effective. It stops problems from becoming entrenched and allows children to regain a healthy developmental pathway.

**6. Expanding existing options.**

Dr. Segal joins two in-County psychiatrists, one on staff at LCMH and one providing 32 hours/week pursuant to a contract with LCMH. The two existing positions serve adults only. LCMH also has a contract for four hours/week for children's telepsychiatric services. The telemedicine provider is bilingual and bicultural.

**7. Services and supports provided by clients/family members.**

Parent Partners and the Consumer Self-Help Center Coordinator will assist families to understand the variety of options available to them and their value, as discussed under FSP-01.

**8. Collaboration strategies with other stakeholders.**

As detailed in **2**, above, this is a collaborative program. Other stakeholders are essential partners in creating an integrated system that meets participants' holistic health needs. We anticipate building on the relationships available through LCMH's participation in the Healthy Start collaborative to add to the partners working directly with this program. Future clinic partners are likely to include: (a) the Mendocino Community Health Clinic, which operates the Lakeside Community Health Clinic in Lakeport; and (b) the Family Health Clinic operated by Adventist Health Redbud Community Hospital. Dr. Segal's availability to consult with LCMH staff and with

community physicians should lead to improved and more consistent practices among those who consult with her.

LCMH is already in a planning process with Sutter Lakeside Hospital's County Wellness Outreach and Education Program. Areas discussed include: (a) integration of the Health Leadership Network with the MHSA planning process; (b) releasing 10 LCMH employees to receive wellness training; (c) participating, with our consumers, in the Hospital's World Café Community Planning Process; and (d) LCMH's serving as liaison between the mental health community (providers and clients) and the Hospital in providing and adapting wellness education for this consumer group.

**9. Cultural competence.**

This program's design responds to the very strong directives from diverse stakeholder representatives to bring mental health services into the community. It addresses the barriers of geography, lack of adequate transportation, and time which often force consumers to choose among health care needs. This program makes it possible for a mental health consumer to also obtain physical, dental, hearing, and even vision care in one trip. Providing alternatives to LCMH facilities also preserves client privacy and reduces the potential for stigma from being seen to go into LCMH facilities. In small towns, this is a very important consideration, especially for new clients. Dr. Segal and the other partner providers are, or will become, trained in, and comfortable with, different cultural belief systems relating to mental health. Some traditions integrate mental health with spiritual and physical health, taking a holistic approach to healing. Others lack concepts of mental illness or recovery from it as such, but use concepts of balance and walking in harmony. This program will value the cultural belief systems of the people served as strengths they bring to recovery and resilience.

**10. Services will be sensitive to sexual orientation, gender-sensitive, and reflect the differing psychologies and needs of women and men, boys and girls.**

As noted above, Dr. Segal has practical experience in meeting the needs of a wide range of ages and both genders. The other partner providers are already well-known, widely-accepted providers of services to GLBT children, youth, and adults.

**11. Services will be used to meet the needs of individuals residing out-of-County.**

Although services will only be available to individuals residing in-County, LCMH will inform all clients, including those placed out-of-County, regarding the availability of this resource. Individual connections and referrals will be made through each individual's case manager or the IPRT, as applicable.

**12. Strategies not listed in Section IV.**

None.

**13. Time Line with Critical Implementation Dates.**

The Year 1 Time Line is provided below:

| | |
|---|---|
| January 10, 2006 | Plan review, modification and approval by BOS |
| January 13, 2006 | Plan submission to DMH |
| March, 2006 | DMH approval (estimate) |
| March 2006 | Services begin |

**14. Budget Requests.** See Exhibit 5a, 5b, and Budget Narrative.

**15. Quarterly Progress Report.** See Exhibit 6, pre-completed with estimated populations to be served.

**FSP-04: Older Adult Access & Resources Program**

1. **Exhibit 4** is completed and attached at the end of this **Section**, as required.

a. **Brief description.** This program will engage a full-time Mental Health Specialist who will: (i) provide integrated services at one senior center in Year 1, adding centers if feasible in Years 2 and 3; (ii) make home visits to isolated, homebound older adults; (iii) coordinate multi-disciplinary trainings on elder abuse and substance abuse; (iv) hold medication management sessions; and (v) develop multi-agency service plans. Dr. Segal will provide psychiatric services. An independent contractor will expand and enhance the Peer Counseling and Friendly Visitor programs.

b. **Age and situational characteristics of priority population.** This program is limited to older adults with serious mental illness. Situational characteristics include: (i) isolation, especially among ethnic minorities (Native Americans, Latinos, and individuals of mixed Native American and Latino heritage, indigenous migrants); and (ii) being at-risk of homelessness or institutionalization due to loss of capacity to live independently. The situational characteristics of the priority populations reflect our commitment to reducing ethnic disparities in access. At least initially, about 50% of the FSP served will be white and 50% will be non-white, with priority to Native Americans, Latinos, individuals of mixed Native American/Latino heritage, and indigenous immigrants. Native American elders were identified as a very isolated, underserved/unserved group, as were monolingual Spanish-speaking elders.

c. **Identification of strategies.** All program strategies are chosen from the options provided in the Requirements. They are:

(i) Integrated service teams and planning with other agencies to meet OA complex needs, coordinated by the OA Specialist
(ii) Outreach to OA who are homeless, e.g., through the Senior Centers, or who are homebound, e.g., through home visits by Specialist, Peer Counselor, or Friendly Visitor
(iii) Peer-supportive services and client-run services, e.g., the expanded and enhanced Peer Counseling and Friendly Visitor Programs
(iv) Community cultural practices, integrated into the Specialist's work at the Senior Centers and with collaborative partners, including traditional healing, elder wisdom, etc., provided at the Senior Centers, tribal councils, rancherias, community centers, etc.
(v) Joint service planning with special services for seniors, e.g., Adult Multi-Disciplinary Team, Senior Law Project, Hospice, Senior Centers served (as Senior Centers have multi-disciplinary partners, including DSS, through the Area Agency on Aging)
(vi) Joint service planning with AODS to address unique OA/AOD issues
(vii) Transformative infrastructure and attitudinal change, e.g., stigma reduction through educating seniors and service providers on aging issues, OA mental health, etc. (Note: This approach also incorporates another strategy: education for primary care providers and other health care providers to increase coordination and integration of primary care, mental health, and other services for OA)

(viii) Self-directed services in which clients receive funds to pay for services/supports
(ix) Integrated services with ethnic-specific community-based organizations, e.g., Tribal Health
(x) Medication and medical supports, to provide stable medication regimes, reduce barriers to recovery arising from physical health conditions, and promote stable insurance coverage.
(xi) Transportation to and from services, as many older adults cannot drive or use public transportation
(xii) Crisis response services will be provided by GSD-01, including funds set aside for senior crisis transportation
(xiii) Housing services will be provided by GSD-03.

**d. Identification of funding types and age group(s) to be served by each strategy.** The funding used is FSP. All strategies will serve older adults.

**2. Describe in detail the proposed program and how that program advances the goals of the MHSA.**

FSP-04, *Older Adult Access and Resources*, addresses the unique needs of Lake County's older adults with serious mental illness. As discussed above, Lake County has a large population of older adults, with significant numbers in poverty or at risk of homelessness. Many are isolated, unable to drive, and have outlived many friends and family. Dedicating a program to this age group reflects the scope of local need. The MHSA-funded components of this program are:

(a) An Older Adult Mental Health Specialist flex position, which may be filled by either a Senior (licensed) Mental Health Specialist or a non-licensed Mental Health Specialist. A Senior Mental Health Specialist will be able to diagnose conditions and provide therapeutic services. A Mental Health Specialist will be able to rule out certain conditions and make referrals to a Senior Mental Health Specialist for diagnosis and treatment plans. Treatment plans may be implemented by Mental Health Specialists or trained peer counselors, as appropriate.

(b) Expanded peer counseling and friendly visiting programs;

(c) 25% of Dr. Segal's time.

The Older Adult Mental Health Specialist (OAMHS) will provide a broad range of services to this population. He or she will visit all of the senior centers to identify ways in which this program can be most useful. In addition, the OAMHS negotiate with the Highlands Senior Service Center in Clearlake (the "Highlands Center") to will hold regular office hours there. The Highlands Center is the largest Senior Center in the County and serves the largest senior population in the County. Other services are relatively convenient to this Senior Center, including the LCMH Southshore Clinic, the new Family Health Clinic, and the Community Action Agency. If the Highlands Center is

unavailable, the program will negotiate a comparable arrangement with a different senior center, prioritizing those serving the largest population.

At the chosen senior center, the OAMHS will be the single point of contact for older adults seeking services. He or she will engage in outreach and education to older adults to reduce the stigma still associated with seeking mental health assistance. Many older adults are still wary of taking "charity" or admitting weakness, especially if doing so could lead to institutionalization. The OAMHS will also make home visits to older adults who cannot come to the Center. The OAMHS will provide or coordinate training for Center staff and others serving seniors (e.g., Meals on Wheels drivers) on the recognition and reporting of elder abuse. We will pursue cross-training opportunities with AODS and other providers on issues such as substance abuse. Isolated and vulnerable consumers may be referred to the OAMHS by Center staff, other consumers worried about friends and neighbors, caregivers, Redwood Caregiver Resource Center, Senior Peer Counseling, Friendly Visitors, the Sheriff's "You Are Not Alone" caller program, or other sources.

The OAMHS will work with the older adults, Dr. Segal, caregivers, peer counselors, and other support services, as applicable and as acceptable to the client, to develop individual treatment plans. The OAMHS will coordinate case management for the FSP participants. The Older Adult Teams will link participants to other services, including housing support (which may be provided through GSD-03), integrated physical and mental health services (FSP-03), vocational rehabilitation (including independent living), employment, wellness activities, Adult Protective Services, Senior Law Project, In-Home Support Services, Redwood Resource Caregiver Program, and others. Such supports will help participants remain safely at home or transition to supportive housing in the least-restrictive setting consistent with their health and welfare.

The OAMHS will also hold medication education clinics, as proper medication use is a chronic problem for seniors. Seniors will be encouraged to bring in all of their medications and learn about contraindications, drug interactions, and side-effects. Seniors who need help with medication, insurance co-payments, or medical supplies can request help from this program's Medication Fund. The Medication Fund will be administered pursuant to the policies and procedures applied to the Wraparound Flexible Fund.

Dr. Segal will hold regular office hours at the chosen senior center. She will also work with Tribal Health, the Inter-Tribal Council of California, and the Tribal Councils to design strategies to better serve Native American elders with serious mental illness. We have allocated 25% of her time to this program, which is consistent with the percentage of older adults in the general population.

Finally, LCMH will enter into contracts to expand peer counseling and friendly visitor programs. These programs rely on a combination of trained volunteer peer counselors and friendly visitors. The volunteer peer counselors are typically non-judgmental, compassionate older adults who have dealt successfully with problems related to

mental illness and aging and/or have experience in the health care field. The volunteer peer counselors will receive extensive training and regular supervision. The friendly visitors will receive training in preventive health care, including the effects of isolation on the physical and mental health of older adults. Both the senior peer counselors and the friendly visitors will make home visits, overcoming the isolation that damages the mental health and well-being of so many older adults. These paraprofessionals will also be trained to recognize the signs and symptoms of drug and alcohol dependency in this population. Dual diagnosis older adults tend to be severely underserved because they drink or take drugs at home. No one sees them, so no one serves them. Expanded in-home contact by trained providers is expected to lead to increased identification of, and services to, this underserved group.

This program will be implemented in phases. During Year 1 (short year), the OAMHS will be hired and trained and the resources created. Once hired, the OAMHS will be in close contact with all six senior centers and other senior service providers to identify this population's most critical unmet needs and the most effective and efficient ways to meet them. During Year 1, as noted, LCMH will negotiate with the Highlands Center in Clearlake to hold regular office hours there to pilot test the proposed services. Assuming negotiations are successful, in Year 2 the OAMHS will then pilot test the proposed services at the Center. If not, an alternative senior center will be chosen, as discussed above. Once the program has been field-tested, we plan to extend it to at least one other senior center. The second location will be chosen based on a combination of factors, including: (a) geographic diversity; (b) staff and client enthusiasm for the program; (c) number of older adults who can be served; and (d) support from other stakeholder groups.

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

This program is not a direct provider of housing or employment services. Housing assistance will be provided through GSD-03. Employment assistance may be provided via referrals coordinated by the OAMHS and the case management teams.

**4. Average cost for each FSP.**

We assumed that all older adult FSP participants will be served by this program. The average cost per FSP (all funding types and sources, i.e., total budget without revenue deduction) is: $1,740 in Year 1; $2,640 in Year 2; $2,197 in Year 3.

**5. How program advances goals of recovery for adults and resiliency for children.**

This program assumes that recovery is always possible, regardless of age. It provides services in a respectful, age-appropriate way. Mental illness is exacerbated by the isolation that affects so many Lake County older adults. They lose faith in their own capacity for self-efficacy. Without counterbalancing interests, the symptoms of their

mental illness can come to dominate their lives. Problematic medication interactions can complicate or even mimic serious mental illness. The aging brain requires specific therapeutic techniques, which can significantly advance recovery. This program focuses intensive integrated services on unserved and underserved older adults. Its blend of peer support, counseling, medication management, and psychiatric services, combined with an array of other supports, uses system of care principles to facilitate recovery.

**6. Expanding existing options.**

Only the peer counseling/friendly visitor component is based on existing options, i.e., an existing contracted provider. The MHSA will increase its investment in these services, specifically targeting older adults with serious mental illness.

**7. Services and supports provided by clients/family members.**

Older adults who achieve a stable recovery and are otherwise qualified and interested will be recruited for the peer counseling and friendly visitor programs. Both are paraprofessional programs, although many of the peer counselors have had professional degrees and experience. One crucial aspect of recovery is having something meaningful to do. For older adults, the loss of meaningful roles in the community is a known contributor to depression and other negative outcomes. Being able to help a peer and give back to the community strongly bolsters self-esteem and reinforces recovery.

**8. Collaboration strategies with other stakeholders.**

This is an intensively collaborative program, as it uses a system of care approach. Collaborations with other stakeholders include:

(a) *The Highlands Senior Service Center or other senior center.* This is a key stakeholder, as it will be the program's initial hub and pilot test site. The Center will provide office space, access to clients, meeting rooms, and other support to the OAMHS and program services. The proposed addition of other senior centers will expand this program's geographic coverage.

(b) *Senior Peer Counseling/Friendly Visitor Program.* This program is run by a non-profit under contract with LCMH. Please note that the contractor for the proposed expansion will be chosen through the County procurement process, typically an RFP for contracts of this scope.

(c) *Senior Law Project*, a local nonprofit which provides seniors with legal advice and representation on housing, fiduciary abuse, etc.

(d) *Lake County Victim/Witness Assistance Program*, which provides training for Senior Center staff, older adult clients, and other providers on elder abuse recognition and reporting, plus support and restitution for victims of crime

(e) *Department of Social Services* (Adult Protective Services, Public Guardian, In-Home Support Services, Medicare enrollment, Food Stamps)

(f) Other senior support providers, such as Linkages (serving 55-65 year-olds), the Multipurpose Senior Services Program (serving 65+), Redwood Caregiver Resource Program, and the other Senior Center.

**9. Cultural competence.**

Although most Lake County seniors are white, the population is changing. As noted, Native American elders were identified as a highly underserved group alienated from medical model mainstream service providers. ITCC has developed culturally competent approaches to working with this group. Dr. Segal's proposed services at Tribal Health and her willingness to engage with the tribes are both strategies recommended by the Stakeholders' Steering Committee and Native American representatives advising the planning process.

As the Latino population grows and ages, older adult services must be prepared to respond to an aging monolingual Spanish-speaking population. Outreach and engagement through the churches is a recognized strategy for serving both the Latino and African American populations, which we will pursue.

**10. Services will be sensitive to sexual orientation, gender-sensitive, and reflect the differing psychologies and needs of women and men, boys and girls.**

GLBT older adults are likely to have had to be very careful about disclosing sexual orientation and may still be reluctant to do so in front of peers, e.g., at a Senior Center. The OAMHS, senior peer counselors, and friendly visitors will all be trained to provide services appropriately and discreetly to this group.

Older men and women have psychological needs that combine issues of aging and gender. In addition, older women are more likely than older men to have outlived family and friends and to be poor. In addition, older women comprise a substantial percentage of intimate partner violence victims, despite the stereotype of the intimate partner violence victim as a young mother. Older adults of both sexes may be reluctant to seek help because they (reasonably) fear being institutionalized. These issues are age-specific challenges for the program.

**11. Services will be used to meet the needs of individuals residing out-of-County.**

This program is specifically designed to serve seniors residing in-County. Very few of LCMH's older adult clients are placed out-of-County. Of those in placement, the majority's most recent placements were made within the last 3-5 years. LCMH reviews placements at least twice each year for all clients and more often if clients, caregivers, or family members request it. Case managers are assigned to every facility used by LCMH. They will review every older adult in placement to determine if a return from placement will become feasible once this program is fully operational. Case managers will also refer older adults who return from placement to this program, if appropriate.

**12. Strategies not listed in Section IV.**

None.

**13. Time Line with Critical implementation Dates.**

| | |
|---|---|
| January 10, 2006 | Plan review, modification, and approval by BOS |
| January 13, 2006 | Plan submission to DMH |
| March, 2006 | DMH approval (estimate) |
| March 2006 | Older Adult Mental Health Specialist recruitment process begins |
| April 2006 | Hire, train, and assign Mental Health Specialist |
| July 2006 | Complete RFP bidding process;<br>Engage Senior Peer Counseling/Friendly Visitor Contractor |
| January 2007 | Phase 1 fully implemented at Highlands Senior Service Center or other senior center |
| July 2007 | Phase 2 fully implemented at 1-2 additional senior centers |

**14. Budget Requests.** See Exhibits 5a, 5b, and Budget Narratives.

**15. Quarterly Progress Report.** See Exhibit 6, pre-completed with estimated populations to be served.

## OE – 01: Community Outreach and Engagement

1. **Exhibit 4** is completed and attached at the end of this **Section**, as required.

a. **Brief description.** OE-01 is implemented in two phases. In Year 1, this program will engage contractor(s) to: (i) develop and fund a training program for all LCMH staff, contractors, agency partners, and primary care providers in culturally competent services, including traditional healing, alternative definitions of mental health, etc.; (ii) provide training for colleagues and the general community on cultural diversity and competence. In Year 2, this program will hire two .75 FTE Community Outreach Workers, at least one of whom will be fluent in Spanish. They will work as an Outreach Team in the field, visiting rancherias, tribal groups, vineyards, churches, and other places where isolated, underserved/unserved groups are concentrated and/or comfortable. They will provide information on LCMH services, but also on a wide range of other resources, will engage trusted community leaders with LCMH and the MHSA programs, and will provide direct, personal outreach to individuals. OE-01 is described in detail in the narrative responses to Questions 2-13, below.

b. **Age and situational characteristics of priority population.** OE-01 will serve all age groups. Its priority population consists of the ethnic, linguistic, and cultural minorities who are isolated from, and uncomfortable with, the medical model of health care services and delivery. Its initial focus will be on Native Americans, Latinos, individuals of mixed Native American/Latino heritage, and indigenous migrants. Over time, the Outreach Team may expand its services to the homeless and GLBT populations.

c. **Identification of strategies.** All program strategies are chosen from the options provided in the Requirements. They are:

(i) Culturally appropriate services, including training 100% of LCMH staff, plus staff of key collaborative partners, other service providers, contractors, and primary care providers. These trained individuals then provide culturally competent, sensitive, and appropriate services, leveraging the impact and capacity of MHSA funding to engage unserved/underserved groups
(ii) Community-specific cultural practices will be integrated into the organizational culture and practices of LCMH and its partners through the training component of this program and as the Outreach Workers engage trusted community leaders with LCMH
(iii) Ethnic-specific outreach strategies will be used to eliminate disparities in care; these strategies will be included in the training program and utilized by the Outreach Workers, e.g., platica y comida.
(iv) Outreach to older adults will be implemented both directly and through engagement of community service providers who are trained in culturally competent outreach to older adults, i.e., who are able to address aging within the context of an individual's cultural heritage.
(v) Transportation, to increase client access to resources

(vi) Medication and medical supports to reduce barriers to recovery and resiliency created by physical and other health issues
(vii) A small amount of flexible funding for clients to use for self-directed services and supports.

Translation and interpreter services are included to facilitate participation by the priority populations in OE-01. (Note: Most of the programs also include translation and interpreter services to facilitate participation by clients.)

**d. Identification of funding types and age group(s) to be served by each strategy.** The funding used is OE-01; about one-third is deemed to serve the FSP clients. All strategies will serve all four age groups. This program will have significant leveraged impact.

**2. Describe in detail the proposed program and how that program advances the goals of the MHSA.**

Program OE-01, Community Outreach and Engagement, addresses both the MHSA's and the community's overarching concern with culturally competency. The planning process confirmed that services must be culturally competent to be engaging and, therefore, accessible and utilized. Community outreach and engagement was seen as fundamental to the success of our first three-year MHSA plan. Therefore, the Stakeholders' Steering Committee chose to create a separate program to ensure consistent, dedicated attention to developing and implementing a wide range of engagement strategies. Over the next three years, this approach will institutionalize culturally competent, community-based outreach and engagement strategies within the mental health services system. The LCMH Cultural Competency Committee provided written support and guidance for [our] "commendable efforts to fulfill the goal of addressing the needs of the unserved and underserved in our community."

This program is straightforward. It will be implemented in two phases: (a) training in Year 1; and (b) community outreach provided by two .75 FTE community outreach workers. In Year 1, LCMH will engage cultural competency contractors who will: (a) develop an array of engagement strategies that speak to our various communities, using personal contacts, traditional medicine, spiritual balance, shamanic traditions and healers, and the like; (b) develop and fund a training program for all LCMH staff, contractors, and agency partners in the provision of culturally competent services; and (c) provide training for colleagues and the general community on cultural diversity and competence.

Throughout the program, outreach and engagement will occur in multiple venues and with multiple partners, as determined by the preferences of the groups we seek to serve. Identified resources include: Inter-Tribal Council of California, Tribal Health, Tribal Councils, California Human Development Corporation, the Lake County Chapter of the NAACP, and churches. We intend to use media, especially radio (including

Spanish-speaking stations). KPFZ, the Lake County Community Radio Station, holds call-in shows on a wide range of topics; the program contractor(s) and the LCMH Director will be guests. LCMH's Director will also meet with the leaders of various communities, as defined by those communities, to establish positive, personal relationships. The Native American, Latino, and indigenous migrant cultures are cultures of affiliation. Personal relationships with key leaders are essential to build trust and create access into these communities.

Universal training is an investment in cultural competency at multiple levels: (a) the organizational culture level; and (b) within the LCMH staff and staff at partner agencies. Participants throughout the mental health services system will learn to use the same concepts, practices, and skills. Our goal for this program is to create a system in which clients will receive sensitive, culturally-appropriate services, regardless of their portal of entry.

Cultural competence ranges from proper modes of address, body language, eye contact, linguistic issues (e.g., some cultures lack concepts of either mental illness or recovery) to racial and gender differences in medication metabolism. Each group's cultural experience is an important contributor to its perception of mainstream services. For example, the Lake County Pomo have a recent and bitter heritage of forced relocation, violence, and extreme poverty which has led to anger and distrust of the mainstream, making working relationships difficult to establish. The local Native American community is increasingly diverse, as noted above, which poses an additional challenge. Indigenous migrants from Mexico, Central, and South America each have their own unique cultural experiences and structures. The fast-growing Latino community is becoming a major political and cultural force. The flow of African Americans into Lake County creates another cultural challenge. Most are from urban areas (Bay Area, Oakland/Richmond, Los Angeles, etc.). Individuals whose life experience is solely urban suffer culture shock when their experience and expectations (e.g., round-the-clock bus services, a broad and deep array of resources) are transplanted to a rural environment. Phase 1's training activities will integrate cultural competency into every MHSA strategy and activity.

Phase 2 adopts the proposal of the LCMH Cultural Competency Committee for two Community Outreach Workers who will spend most of their time in the field. Initially, they will focus on engaging the Native American, Latino, and indigenous migrant populations. Tribal Health's "Reach Out" program, which relies on outreach workers, has exceeded all expectations in reaching the Native American and Hispanic communities.

Our Outreach Workers will, operating as an Outreach Team:

(a) Spend most of their time in the field, e.g., at schools, the rancherias, Indian events, Farmworker events, the fields, orchards, vineyards, health clinics, parenting groups, the churches, and community events.

(b) Meet with key leaders in the communities to be served

(c) Carry brochures and other information about LCMH and community resources, such as Lake Family Resource Center, Tribal Health, AA and NA groups, etc.

(d) Share information, build individual rapport, make referrals, and follow-up

(e) Assist isolated/fearful/alienated consumers to make decisions about whether to utilize LCMH or other services, evaluate their own situations, participate in their own case plans, and to follow-through on their plans and the referrals received.

As the Outreach Team and the relationships it fosters become established, it may expand its efforts to other isolated and underserved groups, e.g., homeless and GLBT individuals.

The Outreach Workers will represent the MHSA and LCMH to these isolated communities. They will remedy the lack of trust which "inevitably prevents the most needy of our community from getting access to the desperately needed services" (Letter dated November 30, 2005 to Director Kelly from the LCMH Cultural Competency Committee). Their specific qualifications will include:

(a) Bilingual (Spanish-speaking), multi-cultural competence

(b) The ability to communicate with ease with the populations to be reached

(c) The ability to engender trust and confidence in the communities to be served

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

None, other than through referrals by the Outreach Team to GSD-03.

**4. Average cost for each FSP participant.** Although only one-third of the OE funding is allocated to FSP participants, all FSP participants will be affected, directly or indirectly, by this program. The average cost per FSP is low because all FSP participants are deemed served by this program. The cost per FSP (all funding types and sources, i.e., total budget without revenue deduction) is about: $98 in Year 1; $182 in Year 2; $178 in Year 3.

**5. How program advances the goals of recovery for adults and resiliency for children.**

This program creates the pre-conditions for the other MHSA services to be successful. To create opportunities to effectively assist children, TAY, adults, and older adults, the service system must meet them at least half-way, engaging them with resources that make sense to them, are respectful, and are "approved" by key leaders. This program uses proven approaches: (a) it works to ensure that diverse communities are aware of the full range and utility of services available to them; (b) it assists providers to design services properly, e.g., housing options include multi-generational or tribal elements; (c) it ensures that service providers have internalized the values and skills of cultural diversity; and (d) it fields trained, bi-lingual, multi-cultural Outreach Workers to develop trust so communities and individuals with use LCMH and other services . Finally, it recognizes that culturally competent services build on the internal resources fostered by a strong cultural heritage.

**6. Expanding existing options.**

This program creates a stable, dedicated resource that will partner with LCMH's active and engaged Cultural Competency Committee. This group has already promoted quality cultural competency training. The Committee's members include representatives from diverse communities, plus an LCMH staff member who is responsible for the LCMH cultural competency plan. This community advisory group will expand its focus to include MHSA programs as they are developed and implemented. The Committee will be able to provide valuable, candid feedback on how effective the MHSA's various outreach strategies are in the communities they represent. Working together, the Committee, the LCMH Director, and this program's contractors will test and modify strategies to create effective, credible outreach and engagement approaches for all of our MHSA programs.

**7. Services and supports provided by clients/family members.**

As noted, the Cultural Competency Committee will be a key partner in this program. Clients and family members from the other MHSA programs will be consulted through focus groups, key informant interviews, anonymous surveys, informal coffees, and community hospitality events. One model for such a hospitality event is the Latino tradition of "platica y comida". Platica is a very important tradition of formal, respectful, honest conversation introduced by the patriarch or matriarch, usually at the family dinner table. Each individual has the floor when addressed; all others listen. It is a polite time when families get to know one another and form bonds. One can "platica" at any time, but doing so with dinner (y comida) creates a special hospitality experience. The insights from all of these groups into how the MHSA is perceived by their communities and their personal experiences with it will be used to guide ongoing service design and delivery. Information learned from the MHSA will be shared with non-MHSA programs throughout the LCMH collaborative network.

**8. Collaboration strategies with other stakeholders.**

Other stakeholders include: (a) the LCMH Cultural Competency Committee and the constituencies represented by its members who will provide ongoing input. The Cultural Competency Committee has offered to assist with recruitment of the Outreach Workers and to serve on the hiring panels for them. Other stakeholders include agency partners, e.g., AODS, and the diverse communities to be served, e.g., the local tribes. Collaboration strategies include: (a) personal outreach and invitations by the LCMH Director to the agencies and community leaders: (b) personal outreach and connections among line staff from various agencies and clients served; (c) cooperative efforts with partner agencies which have similar mandates and are committed to reach unserved and underserved populations; and (d) extensive cross-training, which will promote collaboration.

**9. Cultural competence.**

This entire program is designed to identify and implement culturally competent strategies in all MHSA programs and throughout our collaborative stakeholder network.

**10. Services will be sensitive to sexual orientation, gender-sensitive, and reflect the differing psychologies and needs of women and men, boys and girls.**

The needs of all individuals for respect, meaningful activities and lives, physical safety, and spiritual integrity, as defined by their own belief systems, will be part of our overall MHSA program. No MHSA funds will be spent on activities, no matter how culturally competent, that violate these guiding principles.

**11. Services will be used to meet the needs of individuals residing out-of-County.**

Individuals residing out-of-County are priority targets for outreach and engagement. Some are likely to have been underserved or unserved, leading to placement in more restrictive environments. This program will ensure that individuals residing out-of County know about, and are comfortable with, MHSA services and how to engage with them. Creating such linkages will promote smooth transitions and stability as individuals return from out-of-County placements.

**12. Strategies not listed in Section IV.**

None.

**13. Time Line with Critical Implementation Dates.**

The Year 1 Time Line is provided below.

| | |
|---|---|
| January 10, 2006 | Plan review, modification, and approval by BOS |
| January 13, 2006 | Plan submission to DMH |
| March, 2006 | DMH approval (estimate) |
| Monthly, ongoing | Cultural Competency Committee meetings |
| March-July, 2006 | Initial outreach meetings between LCMH Director and community leaders; RFP issued for cultural competency contractor(s); Recruit, train, and assign Outreach Workers |
| July 2006 | Hire cultural competency contractors; Identify trainings for agencies, clients, & community; set up first semi-annual schedule; First cultural competency trainings underway; Outreach Workers begin services |

**14. Budget Requests.** See Exhibits 5a, 5b, and Budget Narrative.

**15. Quarterly Progress Report.** See Exhibit 6, pre-completed with estimated populations to be served

## Exhibit 2: COMMUNITY SERVICES AND SUPPORTS PROGRAM WORKPLAN LISTING

*Fiscal Year :* 2005-2006

| *County:* | | TOTAL FUNDS REQUESTED By Fund Type | | | | FUNDS REQUESTED By Age Group | | | |
|---|---|---|---|---|---|---|---|---|---|
| # | Program Work Plan Name | Full Service Partnerships | System Development | Outreach & Engagement | Total Request | Children, Youth, Families | Transition Age Youth | Adult | Older Adult |
| GSD-01 | Crisis Response Continuum | $ 85,020 | $ 93,269 | $ - | $ 178,289 | $ 26,743 | $ 17,829 | $ 89,145 | $ 44,572 |
| GSD-02 | TAY & Adult Consumer Self-Help Center | 54,360 | 126,840 | 0 | $ 181,200 | $ - | $ 90,600 | $ 90,600 | $ - |
| GSD-03 | Housing Development & Access | 18,122 | 54365 | | $ 72,487 | $ 19,571 | $ 18,122 | $ 18,122 | $ 16,672 |
| FSP-01 | Children's Wraparound | 55,090 | 0 | 0 | $ 55,090 | $ 55,090 | $ - | $ - | $ - |
| FSP-02 | Forensic Mental Health Partnership | 32,263 | 0 | 0 | $ 32,263 | $ 3,226 | $ 6,453 | $ 22,584 | $ - |
| FSP-03 | Integrated Physical & Mental | | | | $ - | | | | |
| | Health Services | 26,012 | 0 | 0 | $ 26,012 | $ - | $ 7,804 | $ 18,208 | $ - |
| FSP-04 | Older Adult Access & Resources | 43,501 | 0 | 0 | $ 43,501 | $ - | $ - | $ - | $ 43,501 |
| OE-01 | Community Outreach & | | | | $ - | | | | |
| | Engagement | 9,162 | 0 | 18325 | $ 27,487 | $ 6,871 | $ 6,872 | $ 6,872 | $ 6,872 |
| | | | | | $ - | | | | |
| | Administration | 47,900 | 47,898 | 47898 | $ 143,696 | $ 35,924 | $ 35,924 | $ 35,924 | $ 35,924 |
| | | | | | $ - | | | | |
| | | | | | $ - | | | | |
| | | | | | $ - | | | | |
| | | | | | $ - | | | | |
| | | | | | $ - | | | | |
| | | | | | $ - | | | | |
| | | | | | $ - | | | | |
| | | $ 371,430 | $ 322,372 | $ 66,223 | $ 760,025 | $ 147,425 | $ 183,604 | $ 281,455 | $ 147,541 |

## Exhibit 2: COMMUNITY SERVICES AND SUPPORTS PROGRAM WORKPLAN LISTING

*Fiscal Year :* 2006-2007

| *County:* | | TOTAL FUNDS REQUESTED By Fund Type | | | | FUNDS REQUESTED By Age Group | | | |
|---|---|---|---|---|---|---|---|---|---|
| # | Program Work Plan Name | Full Service Partnerships | System Development | Outreach & Engagement | Total Request | Children, Youth, Families | Transition Age Youth | Adult | Older Adult |
| GSD-01 | Crisis Response Continuum | $ 59,851 | $ 84,851 | $ - | $ 144,702 | $ 21,706 | $ 14,470 | $ 72,351 | $ 36,175 |
| GSD-02 | TAY & Adult Consumer Self-Help Center | 106,270 | 106,270 | 0 | $ 212,540 | $ - | $ 106,270 | $ 106,270 | $ - |
| GSD-03 | Housing Development & Access | 40,357 | 40,357 | 0 | $ 80,714 | $ 21,792 | $ 20,178 | $ 20,178 | $ 18,564 |
| FSP-01 | Children's Wraparound | 131,860 | 0 | 0 | $ 131,860 | $ 131,860 | $ - | $ - | $ - |
| FSP-02 | Forensic Mental Health Partnership | 39,839 | 0 | 0 | $ 39,839 | $ 3,984 | $ 7,968 | $ 27,887 | $ - |
| FSP-03 | Integrated Physical & Mental Health | | | | $ - | | | | |
| | Services | 20,026 | 0 | 0 | $ 20,026 | $ - | $ 6,008 | $ 14,018 | $ - |
| FSP-04 | Older Adult Access & Resources | 47,116 | 0 | 0 | $ 47,116 | $ - | $ - | $ - | $ 47,116 |
| OE-01 | Community Outreach & | | | | $ - | | | | |
| | Engagement | 26,326 | 0 | 52,651 | $ 78,977 | $ 11,847 | $ 15,795 | $ 11,847 | $ 39,488 |
| | | | | | $ - | | | | |
| | Administration | 16,618 | 16,617 | 16,617 | $ 49,852 | $ 12,463 | $ 12,463 | $ 12,463 | $ 12,463 |
| | | | | | $ - | | | | |
| | | | | | $ - | | | | |
| | | | | | $ - | | | | |
| | | | | | $ - | | | | |
| | | | | | $ - | | | | |
| | | $ 488,263 | $ 248,095 | $ 69,268 | $ 805,626 | $ 203,653 | $ 183,152 | $ 265,015 | $ 153,806 |

## Exhibit 2: COMMUNITY SERVICES AND SUPPORTS PROGRAM WORKPLAN LISTING

*Fiscal Year :* 2007-2008

| *County:* | | TOTAL FUNDS REQUESTED By Fund Type | | | | FUNDS REQUESTED By Age Group | | | |
|---|---|---|---|---|---|---|---|---|---|
| # | Program Work Plan Name | Full Service Partnerships | System Development | Outreach & Engagement | Total Request | Children, Youth, Families | Transition Age Youth | Adult | Older Adult |
| GSD-01 | Crisis Response Continuum | $ 59,732 | $ 84,731 | $ - | $ 144,463 | $ 21,669 | $ 14,446 | $ 72,232 | $ 36,116 |
| GSD-02 | TAY & Adult Consumer Self-Help Center | 96,187 | 96,187 | 0 | $ 192,374 | $ - | $ 96,187 | $ 96,187 | $ - |
| GSD-03 | Housing Development & Access | 41,413 | 41,414 | 0 | $ 82,827 | $ 20,707 | $ 20,707 | $ 20,707 | $ 20,706 |
| FSP-01 | Children's Wraparound | 135,013 | 0 | 0 | $ 135,013 | $ 135,013 | $ - | $ - | $ - |
| FSP-02 | Forensic Mental Health Partnership | 44,900 | 0 | 0 | $ 44,900 | $ 4,490 | $ 8,980 | $ 31,430 | $ - |
| FSP-03 | Integrated Physical & Mental Health | | | | $ - | $ - | | | $ - |
| | Services | 20,381 | 0 | 0 | $ 20,381 | $ - | $ 6,794 | $ 13,587 | $ - |
| FSP-04 | Older Adult Access & Resources | 50,551 | 0 | 0 | $ 50,551 | $ - | $ - | $ - | $ 50,551 |
| OE-01 | Community Outreach & | | | | $ - | | | | |
| | Engagement | 29,452 | 0 | 58,905 | $ 88,357 | $ 13,254 | $ 17,671 | $ 13,254 | $ 44,178 |
| | | | | | $ - | | | | |
| | Administration | 15,587 | 15,586 | 15,587 | $ 46,760 | $ 11,690 | $ 11,690 | $ 11,690 | $ 11,690 |
| | | | | | $ - | | | | |
| | | | | | $ - | | | | |
| | | | | | $ - | | | | |
| | | | | | $ - | | | | |
| | | | | | $ - | | | | |
| | | $ 493,216 | $ 237,918 | $ 74,492 | $ 805,626 | $ 206,823 | $ 176,475 | $ 259,087 | $ 163,241 |

## Exhibit 3
## Introduction and Explanatory Notes

The unserved percentages are calculated from the total unserved summarized in Table II.1, in **Part II, Section II**. The minimum total unserved is comprised of:

- The total projected individuals with serious mental illness/serious emotional disturbance based on Prevalence Table 2, less the total served by LCMH, calculated separately for each age group.
- The total projected homeless with serious mental illness/serious emotional disturbance, calculated separately for each age group.
- The total incarcerated, calculated separately for TAY, Adults, and Older Adults.

This is deemed a minimum number as several identified unserved populations could not be quantified, e.g., indigenous migrants. **Part II, Section II** describes the methodology used in more detail.

The minimum estimated unserved population is: 2005

The underserved percentages are calculated from the total underserved summarized in Chart A, in **Part II, Section II**. The total minimum underserved is: 695.

The total minimum estimated unserved and underserved is: 2,700

Due to rounding, the total populations of unserved + underserved FSP calculated by the percentages for each ethnic group are slightly less than the total FSP for Years 2 and 3, i.e., 144 and 164, respectively.

## EXHIBIT 3: FULL SERVICE PARTNERSHIP POPULATION – OVERVIEW

**Number of individuals to be fully served:**

**FY 2005-06: Children and Youth:** 8 **Transition Age Youth:** 10 **Adult:** 30 **Older Adult:** 20 **TOTAL:** 68

**FY 2006-07: Children and Youth:** 20 **Transition Age Youth:** 25 **Adult:** 60 **Older Adult:** 40 **TOTAL:** 145

**FY 2007-08: Children and Youth:** 30 **Transition Age Youth:** 25 **Adult:** 65 **Older Adult:** 45 **TOTAL:** 165

**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 | .01%% | 0 | .01% | 0 | .144% | 0 | .144% | 0 | .148% |
| % Asian Pacific Islander | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| % Latino | .22% | .11% | .22% | .11% | .65% | .325% | .65% | .325% | .5926% |
| % Native American | .12% | .06% | .12% | .06% | .36% | .18% | .36% | .18% | .444% |
| % White | .4% | 0 | .4% | 0 | 1.2% | 0 | 1.2% | 0 | 1.2% |
| % Other | .01% | 0 | .01% | 0 | .144% | 0 | .144% | 0 | .148% |
| Total Population | 17 | 3 | 17 | 3 | 17 | 3 | 17 | 3 | 68 |
| 2006/07 | | | | | | | | | |
| % African American | .19% | 0 | .19% | 0 | .28% | 0 | .28% | 0 | .296% |
| % Asian Pacific Islander | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| % Latino | .45% | .225% | .45% | .225% | 1.3% | .65% | 1.3% | .65% | 1.3% |
| % Native American | .27% | .135% | .27% | .135% | .8% | .4% | .8% | .4% | .74% |
| % White | .9% | 0 | .9% | 0 | 2.6% | 0 | 2.6% | 0 | 2.666% |
| % Other | .19% | 0 | .19% | 0 | .28% | 0 | .28% | 0 | .296% |
| Total Population | 36 | 7 | 36 | 7 | 36 | 6 | 36 | 6 | 145 |
| 2007/08 | | | | | | | | | |
| % African American | .1% | 0 | .1% | 0 | .28% | 0 | .28% | 0 | .2963% |
| % Asian Pacific Islander | 0 | \ 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| % Latino | .5% | .25% | .5% | .25% | 1.4% | .7% | 1.4% | .7% | 1.48% |
| % Native American | .3% | .15% | .3% | .15% | .86% | .43% | .86% | .43% | .8888% |
| % White | 1% | 0 | 1% | 0 | 3% | 0 | 3% | 0 | 3.11% |
| % Other | .1% | 0 | .1% | 0 | .28% | 0 | .28% | 0 | .2963% |
| Total Population | 41 | 8 | 41 | 8 | 41 | 8 | 41 | 8 | 165 |

## Exhibit 4

### Introduction

The following Work Plan Summaries were developed by listing the strategies provided in **Part II, Section IV** of the Requirements and then briefly describing the specific activities used to effectuate each strategy.

If the boxes under "Funding Type" are not checked for a particular strategy, then no program funds are being expended on that strategy. Some of the programs (e.g., GSD-01, Crisis Response Continuum) are serving as strategies for other programs and are listed as such with unchecked Funding Type boxes. As noted in Exhibit 3, the situational characteristics of the priority population reflect our commitment to reducing ethnic disparities in access to services. In general, the overall ethnic composition of the priority populations will be: 50% white and 50% non-white, prioritizing Native Americans, Latinos, individuals of mixed Native American/Latino heritage, and indigenous migrants.

Each program is described in detail in **Part II, Section VI**, as follows:


| **Program** | | **Page Number** |
|---|---|---|
| GSD-01: | Crisis Response Continuum ..... | 92 |
| GSD-02: | TAY and Adult Consumer Self-Help Center ..... | 99 |
| GSD-03: | Housing Development & Access ..... | 108 |
| FSP-01: | Children's Wraparound ..... | 115 |
| FSP-02: | Forensic Mental Health Partnership ..... | 123 |
| FSP-03: | Integrated Physical & Mental Health Services ..... | 129 |
| FSP-04: | Older Adult Access & Resources ..... | 135 |
| OE-01: | Community Outreach & Engagement ..... | 142 |

## EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY

| County: Lake | Fiscal Year: 05-06 | Program Work Plan Name: Crisis Response Continuum |
|---|---|---|
| Program Work Plan #: GSD-01 | | Estimated Start Date: March 1, 2006 |

| | |
|---|---|
| Description of Program:<br>*Describe how this program will help advance the goals of the Mental Health Services Act* | GSD-01 creates the capacity for LCMH to respond flexibly to mental health crises or imminent crises. This program: (i) creates a contractual access/crisis/warm line; (ii) adds crisis workers; (iii) creates an outpatient community-based crisis resolution option in non-hospital settings (iv) funds a contract for 7 dedicated beds at a voluntary crisis residential facility for stays of 2-4 weeks to prevent hospitalization and/or for transitions from locked facilities. It will reduce the long-term adverse impact of serious mental illness, while ensuring timely access to needed help for individuals in crisis or at risk of crisis. |
| Priority Population:<br>*Describe the situational characteristics of the priority population* | Individuals with serious mental illness or serious emotional disturbance (children) who are in crisis or are at risk of crisis and who will benefit from access to an array of options, from the personal warm line contacts for the less-acute issues through short-term voluntary placement at a the crisis residential facility. This program is a gateway to MHSA services for FSP clients, et al. |

| 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 |
| Access/crisis/warm line, staffed 24/7 with "live", trained responders | ☒ | ☒ | ☐ | ☒ | ☒ | ☒ | ☒ |
| Mobile crisis response, i.e., LCMH crisis workers who respond to the hospital or other setting, including non-traditional locations to promote cultural competency. The worker assesses the client, stabilizes the situation, calls the psychiatrist if necessary, coordinates placement, transports, and follows-up. | ☒ | ☒ | ☐ | ☒ | ☒ | ☒ | ☒ |
| Respite services, i.e., access to the 23-hour outpatient option. The crisis worker and client will leave the hospital and go to, e.g., a motel or other non-medical location, where the client will rest, shower, eat, discuss options, and wait for placement. | ☒ | ☒ | ☐ | ☒ | ☒ | ☒ | ☒ |
| Crisis and transitional residential facility: LCMH has 7 reserved beds at a new facility near Ukiah. Clients who need brief residential placement (2 weeks – 30 days) will be placed there, pending return to the community or transition to other placement or housing | ☒ | ☒ | ☐ | ☒ | ☒ | ☒ | ☒ |
| Crisis transportation for isolated seniors to promote access to these services. | ☒ | ☒ | ☐ | ☐ | ☐ | ☐ | ☒ |
| On-call psychiatric services, to be provided by Dr. Segal or other resources, as needed. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

## EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY

| County: Lake | Fiscal Year: 05-06 | Program Work Plan Name: TAY and Adult Consumer Self-Help Center |
|---|---|---|
| Program Work Plan #: GSD-02 | | Estimated Start Date: March 1, 2006 |

| | |
|---|---|
| Description of Program: *Describe how this program will help advance the goals of the Mental Health Services Act* | This program provides a welcoming, structured, and safe one-stop center, with separate areas for TAY and adults. The Center will create access to integrated resources (health, substance abuse, employment, mental health, housing), plus peer support, self-help groups, and meaningful recreational activities. It will be a friendly place for consumers to socialize. The Center is expected to be operated by a non-profit strongly oriented toward a client-directed model. MHSA goals include meaningful use of time and capabilities, supportive relationships, and recovery. |
| Priority Population: *Describe the situational characteristics of the priority population* | TAY and adults with serious mental illness as defined by the MHSA. |

| 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 "one-stop" center where essential health, substance abuse, employment, housing, and mental health services can be accessed; consumers will provide some staff | ☒ | ☒ | ☐ | ☐ | ☒ | ☒ | ☐ |
| Consumer (youth & adult) and family-run services, e.g., peer support & self-help groups | ☒ | ☒ | ☐ | ☐ | ☒ | ☒ | ☐ |
| Independent living classes (age-appropriate, i.e., separate classes for TAY and adults) | ☒ | ☒ | ☐ | ☐ | ☒ | ☒ | ☐ |
| Education support services, provided by LCOE, Workforce Investment Act, Community Colleges; computers with internet access available at the Center | ☒ | ☒ | ☐ | ☐ | ☒ | ☒ | ☐ |
| Recreation and social activities (consumers will be involved in planning & development via the TAY and Adult Advisory Councils), e.g., autobiography classes | ☒ | ☒ | ☐ | ☐ | ☒ | ☒ | ☐ |
| Supportive employment and other productive activities and personal growth opportunities, including development of job options and volunteer opportunities; housing and forensic mental health support provided on site (GSD-03, FSP-02) | ☒ | ☒ | ☐ | ☐ | ☒ | ☒ | ☐ |
| Ethnic-specific outreach strategies, culturally appropriate services, and community cultural practices will be available at the Center (OE-01) | ☒ | ☒ | ☐ | ☐ | ☒ | ☒ | ☐ |

## EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY

| County: Lake | Fiscal Year: 05-06 | Program Work Plan Name: Housing Development & Access |
|---|---|---|
| Program Work Plan #: GSD-03 | | Estimated Start Date: March 1, 2006 |

| | |
|---|---|
| Description of Program:<br>*Describe how this program will help advance the goals of the Mental Health Services Act* | In Year 1, this program will engage contractor(s) to: (i) inventory existing housing resources; (ii) research and develop a range of culturally-appropriate in-County housing options for MHSA clients; (iii) identify funding sources; (iv) involve potential landlords and developers; (v) support the Housing Collaborative; and (vi) generate a written plan. Seed money will be provided as match to develop housing in Clearlake. This program advances safe and adequate housing, supporting recovery. |
| Priority Population:<br>*Describe the situational characteristics of the priority population* | MHSA clients, both FSP and general clients, of all ages. Children will be served by stabilizing their family housing. Note: GSD funds will not be used for housing subsidies. |

| 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 |
| Development of housing options, e.g., supportive, transitional, permanent, and respite:<br>(i) one or more contractors will develop a written Housing Plan for LCMH<br>(ii) the Rural Communities Housing Development Corporation will develop supportive housing in the Clearlake area dedicated to LCMH clients. The proposed development is comparable to the existing facility in Lakeport, which serves 10-12 clients.<br>(iii) a Housing Collaborative will be formed and facilitated to coordinate housing options for LCMH clients, including the homeless. | ☒ | ☒ | ☐ | ☒ | ☒ | ☒ | ☒ |
| | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

## EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY

| County: Lake | Fiscal Year: 05-06 | Program Work Plan Name: Children's Wraparound |
|---|---|---|
| Program Work Plan #: FSP-01 | | Estimated Start Date: March 1, 2006 |

| | |
|---|---|
| Description of Program: *Describe how this program will help advance the goals of the Mental Health Services Act* | This program will restore wraparound activities in Lake County, including: (i) flexible funds to support wraparound services; (ii) planning for SB 163 to reduce out-of-home placements; (iii) two parent partners to assist parents to gain the support, resources, and skills to help their children and themselves. Dr. Segal will provide psychiatric services. This program advances resiliency, reduces placement, and supports Lake County's CSOC infrastructure. |
| Priority Population: *Describe the situational characteristics of the priority population* | Children with serious emotional disturbance and their parents, guardians, and family members, prioritizing children who are uninsured, under-insured, not eligible for Medi-Cal, and those who are homeless or in out-of-home placement or at risk of same. |

| 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 |
| Wraparound services: Psychiatric services, family support, and flexible funding to overcome barriers and promote resiliency, family strengthening, and the like | ☒ | ☐ | ☐ | ☒ | ☐ | ☐ | ☐ |
| CSOC infrastructure: the planning committee, IPRT, and written MOUs | ☒ | ☐ | ☐ | ☒ | ☐ | ☐ | ☐ |
| Cultural and gender-sensitive outreach and services at schools and other locations (OE-01) plus FSP-01 services provided at multiple locations, as needed (see below) | ☒ | ☐ | ☐ | ☒ | ☐ | ☐ | ☐ |
| Services and supports at school, in the community, and in the home, including development of an RFP process to identify a contractor to provide early mental health services in the schools | ☒ | ☐ | ☐ | ☒ | ☐ | ☐ | ☐ |
| Crisis services: Provided by GSD-01 (see Work Plan Summary, above) | ☐ | ☐ | ☐ | ☒ | ☐ | ☐ | ☐ |
| Integrated physical and mental health services, with referrals and follow-up to other providers, e.g., Redbud Family Health Clinic | ☒ | ☐ | ☐ | ☒ | ☐ | ☐ | ☐ |
| Parental mental health education: Parent Partners to assist parents to understand the mental health system, their role in their children's recovery, etc. | ☒ | ☐ | ☐ | ☒ | ☐ | ☐ | ☐ |
| Permanent supportive housing through GSD-03 (See Work Plan Summary, above); placement reduction through SB163 planning and implementation | ☐ | ☐ | ☐ | ☒ | ☐ | ☐ | ☐ |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Transportation | ☒ | ☐ | ☐ | ☒ | ☐ | ☐ | ☐ |
| Culture-based activities for children/youth and families, e.g. Native Americans | ☒ | ☐ | ☐ | ☒ | ☐ | ☐ | ☐ |
| Medication and medical supports: Assistance to maintain stable medication regime, overcome barriers arising from physical health conditions, and stable health insurance coverage | ☒ | ☐ | ☐ | ☒ | ☐ | ☐ | ☐ |

## EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY

| County: Lake | Fiscal Year: 05-06 | Program Work Plan Name: Forensic Mental Health Partnership |
|---|---|---|
| Program Work Plan #: FSP-02 | | Estimated Start Date: March 1, 2006 |

| | |
|---|---|
| Description of Program: *Describe how this program will help advance the goals of the Mental Health Services Act* | A Specialist will provide integrated services with law enforcement, the County Jail, the County Juvenile Hall, Probation, and the courts to provide: (i) pre-discharge/release planning; (ii) transitional support post-discharge/release; (iii) alternatives to jail (diversion) for those with serious mental illness; (iv) case management and linkages to support, e.g., housing, employment, education, etc. This program advances recovery, housing, and reduction in incarceration. |
| Priority Population: *Describe the situational characteristics of the priority population* | Children, TAY, and adults who are incarcerated or in the Juvenile Hall, with priorities for those who are uninsured or underinsured, homeless (upon release) or at risk of homelessness and/or out-of-home placement |

| 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 |
| Specialist to provide integrated services with law enforcement, the County Jail, the Juvenile Hall, the courts, and probation to provide pre-discharge/release planning , etc.. Specialist will: (i) meet with LCMH, Jail, and Juvenile Hall staff to identify potential clients; (ii) meet with such clients while they are still incarcerated to develop pre-release plans and options; (iii) meet with the IPRT to involve relevant partners, e.g., the school district of origin, etc. to obtain interagency commitment to the plan; (iv) meet with clients post-release to facilitate re-entry into community; (iv) meet with clients at the Center and elsewhere to provide follow-up; (v) refer clients to Housing Specialist for housing assistance; (vi) coordinate other follow-up activities. | ☒ | ☐ | ☐ | ☒ | ☒ | ☒ | ☐ |
| Medication and medical support to assist clients who are on medication to maintain an unbroken regime; preserve or obtain post-release insurance coverage | ☒ | ☐ | ☐ | ☒ | ☒ | ☒ | ☐ |
| Translation and interpreter services: To provide clients with written information in their home language; to provide clients with medically-accurate information during client interviews and meetings | ☒ | ☐ | ☐ | ☒ | ☒ | ☒ | ☐ |
| Transportation: To assist newly-released clients to connect with resources, e.g., Housing Specialist, Forensic Specialist, etc. | ☒ | ☐ | ☐ | ☒ | ☒ | ☒ | ☐ |
| Develop Mental Health diversion program with juvenile and criminal justice systems | ☒ | ☐ | ☐ | ☒ | ☒ | ☒ | ☐ |

## EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY

| County: Lake | Fiscal Year: 05-06 | Program Work Plan Name: Integrated Physical & Mental Health Services |
|---|---|---|
| Program Work Plan #: FSP-03 | | Estimated Start Date: March 1, 2006 |

| | |
|---|---|
| Description of Program:<br>*Describe how this program will help advance the goals of the Mental Health Services Act* | This program: (i) offers expert psychiatric consultation to primary care physicians to increase clients' access to mental health services in health care settings, creating inter-disciplinary coordinated services; and (ii) provides psychiatric services to underserved populations. It promotes culturally-competent services to underserved ethnic and isolated populations. |
| Priority Population:<br>*Describe the situational characteristics of the priority population* | TAY and Adults, prioritizing clients who are: (i) isolated, unserved or underserved, e.g., ethnic minorities; and/or (ii) uninsured, underinsured, or ineligible for Medi-Cal |

| 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 physical and mental health services, including co-location and collaboration: Dr. Segal will provide psychiatric services to TAY and adult clients, at home, in the community, at LCMH, at the Center, or other locations which are culturally acceptable, e.g., rancherias | ☒ | ☐ | ☐ | ☐ | ☒ | ☒ | ☐ |
| Education for primary care providers to increase coordination & integration, as primary care providers are key sources of referral and support clients as they pursue recovery | ☒ | ☐ | ☐ | ☐ | ☒ | ☒ | ☐ |
| Services to assist families supporting youth, e.g., flexible funding | ☒ | ☐ | ☐ | ☐ | ☒ | ☒ | ☐ |
| Self-directed services in which clients receive funds to pay for services/supports, using the flexible funding provided by this program | ☒ | ☐ | ☐ | ☐ | ☒ | ☒ | ☐ |
| Transportation is provided to overcome this barrier to accessing resources | ☒ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Medication and medication supports: provided for continuity of medication regime, elimination of barriers to recovery due to physical health issues, promoting access to services through stable insurance coverage | ☒ | ☐ | ☐ | ☐ | ☒ | ☒ | ☐ |
| Translation and interpreter services to facilitate access to culturally and linguistically competent services | ☒ | ☐ | ☐ | ☐ | ☒ | ☒ | ☐ |

## EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY

| County: Lake | Fiscal Year: 05-06 | Program Work Plan Name: Older Adult Access & Resources Program |
|---|---|---|
| Program Work Plan #: FSP-04 | | Estimated Start Date: March 1, 2006 |

| | |
|---|---|
| Description of Program:<br>*Describe how this program will help advance the goals of the Mental Health Services Act* | This program's Specialist will: (i) provide services at a senior center; (ii) make home visits; (iii) coordinate trainings on elder abuse and substance abuse; (iv) hold medication management sessions; (v) develop multi-agency service plans. Dr. Segal will provide psychiatric services; an independent contractor will expand peer counseling and friendly visitor programs. This program advances recovery, supportive relationships, timely access to help, and reduces institutionalization. |
| Priority Population:<br>*Describe the situational characteristics of the priority population* | Older adults, prioritizing: (i) isolated older adults (OA), especially ethnic minorities; (ii) those at risk of homelessness or institutionalization due to loss of capacity to live independently. |

| 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 service teams and planning with other agencies to meet OA complex needs | ☒ | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ |
| Outreach to OA who are homeless, e.g., through senior centers, or in the home through home visits by Specialist, Peer Counselors, Friendly Visitors | ☒ | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ |
| Education for client and family/caregivers on medications, side effects, etc. provided by Specialist at Senior Centers | ☒ | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ |
| Peer-supportive services and client-run services, e.g., Peer Counseling/Friendly Visitor program | ☒ | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ |
| Community cultural practices, e.g., linkages to traditional healing, elder wisdom, etc. provided at the Senior Centers, tribal councils, rancherias, community centers, etc. | ☒ | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ |
| Joint service planning with special services for seniors, e.g., Adult Multi-Disciplinary Team, Senior Law Project, Senior Centers (which have multi-disciplinary partners), AODS to address unique OA issues, et al. | ☒ | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ |
| Transformative infrastructure and attitudinal change, e.g., stigma reduction through educating seniors and service providers on aging issues, older adult mental health, etc. | ☒ | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ |
| Transportation to facilitate access to, and utilization of, services | ☒ | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ |
| Self-directed services in which clients receive funds to pay for services/supports | ☒ | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Integrated services with ethnic-specific community-based organizations | ☒ | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ |
| Crisis services and housing provided through GSD-01 and GSD-03. GSD-01 has funding set aside for senior crisis transport | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Medication and medical supports: To provide stable medication regime, reduce barriers to recovery due to physical health conditions, and promote stable insurance coverage | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

## EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY

| County: Lake | Fiscal Year: 05-06 | Program Work Plan Name: Community Outreach & Engagement |
|---|---|---|
| Program Work Plan #: OE-01 | | Estimated Start Date: March 1, 2006 |

| | |
|---|---|
| Description of Program: *Describe how this program will help advance the goals of the Mental Health Services Act* | In Year 1, this program will engage contractor(s) to: (i) develop and fund a training program for all LCMH staff, contractors, agency partners, and primary care providers in culturally competent services, including understanding traditional healing; and (ii) provide training for colleagues and the general community on cultural diversity and competence. This program eliminates barriers to racial/ethnic communities and creates culturally and linguistically competent services. |
| Priority Population: *Describe the situational characteristics of the priority population* | The priority population consists of ethnic, linguistic, and cultural minorities who are isolated from, and uncomfortable with medical model health care services and delivery, with a special focus on Native American elders, Latinos, individuals of mixed Native American/Latino heritage, and indigenous migrants. |

| 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 |
| Culturally appropriate services to reach persons of racial/ethnic cultures: Training 100% of LCMH staff, plus staff of key collaborative partners, other service providers, contractors, and primary care providers, who then provide culturally competent services, leveraging the impact of MHSA funding. | ☒ | ☐ | ☒ | ☒ | ☒ | ☒ | ☒ |
| Community-specific cultural practices, e.g., traditional practitioners, etc., who will be incorporated into the trainings offered as trainers and as identified local resources | ☒ | ☐ | ☒ | ☒ | ☒ | ☒ | ☒ |
| Ethnic-specific outreach strategies to eliminate disparities in care: Included in the training program with practicum where feasible | ☒ | ☐ | ☒ | ☒ | ☒ | ☒ | ☒ |
| Outreach to older adults through community service providers who are trained in culturally competent outreach to all older adults, with emphasis on those in the targeted ethnic communities, e.g., Native American and Latino elders | ☒ | ☐ | ☒ | ☒ | ☒ | ☒ | ☒ |
| | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

## EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY

| County: Lake | Fiscal Year: 06-07 | Program Work Plan Name: Crisis Response Continuum |
|---|---|---|
| Program Work Plan #: GSD-01 | | Estimated Start Date: July 1, 2006 |

| | |
|---|---|
| Description of Program:<br>*Describe how this program will help advance the goals of the Mental Health Services Act* | GSD-01 creates the capacity for LCMH to respond flexibly to mental health crises or imminent crises. This program: (i) creates a contractual access/crisis/warm line; (ii) adds crisis workers; (iii) creates an outpatient community-based crisis resolution option in non-hospital settings (iv) funds a contract for 7 dedicated beds at a voluntary crisis residential facility for stays of 2-4 weeks to prevent hospitalization and/or for transitions from locked facilities. It will reduce the long-term adverse impact of serious mental illness, while ensuring timely access to needed help for individuals in crisis or at risk of crisis. |
| Priority Population:<br>*Describe the situational characteristics of the priority population* | Individuals with serious mental illness or serious emotional disturbance (children) who are in crisis or are at risk of crisis and who will benefit from access to an array of options, from the personal warm line contacts for the less-acute issues through short-term voluntary placement at a the crisis residential facility. This program is a gateway to MHSA services for future FSP clients. |

| 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 |
| Access/crisis/warm line staffed 24/7 by "live" trained responders | ☒ | ☒ | ☐ | ☒ | ☒ | ☒ | ☒ |
| Mobile crisis response, i.e., LCMH crisis workers who respond to the hospital or other setting, including non-traditional locations to promote cultural competency. The workers assess the client, stabilize the situation, call the psychiatrist if necessary, coordinate placement, transport, and follow-up | ☒ | ☒ | ☐ | ☒ | ☒ | ☒ | ☒ |
| Respite services, i.e., access to the 23-hour outpatient option. The crisis workers and client will leave the hospital and go to, e.g., a motel or other non-medical location, where the client will rest, shower, eat, discuss options, and wait for placement | ☒ | ☒ | ☐ | ☒ | ☒ | ☒ | ☒ |
| Crisis and transitional residential facility: LCMH has 7 dedicated beds at a new facility near Ukiah. Clients who need brief residential placement (2 weeks – 30 days) will be placed there, pending return to the community or transition to placement or housing | ☒ | ☒ | ☐ | ☒ | ☒ | ☒ | ☒ |
| Crisis transportation for isolated seniors to promote access to these services | ☒ | ☒ | ☐ | ☐ | ☐ | ☐ | ☒ |
| On-call psychiatric services, to be provided by Dr. Segal or other resources, as needed | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

## EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY

| County: Lake | Fiscal Year: 06-07 | Program Work Plan Name: TAY and Adult Consumer Self-Help Center |
|---|---|---|
| Program Work Plan #: GSD-02 | | Estimated Start Date: July 1, 2006 |

| | |
|---|---|
| Description of Program: *Describe how this program will help advance the goals of the Mental Health Services Act* | This program provides a welcoming, structured, and safe one-stop center, with separate areas for TAY and adults. The Center will create access to integrated resources (health, substance abuse, employment, mental health, housing), plus peer support, self-help groups, and meaningful recreational activities. It will be a friendly place for consumers to socialize. The Center is expected to be operated by a non-profit strongly oriented toward a client-directed model. MHSA goals include meaningful use of time and capabilities, supportive relationships, and recovery. |
| Priority Population: *Describe the situational characteristics of the priority population* | TAY and adults with serious mental illness as defined by the MHSA; some will be FSP clients |

| 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 "one-stop" center where essential health, substance abuse, employment, housing, and mental health services can be accessed; consumers will provide some staff | ☒ | ☒ | ☐ | ☐ | ☒ | ☒ | ☐ |
| Consumer (youth & adult) and family-run services, e.g., peer support & self-help groups | ☒ | ☒ | ☐ | ☐ | ☒ | ☒ | ☐ |
| Independent living classes (age-appropriate, i.e., separate classes for TAY and adults) | ☒ | ☒ | ☐ | ☐ | ☒ | ☒ | ☐ |
| Education support services, provided by LCOE, Workforce Investment Act, Community Colleges; computers with internet access available at Center | ☒ | ☒ | ☐ | ☐ | ☒ | ☒ | ☐ |
| Recreation and social activities (consumers will be involved in planning & development via the TAY and Adult Advisory Councils), e.g., autobiography classes | ☒ | ☒ | ☐ | ☐ | ☒ | ☒ | ☐ |
| Supportive employment and other productive activities and personal growth opportunities, including development of job options and volunteer opportunities; housing and forensic mental health support provided on-site (GSD-01, FSP-02) | ☒ | ☒ | ☐ | ☐ | ☒ | ☒ | ☐ |
| Ethnic-specific outreach strategies, culturally appropriate services, and community cultural practices will be available at the Center (OE-01) | ☒ | ☒ | ☐ | ☐ | ☒ | ☒ | ☐ |

## EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY

| County: Lake | Fiscal Year: 06-07 | Program Work Plan Name: Housing Development & Access |
|---|---|---|
| Program Work Plan #: GSD-03 | | Estimated Start Date: July 1, 2006 |

| | |
|---|---|
| Description of Program: *Describe how this program will help advance the goals of the Mental Health Services Act* | In Year 2, this program will hire a full-time Housing Specialist to implement the Plan developed in Year 1. The Specialist will work with MHSA case managers and specialists to. |
| Priority Population: *Describe the situational characteristics of the priority population* | MHSA clients, both FSP and general clients, of all ages, including the families of children served. Note: GSD funds will not be used for housing subsidies. |

| 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 |
| Development of housing options, e.g., supportive, transitional, permanent, and respite: Specialist will be responsible for effectuating Housing Plan developed in Year 1 | ☒ | ☒ | ☐ | ☒ | ☒ | ☒ | ☒ |
| Provision of housing, e.g., supportive housing, both site-based and scattered: Specialist will be the single-point-of-contact for landlords, developers, LCMH case managers, and other stakeholders, matching resources to needs. The Specialist will work closely with case managers to assist them to place clients in the most appropriate housing. | ☒ | ☒ | ☐ | ☒ | ☒ | ☒ | ☒ |
| Culturally-appropriate options, e.g., family-style housing, housing on tribal lands, etc. to create environments that facilitate recovery by honoring cultural heritage | ☒ | ☒ | ☐ | ☒ | ☒ | ☒ | ☒ |
| Employment support: The program will develop on-site employment opportunities, as determined by the needs, skills, and interests of clients, e.g., landscaping, bicycle repair, etc. Clients will have the opportunity to learn maintenance and other skills, developing job-related experience and resumes. | ☒ | ☒ | ☐ | ☒ | ☒ | ☒ | ☒ |
| Crisis residential housing is available through GSD-01 | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

## EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY

| County: Lake | Fiscal Year: 06-07 | Program Work Plan Name: Children's System of Care |
|---|---|---|
| Program Work Plan #: FSP-01 | | Estimated Start Date: July 1, 2006 |

| | |
|---|---|
| Description of Program: *Describe how this program will help advance the goals of the Mental Health Services Act* | This program will continue Year 1's wraparound activities, including: (i) flexible funds to support wraparound services; (ii) a one-year seed money grant to offer a primary intervention program (PIP) in high-need elementary schools; (iii) two parent partners to assist parents to gain the support, resources, and skills to help their children and themselves. Dr. Segal will provide psychiatric services. This program advances resiliency, reduces placement, and will stabilize Lake County's CSOC infrastructure. |
| Priority Population: *Describe the situational characteristics of the priority population* | Children with serious emotional disturbance and their parents, guardians, and family members, prioritizing children who are uninsured, under-insured, not eligible for Medi-Cal, and those who are homeless or in out-of-home placement or at risk of same. |

| 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 |
| Wraparound services: Psychiatric services, family support, and flexible funding to overcome barriers and promote resiliency, family strengthening, etc. | ☒ | ☐ | ☐ | ☒ | ☐ | ☐ | ☐ |
| CSOC infrastructure, including the planning committee, IPRT, and MOUs | ☒ | ☐ | ☐ | ☒ | ☐ | ☐ | ☐ |
| Cultural and gender-sensitive outreach and services at schools and other locations, supported by OE-01 | ☒ | ☐ | ☐ | ☒ | ☐ | ☐ | ☐ |
| Services and supports at school, in the community, and in the home; early mental health services provided by contractor at 3-4 prioritized elementary schools | ☒ | ☐ | ☐ | ☒ | ☐ | ☐ | ☐ |
| Crisis services through GSD-01 (see Work Plan Summary, above) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Integrated physical and mental health services, with referrals and follow-up to other providers, e.g., Redbud Family Health Clinic | ☒ | ☐ | ☐ | ☒ | ☐ | ☐ | ☐ |
| Parental mental health education: Parent Partners to assist parents to understand the mental health system, their role in their children's recovery, etc. | ☒ | ☐ | ☐ | ☒ | ☐ | ☐ | ☐ |
| Permanent supportive housing through GSD-03 (See Work Plan Summary, above); placement reduction through SB 163 implementation | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Transportation | ☒ | ☐ | ☐ | ☒ | ☐ | ☐ | ☐ |
| Culture-based activities for children/youth and families, e.g. Native Americans | ☒ | ☐ | ☐ | ☒ | ☐ | ☐ | ☐ |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Medication and medication support: Assistance to maintain stable medication regime, overcome barriers arising from physical health conditions, and stable health insurance coverage | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

## EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY

| County: Lake | Fiscal Year: 06-07 | Program Work Plan Name: Forensic Mental Health Partnership |
|---|---|---|
| Program Work Plan #: FSP-02 | | Estimated Start Date: July 1, 2006 |

| | |
|---|---|
| Description of Program: *Describe how this program will help advance the goals of the Mental Health Services Act* | A Specialist will provide integrated services with law enforcement, the County Jail, the County Juvenile Hall, probation, and the courts to provide: (i) pre-discharge/release planning; (ii) transitional support post-discharge/release; (iii) alternatives to jail (diversion) for those with serious mental illness; (iv) case management and linkages to support, e.g., housing, employment, education, etc. This program advances recovery, housing, and reduction in incarceration. |
| Priority Population: *Describe the situational characteristics of the priority population* | Children, TAY, and adults who are incarcerated or in the Juvenile Hall, with priorities for those who are uninsured or underinsured, homeless (upon release) or at risk of homelessness and/or out-of-home placement |

| 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 |
| Specialist to provide integrated services with law enforcement, the County Jail, the Juvenile Hall, the courts, and probation to provide pre-discharge/release planning , etc.. Specialist will: (i) meet with LCMH, Jail, and Juvenile Hall staff to identify potential clients; (ii) meet with such clients while they are still incarcerated to develop pre-release plans and options; (iii) meet with the IPRT to involve relevant partners, e.g., the school district of origin, etc. to obtain interagency commitment to the plan; (iv) meet with clients post-release to facilitate re-entry into community; (iv) meet with clients at the Center and elsewhere to provide follow-up; (v) refer clients to Housing Specialist for housing assistance; (vi) coordinate other follow-up activities. | ☒ | ☐ | ☐ | ☒ | ☒ | ☒ | ☐ |
| Medication and medical support to assist clients who are on medication to maintain an unbroken regime; preserve or obtain post-release insurance coverage | ☒ | ☐ | ☐ | ☒ | ☒ | ☒ | ☐ |
| Translation and interpreter services: To provide clients with written information in their home language; to provide clients with medically-accurate information during client interviews and meetings | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Transportation: To assist newly-released clients to connect with resources, e.g., Housing Specialist, Forensic Specialist, etc. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Develop Mental Health diversion program with juvenile and criminal justice systems | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

| Housing: Provided through GSD-03 | | | | | | | |
|---|---|---|---|---|---|---|---|
| | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

## EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY

| County: Lake | Fiscal Year: 06-07 | Program Work Plan Name: Integrated Physical & Mental Health Services |
|---|---|---|
| Program Work Plan #: FSP-03 | | Estimated Start Date: July 1, 2006 |

| | |
|---|---|
| Description of Program: *Describe how this program will help advance the goals of the Mental Health Services Act* | This program: (i) offers expert psychiatric consultation to primary care physicians to increase clients' access to mental health services in health care settings, creating inter-disciplinary coordinated services; and (ii) provides psychiatric services to underserved populations. It promotes culturally-competent services to underserved ethnic and isolated populations. |
| Priority Population: *Describe the situational characteristics of the priority population* | TAY and Adults, prioritizing clients who are: (i) isolated, unserved or underserved, e.g., ethnic minorities; and/or (ii) uninsured, underinsured, or ineligible for Medi-Cal |

| 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 physical and mental health services, including co-location and collaboration; Dr. Segal will provide psychiatric services to TAY and adult clients, at home, in the community, at LCMH, at the Center, or other locations which are culturally acceptable, e.g., the rancherias | ☒ | ☐ | ☐ | ☐ | ☒ | ☒ | ☐ |
| Education for primary care providers to increase coordination & integration, as primary care providers are key sources of referral and support clients as they pursue recovery | ☒ | ☐ | ☐ | ☐ | ☒ | ☒ | ☐ |
| Services to assist families supporting youth, e.g., flexible funding, Housing | ☒ | ☐ | ☐ | ☐ | ☒ | ☒ | ☐ |
| Self-directed services in which clients receive funds to pay for services/supports, using the flexible funding provided by this program | ☒ | ☐ | ☐ | ☐ | ☒ | ☒ | ☐ |
| Transportation is provided to overcome this barrier to accessing resources | ☒ | ☐ | ☐ | ☐ | ☒ | ☒ | ☐ |
| Medication and medication supports: Provided to promote continuity of medication regime, elimination of barriers to recovery due to physical health issues, increasing access to services through stable insurance coverage | ☒ | ☐ | ☐ | ☐ | ☒ | ☒ | ☐ |
| Translation and interpreter services provided to facilitate access to culturally and linguistically competent services | ☒ | ☐ | ☐ | ☐ | ☒ | ☒ | ☐ |
| | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

## EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY

| County: Lake | Fiscal Year: 06-07 | Program Work Plan Name: Older Adult Access & Resources Program |
|---|---|---|
| Program Work Plan #: FSP-04 | | Estimated Start Date: July 1, 2006 |

| | |
|---|---|
| Description of Program:<br>*Describe how this program will help advance the goals of the Mental Health Services Act* | This program will hire a full-time Specialist to: (i) provide services at a senior center; (ii) make home visits; (iii) coordinate trainings on elder abuse and substance abuse; (iv) hold medication management sessions; (v) develop multi-agency service plans. Dr. Segal will provide psychiatric services. An independent contractor will expand the Peer Counseling and Friendly Visitor programs. This program advances recovery, supportive relationships, timely access to help, and reduces institutionalization. |
| Priority Population:<br>*Describe the situational characteristics of the priority population* | Older adults, prioritizing: (i) isolated seniors, especially ethnic minorities; (ii) those at risk of homelessness or institutionalization due to loss of capacity to live independently. |

| 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 service teams and planning with other agencies to meet OA complex needs | ☒ | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ |
| Outreach to older adults who are homeless, e.g., through senior centers, or in the home through home visits by Specialist, Peer Counselors, Friendly Visitors | ☒ | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ |
| Education for client and family/caregivers on medications, side effects, etc., provided by Specialist at Senior Centers | ☒ | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ |
| Peer-supportive services and client-run services, e.g., Peer Counseling/Friendly Visitors | ☒ | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ |
| Community cultural practices, e.g., linkages to traditional healing, elder wisdom, etc. provided at the Senior Centers, Tribal Councils, rancherias, community centers, etc. | ☒ | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ |
| Joint service planning with special services for seniors, e.g., Adult Multi-Disciplinary Team, Senior Law Project, Senior Centers (which have multi-disciplinary partners), AODS, et al., to address unique OA issues | ☒ | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ |
| Transformative infrastructure and attitudinal change, e.g., stigma reduction through educating OA and service providers on aging issues, OA mental health, etc. | ☒ | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Transportation to facilitate access to, and utilization of, services | ☒ | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ |
| Self-directed services in which clients receive funds to pay for services/supports | ☒ | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ |
| Integrated services with ethnic-specific community-based organizations | ☒ | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ |
| Crisis services and housing provided through GSD-01 and GSD-03. GSD-01 has funding set aside for senior crisis transport | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Medication and medical supports: To provide stable medication regime, reduce barriers to recovery due to physical health conditions, and promote stable insurance coverage | ☒ | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ |

## EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY

| County: Lake | Fiscal Year: 06-07 | Program Work Plan Name: Community Outreach & Engagement |
|---|---|---|
| Program Work Plan #: OE-01 | | Estimated Start Date: July 1, 2006 |

| | |
|---|---|
| Description of Program:<br>*Describe how this program will help advance the goals of the Mental Health Services Act* | In Year 2, this program will hire two multi-cultural community outreach workers, one of whom will be bilingual Spanish-speaking, to: (i) engage the culturally, linguistically, and geographically isolated Native American, indigenous migrant, and Latino populations; (ii) provide outreach at, e.g., rancherias, vineyards, health clinics, churches, etc. They will provide education, support, linkages, referrals, and follow-up. This program eliminates barriers to racial/ethnic communities and creates culturally and linguistically competent services. |
| Priority Population:<br>*Describe the situational characteristics of the priority population* | The priority population consists of ethnic, linguistic, and cultural minorities who are isolated from, and uncomfortable with medical model health care services and delivery, with a special focus on Native American elders, indigenous migrants, and Latinos. |

| 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 |
| Culturally appropriate services to reach persons of racial/ethnic cultures; The Outreach Workers will go into the field and meet with community leaders, traditional practitioners, and potential clients at rancherias, churches, vineyards, etc. | ☒ | ☐ | ☒ | ☒ | ☒ | ☒ | ☒ |
| Community-specific cultural practices, e.g., traditional practitioners, etc.: Outreach Team, trainers, Cultural Competency Committee will integrate these resources into case plans, trainings, resources | ☒ | ☐ | ☒ | ☒ | ☒ | ☒ | ☒ |
| Ethnic-specific outreach strategies to eliminate disparities in care: Outreach Workers will utilize such strategies to engage isolated, underserved, unserved, alienated clients | ☒ | ☐ | ☒ | ☒ | ☒ | ☒ | ☒ |
| Outreach to older adults: Outreach Workers will work with directly with community service providers and groups to engage isolated OA, prioritizing the groups listed above; Outreach Workers will support FSP-04 Specialist | ☒ | ☐ | ☒ | ☐ | ☐ | ☐ | ☒ |
| Translation and interpreter services: To provide clients with written information in their home language; to provide clients with medically-accurate information during client interviews and meetings | ☒ | ☐ | ☒ | ☒ | ☒ | ☒ | ☒ |
| Medication and medical supports: Assistance to maintain medication regime, overcome barriers arising from physical health conditions, and stabilize health | ☒ | ☐ | ☒ | ☒ | ☒ | ☒ | ☒ |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| insurance coverage | | | | | | | |
| Transportation: Assist clients to access and utilize services, especially important for isolated Native American elders, Latinos, indigenous migrants, and the homeless | ☒ | ☐ | ☒ | ☒ | ☒ | ☒ | ☒ |
| Other support: Flexible funding to assist clients to overcome barriers to recovery via private, shame-free, client-directed resource | ☒ | ☐ | ☒ | ☒ | ☒ | ☒ | ☒ |
| | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

## EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY

| County: Lake | Fiscal Year: 07-08 | Program Work Plan Name: Crisis Response Continuum |
|---|---|---|
| Program Work Plan #: GSD-01 | | Estimated Start Date: July 1, 2007 |

| | |
|---|---|
| Description of Program: *Describe how this program will help advance the goals of the Mental Health Services Act* | GSD-01 creates the capacity for LCMH to respond flexibly to mental health crises or imminent crises. This program: (i) creates a contractual access/crisis/warm line; (ii) adds crisis workers; (iii) creates an outpatient community-based crisis resolution option in non-hospital settings (iv) funds a contract for 7 dedicated beds at a voluntary crisis residential facility for stays of 2-4 weeks to prevent hospitalization and/or for transitions from locked facilities. It will reduce the long-term adverse impact of serious mental illness, while ensuring timely access to needed help for individuals in crisis or at risk of crisis. |
| Priority Population: *Describe the situational characteristics of the priority population* | Individuals with serious mental illness or serious emotional disturbance (children) who are in crisis or are at risk of crisis and who will benefit from access to an array of options, from the personal warm line contacts for the less-acute issues through short-term voluntary placement at a the crisis residential facility. This program is a gateway to MHSA services for future FSP clients. |

| 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 |
| Access/crisis/warm line staffed 24/7 by "live" trained responders | ☐ | ☒ | ☐ | ☒ | ☒ | ☒ | ☒ |
| Mobile crisis response, i.e., LCMH crisis workers who respond to the hospital or other setting, including non-traditional locations to promote cultural competency. The workers assess the client, stabilize the situation, call the psychiatrist if necessary, coordinate placement, transport, and follow-up | ☒ | ☒ | ☐ | ☒ | ☒ | ☒ | ☒ |
| Respite services, i.e., access to the 23-hour outpatient option. The crisis workers and client will leave the hospital and go to, e.g., a motel or other non-medical location, where the client will rest, shower, eat, discuss options, and wait for placemen | ☒ | ☒ | ☐ | ☒ | ☒ | ☒ | ☒ |
| Crisis and transitional residential facility: LCMH has 7 dedicated beds at a new facility near Ukiah. Clients who need brief residential placement (2 weeks – 30 days) will be placed there, pending return to the community or transition to placement or housing | ☒ | ☒ | ☐ | ☒ | ☒ | ☒ | ☒ |
| Crisis transportation for isolated seniors to promote access to these services | ☒ | ☒ | ☐ | ☐ | ☐ | ☐ | ☒ |
| On-call psychiatric services, to be provided by Dr. Segal or other resources, as needed | ☒ | ☐ | ☒ | ☒ | ☒ | ☒ | ☒ |
| | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

## EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY

| County: Lake | Fiscal Year: 07-08 | Program Work Plan Name: TAY and Adult Consumer Self-Help Center |
|---|---|---|
| Program Work Plan #: GSD-02 | | Estimated Start Date: July 1, 2007 |

| | |
|---|---|
| Description of Program:<br>*Describe how this program will help advance the goals of the Mental Health Services Act* | This program provides a welcoming, structured, and safe one-stop center, with separate areas for TAY and adults. The Center will create access to integrated resources (health, substance abuse, employment, mental health, housing), plus peer support, self-help groups, and meaningful recreational activities. It will be a friendly place for consumers to socialize. The Center is expected to be operated by a non-profit strongly oriented toward a client-directed model. MHSA goals include meaningful use of time and capabilities, supportive relationships, and recovery. |
| Priority Population:<br>*Describe the situational characteristics of the priority population* | TAY and adults with serious mental illness as defined by the MHSA; some will be FSP clients |

| 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 "one-stop" center where essential health, substance abuse, employment, housing, and mental health services can be accessed; consumers will provide some staff | ☒ | ☒ | ☐ | ☐ | ☒ | ☒ | ☐ |
| Consumer (youth & adult) and family-run services, e.g., peer support & self-help groups | ☒ | ☒ | ☐ | ☐ | ☒ | ☒ | ☐ |
| Independent living classes (age-appropriate, i.e., separate classes for TAY and adults) | ☒ | ☒ | ☐ | ☐ | ☒ | ☒ | ☐ |
| Education support services provided by LCOE, Workforce Investment Act, Community Colleges; computers with internet access available at the Center | ☒ | ☒ | ☐ | ☐ | ☒ | ☒ | ☐ |
| Recreation and social activities (consumers will be involved in planning & development via the TAY and Adult Advisory Councils), e.g., autobiography classes | ☒ | ☒ | ☐ | ☐ | ☒ | ☒ | ☐ |
| Supportive employment and other productive activities and personal growth opportunities, including development of job options and volunteer opportunities; housing and forensic mental health support provided on-site (GSD-03, FSP-02) | ☒ | ☒ | ☐ | ☐ | ☒ | ☒ | ☐ |
| Ethnic-specific outreach strategies, culturally appropriate services, and community cultural practices will be available at the Center (OE-01) | ☒ | ☒ | ☐ | ☐ | ☒ | ☒ | ☐ |

## EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY

| County: Lake | Fiscal Year: 07-08 | Program Work Plan Name: Housing Development & Access |
|---|---|---|
| Program Work Plan #: GSD-03 | | Estimated Start Date: July 1, 2007 |

| | |
|---|---|
| Description of Program:<br>*Describe how this program will help advance the goals of the Mental Health Services Act* | In Year 3, the full-time Housing Specialist will expand implementation of the Plan developed in Year 1. The Specialist will: (i) work with other MHSA programs and case managers to assist them to address their clients' housing needs; (ii) be the central contact for clients, landlords, developers, et al.; (ii) advocate for supportive housing resources; (iii) coordinate supportive housing services. This program advances safe and adequate housing, supporting recovery. |
| Priority Population:<br>*Describe the situational characteristics of the priority population* | MHSA clients, both FSP and general clients, of all ages, including the families of children served. Note: GSD funds will not be used for housing subsidies. |

| 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 |
| Development of housing options, e.g., supportive, transitional, and respite: Specialist will continue to be responsible for effectuating Housing Plan developed in Year 1 | ☒ | ☒ | ☐ | ☒ | ☒ | ☒ | ☒ |
| Provision of housing, e.g., supportive housing, both site-based and scattered: Specialist will be the single-point-of-contact for landlords, developers, LCMH case managers, and other stakeholders, matching resources to needs. The Specialist will work closely with case managers to assist them to place clients in the most appropriate housing. | ☒ | ☒ | ☐ | ☒ | ☒ | ☒ | ☒ |
| Culturally-appropriate options, e.g., family-style housing, housing on tribal lands, etc. to create environments that facilitate recovery by honoring cultural heritage | ☒ | ☒ | ☐ | ☒ | ☒ | ☒ | ☒ |
| Employment support: The program will develop on-site employment opportunities, as determined by the needs, skills, and interests of clients, e.g., landscaping, bicycle repair, etc. Clients will have the opportunity to learn maintenance and other skills, developing job-related experience and resumes. | ☒ | ☒ | ☐ | ☒ | ☒ | ☒ | ☒ |
| Crisis residential housing is available through GSD-01 | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

## EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY

| County: Lake | Fiscal Year: 07-08 | Program Work Plan Name: Children's Wraparound |
|---|---|---|
| Program Work Plan #: FSP-01 | | Estimated Start Date: July 1, 2007 |

| | |
|---|---|
| Description of Program: *Describe how this program will help advance the goals of the Mental Health Services Act* | This program will continue wraparound activities, including: (i) flexible funds to support wraparound services; (ii) two parent partners to assist parents to gain the support, resources, and skills to help their children and themselves; (iii) medication, medication support, transportation, and translation and interpreter services. Dr. Segal will provide psychiatric services. This program advances resiliency, reduces placement, and will stabilize Lake County's CSOC infrastructure. |
| Priority Population: *Describe the situational characteristics of the priority population* | Children with serious emotional disturbance and their parents, guardians, and family members, prioritizing children who are uninsured, under-insured, not eligible for Medi-Cal, and those who are homeless or in out-of-home placement or at risk of same. |

| 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 |
| Wraparound services: Psychiatric services, family support, and flexible funding to overcome barriers and promote resiliency, family strengthening, etc. | ☒ | ☐ | ☐ | ☒ | ☐ | ☐ | ☐ |
| CSOC infrastructure, including the planning committee, IPRT, and MOUs | ☒ | ☐ | ☐ | ☒ | ☐ | ☐ | ☐ |
| Cultural and gender-sensitive outreach and services at schools, etc. | ☒ | ☐ | ☐ | ☒ | ☐ | ☐ | ☐ |
| Services and supports at school, in the community, and in the home; early mental health services provided by contractor who will be self-funded by Year 3 | ☒ | ☐ | ☐ | ☒ | ☐ | ☐ | ☐ |
| Family preservation | ☒ | ☐ | ☐ | ☒ | ☐ | ☐ | ☐ |
| Crisis services through GSD-01 (see Work Plan Summary) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Integrated physical and mental health services, with referrals and follow-up to other providers, e.g., Redbud Family Health Clinic | ☒ | ☐ | ☐ | ☒ | ☐ | ☐ | ☐ |
| Parental mental health education: Parent Partners to assist parents to understand the mental health system, their role in their children's recovery, etc. | ☒ | ☐ | ☐ | ☒ | ☐ | ☐ | ☐ |
| Permanent supportive housing through GSD-03 (See Work Plan Summary) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Transportation | ☒ | ☐ | ☐ | ☒ | ☐ | ☐ | ☐ |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Culture-based activities for children/youth and families, e.g. Native Americans | ☒ | ☐ | ☐ | ☒ | ☐ | ☐ | ☐ |
| Medication and medication support: Assistance to maintain stable medication regime, overcome barriers arising from physical health conditions, and stable health insurance coverage | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

## EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY

| County: Lake | Fiscal Year: 07-08 | Program Work Plan Name: Forensic Mental Health Partnership |
|---|---|---|
| Program Work Plan #: FSP-02 | | Estimated Start Date: July 1, 2007 |

| | |
|---|---|
| Description of Program:<br>*Describe how this program will help advance the goals of the Mental Health Services Act* | A Specialist will provide integrated services with law enforcement, the County Jail, the County Juvenile Hall, probation, and the courts to provide: (i) pre-discharge/release planning; (ii) transitional support post-discharge/release; (iii) alternatives to jail (diversion) for those with serious mental illness; (iv) case management and linkages to support, e.g., housing, employment, education, etc. This program advances recovery, housing, and reduction in incarceration. |
| Priority Population:<br>*Describe the situational characteristics of the priority population* | Children, TAY, and adults who are incarcerated or in the Juvenile Hall, with priorities for those who are uninsured or underinsured, homeless (upon release) or at risk of homelessness and/or out-of-home placement |

| 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 |
| Specialist to provide integrated services with law enforcement, the County Jail, the Juvenile Hall, the courts, and probation to provide pre-discharge/release planning , etc.. Specialist will: (i) meet with LCMH, Jail, and Juvenile Hall staff to identify potential clients; (ii) meet with such clients while they are still incarcerated to develop pre-release plans and options; (iii) meet with the IPRT to involve relevant partners, e.g., the school district of origin, etc. to obtain interagency commitment to the plan; (iv) meet with clients post-release to facilitate re-entry into community; (iv) meet with clients at the Center and elsewhere to provide follow-up; (v) refer clients to Housing Specialist for housing assistance; (vi) coordinate other follow-up activities. | ☒ | ☐ | ☐ | ☒ | ☒ | ☒ | ☐ |
| Transportation: To assist newly-released clients to connect with resources, e.g., Housing Specialist, Forensic Specialist, etc. | ☒ | ☐ | ☐ | ☒ | ☒ | ☒ | ☐ |
| Translation and interpreter services: To provide clients with written information in their home language; to provide clients with medically-accurate information during client interviews and meetings | ☒ | ☐ | ☐ | ☒ | ☒ | ☒ | ☐ |
| Medication and medical support to assist clients who are on medication to maintain an unbroken regime; preserve or obtain post-release insurance coverage | ☒ | ☐ | ☐ | ☒ | ☒ | ☒ | ☐ |
| Develop Mental Health diversion program with juvenile and criminal justice systems | | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

## EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY

| County: Lake | Fiscal Year: 07-08 | Program Work Plan Name: Integrated Physical & Mental Health Services |
|---|---|---|
| Program Work Plan #: FSP-03 | | Estimated Start Date: July 1, 2007 |

| | |
|---|---|
| Description of Program:<br>*Describe how this program will help advance the goals of the Mental Health Services Act* | This program: (i) offers expert psychiatric consultation to primary care physicians to increase clients' access to mental health services in health care settings, creating inter-disciplinary coordinated services; and (ii) provides psychiatric services to underserved populations. It promotes culturally-competent services to underserved ethnic and isolated populations. |
| Priority Population:<br>*Describe the situational characteristics of the priority population* | TAY and Adults, prioritizing clients who are: (i) isolated, unserved or underserved, e.g., ethnic minorities; and/or (ii) uninsured, underinsured, or ineligible for Medi-Cal |

| 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 physical and mental health services, including co-location and collaboration; Dr. Segal will provide psychiatric services to TAY and adult clients, at home, in the community, at LCMH, at the Center, or other locations which are culturally acceptable, e.g., the rancherias | ☒ | ☐ | ☐ | ☐ | ☒ | ☒ | ☐ |
| Education for primary care providers to increase coordination & integration, as primary care providers are key sources of referral and support clients as they pursue recovery | ☒ | ☐ | ☐ | ☐ | ☒ | ☒ | ☐ |
| Services to assist families supporting youth, e.g., flexible funding, Housing | ☒ | ☐ | ☐ | ☐ | ☒ | ☒ | ☐ |
| Self-directed services in which clients receive funds to pay for services/supports, using the flexible funding provided by this program | ☒ | ☐ | ☐ | ☐ | ☒ | ☒ | ☐ |
| Transportation is provided to overcome this barrier to accessing resources | ☒ | ☐ | ☐ | ☐ | ☒ | ☒ | ☐ |
| Medication and medication supports: Provided to promote continuity of medication regime, elimination of barriers to recovery due to physical health issues, and provide access to services through stable insurance coverage | ☒ | ☐ | ☐ | ☐ | ☒ | ☒ | ☐ |
| Translation and interpreter services provided to facilitate access to culturally and linguistically competent services | ☒ | ☐ | ☐ | ☐ | ☒ | ☒ | ☐ |

## EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY

| County: Lake | Fiscal Year: 07-08 | Program Work Plan Name: Older Adult Access & Resources Program |
|---|---|---|
| Program Work Plan #: FSP-04 | | Estimated Start Date: July 1, 2007 |

| | |
|---|---|
| Description of Program:<br>*Describe how this program will help advance the goals of the Mental Health Services Act* | This program will hire a full-time Specialist to: (i) provide services at a senior center; (ii) make home visits; (iii) coordinate trainings on elder abuse and substance abuse; (iv) hold medication management sessions; (v) develop multi-agency service plans. Dr. Segal will provide psychiatric services. An independent contractor will expand the Peer Counseling and Friendly Visitor programs. This program advances recovery, supportive relationships, timely access to help, and reduces institutionalization. |
| Priority Population:<br>*Describe the situational characteristics of the priority population* | Older adults, prioritizing: (i) isolated seniors, especially ethnic minorities; (ii) those at risk of homelessness or institutionalization due to loss of capacity to live independently. |

| 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 service teams and planning with other agencies to meet OA complex needs | ☒ | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ |
| Outreach to older adults who are homeless, e.g., through senior centers, or in the home through home visits by Specialist, Peer Counselors, Friendly Visitor | ☒ | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ |
| Education for client and family/caregivers on medications, side effects, etc., provided by Specialist at Senior Centers | ☒ | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ |
| Peer-supportive services and client-run services, e.g., Peer Counseling/Friendly Visitor | ☒ | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ |
| Community cultural practices, e.g., linkages to traditional healing, elder wisdom, etc. provided at the Senior Centers, Tribal Councils, rancherias, community centers, etc | ☒ | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ |
| Joint service planning with special services for seniors, e.g., Adult Multi-Disciplinary Team, Senior Law Project, Senior Centers (which have multi-disciplinary partners), AODS, et al., to address unique OA issues | ☒ | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ |
| Transformative infrastructure and attitudinal change, e.g., stigma reduction | ☒ | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ |
| Transportation to facilitate access to, and utilization of, services | ☒ | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ |
| Self-directed services in which clients receive funds to pay for services/support | ☒ | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Integrated services with ethnic-specific community-based organizations | ☒ | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ |
| Crisis services and housing provided through GSD-01 and GSD-03. GSD-01 has funding set aside for senior crisis transport | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Medication and medical supports: To provide stable medication regime, reduce barriers to recovery due to physical health conditions, and promote stable insurance coverage | ☒ | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ |

## EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY

| County: Lake | Fiscal Year: 07-08 | Program Work Plan Name: Community Outreach & Engagement |
|---|---|---|
| Program Work Plan #: OE-01 | | Estimated Start Date: July 1, 2007 |

| | |
|---|---|
| Description of Program: *Describe how this program will help advance the goals of the Mental Health Services Act* | In Year 3, this program will continue and expand its community outreach to: (i) engage the culturally, linguistically, and geographically isolated Native American, indigenous migrant, and Latino populations, expanding to more homeless and also GLBT, if feasible; (ii) provide outreach at, e.g., rancherias, vineyards, health clinics, churches, etc. They will provide education, support, linkages, referrals, and follow-up. This program eliminates barriers to racial/ethnic communities and creates culturally and linguistically competent services. |
| Priority Population: *Describe the situational characteristics of the priority population* | The priority population consists of ethnic, linguistic, and cultural minorities who are isolated from, and uncomfortable with medical model health care services and delivery, with a special focus on Native American elders, individuals of mixed Native American/Latino heritage, indigenous migrants, and Latinos. |

| 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 |
| Culturally appropriate services to reach persons of racial/ethnic cultures: The Outreach Workers will go into the field and meet with community leaders, traditional practitioners, and potential clients at rancherias, churches, vineyards, etc. | ☒ | ☐ | ☒ | ☒ | ☒ | ☒ | ☒ |
| Community-specific cultural practices, e.g., traditional practitioners, etc.: Outreach Team, trainers, Cultural Competency Committee will integrate these resources into case plans, trainings, resources | ☒ | ☐ | ☒ | ☒ | ☒ | ☒ | ☒ |
| Ethnic-specific outreach strategies to eliminate disparities in care: Outreach Workers will utilize such strategies to engage isolated, underserved, unserved, alienated clients | ☒ | ☐ | ☒ | ☒ | ☒ | ☒ | ☒ |
| Outreach to older adults: Outreach Workers will work with directly with community service providers and groups to engage isolated OA, prioritizing the groups listed above; Outreach Workers will support FSP-04 Specialist | ☒ | ☐ | ☒ | ☐ | ☐ | ☐ | ☒ |
| Translation and interpreter services: To provide clients with written information in their home language; to provide clients with medically-accurate information during client interviews and meetings | ☒ | ☐ | ☒ | ☒ | ☒ | ☒ | ☒ |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Medication and medical supports: Assistance to maintain medication regime, overcome barriers arising from physical health conditions, and stabilize health | ☒ | ☐ | ☒ | ☒ | ☒ | ☒ | ☒ |
| Transportation: Assist clients to access and utilize services, especially important for isolated Native American elders, Latinos, indigenous migrants, and the homeless | ☒ | ☐ | ☒ | ☒ | ☒ | ☒ | ☒ |
| Other support: Flexible funding to assist clients to overcome barriers to recovery via private, shame-free, client-directed resource | ☒ | ☐ | ☒ | ☒ | ☒ | ☒ | ☒ |
| | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

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

County(ies): Lake
Fiscal Year: 2005-06
Program Workplan #: FSP-01
Date: 12/13/05
Program Workplan Name: Children's Wraparound
Page 1 of 1
Type of Funding: 1. Full Service Partnership
Months of Operation: 4
Proposed Total Client Capacity of Program/Service:
New Program/Service or Expansion: New
Existing Client Capacity of Program/Service: 0
Prepared by: Karen MacDougall
Client Capacity of Program/Service Expanded through MHSA: 0
Telephone Number: 707.279.8935

| | 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 |
| b. Travel and Transportation | | | | $0 |
| c. Housing | | | | |
| i. Master Leases | | | | $0 |
| ii. Subsidies | | | | $0 |
| iii. Vouchers | | | | $0 |
| iv. Other Housing | | | | $0 |
| d. Employment and Education Supports | | | | $0 |
| e. Other Support Expenditures (provide description in budget narrative) | $16,500 | | | $16,500 |
| f. Total Support Expenditures | $16,500 | $0 | $0 | $16,500 |
| **2. Personnel Expenditures** | | | | |
| a. Current Existing Personnel Expenditures (from Staffing Detail) | | | | $0 |
| b. New Additional Personnel Expenditures (from Staffing Detail) | $13,944 | | | $13,944 |
| c. Employee Benefits | $8,133 | | | $8,133 |
| d. Total Personnel Expenditures | $22,077 | $0 | $0 | $22,077 |
| **3. Operating Expenditures** | | | | |
| a. Professional Services | | | $7,013 | $7,013 |
| b. Translation and Interpreter Services | $500 | | | $500 |
| c. Travel and Transportation | $500 | | | $500 |
| d. General Office Expenditures | | | | $0 |
| e. Rent, Utilities and Equipment | | | | |
| f. Medication and Medical Supports | $2,000 | | | $2,000 |
| g. Other Operating Expenses (provide description in budget narrative) | $1,500 | | | $1,500 |
| h. Total Operating Expenditures | $4,500 | $0 | $7,013 | $11,513 |
| **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** | $5,000 | | | $5,000 |
| **6. Total Proposed Program Budget** | **$48,077** | **$0** | **$7,013** | **$55,090** |
| **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) | | | | $0 |
| b. Medicare/Patient Fees/Patient Insurance | | | | $0 |
| c. State General Funds | | | | $0 |
| d. Other Revenue | | | | $0 |
| e. Total New Revenue | $0 | $0 | $0 | $0 |
| **3. Total Revenues** | $0 | $0 | $0 | $0 |
| **C. One-Time CSS Funding Expenditures** | **$0** | | | **$0** |
| **D. Total Funding Requirements** | **$48,077** | **$0** | **$7,013** | **$55,090** |
| **E. Percent of Total Funding Requirements for Full Service Partnerships** | | | | **100.0%** |

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

County(ies): Lake
Fiscal Year: 2005-06
Program Workplan #: FSP-01
Date: 12/13/05
Program Workplan Name: Children's Wraparound
Page 1 of 1
Type of Funding: 1. Full Service Partnership
Months of Operation: 4
Proposed Total Client Capacity of Program/Service: 33
New Program/Service or Expansion: New
Existing Client Capacity of Program/Service: 0
Prepared by: Karen MacDougall
Client Capacity of Program/Service Expanded through MHSA: 33
Telephone Number: 707.279.8935

| 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** | | | | | |
| Parent Partners | *Provide support for family members and caregivers, assistance with finding resources and services, understanding system, and advocacy; assist family members and care-givers to develop self-advocacy skills* | 2.00 | 2.00 | $6,095 | $12,190 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| MHSA Coordinator | Responsible for day-to-day operations of all MHSA programs | | 0.12 | $14,034 | $1,754 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | **Total New Additional Positions** | 2.00 | 2.12 | | $13,944 |
| **C. Total Program Positions** | | 2.00 | 2.12 | | $13,944 |

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.

**Budget Narrative**
**Children's Wraparound**
**FSP-01**
**2005-2006**

This Budget Narrative and the linked Budget Worksheet cover the 4 month period from March 2006- June 2006, our planned implementation period. Some start-up activities will occur during the Plan approval period, as described on the separately-submitted budgets and applications.

The following narrative follows the order of items on the applicable Budget Worksheet. Only items with expenditures are listed and discussed.

## A. Expenditures

### 1. Client, Family Member, and Caregiver Support Expenditures

e. Other Support Expenditures: This item creates flexible funding to cover any and all expenditures needed by children and their families to promote the children's resilience. Examples include: clothing, uniforms, small home repairs, etc. This item is estimated at $50,000 per year for Years 2 and 3. The Year 1 amount is $50,000 x .33% or $16,500.

### 2. Personnel Expenditures

b. New Additional Personnel Expenditures:

1.0 FTE MHSA Coordinator @ $20.2414/hr. or $14,034/Year 1 ÷ 8 = $1,754/program

As discussed, this is not a management position according to Lake County's job classification structure. Therefore, the salary and benefits of this position are allocated equally among all of the MHSA programs as the Coordinator is responsible for their day-to-day operations. The Coordinator will report directly to the Adult and Children's Services Deputy Directors. He or she will be responsible for the MHSA team, i.e., all MHSA-funded staff and contractors providing services to the MSHA. The Coordinator will be responsible for implementing the programs as proposed, on-time and on-budget. He or she will also monitor data collection activities. Once the MHSA is underway, the Coordinator will organize ongoing community-based planning activities, including quarterly Stakeholder Steering Committee meetings, an annual report-out to the community, and possible publications.

Please note the Staffing Detail Worksheet sets this position at .12 FTE, but the actual FTE per program is .125. The position's salary and benefits are calculated accordingly.

Benefits are paid at the standard County of Lake rates for this position. Please note that PERS is paid at 7% of salary, reduced by $133 per pay period or 4 pay periods for Year 1.

| | | | | |
|---|---|---|---|---|
| FICA | @ | 7.65% of salary | = | $134 |
| County PERS | @ | 11.085% of salary | = | $194 |
| PERS | @ | (Salary - $532) x 7% | = | $118 |
| Insurance | @ | $6,600/yr. ÷3 = $2,200 ÷ 8 | = | $275 |
| Unemployment | @ | .007 | = | $12 |
| Total: | | | | $733 |

2.0 FTE Parent Partners @ $8.7905/hour or $6,095/Year 1 x 2 positions = $13,410.

Parent Partners will provide support for family members, guardians, and caregivers of the children served, plus assistance with finding resources and services, understanding systems, and advocacy. They will assist family members and caregivers to develop self-advocacy skills. If requested, Parent Partners may serve on the Interagency Placement Review Team.

Benefits are paid at the standard County of Lake rates for this position, as follows:

| | | | | |
|---|---|---|---|---|
| FICA | @ | 7.65% of salary | = | $466 |
| County PERS | @ | 11.085% of salary | = | $676 |
| PERS | @ | (Salary - $532) x 7% | = | $315 |
| Insurance | @ | $6,600/yr. x .33% | = | $2,200 |
| Unemployment | @ | .007 of salary | = | $43 |
| Total: | | | | $3,700 per position |

x 2 positions = $7,400

Source document: New Job Classification Salary Data, effective 11/17/05, including County of Lake Personnel Department Position, Grade, Step Table.

**3. Operating Expenditures.**

a. Professional Services. This item covers 25% of the services of Dr. Segal @ $85,000/year for local share of cost x .25 = $21,250 x .33 = $7,012.50, rounded to $7,103. Dr Segal will provide contract psychiatric services, including medication, to children served by this program. Dr. Segal will be available at a variety of culturally accessible, community-based settings, including Tribal Health, schools, and other sites where families feel comfortable.

b. Translation and Interpreter Services. This item will help us achieve the goal of making this program's services welcoming, accessible, and inclusive of all clients. In particular, it will address the needs of Spanish-speaking clients. As noted, this investment is part of our commitment to culturally competent, accessible services.

c. Travel and Transportation. This item covers LCMH costs of transporting clients to and from the Centers, bus vouchers, etc., ensuring that all clients have access regardless of their age, financial, or housing situation.

f. Medication and Medical Supports. This item covers assistance with the cost of medication and medical supplies to promote equitable access to these resources, regardless of financial, housing, or health insurance status.

g. Other Operating Expenses. This item covers the costs of CSOC infrastructure development, including: (i) facilitated work groups for stakeholders to introduce them to CSOC concepts and infrastructure requirements; (ii) revitalizing the Interagency Children's Policy Council, if necessary; (iii) travel and release time costs for agency and family participants in the case management council; and (iv) development of required formal written agreements.

Source documents: Item a is based on the contract with Dr. Segal. Items b – g are based on LCMH costs for comparable items and services, e.g., costs for supporting the MHSA public planning process or are estimates of the clients' needs, e.g., 3(f), medication and medical supports.

**5. Estimated Total Expenditures when service provider is not known.** This item covers consultant costs to develop a plan and proposal to implement an SB 163 pilot program in Lake County, if still available from the State of California. This expenditure will help sustain and expand CSOC services. All service contracts are entered into pursuant to County of Lake purchasing policies.

Source document: This estimate is based on LCMH experience with local independent contractors providing comparable services.

## B. Revenues

Although this program may generate revenues, LCMH has chosen a very conservative approach due to the very short time available for implementation and will assume zero revenue for 2005-2006. Any revenue generated will be added to the Local Prudent Reserve or applied to unexpected MHSA costs, as permitted by DMH. All revenue generated by MHSA operations will be reinvested in MHSA programs.

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

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

Program Workplan #: FSP-02 | Date: 12/13/05

Program Workplan Name: Forensic Mental Health Partnership | Page 1 of 1

Type of Funding: 1. Full Service Partnership | Months of Operation: 4

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

Existing Client Capacity of Program/Service: 0 | Prepared by: Karen MacDougall

Client Capacity of Program/Service Expanded through MHSA: 20 | Telephone Number: 707.279.8935

| | 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 |
| b. Travel and Transportation | $1,000 | | | $1,000 |
| c. Housing | | | | |
| i. Master Leases | | | | $0 |
| ii. Subsidies | $3,000 | | | $3,000 |
| iii. Vouchers | | | | $0 |
| iv. Other Housing | | | | $0 |
| d. Employment and Education Supports | | | | $0 |
| e. Other Support Expenditures (provide description in budget narrative) | $2,000 | | | $2,000 |
| f. Total Support Expenditures | $6,000 | $0 | $0 | $6,000 |
| **2. Personnel Expenditures** | | | | |
| a. Current Existing Personnel Expenditures (from Staffing Detail) | $0 | | | $0 |
| b. New Additional Personnel Expenditures (from Staffing Detail) | $16,139 | | | $16,139 |
| c. Employee Benefits | $6,624 | | | $6,624 |
| d. Total Personnel Expenditures | $22,763 | $0 | $0 | $22,763 |
| **3. Operating Expenditures** | | | | |
| a. Professional Services | | | | $0 |
| b. Translation and Interpreter Services | $500 | | | $500 |
| c. Travel and Transportation | $1,000 | | | $1,000 |
| d. General Office Expenditures | | | | $0 |
| e. Rent, Utilities and Equipment | | | | |
| f. Medication and Medical Supports | $2,000 | | | $2,000 |
| g. Other Operating Expenses (provide description in budget narrative) | | | | $0 |
| h. Total Operating Expenditures | $3,500 | $0 | $0 | $3,500 |
| **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** | **$32,263** | **$0** | **$0** | **$32,263** |
| **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) | | | | $0 |
| b. Medicare/Patient Fees/Patient Insurance | | | | $0 |
| c. State General Funds | | | | $0 |
| d. Other Revenue | | | | $0 |
| e. Total New Revenue | $0 | $0 | $0 | $0 |
| **3. Total Revenues** | $0 | $0 | $0 | $0 |
| **C. One-Time CSS Funding Expenditures** | **$0** | | | **$0** |
| **D. Total Funding Requirements** | **$32,263** | **$0** | **$0** | **$32,263** |
| **E. Percent of Total Funding Requirements for Full Service Partnerships** | | | | **100.0%** |

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

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

Program Workplan #: FSP-02 | Date: 12/13/05

Program Workplan Name: Forensic Mental Health Partnership | Page 1 of 1

Type of Funding: 1. Full Service Partnership | Months of Operation: 4

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

Existing Client Capacity of Program/Service: 0 | Prepared by: Karen MacDougall

Client Capacity of Program/Service Expanded through MHSA: 20 | Telephone Number: 707.279.8935

| 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** | | | | | |
| Forensic Sr. Mental Health Specialist (licensed) | *Develop and maintain a mental health diversion program for juveniles and adults; provide pre-release/discharge planning, plus aftercare for children, youth, and adults released from Juvenile Hall and Jail; will have regular office hours at Juvenile Hall, Jail, and Consumer Center; will serve on Interagency Placement Review Team; will work closely with Housing Development & Access (GSD-03)* | | 1.00 | $14,385 | $14,385 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| MHSA Coordinator | *Responsible for day-to-day operations of all MHSA programs* | | 0.12 | $14,034 | $1,754 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | **Total New Additional Positions** | 0.00 | 1.12 | | $16,139 |
| **C. Total Program Positions** | | 0.00 | 1.12 | | $16,139 |

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.

**Budget Narrative**
**Forensic Mental Health Partnership**
**FSP-02**
**2005-2006**

This Budget Narrative and the linked Budget Worksheet cover the 4 month period from March 2006- June 2006, our planned implementation period. Some start-up activities will occur during the Plan approval period, as described on the separately-submitted budgets and applications. The following narrative follows the order of items on the applicable Budget Worksheet. Only items with expenditures are listed and discussed.

## A. Expenditures

### 1. Client, Family Member, and Caregiver Support Expenditures

b. Travel and Transportation: This amount covers the anticipated cost of providing transportation to children and family members. Our identified client population is likely to require transportation assistance, e.g., bus vouchers, rides, etc. Lake County's geography and widely-dispersed communities are significant barriers to accessing services.

c.ii Housing – Subsidies. This item is intended to cover short-term rental subsidies to assist juveniles eligible for independent living and inmates to afford decent, stable, safe housing during the transition from incarceration to life in the community. It recognizes that many of the individuals served will be starting over, with very limited resources.

e. Other Support Expenditures: This item creates flexible funding to cover various expenditures intended to facilitate a smooth transition back into the community and to help participants succeed in the community.

Source document: These items are estimates based on an initial caseload of about 20 children, TAY, and adults, averaging about $300 each in support expenditures.

### 2. Personnel Expenditures

b. New Additional Personnel Expenditures:

1.0 FTE MHSA Coordinator @ $20.2414/hr. or $14,034/Year 1 ÷ 8 = $1,754/program

As discussed, this is not a management position according to Lake County's job classification structure. Therefore, the salary and benefits of this position are allocated equally among all of the MHSA programs as the Coordinator is responsible for their day-to-day operations. The Coordinator will report directly to the Adult and Children's Services Deputy Directors. He or she will be responsible for the MHSA team, i.e., all MHSA-funded staff and contractors providing services to the MSHA. The Coordinator

will be responsible for implementing the programs as proposed, on-time and on-budget. He or she will also monitor data collection activities. Once the MHSA is underway, the Coordinator will organize ongoing community-based planning activities, including quarterly Stakeholder Steering Committee meetings, an annual report-out to the community, and possible publications.

Please note the Staffing Detail Worksheet sets this position at .12 FTE, but the actual FTE per program is .125. The position's salary and benefits are calculated accordingly.

Benefits are paid at the standard County of Lake rates for this position. Please note that PERS is paid at 7% of salary, reduced by $133 per pay period or 4 pay periods for Year 1.

| | | | | |
|---|---|---|---|---|
| FICA | @ | 7.65% of salary | = | $134 |
| County PERS | @ | 11.085% of salary | = | $194 |
| PERS | @ | (Salary - $1,596) x 7% | = | $118 |
| Insurance | @ | $6,600/yr. ÷3 = $2,200 ÷ 8 | = | $275 |
| Unemployment | @ | .007 | = | $12 |
| Total: | | | | $733 |

1.0 FTE Forensic Mental Health Specialist (Senior Mental Health Specialist, a licensed position) @ $20.7475/hour or $14,385/Year 1

This position will provide on-site transition planning to juveniles and TAY in the Juvenile Hall and to TAY and adults in the Lake County Jail. He or she will also hold regular office hours at the Center to provide on-going community support for TAY and adults post-release. This position will work closely with the LCMH Director, District Attorney, Public Defender, Chief Probation Officer, and Presiding Judge of the Superior Court to design and implement a mental health diversion program for non-violent offenders. The Specialist will facilitate the maintenance of health insurance coverage, mental health treatment, and medication regimes during the transition from incarceration or Juvenile Hall back into the community. This position will carry a combined caseload of about 30-40 TAY and adults by Year 2. The reduced caseload allows the Specialist to provide personalized services to participants for at least 6-12 months or longer, as needed.

Benefits are paid at the standard County of Lake rates for this position. Please note that PERS is paid at 7% of salary, reduced by $133 per pay period or 4 pay periods for Year 1.

| | | | | |
|---|---|---|---|---|
| FICA | @ | 7.65% of salary | = | $1,100 |
| County PERS | @ | 11.085% of salary | = | $1,595 |
| PERS | @ | (Salary - $532) x 7% | = | $895 |
| Insurance | @ | $6,600/yr. x .33% | = | $2,200 |
| Unemployment | @ | .007 of salary | = | $101 |
| Total: | | | | $5,891 |

Source document: New Job Classification Salary Data, effective 11/17/05, including

County of Lake Personnel Department Position, Grade, Step Table

**3. Operating Expenditures.**

b. Translation and Interpreter Services. This item will help us achieve the goal of making this program's services welcoming, accessible, and inclusive of all clients. In particular, it will address the needs of Spanish-speaking clients. Accurate communication is particularly important, as this program involves the criminal justice, juvenile justice, and mental health systems. As noted, this investment is part of our commitment to culturally competent, accessible services.

c. Travel and Transportation. This item will cover at least some of the mileage attributable to the Forensic Mental Health Specialist, who will be traveling to the Juvenile Hall, the County Jail, the Consumer Self-Help Center, IPRT meetings, and may be making court appearances. Mileage is reimbursed at the standard County rate of $0.27/mile.

f. Medication and Medical Supports. This item covers assistance with the cost of medication and medical supplies to promote stable and equitable access to these resources, regardless of financial or housing status or lack of health insurance coverage. Maintaining a consistent medication regime will help participants transition smoothly from incarceration back into their families and communities.

Source document: These items are estimated based on LCMH experience with the cost of comparable expenditures.

**B. Revenues**

Although this program may generate revenues, LCMH has chosen a very conservative approach due to the very short time available for implementation and will assume zero revenue for 2005-2006. Any revenue generated will be added to the Local Prudent Reserve or applied to unexpected MHSA costs, as permitted by DMH. All revenue generated by MHSA operations will be reinvested in MHSA programs.

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

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

Program Workplan #: FSP-03 | Date: 12/13/05

Program Workplan Name: Integrated Physical & Mental Health Services | Page 1 of 1

Type of Funding: 1. Full Service Partnership | Months of Operation: 4

Proposed Total Client Capacity of Program/Service: 25 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: Karen MacDougall

Client Capacity of Program/Service Expanded through MHSA: 25 | Telephone Number: 707.279.8935

| | 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 |
| b. Travel and Transportation | $500 | | | $500 |
| c. Housing | | | | |
| i. Master Leases | | | | $0 |
| ii. Subsidies | $5,000 | | | $5,000 |
| iii. Vouchers | | | | $0 |
| iv. Other Housing | | | | $0 |
| d. Employment and Education Supports | | | | $0 |
| e. Other Support Expenditures (provide description in budget narrative) | $2,000 | | | $2,000 |
| f. Total Support Expenditures | $7,500 | $0 | $0 | $7,500 |
| **2. Personnel Expenditures** | | | | |
| a. Current Existing Personnel Expenditures (from Staffing Detail) | | | | $0 |
| b. New Additional Personnel Expenditures (from Staffing Detail) | $1,754 | | | $1,754 |
| c. Employee Benefits | $733 | | | $733 |
| d. Total Personnel Expenditures | $2,487 | $0 | $0 | $2,487 |
| **3. Operating Expenditures** | | | | |
| a. Professional Services | | | $14,025 | $14,025 |
| b. Translation and Interpreter Services | $1,000 | | | $1,000 |
| c. Travel and Transportation | | | | $0 |
| d. General Office Expenditures | | | | $0 |
| e. Rent, Utilities and Equipment | | | | |
| f. Medication and Medical Supports | $1,000 | | | $1,000 |
| g. Other Operating Expenses (provide description in budget narrative) | | | | $0 |
| h. Total Operating Expenditures | $2,000 | $0 | $14,025 | $16,025 |
| **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** | **$11,987** | **$0** | **$14,025** | **$26,012** |
| **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) | | | | $0 |
| b. Medicare/Patient Fees/Patient Insurance | | | | $0 |
| c. State General Funds | | | | $0 |
| d. Other Revenue | | | | $0 |
| e. Total New Revenue | $0 | $0 | $0 | $0 |
| **3. Total Revenues** | $0 | $0 | $0 | $0 |
| **C. One-Time CSS Funding Expenditures** | **$0** | | | **$0** |
| **D. Total Funding Requirements** | **$11,987** | **$0** | **$14,025** | **$26,012** |
| **E. Percent of Total Funding Requirements for Full Service Partnerships** | | | | **100.0%** |

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

County(ies): Lake
Fiscal Year: 2005-06
Program Workplan #: FSP-03
Date: 12/13/05
Program Workplan Name: Integrated Physical & Mental Health Services
Page 1 of 1
Type of Funding: 1. Full Service Partnership
Months of Operation: 4
Proposed Total Client Capacity of Program/Service: 25
New Program/Service or Expansion: New
Existing Client Capacity of Program/Service: 0
Prepared by: Karen MacDougall
Client Capacity of Program/Service Expanded through MHSA: 25
Telephone Number: 707.279.8935

| 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** | | | | | |
| MHSA Coordinator | *Responsible for day-to-day operations of all MHSA programs* | | 0.12 | $14,034 | $0 |
| | | | | | $1,754 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | **Total New Additional Positions** | 0.00 | 0.12 | | $1,754 |
| **C. Total Program Positions** | | 0.00 | 0.12 | | $1,754 |

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.

# Budget Narrative
# Integrated Physical and Mental Health Services
# FSP-03
# 2005-2006

This Budget Narrative and the linked Budget Worksheet cover the 4 month period from March 2006- June 2006, our planned implementation period. Some start-up activities will occur during the Plan approval period, as described on the separately-submitted budgets and applications. The following narrative follows the order of items on the applicable Budget Worksheet. Only items with expenditures are listed and discussed.

## A. Expenditures

### 1. Client, Family Member, and Caregiver Support Expenditures

b. Travel and Transportation: This amount covers the anticipated cost of providing transportation to children and family members. Our identified client population is likely to require transportation assistance, e.g., bus vouchers, rides, etc. Lake County's geography and widely-dispersed communities are significant barriers to accessing services. This item includes mileage reimbursement at the standard County rate of $0.27/mile.

c.ii Housing – Subsidies. This item creates a special fund to assist participants to obtain or remain in safe, stable, decent housing. It recognizes that housing is fundamental to physical and mental health, yet many of our participants cannot afford it and are at risk of homelessness. This item is intended to provide short-term relief, rather than long-term subsidies. It will assist participants' recovery while they work with the Housing Specialist for long-term solutions.

e. Other Support Expenditures: This item creates a small flexible fund to cover expenditures to promote participants' resilience and recovery. Examples include: clothing, uniforms, small home repairs, etc. This item is estimated at $2,000. Although Year 1 is a short year, we expect start-up requests will at least equal this amount.

Source document: Mileage reimbursement is established by County of Lake policy. The total amounts of all items are estimates based on LCMH experience with the costs of comparable goods and services and with the needs of comparable clients.

### 2. Personnel Expenditures

1.0 FTE MHSA Coordinator @ $20.2414/hr. or $14,034/Year 1 ÷ 8 = $1,754/program

As discussed, this is not a management position according to Lake County's job classification structure. Therefore, the salary and benefits of this position are allocated equally among all of the MHSA programs as the Coordinator is responsible for their day-to-day operations. The Coordinator will report directly to the Adult and Children's

Services Deputy Directors. He or she will be responsible for the MHSA team, i.e., all MHSA-funded staff and contractors providing services to the MSHA. The Coordinator will be responsible for implementing the programs as proposed, on-time and on-budget. He or she will also monitor data collection activities. Once the MHSA is underway, the Coordinator will organize ongoing community-based planning activities, including quarterly Stakeholder Steering Committee meetings, an annual report-out to the community, and possible publications.

Please note the Staffing Detail Worksheet sets this position at .12 FTE, but the actual FTE per program is .125. The position's salary and benefits are calculated accordingly.

Benefits are paid at the standard County of Lake rates for this position. Please note that PERS is paid at 7% of salary, reduced by $133 per pay period or 4 pay periods for Year 1.

| | | | | |
|---|---|---|---|---|
| FICA | @ | 7.65% of salary | = | $134 |
| County PERS | @ | 11.085% of salary | = | $194 |
| PERS | @ | (Salary - $1,596) x 7% | = | $118 |
| Insurance | @ | $6,600/yr. ÷3 = $2,200 ÷ 8 | = | $275 |
| Unemployment | @ | .007 | = | $12 |
| Total: | | | | $733 |

**3. Operating Expenditures.**

a. Professional Services. This item covers 50% of the services of Dr. Segal @ $85,000/year local share of cost x .50 = $42,500 x .33 = $14,025. Dr. Segal will provide contract psychiatric services, including medication, to participants served by this program. Dr. Segal will be available at a variety of culturally accessible, community-based settings, including Tribal Health, both LCMH clinics, and other sites where families feel comfortable.

b. Translation and Interpreter Services. This item will help us achieve the goal of making this program's services welcoming, accessible, and inclusive of all clients. In particular, it will address the needs of Spanish-speaking clients. As noted, this investment is part of our commitment to culturally competent, accessible services.

f. Medication and Medical Supports. This item covers assistance with the cost of medication and medical supplies to promote equitable access to these resources, regardless of financial or housing status or lack of health insurance coverage.

(Note: As Dr. Segal is an independent contractor, she is responsible for her own travel expenses.)

Source documents: Item a is based on the contract with Dr. Segal. Items b-f are estimates based on LCMH experience with the costs of comparable items and services.

## B. Revenues

Although this program may generate revenues, LCMH has chosen a very conservative approach due to the very short time available for implementation and will assume zero revenue for 2005-2006. Any revenue generated will be added to the Local Prudent Reserve or applied to unexpected MHSA costs, as permitted by DMH. All revenue generated by MHSA operations will be reinvested in MHSA programs.

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

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

Program Workplan #: FSP-04 | Date: 12/13/05

Program Workplan Name: Older Adult Access & Resources Program | Page 1 of 1

Type of Funding: 1. Full Service Partnership | Months of Operation: 4

Proposed Total Client Capacity of Program/Service: 25 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: Karen MacDougall

Client Capacity of Program/Service Expanded through MHSA: 25 | Telephone Number: 707.279.8935

| | 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 |
| b. Travel and Transportation | $2,000 | | | $2,000 |
| c. Housing | | | | |
| i. Master Leases | | | | $0 |
| ii. Subsidies | $5,000 | | | $5,000 |
| iii. Vouchers | | | | $0 |
| iv. Other Housing | | | | $0 |
| d. Employment and Education Supports | | | | $0 |
| e. Other Support Expenditures (provide description in budget narrative) | $3,525 | | | $3,525 |
| f. Total Support Expenditures | $10,525 | $0 | $0 | $10,525 |
| **2. Personnel Expenditures** | | | | |
| a. Current Existing Personnel Expenditures (from Staffing Detail) | | | | $0 |
| b. New Additional Personnel Expenditures (from Staffing Detail) | $16,139 | | | $16,139 |
| c. Employee Benefits | $6,624 | | | $6,624 |
| d. Total Personnel Expenditures | $22,763 | $0 | $0 | $22,763 |
| **3. Operating Expenditures** | | | | |
| a. Professional Services | | | $7,013 | $7,013 |
| b. Translation and Interpreter Services | $200 | | | $200 |
| c. Travel and Transportation | $1,000 | | | $1,000 |
| d. General Office Expenditures | | | | $0 |
| e. Rent, Utilities and Equipment | | | | |
| f. Medication and Medical Supports | $2,000 | | | $2,000 |
| g. Other Operating Expenses (provide description in budget narrative) | | | | $0 |
| h. Total Operating Expenditures | $3,200 | $0 | $7,013 | $10,213 |
| **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** | **$36,488** | **$0** | **$7,013** | **$43,501** |
| **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) | | | | $0 |
| b. Medicare/Patient Fees/Patient Insurance | | | | $0 |
| c. State General Funds | | | | $0 |
| d. Other Revenue | | | | $0 |
| e. Total New Revenue | $0 | $0 | $0 | $0 |
| **3. Total Revenues** | $0 | $0 | $0 | $0 |
| **C. One-Time CSS Funding Expenditures** | **$0** | | | **$0** |
| **D. Total Funding Requirements** | **$36,488** | **$0** | **$7,013** | **$43,501** |
| **E. Percent of Total Funding Requirements for Full Service Partnerships** | | | | **100.0%** |

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

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

Program Workplan #: FSP-04 | Date: 12/13/05

Program Workplan Name: Older Adult Access & Resources Program | Page 1 of 1

Type of Funding: 1. Full Service Partnership | Months of Operation: 4

Proposed Total Client Capacity of Program/Service: 25 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: Karen MacDougall

Client Capacity of Program/Service Expanded through MHSA: 25 | Telephone Number: 707.279.8935

| 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 |
| | **Total Current Existing Positions** | 0.00 | 0.00 | | $0 |
| **B. New Additional Positions** | | | | | |
| Older Adult Mental Health Specialist (Unlicensed) (Position will be flexible, so if licensed individual applies, he or she can be hired; personnel budgeted at the higher licensed rate | *Outreach to older adults in the home, at Senior Centers, culture-based settings, and at other community sites, including places where homeless and other older adults gather; educate older adults on medications; develop/join integrated interagency older adult service teams; create interagency service plans and case manage same* | 0.00 | 1.00 | $14,385 | $14,385 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| MHSA Coordinator | *Responsible for day-to-day operations of all MHSA programs* | | 0.12 | $14,034 | $1,754 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | **Total New Additional Positions** | 0.00 | 1.12 | | $16,139 |
| **C. Total Program Positions** | | 0.00 | 1.12 | | $16,139 |

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.

**Budget Narrative**
**Older Adult Access & Resources Program**
**FSP-04**
**2005-2006**

This Budget Narrative and the linked Budget Worksheet cover the 4 month period from March 2006 - June 2006, our planned implementation period. The following narrative follows the order of items on the applicable Budget Worksheet. Only items with expenditures are listed and discussed.

## A. Expenditures

### 1. Client, Family Member, and Caregiver Support Expenditures

b. Travel and Transportation: This amount covers the anticipated cost of providing transportation to participants, from home to the senior center and to other services. Our identified older adult client population is highly likely to require transportation assistance, as many seniors can no longer drive, due to physical, mental, or financial limitations. This item will cover bus vouchers, rides, etc. Lake County's geography and widely-dispersed communities are significant barriers to accessing services. This item includes mileage reimbursement at the standard County rate of $0.27/mile.

c.ii Housing – Subsidies. This item will assist older adults to obtain and/or remain in safe, stable, decent housing. It recognizes that housing is fundamental to physical and mental health and recovery. Many of our older adult participants will be on small fixed incomes and are at risk of homelessness. This item is intended to provide short-term relief while participants work with the Housing Specialist to find long-term options.

e. Other Support Expenditures: This item creates a small flexible fund to cover various expenditures that will promote recovery in older adults, as appropriate. Examples include: weed abatement, yard work, and minor home reports that allow older adults to remain safely in their own homes; emergency utility payments; etc.

Source document: These items are estimates based on LCMH experience of the costs of comparable services and supports.

### 2. Personnel Expenditures

b. New Additional Personnel Expenditures:

1.0 FTE MHSA Coordinator @ $20.2414/hr. or $14,034/Year 1 ÷ 8 = $1,754/program

As discussed, this is not a management position according to Lake County's job classification structure. Therefore, the salary and benefits of this position are allocated equally among all of the MHSA programs as the Coordinator is responsible for their day-to-day operations. The Coordinator will report directly to the Adult and Children's

Services Deputy Directors. He or she will be responsible for the MHSA team, i.e., all MHSA-funded staff and contractors providing services to the MSHA. The Coordinator will be responsible for implementing the programs as proposed, on-time and on-budget. He or she will also monitor data collection activities. Once the MHSA is underway, the Coordinator will organize ongoing community-based planning activities, including quarterly Stakeholder Steering Committee meetings, an annual report-out to the community, and possible publications.

Please note the Staffing Detail Worksheet sets this position at .12 FTE, but the actual FTE per program is .125. The position's salary and benefits are calculated accordingly.

Benefits are paid at the standard County of Lake rates for this position. Please note that PERS is paid at 7% of salary, reduced by $133 per pay period or 4 pay periods for Year 1.

| | | | | |
|---|---|---|---|---|
| FICA | @ | 7.65% of salary | = | $134 |
| County PERS | @ | 11.085% of salary | = | $194 |
| PERS | @ | (Salary - $1,596) x 7% | = | $118 |
| Insurance | @ | $6,600/yr. ÷3 = $2,200 ÷ 8 | = | $275 |
| Unemployment | @ | .007 | = | $12 |
| Total: | | | | $733 |

1.0 FTE Mental Health Specialist. Although this position is expected to be filled by a mental health specialist (unlicensed), this program retains the flexibility to hire a Senior Mental Health Specialist, a licensed position and will budget the position at the higher licensed rate @ $20.7475/hour or $14,385/Year 1.

During this initial year, the Specialist will hold regular office hours at one Senior Center. The site is likely to be the Highlands Senior Service Center in Clearlake, the largest senior center in the County. He or she will also make home visits to seniors referred by family and friends, caregivers, other providers, the Sheriff's "You Are Not Alone" calling program, the Senior Peer Counseling/Friendly Visitor programs, and other providers. During Year 1, the Specialist will also visit all of the senior centers to identify ways in which this program can be most useful to participants. At the Highlands Senior Service Center, this position will engage in outreach and education to older adults to reduce the stigma of associated with using mental health services. The Specialist will coordinate trainings for Center staff and others serving seniors on the recognition and reporting of elder abuse and, with AODS, will coordinate cross-trainings on substance abuse. This position will also hold medication management sessions, encouraging seniors to bring their medications for review, and helping them understand medication interactions, etc. The Specialist will work with other providers, Dr. Segal, case managers, et al. to develop, and participate in, the implementation of, individualized service plans for participants. This position will carry a caseload of about 60 older adults by Year 2. Reduced caseloads will allow the Specialist to provide personalized services to participants for 6-12 months or longer, as needed.

Benefits are paid at the standard County of Lake rates for this position. Please note that PERS is paid at 7% of salary, reduced by $133 per pay period or 4 pay periods for Year 1.

| | | | | |
|---|---|---|---|---|
| FICA | @ | 7.65% of salary | = | $1,100 |
| County PERS | @ | 11.085% of salary | = | $1,595 |
| PERS | @ | (Salary - $532) x 7% | = | $895 |
| Insurance | @ | $6,600/yr. x .33% | = | $2,200 |
| Unemployment | @ | .007 of salary | = | $101 |
| Total: | | | = | $5,891 |

Source document: New Job Classification Salary Data, effective 11/17/05, including County of Lake Personnel Department Position, Grade, Step Table.

**3. Operating Expenditures.**

a. Professional Services. This item covers 25% of the services of Dr. Segal @ $85,000/year local share of cost x .25 = $21,250 x .33 = $7,012.50, rounded to $7,013. Dr. Segal will hold regular office hours at the Highlands Senior Service Center and be available for consultations. She will also work with Tribal Health, the Inter-Tribal Council of California, and the Tribal Councils to design strategies to better serve Native American elders.

b. Translation and Interpreter Services. This item will help us achieve the goal of making this program's services welcoming, accessible, and inclusive of all clients. In particular, it will address the needs of older monolingual Spanish-speaking clients. As noted, this is a severely underserved group. As noted, this investment is part of our commitment to culturally competent, accessible services.

c. Travel and Transportation. This item will cover at least some of the mileage attributable to the Specialist, who will be traveling among the Senior Centers, to other senior service providers, to the adult multi-disciplinary team (as needed and appropriate), to elder abuse coalition meetings, etc. Mileage is reimbursed at the standard County rate of $0.27/mile.

f. Medication and Medical Supports. This item covers assistance with the cost of medication, medical supplies, and insurance co-payments or share-of-cost to promote stable and equitable access to these resources, regardless of financial, housing, or health insurance status. Many Lake County older adults are on fixed and limited incomes. This item will help them to maintain a consistent medication regime and promote their recovery.

Source document: Item a is based on the contract with Dr. Segal. Items b-f are estimates based on LCMH experience with the costs of comparable items and services.

## B. Revenues

Although this program may generate revenues, LCMH has chosen a very conservative approach due to the very short time available for implementation and will assume zero revenue for 2005-2006. Any revenue generated will be added to the Local Prudent Reserve or applied to unexpected MHSA costs, as permitted by DMH. All revenue generated by MHSA operations will be reinvested in MHSA programs.

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

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

Program Workplan #: GSD-01 | Date: 12/13/05

Program Workplan Name: Crisis Response Continuum | Page 1 of 1

Type of Funding: 2. System Development | Months of Operation: 4

Proposed Total Client Capacity of Program/Service: 248 | New Program/Service or Expansion: Expansion

Existing Client Capacity of Program/Service: 500 | Prepared by: Karen MacDougall

Client Capacity of Program/Service Expanded through MHSA: 748 | Telephone Number: 707.279.8935

| | 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 |
| b. Travel and Transportation | $2,000 | | | $2,000 |
| c. Housing | | | | |
| i. Master Leases | | | | $0 |
| ii. Subsidies | | | | $0 |
| iii. Vouchers | | | | $0 |
| iv. Other Housing | | | | $0 |
| d. Employment and Education Supports | | | | $0 |
| e. Other Support Expenditures (provide description in budget narrative) | | | | $0 |
| f. Total Support Expenditures | $2,000 | $0 | $0 | $2,000 |
| **2. Personnel Expenditures** | | | | |
| a. Current Existing Personnel Expenditures (from Staffing Detail) | $82,194 | | | $82,194 |
| b. New Additional Personnel Expenditures (from Staffing Detail) | $30,524 | | | $30,524 |
| c. Employee Benefits | $47,225 | | | $47,225 |
| d. Total Personnel Expenditures | $159,943 | $0 | $0 | $159,943 |
| **3. Operating Expenditures** | | | | |
| a. Professional Services | | | | $0 |
| b. Translation and Interpreter Services | | | | $0 |
| c. Travel and Transportation | | | | $0 |
| d. General Office Expenditures | | | | $0 |
| e. Rent, Utilities and Equipment | | | | |
| f. Medication and Medical Supports | | | | $0 |
| g. Other Operating Expenses (provide description in budget narrative) | | | | $0 |
| h. Total Operating Expenditures | $0 | $0 | $0 | $0 |
| **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** | $8,250 | | | $8,250 |
| **6. Total Proposed Program Budget** | **$170,193** | **$0** | **$0** | **$170,193** |
| **B. Revenues** | | | | |
| **1. Existing Revenues** | | | | |
| a. Medi-Cal (FFP only) | $87,678 | | | $87,678 |
| b. Medicare/Patient Fees/Patient Insurance | $5,845 | | | $5,845 |
| c. Realignment | $23,381 | | | $23,381 |
| d. State General Funds | | | | $0 |
| e. County Funds | | | | $0 |
| f. Grants | | | | |
| g. Other Revenue | | | | $0 |
| h. Total Existing Revenues | $116,904 | $0 | $0 | $116,904 |
| **2. New Revenues** | | | | |
| a. Medi-Cal (FFP only) | | | | $0 |
| b. Medicare/Patient Fees/Patient Insurance | | | | $0 |
| c. State General Funds | | | | $0 |
| d. Other Revenue | | | | $0 |
| e. Total New Revenue | $0 | $0 | $0 | $0 |
| **3. Total Revenues** | $116,904 | $0 | $0 | $116,904 |
| **C. One-Time CSS Funding Expenditures** | **$125,000** | | | **$125,000** |
| **D. Total Funding Requirements** | **$178,289** | **$0** | **$0** | **$178,289** |
| **E. Percent of Total Funding Requirements for Full Service Partnerships** | | | | **48.0%** |

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

County(ies): Lake
Fiscal Year: 2005-06
Program Workplan #: GSD-01
Date: 12/13/05
Program Workplan Name: Crisis Response Continuum
Page 1 of 1
Type of Funding: 2. System Development
Months of Operation: 4
Proposed Total Client Capacity of Program/Service: 248
New Program/Service or Expansion: Expansion
Existing Client Capacity of Program/Service: 500
Prepared by: Karen MacDougall
Client Capacity of Program/Service Expanded through MHSA: 748
Telephone Number: 707.279.8935

| 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** | | | | | |
| Crisis Workers (Mental Health Specialists) | Provide 24/7 crisis response, including assessment, stabilization, placement, & transportation | | 6.00 | $13,699 | $82,194 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | **Total Current Existing Positions** | 0.00 | 6.00 | | $82,194 |
| **B. New Additional Positions** | | | | | |
| Sr. Mental Health Specialists | *Provide mental health counseling, referrals, and support for "23-hour beds" at clinic or other non-hospital settings; respond to Warm Line calls when skilled intervention, including immediate crisis response is or may be needed* | 0.00 | 2.00 | $14,385 | $28,770 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| MHSA Coordinator | Responsible for day-to-day oversight of all MHSA programs, including activities, staff, budgets, and monitoring data collection | | 0.12 | $14,034 | $1,754 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | **Total New Additional Positions** | 0.00 | 2.12 | | $30,524 |
| **C. Total Program Positions** | | 0.00 | 8.12 | | $112,718 |

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.

**Budget Narrative**
**Crisis Response Continuum**
**GSD-01**
**2005-2006**

This Budget Narrative and the linked Budget Worksheet cover the 4 month period from March 2006- June 2006, our planned implementation period. Some start-up activities will occur during the Plan approval period, as described on the separately-submitted budgets and applications.

The following narrative follows the order of items on the applicable Budget Worksheet. Only items with expenditures are listed and discussed.

## A. Expenditures

### 1. Client, Family Member, and Caregiver Support Expenditures

b. Travel and Transportation: This amount covers the anticipated cost of providing crisis transport for isolated seniors. During the planning process, representatives from older adult groups and other community members noted that seniors do not access crisis services because they cannot drive, no longer own a car, or cannot afford the costs of transportation.

Source document: Estimate based on LCMH experience with client transportation and includes reimbursement for travel costs at the standard County rate of $0.27/mile.

### 2. Personnel Expenditures

All personnel expenditures are based on standard County job classifications for the proposed responsibilities, adjusted according to the findings of the most recent Estimated Salary Survey.

a. Current Existing Personnel Expenditures:

6.0 FTE Crisis Workers (Mental Health Specialists) @ $18.8185/hr. + 5% crisis supplement = $19.7594/hr. = $13,699/ position x 6 positions = $82,194.

These workers provide crisis coverage Countywide, 24/7. They respond to crisis line telephone calls and calls from other agencies, e.g., the hospital Emergency Room staff. They transport clients, meet them at the hospitals, perform assessments, work to stabilize the situation, locate appropriate placements and referrals, and coordinate transportation.

Benefits are paid at the standard County of Lake rates for this position (Mental Health Specialist + 5% crisis supplement). Please note that PERS is paid at 7% of salary, reduced by $133 per pay period or $532 for 4 pay periods during Year 1.

| | | | | |
|---|---|---|---|---|
| FICA | @ | 7.65% of salary | = | $1,048 |
| PERS | @ | 11.085% of salary | = | $1,519 |
| County PERS | @ | (Salary - $532) x 7% | = | $922 |
| Insurance | @ | $6,600/yr. x .33% | = | $2,200 |
| Unemployment | @ | .007% of salary | = | $96 |
| Total: | | | = | $5,785/position |

x 6 positions = $34,710

b. New Additional Personnel Expenditures:

1.0 FTE MHSA Coordinator @ $20.2414/hr. or $14,034/Year 1 ÷ 8 = $1,754/program

As discussed, this is not a management position according to Lake County's job classification structure. Therefore, the salary and benefits of this position are allocated equally among all of the MHSA programs as the Coordinator is responsible for their day-to-day operations. The Coordinator will report directly to the Adult and Children's Services Deputy Directors. He or she will be responsible for the MHSA team, i.e., all MHSA-funded staff and contractors providing services to the MSHA. The Coordinator will be responsible for implementing the programs as proposed, on-time and on-budget. He or she will also monitor data collection activities. Once the MHSA is underway, the Coordinator will organize ongoing community-based planning activities, including quarterly Stakeholder Steering Committee meetings, an annual report-out to the community, and possible publications.
Please note the Staffing Detail Worksheet sets this position at .12 FTE, but the actual FTE per program is .125. The position's salary and benefits are calculated accordingly.

Benefits are paid at the standard County of Lake rates for this position. Please note that PERS is paid at 7% of salary, reduced by $133 per pay period or 4 pay periods for Year 1.

| | | | | |
|---|---|---|---|---|
| FICA | @ | 7.65% of salary | = | $134 |
| County PERS | @ | 11.085% of salary | = | $194 |
| PERS | @ | (Salary - $532) x 7% | = | $118 |
| Insurance | @ | $6,600/yr. ÷3 = $2,200 ÷ 8 = | | $275 |
| Unemployment | @ | .007 of salary | = | $12 |
| Total: | | | | $733 |

2.0 FTE Senior Mental Health Specialists @ $20.7475/hour or $14,385/Year 1 x 2 positions = $28,770

As noted, these new positions will staff the outpatient crisis resolution component, including crisis stabilization housing to be located at clinics, designated motels, and other non-hospital settings. They will provide mental health counseling, referrals, and support. They will be on-call during after-hours periods and will provide follow-up and case management to the clients served. They will be available for consultation with the

Warm Line/Crisis Line staff and may provide call-backs and further crisis response services to callers, as needed.

Benefits are paid at the standard County of Lake rates for this position. Please note that PERS is paid at 7% of salary, reduced by $133 per pay period or 4 pay periods for Year 1.

| | | | | |
|---|---|---|---|---|
| FICA | @ | 7.65% of salary | = | $1,100 |
| County PERS | @ | 11.085% of salary | = | $1,595 |
| PERS | @ | (Salary - $532) x 7% | = | $895 |
| Insurance | @ | $6,600/yr. x .33% | = | $2,200 |
| Unemployment | @ | .007 of salary | = | $101 |
| Total: | | | $5,891 per position x 2 | |
| | | | = | $11,782 |

Source document: New Job Classification Salary Data, effective 11/17/05, including County of Lake Personnel Department Position, Grade, Step Table.

**5. Estimated Total Expenditures when service provider is not known.**

Access/ Crisis Line/Warm Line contract provider to provide 24-hour personal response by trained responders, able to make local referrals and linkages, plus access to Senior Mental Health Specialists @ $25,000/year x .33% = $8,250. As noted in **Part II, Section VI,** this resource is a key gateway for new and existing clients into MHSA and other LCMH services, as appropriate.

Source document: Estimate based on preliminary discussions between the LCMH Director and established warm line/crisis line providers.

**C. One-Time CSS Funding Expenditures.**

Contract with Phoenix for 7 beds to provide 2 weeks – 30 days of residential crisis response housing, with supportive services. Lake County has no housing option of this type. Clients will benefit from this less-restrictive alternative, which is consistent with the guiding principles of the MHSA. This expenditure covers the cost of one-full year of access to these beds, reducing the costs of this service for Years 2 and 3. This approach will allow Lake County to have access to this essential resource while extending CSS funding to ensure that the full Plan can be implemented.

## B. Revenues

The existing 6.0 FTE Crisis Workers are entirely funded by non-MHSA sources, specifically a combination of: Medi-Cal (75%); Medicare/Patient Fees/Patient Insurance (5%); and Realignment (20%). MSHA funds will be used to build a continuum of response around this continuing core service.

Although this program may generate revenues, LCMH has chosen a very conservative approach due to the very short time available for implementation and will assume zero revenue for 2005-2006. Any revenue generated will be added to the Local Prudent Reserve or applied to unexpected MHSA costs, as permitted by DMH. All revenue generated by MHSA operations will be reinvested in MHSA programs.

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

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

Program Workplan #: GSD-02 | Date: 12/13/05

Program Workplan Name: TAY & Adult Consumer Self-Help Center | Page 1 of 1

Type of Funding: 2. System Development | Months of Operation: 4

Proposed Total Client Capacity of Program/Service: 25 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: Karen MacDougall

Client Capacity of Program/Service Expanded through MHSA: 25 | Telephone Number: 707.279.8935

| | 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 |
| b. Travel and Transportation | $500 | | | $500 |
| c. Housing | | | | |
| i. Master Leases | | | | $0 |
| ii. Subsidies | | | | $0 |
| iii. Vouchers | | | | $0 |
| iv. Other Housing | | | | $0 |
| d. Employment and Education Supports | | | | $0 |
| e. Other Support Expenditures (provide description in budget narrative) | | | | $0 |
| f. Total Support Expenditures | $500 | $0 | $0 | $500 |
| **2. Personnel Expenditures** | | | | |
| a. Current Existing Personnel Expenditures (from Staffing Detail) | | | | $0 |
| b. New Additional Personnel Expenditures (from Staffing Detail) | $37,962 | | | $37,962 |
| c. Employee Benefits | $18,658 | | | $18,658 |
| d. Total Personnel Expenditures | $56,620 | $0 | $0 | $56,620 |
| **3. Operating Expenditures** | | | | |
| a. Professional Services | | | | $0 |
| b. Translation and Interpreter Services | $500 | | | $500 |
| c. Travel and Transportation | $500 | | | $500 |
| d. General Office Expenditures | | | | $0 |
| e. Rent, Utilities and Equipment | | | | |
| f. Medication and Medical Supports | | | | $0 |
| g. Other Operating Expenses (provide description in budget narrative) | | | | $0 |
| h. Total Operating Expenditures | $1,000 | $0 | $0 | $1,000 |
| **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** | $8,080 | | | $8,080 |
| **6. Total Proposed Program Budget** | **$66,200** | **$0** | **$0** | **$66,200** |
| **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) | | | | $0 |
| b. Medicare/Patient Fees/Patient Insurance | | | | $0 |
| c. State General Funds | | | | $0 |
| d. Other Revenue | | | | $0 |
| e. Total New Revenue | $0 | $0 | $0 | $0 |
| **3. Total Revenues** | $0 | $0 | $0 | $0 |
| **C. One-Time CSS Funding Expenditures** | **$115,000** | | | **$115,000** |
| **D. Total Funding Requirements** | **$181,200** | **$0** | **$0** | **$181,200** |
| **E. Percent of Total Funding Requirements for Full Service Partnerships** | | | | **30.0%** |

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

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

Program Workplan #: GSD-02 | Date: 12/13/05

Program Workplan Name: TAY & Adult Consumer Self-Help Center | Page 1 of 1

Type of Funding: 2. System Development | Months of Operation: 4

Proposed Total Client Capacity of Program/Service: 25 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: Karen MacDougall

Client Capacity of Program/Service Expanded through MHSA: 25 | Telephone Number: 707.279.8935

| 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 |
| | **Total Current Existing Positions** | 0.00 | 0.00 | | $0 |
| **B. New Additional Positions** | | | | | |
| Case Manager/Mental Heatlh Worker | *Provide intensive case management to FSP Center clients, plus case management assistance for general Center clients; assist Center clients to find and use community resources; support staff from other programs,et al.* | 0.00 | 2.00 | $8,205 | $16,410 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| MHSA Coordinator | *Responsible for day-to-day oversight of all MHSA programs* | | 0.12 | $14,034 | $1,754 |
| Consumer Self-Help Coordinator | *Provide on-site coordination of Center operations and activities; assist consumers, collaborative partners, et al. to use resources effectively* | | 1.00 | $13,047 | $13,047 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| Office Assistant II | Reception: telephones, light clerical, etc. Position may be split among 2 or more consumers | | | | $0 |
| | | | | | $0 |
| | | | 1.00 | $6,751 | $6,751 |
| | **Total New Additional Positions** | 0.00 | 4.12 | | $37,962 |
| **C. Total Program Positions** | | 0.00 | 4.12 | | $37,962 |

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.

**Budget Narrative**
**TAY and Adult Consumer Self-Help Center**
**GSD-02**
**2005-2006**

This Budget Narrative and the linked Budget Worksheet cover the 4 month period from March 1, 2006- June 30, 2006, our planned implementation period. Some start-up activities will occur during the Plan approval period, as described on the separately-submitted budgets and applications.

The following narrative follows the order of items on the applicable Budget Worksheet. Only items with expenditures are listed and discussed.

## A. Expenditures

### 1. Client, Family Member, and Caregiver Support Expenditures

b. Travel and Transportation: This amount covers the anticipated cost of providing transportation to TAY and adult clients to and from the Center. Our identified client population is likely to require transportation assistance, e.g., bus vouchers, rides, etc. Lake County's geography and widely-dispersed communities are significant barriers to accessing services.

Source document: Estimate based on LCMH experience with client transportation and includes reimbursement for travel costs at the standard County rate of $0.27/mile.

### 2. Personnel Expenditures

All personnel expenditures are based on standard County job classifications for the proposed responsibilities, adjusted according to the findings of the most recent Estimated Salary Survey.

b. New Additional Personnel Expenditures:

1.0 FTE MHSA Coordinator @ $20.2414/hr. or $14,034/Year 1 ÷ 8 = $1,754/program

As discussed, this is not a management position according to Lake County's job classification structure. Therefore, the salary and benefits of this position are allocated equally among all of the MHSA programs as the Coordinator is responsible for their day-to-day operations. The Coordinator will report directly to the Adult and Children's Services Deputy Directors. He or she will be responsible for the MHSA team, i.e., all MHSA-funded staff and contractors providing services to the MSHA. The Coordinator will be responsible for implementing the programs as proposed, on-time and on-budget as proposed, on-time and on-budget. He or she will also monitor data collection activities. Once the MHSA is underway, the Coordinator will organize ongoing community-based planning activities, including quarterly Stakeholder Steering

Committee meetings, an annual report-out to the community, and possible publications. Please note the Staffing Detail Worksheet sets this position at .12 FTE, but the actual FTE per program is .125. The position's salary and benefits are calculated accordingly.

Benefits are paid at the standard County of Lake rates for this position. Please note that PERS is paid at 7% of salary, reduced by $133 per pay period or 4 pay periods for Year 1.

| | | | | |
|---|---|---|---|---|
| FICA | @ | 7.65% of salary | = | $134 |
| County PERS | @ | 11.085% of salary | = | $194 |
| PERS | @ | (Salary - $1,532) x 7% | = | $118 |
| Insurance | @ | $6,600/yr. ÷3 = $2,200 ÷ 8 | = | $275 |
| Unemployment | @ | .007 | = | $12 |
| Total: | | | | $733 |

**Please note:** The non-profit engaged to operate the Center will be providing staff. These positions, their functions, and their costs are provided: (i) to demonstrate the types of core services and support which will be available at the Center; and (ii) to detail the categories and costs of personnel which LCMH will provide to staff the Center if LCMH is unable to engage a qualified non-profit to operate it.

1.0 FTE Consumer Self-Help Coordinator @ $18.8185/hour or $14,385/Year 1
(Mental Health Specialist classification)

This position will provide on-site organization and coordination of all Center activities. It will help LCMH organize consumer self-help resources, including training opportunities; recruit consumers to participate in such opportunities and in MHSA planning and implementation activities; provide assistance when a parent partner or case manager is unavailable; and may serve on the IPRT. This position will also organize consumer self-help groups in which parents and caregivers share their experiences and their skills in navigating health and human services systems. This position will also provide on-call support from the Center for the parents and caregivers of TAY and to TAY using the Consumer Self-Help Center.

Benefits are paid at the standard County of Lake rates for this position. Please note that PERS is paid at 7% of salary, reduced by $133 per pay period or 4 pay periods for Year 1.

| | | | | |
|---|---|---|---|---|
| FICA | @ | 7.65% of salary | = | $998 |
| County PERS | @ | 11.085% of salary | = | $1,446 |
| PERS | @ | (Salary - $532) x 7% | = | $802 |
| Insurance | @ | $6,600/yr. x .33% | = | $2,200 |
| Unemployment | @ | .007 of salary | = | $91 |
| Total: | | | | $5,537 |

2.0 FTE Mental Health Case Managers I @ $11.8347/hour or $8,205/Year 1 x 2

positions = $16,410.

These positions will staff the Center, with separate positions dedicated to TAY and adults, creating stable relationships and familiar faces for clients. They will provide intensive case management to FSP using the Center and will assist all Center clients to find and use community resources. They will support the Housing Coordinator, Forensic Mental Health Specialist, Dr. Segal, and others serving clients at the Center.

Benefits are paid at the standard County of Lake rates for this position. Please note that PERS is paid at 7% of salary, reduced by $133 per pay period or 4 pay periods for Year 1.

| | | | | |
|---|---|---|---|---|
| FICA | @ | 7.65% of salary | = | $628 |
| County PERS | @ | 11.085% of salary | = | $910 |
| PERS | @ | (Salary - $532) x 7% | = | $463 |
| Insurance | @ | $6,600/yr. x .33% | = | $2,200 |
| Unemployment | @ | .007 of salary | = | $57 |
| Total: | | $4,258/per position x 2 = | | $8,516 |

1.0 FTE Office Assistant II @ $9.7364/hour or $6,751/Year 1

Benefits are paid at the standard County of Lake rates for this position. Please note that PERS is paid at 7% of salary, reduced by $133 per pay period or 4 pay periods for Year 1.

| | | | | |
|---|---|---|---|---|
| FICA | @ | 7.65% of salary | = | $516 |
| County PERS | @ | 11.085% of salary | = | $748 |
| CPERS | @ | (Salary - $532) x 7% | = | $361 |
| Insurance | @ | $6,600/yr. x .33% | = | $2,200 |
| Unemployment | @ | .007 of salary | = | $47 |
| Total: | | | | $3,872 |

Source document: New Job Classification Salary Data, effective 11/17/05, including County of Lake Personnel Department Position, Grade, Step Table.

**3. Operating Expenditures.**

b. Translation and Interpreter Services. This item will ensure that the Centers are welcoming, accessible, and inclusive of all clients. In particular, it will ensure that Spanish-speaking clients are fully-served. This investment in accessibility is part of our overall cultural competency strategy, creating a welcoming environment for all.

c. Travel and Transportation. This item covers LCMH costs of transporting clients to and from the Centers, plus bus vouchers, ensuring that all clients have access regardless of their age, financial, or housing situation.

**5. Estimated Total Expenditures when service provider is not known.**

As discussed at length in Part II, Section VI of the plan narrative, LCMH intends to contract with a reputable non-profit to operate the Center. The contractor will be identified and engaged through the County procurement process, which will involve a Request For Proposal for a contract of this scope. This program will offer a lump sum amount and will specify certain services and facilities which the contractor must provide. In particular, the contractor will receive MHSA CSS funding to obtain a location for the Center, preferably under a lease-to-own arrangement that culminates in LCMH's ownership of the facility. The One-Time Funding described below will be dedicated to facility costs, e.g., lease to own expenses, plus start-up furnishing costs. These items are described under **C. One-Time CSS Funding and Expenditures.**

The Operating Expenditures described herein will be provided by the contractor who will propose an operating plan for the Center in its proposal. The costs detailed herein are by way of example of the types of expenses which the contractor is expected to cover. The winning proposal will provide a detailed plan for the acquisition and operation of the Center.

Examples of the types of expenditures associated with the Center include:

d. General Office Expenditures. This item covers general office supplies, e.g., paper, ink jet cartridges, etc. @ $100/mo. x 4 mos. = $400

e. Rent, Utilities, and Equipment. This item covers some of the costs of operating the Center; other amounts are covered by the requested One-Time CSS Funding Expenditures (see **C,** below). The estimated costs of 4-months of operations include:

| | | | | |
|---|---|---|---|---|
| Water services | @ | $100/mo. x 4 mos. | = | $400 |
| Electricity | @ | $500/mo. x 4 mos. | = | $2,000 |
| Heat | @ | $500/mo. x 4 mos. | = | $2,000 |
| Garbage | @ | $50/mo. x 4 mos. | = | $200 |
| Total: | | | | $4,600 |

g. Other Operating Expenses. Examples of the items to be covered include insurance and facility maintenance. Insurance will include public liability, fire and allied coverage. The Center will be physically separate from LCMH facilities and will require its own coverage. We expect insurance costs to be at least equal to the MHSA pro-rata share of the LCMH annual budget request for insurance or $2,580.

Maintenance includes the costs of maintaining and repairing the Center's building, fixtures, and grounds. The Contractor may allocate funds for maintenance or include it within the square foot cost of the facility.

Source documents: Items b, c, d, and e are estimates based on LCMH's experience with comparable costs of such services. Item g is based on the current LCMH

administration budget x 9% (the ratio of the MHSA funding to the total LCMH budget), increased to compensate for anticipated heavy use of the facility.

**C. One-Time CSS Funding Expenditures.**

1. Capital purchases: $115,000 in one-time funds will be included in the contract awarded to a qualified nonprofit to open and operate the Center. This amount is intended to cover the first three-years of a lease-to-own arrangement, plus initial costs of furnishing the Center. It may be possible to negotiate a significant discount based on capacity to pay a significant sum in advance. The Stakeholders' Steering Committee and other community members strongly urged LCMH to use MHSA funds to buy the Center facility rather than rent or lease it. Ownership will send a message to the clients and to the general community that this Center is a stable resource. However, the available funding may not be sufficient to complete a purchase in the short-term, so a lease-to-own arrangement is being proposed as the most flexible and fiscally-prudent option.

The Contractor will apply portion of the funding to:

(i) Furniture (couches, tables, chairs, receptionist desk, etc.)
(ii) Computer workstations with internet connectivity, so clients can research local resources, housing, jobs, post resumes, etc.
(iii) Supplies, e.g., art supplies, books, kitchen equipment, food, fax machine, start-up office supplies, etc.
(iv) Telephone switching system and telephones

Source document: Item 1 is based on a review of costs of local property, modular office buildings, with interior finish detail in place, and the current $1.35/square foot cost of LCMH's current facilities. LCMH is aware this amount may have to be increased, but remains committed to ownership.

As discussed, the winning proposal will provide an itemized budget with cost estimates for the acquisition and operation of the Center.

If a suitable bidder is not identified, then LCMH will proceed to locate a site, enter into a lease-to-own arrangement, if feasible, and provide at least the core services detailed in Part II, Section VI. In any event, LCMH will hire, train, and assign the proposed staff to the Center in response to community concerns for structure and safety, among others.

**B. Revenues**

Although this program may generate revenues, LCMH has chosen a very conservative approach due to the short time available for implementation and will assume zero revenue for 2005-2006. Any revenue generated will be added to the Local Prudent

Reserve or applied to unexpected MHSA costs, as permitted by DMH. All revenue generated by MHSA operations will be reinvested in MHSA programs.

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

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

Program Workplan #: GSD-03 | Date: 12/13/05

Program Workplan Name: Housing Development & Access | Page 1 of 1

Type of Funding: 2. System Development | Months of Operation: 4

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

Existing Client Capacity of Program/Service: 0 | Prepared by: Karen MacDougall

Client Capacity of Program/Service Expanded through MHSA: 0 | Telephone Number: 707.279.8935

| | 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 |
| b. Travel and Transportation | | | | $0 |
| c. Housing | | | | |
| i. Master Leases | | | | $0 |
| ii. Subsidies | | | | $0 |
| iii. Vouchers | | | | $0 |
| iv. Other Housing | | | $50,000 | $50,000 |
| d. Employment and Education Supports | | | | $0 |
| e. Other Support Expenditures (provide description in budget narrative) | | | | $0 |
| f. Total Support Expenditures | $0 | $0 | $50,000 | $50,000 |
| **2. Personnel Expenditures** | | | | |
| a. Current Existing Personnel Expenditures (from Staffing Detail) | | | | $0 |
| b. New Additional Personnel Expenditures (from Staffing Detail) | $1,754 | | | $1,754 |
| c. Employee Benefits | $733 | | | $733 |
| d. Total Personnel Expenditures | $2,487 | $0 | $0 | $2,487 |
| **3. Operating Expenditures** | | | | |
| a. Professional Services | | | | $0 |
| b. Translation and Interpreter Services | | | | $0 |
| c. Travel and Transportation | | | | $0 |
| d. General Office Expenditures | | | | $0 |
| e. Rent, Utilities and Equipment | | | | |
| f. Medication and Medical Supports | | | | $0 |
| g. Other Operating Expenses (provide description in budget narrative) | | | | $0 |
| h. Total Operating Expenditures | $0 | $0 | $0 | $0 |
| **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** | $20,000 | | | $20,000 |
| **6. Total Proposed Program Budget** | **$22,487** | **$0** | **$50,000** | **$72,487** |
| **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) | | | | $0 |
| b. Medicare/Patient Fees/Patient Insurance | | | | $0 |
| c. State General Funds | | | | $0 |
| d. Other Revenue | | | | $0 |
| e. Total New Revenue | $0 | $0 | $0 | $0 |
| **3. Total Revenues** | $0 | $0 | $0 | $0 |
| **C. One-Time CSS Funding Expenditures** | | | | **$0** |
| **D. Total Funding Requirements** | **$22,487** | **$0** | **$50,000** | **$72,487** |
| **E. Percent of Total Funding Requirements for Full Service Partnerships** | | | | **25.0%** |

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

County(ies): Lake
Fiscal Year: 2005-06
Program Workplan #: GSD-03
Date: 12/13/05
Program Workplan Name: Housing Development & Access
Page 1 of 1
Type of Funding:
Months of Operation: 4
Proposed Total Client Capacity of Program/Service: 0
New Program/Service or Expansion: New
Existing Client Capacity of Program/Service: 0
Prepared by: Karen MacDougall
Client Capacity of Program/Service Expanded through MHSA: 0
Telephone Number: 707.279.8935

| 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 |
| | | | | | $0 |
| | **Total Current Existing Positions** | 0.00 | 0.00 | | $0 |
| **B. New Additional Positions** | | | | | |
| MHSA Coordinator | *Responsible for day-to-day operations of all MHSA programs* | | 0.12 | $14,034 | $0 |
| | | | | | $1,754 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | **Total New Additional Positions** | 0.00 | 0.12 | | $1,754 |
| **C. Total Program Positions** | | 0.00 | 0.12 | | $1,754 |

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.

**Budget Narrative**
**Housing Development & Access**
**GSD-03**
**2005-2006**

This Budget Narrative and the linked Budget Worksheet cover the 4 month period from March 2006- June 2006, our initial implementation period. Some start-up activities will occur during the Plan approval period, as described on the separately-submitted budgets and applications. The following narrative follows the order of items on the applicable Budget Worksheet. Only items with expenditures are listed and discussed.

**Proposed Total Client Capacity:** This item is shown at "0" for Year 1, as 2005-2006 will be a planning year. If the proposed subsidized housing described in A.1.c.iv, below is completed during Year 1, then the proposed total client capacity will be increased accordingly.

## A. Expenditures

### 1. Client, Family Member, and Caregiver Support Expenditures

c.iv. Other Housing. This amount will be paid to Rural Communities Housing Development Corp. to provide the required match for the development of 10-12 units of subsidized housing in the Clearlake area to be designated for LCMH clients. Rural Communities Housing Development Corp. has already successfully completed a small development of comparable units for LCMH clients. These small apartments are located within walking distance of the Lake County Health Services Department in Lakeport.

Source document: Letter of Intent dated November 30, 2005 from the LCMH Director to Rural Communities Housing Development Corp.

### 2. Personnel Expenditures.

1.0 FTE MHSA Coordinator @ $20.2414/hr. or $14,034/Year 1 ÷ 8 = $1,754/program

As discussed, this is not a management position according to Lake County's job classification structure. Therefore, the salary and benefits of this position are allocated equally among all of the MHSA programs as the Coordinator is responsible for their day-to-day operations. The Coordinator will report directly to the Adult and Children's Services Deputy Directors. He or she will be responsible for the MHSA team, i.e., all MHSA-funded staff and contractors providing services to the MSHA. The Coordinator will be responsible for implementing the programs as proposed, on-time and on-budget as proposed, on-time and on-budget. He or she will also monitor data collection activities. Once the MHSA is underway, the Coordinator will organize ongoing community-based planning activities, including quarterly Stakeholder Steering Committee meetings, an annual report-out to the community, and possible publications.

Please note the Staffing Detail Worksheet sets this position at .12 FTE, but the actual FTE per program is .125. The position's salary and benefits are calculated accordingly.

Benefits are paid at the standard County of Lake rates for this position. Please note that PERS is paid at 7% of salary, reduced by $133 per pay period or 4 pay periods for Year 1.

| | | | | |
|---|---|---|---|---|
| FICA | @ | 7.65% of salary | = | $134 |
| County PERS | @ | 11.085% of salary | = | $194 |
| PERS | @ | (Salary - $1,596) x 7% | = | $118 |
| Insurance | @ | $6,600/yr.÷3 = $2,200 ÷ 8 | = | $275 |
| Unemployment | @ | .007 | = | $12 |
| Total: | | | | $733 |

Source document: New Job Classification Salary Data, effective 11/17/05, including County of Lake Personnel Department Position, Grade, Step Table.

**5. Estimated Total Expenditures when service provider is not known.**

The Housing Development & Access Program will be implemented in two phases: (ii) a $20,000 4-month planning contract with a private developer such as the Corporation for Supportive Housing; and (ii) in Years 2 and 3, a full-time position to implement the MHSA Housing Plan, as developed. The planning contract will cover: (i) an inventory of existing housing resources for clients; (ii) research and development of a range of in-County housing options for Lake County MHSA clients, including culturally appropriate options (e.g., family-style or multi-generational resources, housing located on tribal lands, etc.); (iii) identification of multiple funding streams; (iv) outreach to potential landlords and developers; (v) support for the MHSA Housing Collaborative. The planning contract will generate a written plan, with an inventory of existing resources, an analysis of the types and amounts of housing needed by MHSA participants, recommended priorities, and identification of potential resources (builders, developers, interested landlords, etc.)

**B. Revenues**

This program is highly unlikely to generate revenues during 2005-2006. Therefore, LCMH has chosen a very conservative approach and will assume zero revenue for 2005-2006. If any revenue is generated, it will be added to the Local Prudent Reserve or applied to unexpected MHSA costs, as permitted by DMH. All revenue generated by MHSA operations will be reinvested in MHSA programs.

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

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

Program Workplan #: OE-01 | Date: 12/13/05

Program Workplan Name: Community Outreach & Engagement | Page 1 of 1

Type of Funding: 3. Outreach and Engagement | Months of Operation: 4

Proposed Total Client Capacity of Program/Service: 100 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: Karen MacDougall

Client Capacity of Program/Service Expanded through MHSA: 100 | Telephone Number: 707.279.8935

| | 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 |
| b. Travel and Transportation | $1,500 | | | $1,500 |
| c. Housing | | | | |
| i. Master Leases | | | | $0 |
| ii. Subsidies | | | | $0 |
| iii. Vouchers | | | | $0 |
| iv. Other Housing | | | | $0 |
| d. Employment and Education Supports | | | | $0 |
| e. Other Support Expenditures (provide description in budget narrative) | | | | $0 |
| f. Total Support Expenditures | $1,500 | $0 | $0 | $1,500 |
| **2. Personnel Expenditures** | | | | |
| a. Current Existing Personnel Expenditures (from Staffing Detail) | | | | $0 |
| b. New Additional Personnel Expenditures (from Staffing Detail) | $1,754 | | | $1,754 |
| c. Employee Benefits | $733 | | | $733 |
| d. Total Personnel Expenditures | $2,487 | $0 | $0 | $2,487 |
| **3. Operating Expenditures** | | | | |
| a. Professional Services | | | | $0 |
| b. Translation and Interpreter Services | $1,500 | | | $1,500 |
| c. Travel and Transportation | $2,000 | | | $2,000 |
| d. General Office Expenditures | | | | $0 |
| e. Rent, Utilities and Equipment | | | | |
| f. Medication and Medical Supports | | | | $0 |
| g. Other Operating Expenses (provide description in budget narrative) | | | | $0 |
| h. Total Operating Expenditures | $3,500 | $0 | $0 | $3,500 |
| **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** | $20,000 | | | $20,000 |
| **6. Total Proposed Program Budget** | **$27,487** | **$0** | **$0** | **$27,487** |
| **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) | | | | $0 |
| b. Medicare/Patient Fees/Patient Insurance | | | | $0 |
| c. State General Funds | | | | $0 |
| d. Other Revenue | | | | $0 |
| e. Total New Revenue | $0 | $0 | $0 | $0 |
| **3. Total Revenues** | $0 | $0 | $0 | $0 |
| **C. One-Time CSS Funding Expenditures** | **$0** | | | **$0** |
| **D. Total Funding Requirements** | **$27,487** | **$0** | **$0** | **$27,487** |
| **E. Percent of Total Funding Requirements for Full Service Partnerships** | | | | **33.3%** |

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

County(ies): Lake
Fiscal Year: 2005-06
Program Workplan #: OE-01
Date: 12/13/05
Program Workplan Name: Community Outreach & Engagement
Page 1 of 1
Type of Funding: 3. Outreach and Engagement
Months of Operation: 4
Proposed Total Client Capacity of Program/Service: 100
New Program/Service or Expansion: New
Existing Client Capacity of Program/Service: 0
Prepared by: Karen MacDougall
Client Capacity of Program/Service Expanded through MHSA: 100
Telephone Number: 707.279.8935

| 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** | | | | | |
| | | | | | $0 |
| MHSA Coordinator | *Responsible for day-to-day operations of all* | | | | $0 |
| | *MHSA programs* | | 0.12 | $14,034 | $1,754 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | **Total New Additional Positions** | 0.00 | 0.12 | | $1,754 |
| **C. Total Program Positions** | | 0.00 | 0.12 | | $1,754 |

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.

**Budget Narrative**
**Community Outreach & Engagement Program**
**OE-01**
**2005-2006**

This Budget Narrative and the linked Budget Worksheet cover the four month period from March 2006- June 2006, our planned implementation period. The following narrative follows the order of items on the applicable Budget Worksheet. Only items with expenditures are listed and discussed.

## A. Expenditures

### 1. Client, Family Member and Caregiver Support Expenditures

b. Travel and Transportation. This amount covers the anticipated cost of providing transportation to participants to the program's trainings and other activities. This resource will promote broad representation and facilitate participation of isolated and underserved groups and individuals, giving the program access to a wide array of viewpoints. This item includes mileage reimbursement at the standard County rate of $0.27/mile.

Source document: County of Lake Travel Policy

### 2. Personnel Expenditures.

1.0 FTE MHSA Coordinator @ $20.2414/hr. or $14,034/Year 1 ÷ 8 = $1,754/program

As discussed, this is not a management position according to Lake County's job classification structure. Therefore, the salary and benefits of this position are allocated equally among all of the MHSA programs as the Coordinator is responsible for their day-to-day operations. The Coordinator will report directly to the Adult and Children's Services Deputy Directors. He or she will be responsible for the MHSA team, i.e., all MHSA-funded staff and contractors providing services to the MSHA. The Coordinator will be responsible for implementing the programs as proposed, on-time and on-budget. He or she will also monitor data collection activities. Once the MHSA is underway, the Coordinator will organize ongoing community-based planning activities, including quarterly Stakeholder Steering Committee meetings, an annual report-out to the community, and possible publications.

Please note the Staffing Detail Worksheet sets this position at .12 FTE, but the actual FTE per program is .125. The position's salary and benefits are calculated accordingly.

Benefits are paid at the standard County of Lake rates for this position. Please note that PERS is paid at 7% of salary, reduced by $133 per pay period or 4 pay periods for Year 1.

| | | | | |
|---|---|---|---|---|
| FICA | @ | 7.65% of salary | = | $134 |
| County PERS | @ | 11.085% of salary | = | $194 |
| PERS | @ | (Salary - $1,596) x 7% | = | $118 |
| Insurance | @ | $6,600/yr. ÷3 = $2,200 ÷ 8 | = | $275 |
| Unemployment | @ | .007 | = | $12 |
| Total: | | | | $733 |

Source document: New Job Classification Salary Data, effective 11/17/05, including County of Lake Personnel Department Position, Grade, Step Table

**3. Operating Expenditures.**

b. Translation and Interpreter Services. This item will help us achieve the goal of making this program's services welcoming, accessible, and inclusive of all participants. In particular, it will allow older monolingual Spanish-speaking clients to participate in this program's trainings, planning activities, community events, etc. This investment will help this program develop strategies that enable the MHSA to provide culturally competent, accessible services to participants from all populations.

c. Travel and Transportation. This item will cover at least some of the mileage attributable to LCMH staff, service providers, and collaborative partners, who will be traveling to trainings throughout the County. Mileage will be reimbursed at the standard County rate of $0.27/mile.

Source document: These items are estimates based on LCMH experience with the cost of comparable services. The mileage reimbursement rate is provided by the County of Lake Travel Policy.

**.5. Estimated Total Expenditures when service provider is not known.**

This item covers the estimated costs of one or more contractors who will provide trainings on community outreach and engagement, culturally competent services, and facilitation. Examples of topics to be covered range from traditional healing practices to racial variances in medication metabolism.

Source document: This item estimates the cost of developing and offering a comprehensive program of trainings for the general community, primary care physicians, clients, LCMH staff, and other service providers and stakeholders. It includes costs for planners, workshops and conferences, honoraria and expenses for presenters, materials, etc.

## B. Revenues

This program is highly unlikely to generate revenues during 2005-2006. Therefore, LCMH has chosen a very conservative approach and will assume zero revenue for 2005-2006. If any revenue is generated, it will be added to the Local Prudent Reserve or applied to unexpected MHSA costs, as permitted by DMH. All revenue generated by MHSA operations will be reinvested in MHSA programs.

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

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

Program Workplan #: FSP-01 | Date: 12/13/05

Program Workplan Name: Children's Wraparound | Page 1 of 1

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

Proposed Total Client Capacity of Program/Service: 150 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: Karen MacDougall

Client Capacity of Program/Service Expanded through MHSA: 150 | Telephone Number: 707.279.8935

| | 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 |
| b. Travel and Transportation | $1,500 | | | $1,500 |
| c. Housing | | | | |
| i. Master Leases | | | | $0 |
| ii. Subsidies | | | | $0 |
| iii. Vouchers | | | | $0 |
| iv. Other Housing | | | | $0 |
| d. Employment and Education Supports | | | | $0 |
| e. Other Support Expenditures (provide description in budget narrative) | $48,500 | | | $48,500 |
| f. Total Support Expenditures | $50,000 | $0 | $0 | $50,000 |
| **2. Personnel Expenditures** | | | | |
| a. Current Existing Personnel Expenditures (from Staffing Detail) | | | | $0 |
| b. New Additional Personnel Expenditures (from Staffing Detail) | $43,922 | | | $43,922 |
| c. Employee Benefits | $27,938 | | | $27,938 |
| d. Total Personnel Expenditures | $71,860 | $0 | $0 | $71,860 |
| **3. Operating Expenditures** | | | | |
| a. Professional Services | | | $21,250 | $21,250 |
| b. Translation and Interpreter Services | $1,500 | | | $1,500 |
| c. Travel and Transportation | $1,500 | | | $1,500 |
| d. General Office Expenditures | | | | $0 |
| e. Rent, Utilities and Equipment | | | | |
| f. Medication and Medical Supports | $6,000 | | | $6,000 |
| g. Other Operating Expenses (provide description in budget narrative) | $1,000 | | | $1,000 |
| h. Total Operating Expenditures | $10,000 | $0 | $21,250 | $31,250 |
| **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** | **$131,860** | **$0** | **$21,250** | **$153,110** |
| **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 | | | $21,250 | $21,250 |
| e. County Funds | | | | $0 |
| f. Grants | | | | |
| g. Other Revenue | | | | $0 |
| h. Total Existing Revenues | $0 | $0 | $21,250 | $21,250 |
| **2. New Revenues** | | | | |
| a. Medi-Cal (FFP only) | | | | $0 |
| b. Medicare/Patient Fees/Patient Insurance | | | | $0 |
| c. State General Funds | | | | $0 |
| d. Other Revenue | | | | $0 |
| e. Total New Revenue | $0 | $0 | $0 | $0 |
| **3. Total Revenues** | $0 | $0 | $21,250 | $21,250 |
| **C. One-Time CSS Funding Expenditures** | **$0** | | | **$0** |
| **D. Total Funding Requirements** | **$131,860** | **$0** | **$0** | **$131,860** |
| **E. Percent of Total Funding Requirements for Full Service Partnerships** | | | | **100.0%** |

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

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

Program Workplan #: FSP-01 | Date: 12/13/05

Program Workplan Name: Children's Wraparound | Page 1 of 1

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

Proposed Total Client Capacity of Program/Service: 150 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: Karen MacDougall

Client Capacity of Program/Service Expanded through MHSA: 150 | Telephone Number: 707.279.8935

| 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** | | | | | |
| Parent Partners | *Provide support for family members and caregivers, assistance with finding resources and services, understanding system, and advocacy; assist family members and care-givers to develop self-advocacy skills* | 2.00 | 2.00 | $19,198 | $38,396 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| MHSA Coordinator | *Responsible for day-to-day operations of all MHSA programs* | | | | $0 |
| | | | 0.12 | $44,207 | $5,526 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | **Total New Additional Positions** | 2.00 | 2.12 | | $43,922 |
| **C. Total Program Positions** | | 2.00 | 2.12 | | $43,922 |

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.

**Budget Narrative**
**Children's Wraparound**
**FSP-01**
**2006-2007**

This Budget Narrative and the linked Budget Worksheet cover the first full year of implementation March. The following narrative follows the order of items on the applicable Budget Worksheet. Only items with expenditures are listed and discussed.

## A. Expenditures

### 1. Client, Family Member, and Caregiver Support Expenditures

b. Travel and Transportation: This amount covers the anticipated cost of providing transportation to children and family members. Our identified client population is likely to require transportation assistance, e.g., bus vouchers, rides, etc. Lake County's geography and widely-dispersed communities are significant barriers to accessing services. This amount is estimated at $1,500 for Year 2.

e. Other Support Expenditures: This item creates flexible funding to cover any and all expenditures needed by children and their families to promote the children's resilience. Examples include: clothing, uniforms, small home repairs, etc. This item is estimated at $48,500 for Year 2.

Source document: These items are estimated based on LCMH experience in providing comparable services. Mileage is reimbursed at the standard County rate of $0.27/mile, as established by the County Travel Policy.

### 2. Personnel Expenditures

All personnel expenditures are based on standard County job classifications for the proposed responsibilities, adjusted according to the findings of the most recent Estimated Salary Survey. Year 2's salaries reflect an annual step increase of 5% in accordance with County policy for these positions. Year 2's benefits reflect a 10% adjustment, as permitted by County policy.

b. New Additional Personnel Expenditures:

1.0 FTE MHSA Coordinator @ $22.2535/hr. or $44,207/Year 2 ÷ 8 = $5,526/program

As discussed, this is not a management position according to Lake County's job classification structure. Therefore, the salary and benefits of this position are allocated equally among all of the MHSA programs as the Coordinator is responsible for their day-to-day operations. The Coordinator will report directly to the Adult and Children's Services Deputy Directors. He or she will be responsible for the MHSA team, i.e., all MHSA-funded staff and contractors providing services to the MSHA. The Coordinator

will be responsible for implementing the programs as proposed, on-time and on-budget. He or she will also monitor data collection activities. Once the MHSA is underway, the Coordinator will organize ongoing community-based planning activities, including quarterly Stakeholder Steering Committee meetings, an annual report-out to the community, and possible publications.

Please note the Staffing Detail Worksheet sets this position at .12 FTE, but the actual FTE per program is .125. The position's salary and benefits are calculated accordingly.

Benefits are paid at the standard County of Lake rates for this position. Please note that PERS is paid at 7% of salary, reduced by $133 per pay period or 12 pay periods.

| | | | | |
|---|---|---|---|---|
| FICA | @ | 7.65% of salary | = | $423 |
| County PERS | @ | 11.085% of salary | = | $613 |
| PERS | @ | (Salary - $1,596) x 7% | = | $373 |
| Insurance | @ | $6,600/yr. ÷ 8 | = | $825 |
| Unemployment | @ | .007 of salary | = | $39 |
| Annual adjustment | @ | 10% | = | $227 |
| Total: | | | | $2,500 |

2.0 FTE Parent Partners @ $9.2300/hour or $19,198/Year 2 x 2 positions = $38,396.

The full-time Parent Partners will provide support for family members, guardians, and caregivers of the children served, plus assistance with finding resources and services, understanding systems, and advocacy. They will assist family members and caregivers to develop self-advocacy skills. If requested, Parent Partners may serve on the Interagency Placement Review Team. The FTEs may be divided among several parents, some of whom may be or have been mental health consumers.

Benefits are paid at the standard County of Lake rates for this position. Please note that PERS is paid at 7% of salary, reduced by $133 per pay period or 12 pay periods.

| | | | | |
|---|---|---|---|---|
| FICA | @ | 7.65% of salary | = | $1,469 |
| County PERS | @ | 11.085% of salary | = | $2,128 |
| PERS | @ | (Salary - $1,596) x 7% | = | $1,232 |
| Insurance | @ | $6,600/yr. x .33% | = | $6,600 |
| Unemployment | @ | .007 of salary | = | $134 |
| Annual adjustment | @ | 10% | = | $1,156 |
| Total: | | | | $12,719 per position |

x 2 positions = $25,438

Source document: New Job Classification Salary Data, effective 11/17/05, including County of Lake Personnel Department Position, Grade, Step Table.

**3. Operating Expenditures.**

a. Professional Services. This item covers 25% of the services of Dr. Segal @ $85,000 year local share of cost x .25 = $21,250. Dr. Segal will provide contract psychiatric services, including medication, to children served by this program. Dr. Segal will be available at a variety of culturally accessible, community-based settings, including Tribal Health, schools, and other sites where families feel comfortable.

b. Translation and Interpreter Services. This item will help us achieve the goal of making this program's services welcoming, accessible, and inclusive of all clients. In particular, it will address the needs of Spanish-speaking clients. As noted, this investment is part of our commitment to culturally competent, accessible services.

c. Travel and Transportation. This item covers LCMH's, other service providers' and collaborative partners' mileage related to this program's activities. This amount will cover up to 5,500 miles @ $0.27/mile, the County standard rate.

f. Medication and Medical Supports. This item covers assistance with the cost of medication, medical supplies, and insurance co-payments or deductibles to promote equitable access to these resources, regardless of financial, housing, or health insurance status.

g. Other Operating Expenses. This item covers the costs of CSOC infrastructure development and maintenance, including: (i) facilitated work groups for stakeholders to introduce and refresh them to CSOC concepts and infrastructure requirements; (ii) continued support for the Interagency Children's Policy Council, if necessary; and (iii) annual review and update of required formal written agreements.

Source document(s): Item a is based on the contract with Dr. Segal. Items b-g are based on LCMH costs for, and experience with providing, comparable items and services, including costs incurred during the MHSA planning process. Item c's mileage reimbursement rate is authorized by the County Travel Policy. These items may be modified based on operating results from Year 1.

**B. Revenue**

LCMH will continue to take a conservative approach to estimating revenues, limiting its estimate of revenue from this program to Federal Financial Participation and State General Funds (EPSDT), although other sources may also generate revenue for this program. Revenue generated by this program will be reinvested in this program. Any revenue in excess of the projected amount will be added to the Local Prudent Reserve or applied to unexpected MHSA costs, as permitted by DMH. All revenues generated by MHSA operations will be reinvested in MHSA programs.

Source documents: Medi-Cal and EPSDT reimbursement schedules.

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

County(ies): Lake
Fiscal Year: 2006-07
Program Workplan #: FSP-02
Date: 12/13/05
Program Workplan Name: Forensic Mental Health Partnership
Page 1 of 1
Type of Funding: 1. Full Service Partnership
Months of Operation: 12
Proposed Total Client Capacity of Program/Service: 60
New Program/Service or Expansion: New
Existing Client Capacity of Program/Service: 0
Prepared by: Karen MacDougall
Client Capacity of Program/Service Expanded through MHSA: 60
Telephone Number: 707.279.8935

| | 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 |
| b. Travel and Transportation | $1,500 | | | $1,500 |
| c. Housing | | | | |
| i. Master Leases | | | | $0 |
| ii. Subsidies | | | | $0 |
| iii. Vouchers | | | | $0 |
| iv. Other Housing | | | | $0 |
| d. Employment and Education Supports | | | | $0 |
| e. Other Support Expenditures (provide description in budget narrative) | $1,500 | | | $1,500 |
| f. Total Support Expenditures | $3,000 | $0 | $0 | $3,000 |
| **2. Personnel Expenditures** | | | | |
| a. Current Existing Personnel Expenditures (from Staffing Detail) | $0 | | | $0 |
| b. New Additional Personnel Expenditures (from Staffing Detail) | $50,839 | | | $50,839 |
| c. Employee Benefits | $22,813 | | | $22,813 |
| d. Total Personnel Expenditures | $73,652 | $0 | $0 | $73,652 |
| **3. Operating Expenditures** | | | | |
| a. Professional Services | | | | $0 |
| b. Translation and Interpreter Services | $1,500 | | | $1,500 |
| c. Travel and Transportation | $2,000 | | | $2,000 |
| d. General Office Expenditures | | | | $0 |
| e. Rent, Utilities and Equipment | | | | |
| f. Medication and Medical Supports | $5,000 | | | $5,000 |
| g. Other Operating Expenses (provide description in budget narrative) | | | | $0 |
| h. Total Operating Expenditures | $8,500 | $0 | $0 | $8,500 |
| **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** | **$85,152** | **$0** | **$0** | **$85,152** |
| **B. Revenues** | | | | |
| **1. Existing Revenues** | | | | |
| a. Medi-Cal (FFP only) | | | | $50,000 |
| 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) | $45,313 | | | $45,313 |
| b. Medicare/Patient Fees/Patient Insurance | | | | $0 |
| c. State General Funds | | | | $0 |
| d. Other Revenue | | | | $0 |
| e. Total New Revenue | $45,313 | $0 | $0 | $45,313 |
| **3. Total Revenues** | $45,313 | $0 | $0 | $45,313 |
| **C. One-Time CSS Funding Expenditures** | **$0** | | | **$0** |
| **D. Total Funding Requirements** | **$39,839** | **$0** | **$0** | **$39,839** |
| **E. Percent of Total Funding Requirements for Full Service Partnerships** | | | | **100.0%** |

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

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

Program Workplan #: FSP-02 | Date: 12/13/05

Program Workplan Name: Forensic Mental Health Partnership | Page 1 of 1

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

Proposed Total Client Capacity of Program/Service: 60 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: Karen MacDougall

Client Capacity of Program/Service Expanded through MHSA: 60 | Telephone Number: 707.279.8935

| 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 |
| | **Total Current Existing Positions** | 0.00 | 0.00 | | $0 |
| **B. New Additional Positions** | | | | | |
| Forensic Sr. Mental Health Specialist (licensed) | *Develop and maintain a mental health diversion program for juveniles and adults; provide pre-release/discharge planning, plus aftercare for children, youth, and adults released from Juvenile Hall and Jail; will have regular office hours at Juvenile Hall, Jail, and Consumer Center; will serve on Interagency Placement Review Team; will work closely with Housing Development & Access (GSD-03)* | | 1.00 | $45,313 | $45,313 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| MHSA Coordinator | *Responsible for day-to-day operations of all MHSA programs* | | 0.12 | $44,207 | $5,526 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | **Total New Additional Positions** | 0.00 | 1.12 | | $50,839 |
| **C. Total Program Positions** | | 0.00 | 1.12 | | $50,839 |

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.

**Budget Narrative**
**Forensic Mental Health Partnership**
**FSP-02**
**2006-2007**

This Budget Narrative and the linked Budget Worksheet cover the first full year of implementation. The following narrative follows the order of items on the applicable Budget Worksheet. Only items with expenditures are listed and discussed.

## A. Expenditures

### 1. Client, Family Member, and Caregiver Support Expenditures

b. Travel and Transportation: This amount covers the anticipated cost of providing transportation to clients. Our identified client population is likely to require transportation assistance, e.g., bus vouchers, rides, etc. to and from the Juvenile Hall, the County Jail, housing assistance, the Center, etc. Lake County's geography and widely-dispersed communities are significant barriers to accessing services.

e. Other Support Expenditures: This item creates flexible funding to cover various expenditures intended to facilitate a smooth transition back into the community and to help participants succeed in the community.

Source document: These items are estimates based on the initial caseload and LCMH's experience in providing such services. Mileage is reimbursed at the County standard rate of $0.27/mile, established by the County Travel Policy. The amounts may be modified based on operating results from Year 1.

### 2. Personnel Expenditures

All personnel expenditures are based on standard County job classifications for the proposed responsibilities, adjusted according to the findings of the most recent Estimated Salary Survey. Year 2's salaries reflect an annual step increase of 5% in accordance with County policy for these positions. Year 2's benefits reflect a 10% adjustment, as permitted by County policy.

b. New Additional Personnel Expenditures:

1.0 FTE MHSA Coordinator @ $22.2535/hr. or $44,207/Year 2 ÷ 8 = $5,526/program

As discussed, this is not a management position according to Lake County's job classification structure. Therefore, the salary and benefits of this position are allocated equally among all of the MHSA programs as the Coordinator is responsible for their day-to-day operations. The Coordinator will report directly to the Adult and Children's Services Deputy Directors. He or she will be responsible for the MHSA team, i.e., all MHSA-funded staff and contractors providing services to the MSHA. The Coordinator

will be responsible for implementing the programs as proposed, on-time and on-budget. He or she will also monitor data collection activities. Once the MHSA is underway, the Coordinator will organize ongoing community-based planning activities, including quarterly Stakeholders' Steering Committee meetings, an annual report-out to the community, and possible publications.

Please note the Staffing Detail Worksheet sets this position at .12 FTE, but the actual FTE per program is .125. The position's salary and benefits are calculated accordingly.

Benefits are paid at the standard County of Lake rates for this position. Please note that PERS is paid at 7% of salary, reduced by $133 per pay period or 12 pay periods.

| | | | | |
|---|---|---|---|---|
| FICA | @ | 7.65% of salary | = | $423 |
| County PERS | @ | 11.085% of salary | = | $613 |
| PERS | @ | (Salary - $1,596) x 7% | = | $373 |
| Insurance | @ | $6,600/yr. ÷ 8 | = | $825 |
| Unemployment | @ | .007 of salary | = | $39 |
| Annual adjustment | @ | 10% | = | $227 |
| Total: | | | | $2,500 |

1.0 FTE Forensic Mental Health Specialist (Senior Mental Health Specialist, a licensed position) @ $21.7840/hour or $45,313 for Year 2.

This position will provide on-site transition planning to juveniles and TAY in the Juvenile Hall and to TAY and adults in the Lake County Jail. He or she will also hold regular office hours at the Center to provide on-going community support for TAY and adults post-release. This position will work closely with the LCMH Director, District Attorney, Public Defender, Chief Probation Officer, and Presiding Judge of the Superior Court to design and implement a mental health diversion program for non-violent offenders. The Specialist will facilitate the maintenance of health insurance coverage, mental health treatment, and medication regimes during the transition from incarceration or Juvenile Hall back into the community. This position will carry a combined caseload of about 30-40 TAY and adults by Year 2. The reduced caseload allows the Specialist to provide personalized services to participants for at least 6-12 months or longer, as needed.

Benefits are paid at the standard County of Lake rates for this position. Please note that PERS is paid at 7% of salary, reduced by $133 per pay period or 12 pay periods.

| | | | | |
|---|---|---|---|---|
| FICA | @ | 7.65% of salary | = | $3,466 |
| County PERS | @ | 11.085% of salary | = | $5,023 |
| PERS | @ | (Salary - $1,596) x 7% | = | $3,060 |
| Insurance | @ | $6,600/yr. | = | $6,600 |
| Unemployment | @ | .007 of salary | = | $317 |
| Annual adjustment | @ | 10% | = | $1,847 |
| Total: | | | | $20,313 |

Source document: New Job Classification Salary Data, effective 11/17/05, including

County of Lake Personnel Department Position, Grade, Step Table.

**3. Operating Expenditures.**

These expenditures are significantly increased over the Year 1 estimates, to ensure that the larger caseload can be fully served.

b. Translation and Interpreter Services. This item will help us achieve the goal of making this program's services welcoming, accessible, and inclusive of all clients. In particular, it will address the needs of Spanish-speaking clients. Accurate communication is particularly important, as this program involves the criminal justice, juvenile justice, and mental health systems. As noted, this investment is part of our commitment to culturally competent, accessible services.

c. Travel and Transportation. This item will cover at least some of the mileage attributable to the Forensic Mental Health Specialist, who will be traveling to the Juvenile Hall, the County Jail, the Consumer Self-Help Center, IPRT meetings, and who may be making court appearances. As noted, mileage is reimbursed at the County standard rate of $0.27/mile.

f. Medication and Medical Supports. This item covers assistance with the cost of medication, medical supplies, and insurance co-payments or deductibles to promote stable and equitable access to these resources, regardless of financial, housing, or health insurance status. Maintaining a consistent medication regime will help participants transition smoothly from incarceration back into their families and communities.

Source documents: These items are estimated based on LCMH experience with the cost of comparable expenditures and may be modified based on operating results from Year 1. The mileage reimbursement rate is authorized by the County of Lake Travel Policy.

**B. Revenue**

LCMH will continue to take a conservative approach to estimating revenues, limiting its estimate to Federal Financial Participation, although other sources may also generate revenue for this program. Revenue generated by this program will be reinvested in this program. Any revenue in excess of the projected amount will be added to the Local Prudent Reserve or applied to unexpected MHSA costs, as permitted by DMH. All revenues generated by MHSA operations will be reinvested in MHSA programs.

Source document: Medi-Cal reimbursement schedule.

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

County(ies): Lake

Program Workplan #: FSP-03

Program Workplan Name: Integrated Physical & Mental Health Services

Type of Funding: 1. Full Service Partnership

Proposed Total Client Capacity of Program/Service: 75

Existing Client Capacity of Program/Service: 0

Client Capacity of Program/Service Expanded through MHSA: 75

Fiscal Year: 2006-07

Date: 12/13/05

Page 1 of 1

Months of Operation: 12

New Program/Service or Expansion: New

Prepared by: Karen MacDougall

Telephone Number: 707.279.8935

| | 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 |
| b. Travel and Transportation | $1,500 | | | $1,500 |
| c. Housing | | | | |
| i. Master Leases | | | | $0 |
| ii. Subsidies | | | | $0 |
| iii. Vouchers | | | | $0 |
| iv. Other Housing | | | | $0 |
| d. Employment and Education Supports | | | | $0 |
| e. Other Support Expenditures (provide description in budget narrative) | $6,000 | | | $6,000 |
| f. Total Support Expenditures | $7,500 | $0 | $0 | $7,500 |
| **2. Personnel Expenditures** | | | | |
| a. Current Existing Personnel Expenditures (from Staffing Detail) | | | | $0 |
| b. New Additional Personnel Expenditures (from Staffing Detail) | $5,526 | | | $5,526 |
| c. Employee Benefits | $2,500 | | | $2,500 |
| d. Total Personnel Expenditures | $8,026 | $0 | $0 | $8,026 |
| **3. Operating Expenditures** | | | | |
| a. Professional Services | | | $42,500 | $42,500 |
| b. Translation and Interpreter Services | $1,500 | | | $1,500 |
| c. Travel and Transportation | | | | $0 |
| d. General Office Expenditures | | | | $0 |
| e. Rent, Utilities and Equipment | | | | |
| f. Medication and Medical Supports | $3,000 | | | $3,000 |
| g. Other Operating Expenses (provide description in budget narrative) | | | | $0 |
| h. Total Operating Expenditures | $4,500 | $0 | $42,500 | $47,000 |
| **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** | **$20,026** | **$0** | **$42,500** | **$62,526** |
| **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) | | | $42,500 | $50,000 |
| b. Medicare/Patient Fees/Patient Insurance | | | | $0 |
| c. State General Funds | | | | $0 |
| d. Other Revenue | | | | $0 |
| e. Total New Revenue | $0 | $0 | $42,500 | $50,000 |
| **3. Total Revenues** | $0 | $0 | $42,500 | $42,500 |
| **C. One-Time CSS Funding Expenditures** | **$0** | | | **$0** |
| **D. Total Funding Requirements** | **$20,026** | **$0** | **$0** | **$20,026** |
| **E. Percent of Total Funding Requirements for Full Service Partnerships** | | | | **100.0%** |

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

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

Program Workplan #: FSP-03 | Date: 12/13/05

Program Workplan Name: Integrated Physica & Mental Health Services | Page 1 of 1

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

Proposed Total Client Capacity of Program/Service: 75 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: Karen MacDougall

Client Capacity of Program/Service Expanded through MHSA: 75 | Telephone Number: 707.279.8935

| 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** | | | | | |
| MHSA Coordinator | *Responsible for day-to-day operations of all MHSA programs* | | 0.12 | $44,207 | $0 |
| | | | | | $5,526 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | **Total New Additional Positions** | 0.00 | 0.12 | | $5,526 |
| **C. Total Program Positions** | | 0.00 | 0.12 | | $5,526 |

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.

**Budget Narrative**
**Integrated Physical and Mental Health Services**
**FSP-03**
**2006-2007**

This Budget Narrative and the linked Budget Worksheet cover the first full year of implementation. The following narrative follows the order of items on the applicable Budget Worksheet. Only items with expenditures are listed and discussed.

## A. Expenditures

### 1. Client, Family Member, and Caregiver Support Expenditures

b. Travel and Transportation: This amount covers the anticipated cost of providing clients with transportation to services and supports for children and family members. Our identified client population is likely to require transportation assistance, e.g., bus vouchers, rides, etc. Lake County's geography and widely-dispersed communities are significant barriers to accessing help. Mileage is reimbursed at the County standard rate of $0.27/mile.

e. Other Support Expenditures: This item creates a small flexible fund to cover expenditures that will help participants achieve resilience and recovery. Examples include: clothing, uniforms, small home repairs, etc. This item is estimated at $6,000 per full year of service.

Source document: These items are estimated based on LCMH's experience with providing such services. Item b is based on the County Travel Policy which established mileage reimbursement at $0.27/mile. The amounts may be modified based on operating results from Year 1.

### 2. Personnel Expenditures.

All personnel expenditures are based on standard County job classifications for the proposed responsibilities, adjusted according to the findings of the most recent Estimated Salary Survey. Year 2's salaries reflect an annual step increase of 5% in accordance with County policy for these positions. Year 2's benefits reflect a 10% adjustment, as permitted by County policy.

1.0 FTE MHSA Coordinator @ $22.2535/hr. or $44,207/Year 2 ÷ 8 = $5,526/program

As discussed, this is not a management position according to Lake County's job classification structure. Therefore, the salary and benefits of this position are allocated equally among all of the MHSA programs as the Coordinator is responsible for their day-to-day operations. The Coordinator will report directly to the Adult and Children's Services Deputy Directors. He or she will be responsible for the MHSA team, i.e., all MHSA-funded staff and contractors providing services to the MSHA. The Coordinator

will be responsible for implementing the programs as proposed, on-time and on-budget. He or she will also monitor data collection activities. Once the MHSA is underway, the Coordinator will organize ongoing community-based planning activities, including quarterly Stakeholder Steering Committee meetings, an annual report-out to the community, and possible publications.

Please note the Staffing Detail Worksheet sets this position at .12 FTE, but the actual FTE per program is .125. The position's salary and benefits are calculated accordingly.

Benefits are paid at the standard County of Lake rates for this position. Please note that PERS is paid at 7% of salary, reduced by $133 per pay period or 12 pay periods.

| | | | | |
|---|---|---|---|---|
| FICA | @ | 7.65% of salary | = | $423 |
| County PERS | @ | 11.085% of salary | = | $613 |
| PERS | @ | (Salary - $1,596) x 7% | = | $373 |
| Insurance | @ | $6,600/yr. ÷ 8 | = | $825 |
| Unemployment | @ | .007 of salary | = | $39 |
| Annual adjustment | @ | 10% | = | $227 |
| Total: | | | | $2,500 |

Source document: New Job Classification Salary Data, effective 11/17/05, including County of Lake Personnel Department Position, Grade, Step Table.

**3. Operating Expenditures.**

a. Professional Services. This item covers 50% of the services of Dr. Segal @ $85,000/year local share of cost x 50% or $42,500. Dr. Segal will provide contract psychiatric services, including medication, to participants served by this program. Dr. Segal will be available at a variety of culturally accessible, community-based settings, including Tribal Health, both LCMH clinics, and other sites where families feel comfortable.

b. Translation and Interpreter Services. This item will help us achieve the goal of making this program's services welcoming, accessible, and inclusive of all clients. In particular, it will address the needs of Spanish-speaking clients. As noted, this investment is part of our commitment to culturally competent, accessible services.

f. Medication and Medical Supports. This item covers assistance with the cost of medication, medical supplies, and insurance co-payments or deductibles to promote equitable access to these resources, regardless of financial, housing, or health insurance status.

Source documents: Item a is based on the contract with Dr. Segal. Items b and f are estimated based on LCMH experience with the cost of comparable expenditures and may be modified based on operating results from Year 2.

## B. Revenue

LCMH will continue to take a conservative approach to estimating revenues, limiting its estimate to Federal Financial Participation, although other sources may also generate revenue for this program. Revenue generated by this program will be reinvested in this program. Any revenue in excess of the projected amount will be added to the Local Prudent Reserve or applied to unexpected MHSA costs, as permitted by DMH. All revenues generated by MHSA operations will be reinvested in MHSA programs.

Source document: Medi-Cal reimbursement schedule.

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

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

Program Workplan #: FSP-04 | Date: 12/13/05

Program Workplan Name: Older Adult Access & Resources Program | Page 1 of 1

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

Proposed Total Client Capacity of Program/Service: 50 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: Karen MacDougall

Client Capacity of Program/Service Expanded through MHSA: 50 | Telephone Number: 707.279.8935

| | 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 |
| b. Travel and Transportation | $6,000 | | | $6,000 |
| c. Housing | | | | |
| i. Master Leases | | | | $0 |
| ii. Subsidies | | | | $0 |
| iii. Vouchers | | | | $0 |
| iv. Other Housing | | | | $0 |
| d. Employment and Education Supports | | | | $0 |
| e. Other Support Expenditures (provide description in budget narrative) | $3,000 | | | $3,000 |
| f. Total Support Expenditures | $9,000 | $0 | $0 | $9,000 |
| **2. Personnel Expenditures** | | | | |
| a. Current Existing Personnel Expenditures (from Staffing Detail) | | | | $0 |
| b. New Additional Personnel Expenditures (from Staffing Detail) | $50,839 | | | $50,839 |
| c. Employee Benefits | $22,813 | | | $22,813 |
| d. Total Personnel Expenditures | $73,652 | $0 | $0 | $73,652 |
| **3. Operating Expenditures** | | | | |
| a. Professional Services | | | $21,250 | $21,250 |
| b. Translation and Interpreter Services | $600 | | | $600 |
| c. Travel and Transportation | $3,600 | | | $3,600 |
| d. General Office Expenditures | | | | $0 |
| e. Rent, Utilities and Equipment | | | | |
| f. Medication and Medical Supports | $6,425 | | | $6,425 |
| g. Other Operating Expenses (provide description in budget narrative) | | | | $0 |
| h. Total Operating Expenditures | $10,625 | $0 | $21,250 | $31,875 |
| **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** | $17,500 | | | $17,500 |
| **6. Total Proposed Program Budget** | **$110,777** | **$0** | **$21,250** | **$132,027** |
| **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) | $45,313 | | $21,250 | $66,563 |
| b. Medicare/Patient Fees/Patient Insurance | $18,348 | | | $18,348 |
| c. State General Funds | | | | $0 |
| d. Other Revenue | | | | $0 |
| e. Total New Revenue | $63,661 | $0 | $21,250 | $84,911 |
| **3. Total Revenues** | $63,661 | $0 | $21,250 | $84,911 |
| **C. One-Time CSS Funding Expenditures** | **$0** | | | **$0** |
| **D. Total Funding Requirements** | **$47,116** | **$0** | **$0** | **$47,116** |
| **E. Percent of Total Funding Requirements for Full Service Partnerships** | | | | **100.0%** |

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

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

Program Workplan #: FSP-04 | Date: 12/13/05

Program Workplan Name: Older Adult Access & Resources Program | Page 1 of 1

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

Proposed Total Client Capacity of Program/Service: 50 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: Karen MacDougall

Client Capacity of Program/Service Expanded through MHSA: 50 | Telephone Number: 707.279.8935

| 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** | | | | | |
| Older Adult Mental Health Specialist (Unlicensed) (Position will be flexible, so if licensed individual applies, he or she can be hired; personnel budgeted at the higher licensed rate | *Outreach to older adults in the home, at Senior Centers, culture-based settings, and at other community sites, including places where homeless and other older adults gather; educate older adults on medications; develop/join integrated interagency older adult service teams; create interagency service plans and case manage same* | 0.00 | 1.00 | $45,313 | $45,313 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| MHSA Coordinator | *Responsible for day-to-day operations of all MHSA programs* | | 0.12 | $44,207 | $5,526 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | **Total New Additional Positions** | 0.00 | 1.12 | | $50,839 |
| **C. Total Program Positions** | | 0.00 | 1.12 | | $50,839 |

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.

**Budget Narrative**
**Older Adult Access & Resources Program**
**FSP-04**
**2006-2007**

This Budget Narrative and the linked Budget Worksheet cover the first full year of implementation. The following narrative follows the order of items on the applicable Budget Worksheet. Only items with expenditures are listed and discussed.

## A. Expenditures

### 1. Client, Family Member, and Caregiver Support Expenditures.

As feasible, Year 2 estimated expenditures were increased over Year 1's expenditures, to ensure that the larger caseload is fully served.

b. Travel and Transportation: This amount covers the anticipated cost of providing transportation to participants, from home to the senior center and to other services. Our identified older adult client population is highly likely to require transportation assistance, as many seniors can no longer drive, due to physical, mental, or financial limitations. This item will cover bus vouchers, rides, etc. Lake County's geography and widely-dispersed communities are significant barriers to accessing services. Mileage will be reimbursed at the County standard rate of $0.27/mile.

e. Other Support Expenditures: This item creates a small flexible fund to cover various expenditures that will promote recovery in older adults, as appropriate.

Source document: These items are estimated based on LCMH's experience with providing such services. The County Travel Policy authorizes mileage reimbursement at $0.27/mile. The amounts may be modified based on operating results from Year 1.

### 2. Personnel Expenditures

All personnel expenditures are based on standard County job classifications for the proposed responsibilities, adjusted according to the findings of the most recent Estimated Salary Survey. Year 2's salaries reflect an annual step increase of 5% in accordance with County policy for these positions. Year 2's benefits reflect a 10% adjustment, as permitted by County policy.

b. New Additional Personnel Expenditures:

1.0 FTE MHSA Coordinator @ $22.2535/hr. or $44,207/Year 2 ÷ 8 = $5,526/program

As discussed, this is not a management position according to Lake County's job classification structure. Therefore, the salary and benefits of this position are allocated equally among all of the MHSA programs as the Coordinator is responsible for their day-

to-day operations. The Coordinator will report directly to the Adult and Children's Services Deputy Directors. He or she will be responsible for the MHSA team, i.e., all MHSA-funded staff and contractors providing services to the MSHA. The Coordinator will be responsible for implementing the programs as proposed, on-time and on-budget. He or she will also monitor data collection activities. Once the MHSA is underway, the Coordinator will organize ongoing community-based planning activities, including quarterly Stakeholder Steering Committee meetings, an annual report-out to the community, and possible publications.

Please note the Staffing Detail Worksheet sets this position at .12 FTE, but the actual FTE per program is .125. The position's salary and benefits are calculated accordingly.

Benefits are paid at the standard County of Lake rates for this position. Please note that PERS is paid at 7% of salary, reduced by $133 per pay period or 12 pay periods.

| | | | | |
|---|---|---|---|---|
| FICA | @ | 7.65% of salary | = | $423 |
| County PERS | @ | 11.085% of salary | = | $613 |
| PERS | @ | (Salary - $1,596) x 7% | = | $373 |
| Insurance | @ | $6,600/yr. ÷ 8 | = | $825 |
| Unemployment | @ | .007 of salary | = | $39 |
| Annual adjustment | @ | 10% | = | $227 |
| Total: | | | | $2,500 |

1.0 FTE Mental Health Specialist. Although this position is expected to be filled by a mental health specialist (unlicensed), this program retains the flexibility to hire a Senior Mental Health Specialist, a licensed position, and will budget at the higher licensed rate of $21.7849/hour or $45,313/Year 2.

This Specialist will hold regular office hours at the Highlands Senior Service Center in Clearlake and may expand services to a second senior center. The Specialist will continue to make home visits to seniors referred by family and friends, caregivers, other providers, the Sheriff's "You Are Not Alone" calling program, the Senior Peer Counseling/Friendly Visitor programs, and other providers. During Year 2, he or she will re-visit all of the senior centers to identify ways in which this program can be improved. At the Highlands Senior Service Center, this position will engage in outreach and education to older adults to reduce the stigma of associated with using mental health services. The Specialist will coordinate trainings for Center staff and others serving seniors on the recognition and reporting of elder abuse and, with AODS, will coordinate cross-trainings on substance abuse. This position will continue to hold medication management sessions, encouraging seniors to bring their medications for review, and helping them understand medication interactions, etc. The Specialist will work with other providers, Dr. Segal, case managers, et al. to develop, and participate in the implementation of, individualized service plans for participants. This position will carry a caseload of about 40 older adults in Year 2. This reduced caseload will allow the Specialist to provide personalized services to participants for at least 6-12 months and longer, as needed.

Benefits are paid at the standard County of Lake rates for this position. Please note that PERS is paid at 7% of salary, reduced by $133 per pay period or 12 pay periods.

| | | | | |
|---|---|---|---|---|
| FICA | @ | 7.65% of salary | = | $3,466 |
| County PERS | @ | 11.085% of salary | = | $5,023 |
| PERS | @ | (Salary - $1,596) x 7% | = | $3,060 |
| Insurance | @ | $6,600/yr. | = | $6,600 |
| Unemployment | @ | .007 of salary | = | $317 |
| Annual adjustment | @ | 10% | = | $1,847 |
| Total: | | | | $20,313 |

**3. Operating Expenditures.**

a. Professional Services. This item covers 25% of the services of Dr. Segal @ $85,000/year local share of cost x 25% = $21,250. Dr. Segal will hold regular office hours at the Highlands Senior Service Center and be available for consultations. She will also work with Tribal Health, the Inter-Tribal Council of California, and the Tribal Councils to design strategies to better serve Native American elders.

b. Translation and Interpreter Services. This item will help us achieve the goal of making this program's services welcoming, accessible, and inclusive of all clients. In particular, it will address the needs of older monolingual Spanish-speaking clients. As noted, this is a severely underserved group. As noted, this investment is part of our commitment to culturally competent, accessible services.

c. Travel and Transportation. This item will cover at least some of the mileage attributable to the Specialist, who will be traveling among the Senior Centers, to other senior service providers, to the adult multi-disciplinary team (as needed and appropriate), to elder abuse coalition meetings, etc.

It also includes the costs of sending the Specialist to the annual Older Adult System of Care conference held in Riverside, California. Estimated costs include:

| | | |
|---|---|---|
| Airfare from Sacramento Airport | @ | $275 |
| Registration | @ | $90 |
| Hotel (1 night) | @ | $89 |
| Per diem (two days) | @ | $68 |
| Mileage (Sacramento round-trip) | @ | $68 (252 miles x $0.27/mile) |
| Parking | @ | $10 |
| Total: | | $600 |

f. Medication and Medical Supports. This item covers assistance with the cost of medication, medical supplies, and insurance co-payments or deductibles to promote stable and equitable access to these resources, regardless of financial, housing, or health insurance status. Many Lake County older adults are on fixed and limited incomes. This item will help them maintain a consistent medication regime and

promote their recovery.

Source document: Item a is based on the contract with Dr. Segal. Items b and f are based on LCMH experience with the costs of comparable services. Item c is also estimated based on LCMH experience. Mileage will be reimbursed at the County standard rate of $0.27/mile, established by the County Travel Policy. Conference expenses are estimated as follows: Airfare is estimated high, to account for rising ticket prices due to fuel costs. Registration is set by the conference organizer. Hotel, per diem, and mileage are County standard rates, as established by the County Travel Policy.

**5. Estimated Total Expenditures when service provider is not known.**

Senior Peer Counseling and Friendly Visitor Expansion. This amount will slightly increase LCMH's investment in this service. Increasing the capacity of the peer counseling program will provide a useful complement to the Specialist's expanded responsibilities. As described, the peer counselors will be trained in appropriate counseling techniques and will also receive additional training on mental illness in older adults. They will also receive regular supervision. The friendly visitors will receive training in preventive health care and the effects of isolation on the physical and mental health of older adults. Both groups of providers will be trained to recognize the signs and symptoms of substance abuse in older adults.

Source document: This item is based on an existing contract with one local senior peer counseling provider.

**B. Revenue**

LCMH will continue to take a conservative approach to estimating revenues. This program is expected to generate revenues from two sources: (1) Federal Financial Participation; and (2) Medicare/patient fees/patient insurance. A significant number of older adults have Medicare or other insurance coverage, so this budget includes a relatively small amount of revenue from such sources. Revenue generated by this program will be reinvested in this program. Any revenue in excess of the projected amount will be added to the Local Prudent Reserve or applied to unexpected MHSA costs, as permitted by DMH. All revenues generated by MHSA operations will be reinvested in MHSA programs.

Source document: Medi-Cal Reimbursement schedule and estimates based on LCMH experience in serving older adult clients.

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

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

Program Workplan #: GSD-01 | Date: 12/13/05

Program Workplan Name: Crisis Response Continuum | Page 1 of 1

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

Proposed Total Client Capacity of Program/Service: 2,562 | New Program/Service or Expansion: Expansion

Existing Client Capacity of Program/Service: 0 | Prepared by: Karen MacDougall

Client Capacity of Program/Service Expanded through MHSA: 2,562 | Telephone Number: 707.279.8935

| | 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 |
| b. Travel and Transportation | $6,000 | | | $6,000 |
| c. Housing | | | | |
| i. Master Leases | | | | $0 |
| ii. Subsidies | | | | $0 |
| iii. Vouchers | | | | $0 |
| iv. Other Housing | | | $62,500 | $62,500 |
| d. Employment and Education Supports | | | | $0 |
| e. Other Support Expenditures (provide description in budget narrative) | | | | $0 |
| f. Total Support Expenditures | $6,000 | $0 | $62,500 | $68,500 |
| **2. Personnel Expenditures** | | | | |
| a. Current Existing Personnel Expenditures (from Staffing Detail) | $258,930 | | | $258,930 |
| b. New Additional Personnel Expenditures (from Staffing Detail) | $87,726 | | | $87,726 |
| c. Employee Benefits | $158,792 | | | $158,792 |
| d. Total Personnel Expenditures | $505,448 | $0 | $0 | $505,448 |
| **3. Operating Expenditures** | | | | |
| a. Professional Services | | | | $0 |
| b. Translation and Interpreter Services | | | | $0 |
| c. Travel and Transportation | | | | $0 |
| d. General Office Expenditures | | | | $0 |
| e. Rent, Utilities and Equipment | | | | |
| f. Medication and Medical Supports | $5,000 | | | $5,000 |
| g. Other Operating Expenses (provide description in budget narrative) | | | | $0 |
| h. Total Operating Expenditures | $5,000 | $0 | $0 | $5,000 |
| **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** | $25,000 | | | $25,000 |
| **6. Total Proposed Program Budget** | **$541,448** | **$0** | **$62,500** | **$603,948** |
| **B. Revenues** | | | | |
| **1. Existing Revenues** | | | | |
| a. Medi-Cal (FFP only) | $282,785 | | | $282,785 |
| b. Medicare/Patient Fees/Patient Insurance | $18,852 | | | $18,852 |
| c. Realignment | $75,409 | | | $75,409 |
| d. State General Funds | | | | $0 |
| e. County Funds | | | | $0 |
| f. Grants | | | | |
| g. Other Revenue | | | | $0 |
| h. Total Existing Revenues | $377,046 | $0 | $0 | $377,046 |
| **2. New Revenues** | | | | |
| a. Medi-Cal (FFP only) | $82,200 | | | $82,200 |
| b. Medicare/Patient Fees/Patient Insurance | | | | $0 |
| c. State General Funds | | | | $0 |
| d. Other Revenue | | | | $0 |
| e. Total New Revenue | $82,200 | $0 | $0 | $82,200 |
| **3. Total Revenues** | $459,246 | $0 | $0 | $459,246 |
| **C. One-Time CSS Funding Expenditures** | | | | **$0** |
| **D. Total Funding Requirements** | **$82,202** | **$0** | **$62,500** | **$144,702** |
| **E. Percent of Total Funding Requirements for Full Service Partnerships** | | | | **39.0%** |

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

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

Program Workplan #: GSD-01 | Date: 12/13/05

Program Workplan Name: Crisis Response Continuum | Page 1 of 1

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

Proposed Total Client Capacity of Program/Service: 2,562 | New Program/Service or Expansion: Expansion

Existing Client Capacity of Program/Service: 0 | Prepared by: Karen MacDougall

Client Capacity of Program/Service Expanded through MHSA: 2,562 | Telephone Number: 707.279.8935

| 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** | | | | | |
| Crisis Workers | Provide 24/7 crisis response, including | | 6.00 | $43,155 | $258,930 |
| (Mental Health Specialists) | assessment, stabilization, placement & | | | | $0 |
| | transportation | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | **Total Current Existing Positions** | 0.00 | 6.00 | | $258,930 |
| **B. New Additional Positions** | | | | | |
| Mental Health Specialists | *Provide mental health counseling, referrals,* | 0.00 | 2.00 | $41,100 | $82,200 |
| | *and support for "23-hour beds" at clinic or other* | | | | $0 |
| | *non-hospital settings; respond to Warm Line calls* | | | | $0 |
| | *when skilled intervention, including immediate crisis* | | | | $0 |
| | *response is or may be needed* | | | | $0 |
| MHSA Coordinator | Responsible for day-to-day operations of all MHSA | | | | $0 |
| | programs | | 0.12 | $44,207 | $5,526 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | **Total New Additional Positions** | 0.00 | 2.12 | | $87,726 |
| **C. Total Program Positions** | | 0.00 | 8.12 | | $346,656 |

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.

**Budget Narrative**
**Crisis Response Continuum**
**GSD-01**
**2006-2007**

This Budget Narrative and the linked Budget Worksheet cover the first full year of implementation. The following narrative follows the order of items on the applicable Budget Worksheet. Only items with expenditures are listed and discussed.

## A. Expenditures

### 1. Client, Family Member, and Caregiver Support Expenditures

b. Travel and Transportation: This amount covers the anticipated cost of providing crisis transport for isolated seniors. During the planning process, representatives from older adult groups and other community members noted that seniors do not access crisis services because they cannot drive, no longer own a car, or cannot afford the costs of transportation.

c. Housing. This item covers one-half of the estimated annual contract with the Phoenix Corporation for 7 beds dedicated to Lake County clients in a crisis residential facility in Ukiah. Clients will be able to stay from 2 weeks to 30 days, in a controlled, supportive environment with some services. This is the only housing option of this type serving Lake County. Clients will continue to benefit from this less-restrictive alternative, which is consistent with the guiding principles of the MHSA.

Source document: Item b is based on LCMH experience with client transportation and the County Travel Policy which establishes the standard mileage reimbursement rate. Item c is based on the contract with the Phoenix Corporation.

### 2. Personnel Expenditures

All personnel expenditures are based on standard County job classifications for the proposed responsibilities, adjusted according to the findings of the most recent Estimated Salary Survey. Year 2's salaries reflect an annual step increase of 5% in accordance with County policy for these positions. Year 2's benefits reflect a 10% adjustment, as permitted by County policy.

a. Current Existing Personnel Expenditures:

6.0 FTE Crisis Workers (Mental Health Specialists) @ $19.7575/hr. + 5% crisis supplement = $20.7475/hr. x 2,080 hours = $43,155/year x 6 positions = $258,930

These workers provide crisis coverage Countywide, 24/7. They respond to crisis line telephone calls and calls from other agencies, e.g., the hospital Emergency Room staff. They transport clients, meet them at the hospitals, perform assessments, work to

stabilize the situation, locate appropriate placements and referrals, and coordinate transportation.

Benefits are paid at the standard County of Lake rates for this position (Mental Health Specialist + 5% crisis supplement). Please note that PERS is paid at 7% of salary, reduced by $133 per pay period or $532 for 4 pay periods during Year 1.

| | | | | |
|---|---|---|---|---|
| FICA | @ | 7.65% of salary | = | $3,301 |
| PERS | @ | 11.085% of salary | = | $4,784 |
| County PERS | @ | (Salary - $1,596) x 7% | = | $2,909 |
| Insurance | @ | $6,600/yr. | = | $6,600 |
| Unemployment | @ | .007% of salary | = | $302 |
| Annual adjustment | @ | 10% | = | $1,790 |
| Total: | | | = | $19,686/position |

x 6 positions = $118,116

b. New Additional Personnel Expenditures:

1.0 FTE MHSA Coordinator @ $22.2535/hr. or $44,207/Year 2 ÷ 8 = $5,526/program

As discussed, this is not a management position according to Lake County's job classification structure. Therefore, the salary and benefits of this position are allocated equally among all of the MHSA programs as the Coordinator is responsible for their day-to-day operations. The Coordinator will report directly to the Adult and Children's Services Deputy Directors. He or she will be responsible for the MHSA team, i.e., all MHSA-funded staff and contractors providing services to the MSHA. The Coordinator will be responsible for implementing the programs as proposed, on-time and on-budget. He or she will also monitor data collection activities. Once the MHSA is underway, the Coordinator will organize ongoing community-based planning activities, including quarterly Stakeholders' Steering Committee meetings, an annual report-out to the community, and possible publications.

Please note the Staffing Detail Worksheet sets this position at .12 FTE, but the actual FTE per program is .125. The position's salary and benefits are calculated accordingly.

Benefits are paid at the standard County of Lake rates for this position. Please note that PERS is paid at 7% of salary, reduced by $133 per pay period or 12 pay periods.

| | | | | |
|---|---|---|---|---|
| FICA | @ | 7.65% of salary | = | $423 |
| County PERS | @ | 11.085% of salary | = | $613 |
| PERS | @ | (Salary - $1,596) x 7% | = | $373 |
| Insurance | @ | $6,600/yr. ÷ 8 | = | $825 |
| Unemployment | @ | .007 of salary | = | $39 |
| Annual adjustment | @ | 10% | = | $227 |
| Total: | | | | $2,500 |

2.0 FTE Mental Health Specialists @ $19.7595/hour or $41,100/Year 2 x 2 positions = $82,200

As described in Year 1, these new positions will staff the outpatient crisis resolution component, including crisis stabilization housing to be located at clinics, designated motels, and other non-hospital settings. They will provide mental health counseling, referrals, and support. They will be on-call during after-hours periods and will provide follow-up and case management to the clients served. They will be available for consultation with the Warm Line/Crisis Line staff and may provide call-backs and further crisis response services to callers, as needed.

Benefits are paid at the standard County of Lake rates for this position, as follows:

| | | | | |
|---|---|---|---|---|
| FICA | @ | 7.65% of salary | = | $3,144 |
| County PERS | @ | 11.085% of salary | = | $4.556 |
| PERS | @ | (Salary - $1,596) x 7% | = | $2,765 |
| Insurance | @ | $6,600/yr. | = | $6,600 |
| Unemployment | @ | .007 of salary | = | $288 |
| Annual adjustment | @ | 10% | = | $1,735 |
| Total: | | | | $ 19,089 per position |

Source document: New Job Classification Salary Data, effective 11/17/05, including County of Lake Personnel Department Position, Grade, Step Table.

**3. Operating Expenditures.**

f. Medication and Medical Supports. This item covers assistance with the cost of medication, medical supplies, and insurance co-payments or deductibles to promote stable and equitable access to these resources, regardless of financial, housing, or health insurance status. This item will help clients maintain a consistent medication regime and promote their recovery.

Source document: LCMH experience with comparable costs.

**5. Estimated Total Expenditures when service provider is not known.**

Access/ Crisis Line/Warm Line contract provider to provide 24-hour personal response by trained responders, able to make local referrals and linkages, plus access to Senior Mental Health Specialists @ $25,000/year. As noted in **Part II, Section VI,** this resource is a key gateway for new and existing clients into MHSA and other LCMH services, as appropriate.

Source document: Estimate based on preliminary discussions between the LCMH Director and established warm line/crisis line providers.

## B. Revenue

The existing 6.0 FTE Crisis Workers are entirely funded by non-MHSA sources, specifically a combination of: Medi-Cal (75%); Medicare/Patient Fees/Patient Insurance (5%); and Realignment (20%). MSHA funds will be used to build a continuum of response around this continuing core service.

LCMH will continue to take a conservative approach to estimating revenues, limiting its estimate to Federal Financial Participation, although other sources may also generate revenue for this program. Revenue generated by this program will be reinvested in this program. Any revenue in excess of the projected amount will be added to the Local Prudent Reserve or applied to unexpected MHSA costs, as permitted by DMH. All revenues generated by MHSA operations will be reinvested in MHSA programs.

Source document: LCMH budget; Medi-Cal reimbursement schedule.

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

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

Program Workplan #: GSD-02 | Date: 12/13/05

Program Workplan Name: TAY & Adult Consumer Self-Help Center | Page 1 of 1

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

Proposed Total Client Capacity of Program/Service: 214 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: Karen MacDougall

Client Capacity of Program/Service Expanded through MHSA: 214 | Telephone Number: 707.279.8935

| | 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 |
| b. Travel and Transportation | $1,500 | | | $1,500 |
| c. Housing | | | | |
| i. Master Leases | | | | $0 |
| ii. Subsidies | | | | $0 |
| iii. Vouchers | | | | $0 |
| iv. Other Housing | | | | $0 |
| d. Employment and Education Supports | | | | $0 |
| e. Other Support Expenditures (provide description in budget narrative) | | | | $0 |
| f. Total Support Expenditures | $1,500 | $0 | $0 | $1,500 |
| **2. Personnel Expenditures** | | | | |
| a. Current Existing Personnel Expenditures (from Staffing Detail) | | | | $0 |
| b. New Additional Personnel Expenditures (from Staffing Detail) | $119,584 | | | $119,584 |
| c. Employee Benefits | $64,216 | | | $64,216 |
| d. Total Personnel Expenditures | $183,800 | $0 | $0 | $183,800 |
| **3. Operating Expenditures** | | | | |
| a. Professional Services | | | | $0 |
| b. Translation and Interpreter Services | $1,500 | | | $1,500 |
| c. Travel and Transportation | $1,500 | | | $1,500 |
| d. General Office Expenditures | | | | $0 |
| e. Rent, Utilities and Equipment | | | | |
| f. Medication and Medical Supports | | | | $0 |
| g. Other Operating Expenses (provide description in budget narrative) | | | | $0 |
| h. Total Operating Expenditures | $3,000 | $0 | $0 | $3,000 |
| **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** | $24,240 | | | $24,240 |
| **6. Total Proposed Program Budget** | **$212,540** | **$0** | **$0** | **$212,540** |
| **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) | | | | |
| b. Medicare/Patient Fees/Patient Insurance | | | | $0 |
| c. State General Funds | | | | $0 |
| d. Other Revenue | | | | $0 |
| e. Total New Revenue | $0 | $0 | $0 | $0 |
| **3. Total Revenues** | $0 | $0 | $0 | $0 |
| **C. One-Time CSS Funding Expenditures** | | | | **$0** |
| **D. Total Funding Requirements** | **$212,540** | **$0** | **$0** | **$212,540** |
| **E. Percent of Total Funding Requirements for Full Service Partnerships** | | | | **50.0%** |

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

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

Program Workplan #: GSD-02 | Date: 12/13/05

Program Workplan Name: TAY & Adult Consumer Self-Help Center | Page 1 of 1

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

Proposed Total Client Capacity of Program/Service: 214 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: Karen MacDougall

Client Capacity of Program/Service Expanded through MHSA: 214 | Telephone Number: 707.279.8935

| 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** | | | | | |
| Case Manager/Mental Heatlh Worker | *Provide intensive case management to FSP Center clients, plus case management assistance for general Center clients; assist Center clients to find and use community resources; support staff from LCMH and other programs, et al.* | 0.00 | 2.00 | $25,847 | $51,694 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| MHSA Coordinator | *Responsible for day-to-day operations of MHSA programs* | | 0.12 | $44,207 | $5,526 |
| | | | | | $0 |
| Consumer Self-Help Coordinator | *Provide on-site coordination of Center operations and activities; organize reception and other schedules; assist consumers, collaborative* partners, et al. to use resource effectively | | 1.00 | $41,100 | $41,100 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| Office Assistant II | Reception: telephones, light clerical, etc. Position may be split among 2 or more consumers | 1.00 | | | $0 |
| | | | | | $21,264 |
| | **Total New Additional Positions** | 1.00 | 3.12 | | $119,584 |
| **C. Total Program Positions** | | 1.00 | 3.12 | | $119,584 |

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.

**Budget Narrative**
**TAY and Adult Consumer Self-Help Center**
**GSD-02**
**2006-2007**

This Budget Narrative and the linked Budget Worksheet cover the first full year of implementation from July 1, 2006 – June 30, 2007. The following narrative follows the order of items on the applicable Budget Worksheet. Only items with expenditures are listed and discussed.

## A. Expenditures

### 1. Client, Family Member, and Caregiver Support Expenditures

b. Travel and Transportation: This amount covers the anticipated cost of providing transportation to TAY and adult clients to and from the Center. Our identified client population is likely to require transportation assistance, e.g., bus vouchers, rides, etc. Lake County's geography and widely-dispersed communities are significant barriers to accessing services.

Source document: Estimate based on LCMH experience with client transportation; includes reimbursement for mileage at the standard County rate of $0.27/mile, pursuant to the County Travel Policy.

### 2. Personnel Expenditures

All personnel expenditures are based on standard County job classifications for the proposed responsibilities, adjusted according to the findings of the most recent Estimated Salary Survey. Year 2's salaries reflect an annual step increase of 5% in accordance with County policy for these positions. Year 2's benefits reflect a 10% adjustment, as permitted by County policy.

b. New Additional Personnel Expenditures:

1.0 FTE MHSA Coordinator @ $22.2535/hr. or $44,207/Year 2 ÷ 8 = $5,526/program

As discussed, this is not a management position according to Lake County's job classification structure. Therefore, the salary and benefits of this position are allocated equally among all of the MHSA programs as the Coordinator is responsible for their day-to-day operations. The Coordinator will report directly to the Adult and Children's Services Deputy Directors. He or she will be responsible for the MHSA team, i.e., all MHSA-funded staff and contractors providing services to the MSHA. The Coordinator will be responsible for implementing the programs as proposed, on-time and on-budget. He or she will also monitor data collection activities. Once the MHSA is underway, the Coordinator will organize ongoing community-based planning activities, including quarterly Stakeholder Steering Committee meetings, an annual report-out to the

community, and possible publications.

Please note the Staffing Detail Worksheet sets this position at .12 FTE, but the actual FTE per program is .125. The position's salary and benefits are calculated accordingly.

Benefits are paid at the standard County of Lake rates for this position. Please note that PERS is paid at 7% of salary, reduced by $133 per pay period or 12 pay periods.

| | | | | |
|---|---|---|---|---|
| FICA | @ | 7.65% of salary | = | $423 |
| County PERS | @ | 11.085% of salary | = | $613 |
| PERS | @ | (Salary - $1,596) x 7% | = | $373 |
| Insurance | @ | $6,600/yr. ÷ 8 | = | $825 |
| Unemployment | @ | .007 of salary | = | $39 |
| Annual adjustment | @ | 10% | = | $227 |
| Total: | | | | $2,500 |

**Please note:** The non-profit engaged to operate the Center will be providing staff. These positions, their functions, and their costs are provided below: (i) to demonstrate the types of core services and support which will be available at the Center; and (ii) to detail the categories and costs of personnel which LCMH will provide to staff the Center if LCMH is unable to engage a qualified non-profit to operate it.

1.0 FTE Consumer Self-Help Coordinator @ $19.7595/hour or $41,100/Year 2
(Mental Health Specialist classification)

This position will provide on-site organization and coordination of all Center activities. It will help LCMH organize consumer self-help resources, including training opportunities; recruit consumers to participate in such opportunities and in MHSA planning and implementation activities; provide assistance when a parent partner or case manager is unavailable; and may serve on the IPRT. This position will also organize consumer self-help groups in which parents and caregivers share their experiences and their skills in navigating health and human services systems. This position will also provide on-call support from the Center for the parents and caregivers of TAY and to TAY using the Consumer Self-Help Center.

Benefits are paid at the standard County of Lake rates for this position. Please note that PERS is paid at 7% of salary, reduced by $133 per pay period or 12 pay periods.

| | | | | |
|---|---|---|---|---|
| FICA | @ | 7.65% of salary | = | $3,144 |
| County PERS | @ | 11.085% of salary | = | $4,556 |
| PERS | @ | (Salary - $1,596) x 7% | = | $2,765 |
| Insurance | @ | $6,600/yr. | = | $6,600 |
| Unemployment | @ | .007 of salary | = | $288 |
| Annual Adjustment | @ | 10% | = | $1,735 |
| Total: | | | | $19,089 |

2.0 FTE Mental Health Case Managers I @ $12.4264/hour or $25,847/Year 1 x 2 positions = $51,694.

These positions will staff the Center, with separate positions dedicated to TAY and adults, creating stable relationships and familiar faces for clients. They will provide intensive case management to FSP using the Center and will assist all Center clients to find and use community resources. They will provide support to the Housing Coordinator, Forensic Mental Health Specialist, Dr. Segal, and others serving clients at the Center.

Benefits are paid at the standard County of Lake rates for this position. Please note that PERS is paid at 7% of salary, reduced by $133 per pay period or 12 pay periods.

| | | | | |
|---|---|---|---|---|
| FICA | @ | 7.65% of salary | = | $1,977 |
| County PERS | @ | 11.085% of salary | = | $2,865 |
| PERS | @ | (Salary - $1,596) x 7% | = | $1,698 |
| Insurance | @ | $6,600/yr. | = | $6,600 |
| Unemployment | @ | .007 of salary | = | $181 |
| Annual adjustment | @ | 10% | = | $1,847 |
| Total: | | | | $14,653/per position |

x 2 = $29,306

1.0 FTE Office Assistant II @ $10.2232/hour or $21,264/year

Benefits are paid at the standard County of Lake rates for this position. Please note that PERS is paid at 7% of salary, reduced by $133 per pay period or 12 pay periods.

| | | | | |
|---|---|---|---|---|
| FICA | @ | 7.65% of salary | = | $1,627 |
| County PERS | @ | 11.085% of salary | = | $2,357 |
| CPERS | @ | (Salary - $1,596) x 7% | = | $1,377 |
| Insurance | @ | $6,600/yr. | = | $6,600 |
| Unemployment | @ | .007 of salary | = | $149 |
| Annual adjustment | @ | 10% | = | $1,211 |
| Total: | | | | $13,321 |

Source document: New Job Classification Salary Data, effective 11/17/05, including County of Lake Personnel Department Position, Grade, Step Table.

**3. Operating Expenditures.**

b. Translation and Interpreter Services. This item will help us achieve the goal of making the Center welcoming, accessible, and inclusive of all clients. In particular, it will address the needs of Spanish-speaking clients. This investment in accessibility is part of our overall cultural competency strategy, creating a welcoming environment.

c. Travel and Transportation. This item covers LCMH, other service providers' and

collaborative partners' mileage for travel to and from the Center and Center-related activities. This amount will cover up to 5,500 miles @ $0.27/mile, the County standard rate.

**5. Estimated Total Expenditures when service provider is not known.**

As discussed at length in **Part II, Section VI** of the plan narrative and in the GSD-02 Year 1 Budget Narrative, LCMH intends to contract with a reputable non-profit to operate the Center. The contractor will be identified and engaged through the County procurement process, which will involve a Request For Proposal for a contract of this scope. This program will offer a lump sum amount and will specify certain services and facilities which the contractor must provide. In Year 1, the contractor will receive MHSA CSS funding to obtain a location for the Center, preferably under a lease-to-own arrangement that culminates in LCMH's ownership of the facility.

The Operating Expenditures described herein will be provided by the contractor who will propose an operating plan for the Center in its proposal. The costs detailed herein are by way of example of the types of expenses which the contractor is expected to cover. The winning proposal will provide a detailed plan for the acquisition and operation of the Center. In Year 2, the MHSA Plan will provide the contractor with additional funds in the total amount of $24,240, to cover expenditures associated with the Center. The exact amounts and types of expenditures will be determined by the detailed plan provided in the winning proposal. The following estimates demonstrate the level of detail expected in the winning proposal.

(i) General Office Expenditures. This item covers general office supplies for the Center, e.g., paper, printer cartridges, etc. @ $100/mo. x 12 mos. = $1,200

(ii) Utilities, and Equipment. This item covers some of the costs of operating the Center, such as

| | | | |
|---|---|---|---|
| Water services | @ | $100/mo. x 12 mos. = | $1,200 |
| Electricity | @ | $500/mo. x 12 mos. = | $6,000 |
| Heat | @ | $500/mo. x 12 mos. = | $6,000 |
| Garbage | @ | $50/mo. x 12 mos. = | $600 |
| Total: | | | $13,800 |

(iii) Insurance, e.g., public liability, fire and allied coverage. Because the Center is a stand-alone building which will require coverage, this estimate is an amount equal to the MHSA pro-rata share of the LCMH annual budget request for these costs or $7,740.

(iv) Maintenance. This item includes maintaining and repairing the Center building, fixtures, and grounds. Because we expect the Center to receive heavy usage, this amount was estimated at almost double the amount allocated for this item under MHSA administrative costs or $1,500.

Source document: Items b, c, d, and e are based on LCMH's current experience with comparable costs of such services. The mileage reimbursement rate is provided by the County of Lake Travel Policy. Items g (i) and g (ii) are based on comparable items in the current LCMH administration budget x 9% (the ratio of the MHSA funding to the total LCMH budget), increased to compensate for anticipated heavy use of the facility.

We expect that these estimates will be revised by the contractor based on actual costs of Center operations.

**B. Revenue**

LCMH will continue to take a conservative approach to estimating revenues. In this case, LCMH continues to project zero revenue generated by this program. Any revenue generated by this program will be reinvested in this program, added to the Local Prudent Reserve, or applied to unexpected MHSA costs, as permitted by DMH. All revenues generated by MHSA operations will be reinvested in MHSA programs.

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

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

Program Workplan #: GSD-03 | Date: 12/13/05

Program Workplan Name: Housing Development & Access | Page 1 of 1

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

Proposed Total Client Capacity of Program/Service: 349 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: Karen MacDougall

Client Capacity of Program/Service Expanded through MHSA: 349 | Telephone Number: 707.279.8935

| | 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 |
| b. Travel and Transportation | $1,500 | | | $1,500 |
| c. Housing | | | | |
| i. Master Leases | | | | $0 |
| ii. Subsidies | | | | $0 |
| iii. Vouchers | | | | $0 |
| iv. Other Housing | $10,000 | | | $10,000 |
| d. Employment and Education Supports | | | | $0 |
| e. Other Support Expenditures (provide description in budget narrative) | | | | $0 |
| f. Total Support Expenditures | $11,500 | $0 | $0 | $11,500 |
| **2. Personnel Expenditures** | | | | |
| a. Current Existing Personnel Expenditures (from Staffing Detail) | | | | $0 |
| b. New Additional Personnel Expenditures (from Staffing Detail) | $46,626 | | | $46,626 |
| c. Employee Benefits | $21,588 | | | $21,588 |
| d. Total Personnel Expenditures | $68,214 | $0 | $0 | $68,214 |
| **3. Operating Expenditures** | | | | |
| a. Professional Services | | | | $0 |
| b. Translation and Interpreter Services | $500 | | | $500 |
| c. Travel and Transportation | $500 | | | $500 |
| d. General Office Expenditures | | | | $0 |
| e. Rent, Utilities and Equipment | | | | |
| f. Medication and Medical Supports | | | | $0 |
| g. Other Operating Expenses (provide description in budget narrative) | | | | $0 |
| h. Total Operating Expenditures | $1,000 | $0 | $0 | $1,000 |
| **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** | **$80,714** | **$0** | **$0** | **$80,714** |
| **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) | | | | $0 |
| b. Medicare/Patient Fees/Patient Insurance | | | | $0 |
| c. State General Funds | | | | $0 |
| d. Other Revenue | | | | $0 |
| e. Total New Revenue | $0 | $0 | $0 | $0 |
| **3. Total Revenues** | $0 | $0 | $0 | $0 |
| **C. One-Time CSS Funding Expenditures** | | | | **$0** |
| **D. Total Funding Requirements** | **$80,714** | **$0** | **$0** | **$80,714** |
| **E. Percent of Total Funding Requirements for Full Service Partnerships** | | | | **50.0%** |

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

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

Program Workplan #: GSD-03 | Date: 12/13/05

Program Workplan Name: Housing Development & Access | Page 1 of 1

Type of Funding: | Months of Operation: 12

Proposed Total Client Capacity of Program/Service: 349 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: Karen MacDougall

Client Capacity of Program/Service Expanded through MHSA: 349 | Telephone Number: 707.279.8935

| 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** | | | | | |
| Housing Specialist | *This position will be the single point-of-contact for clients, landlords, developers, LCMH, funders, et al., will advocate for supportive housing, will* coordinate the Housing Collaborative and Homeless Task Force, work with FSP-02 to coordinate post-discharge/release housing; coordinate supportive services and the MHSA housing subsidy program; assist case managers to find suitable housing for clients; locate and develop housing; track funding opportunities and the application process | | 1.00 | | $41,100 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| MHSA Coordinator | *Responsible for day-to-day operations of all MHSA programs* | | 0.12 | $44,207 | $5,526 |
| | | | | | $0 |
| | | | | | $0 |
| | **Total New Additional Positions** | 0.00 | 1.12 | | $46,626 |
| **C. Total Program Positions** | | 0.00 | 1.12 | | $46,626 |

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.

**Budget Narrative**
**Housing Development & Access**
**GSD-03**
**2006-2007**

This Budget Narrative and the linked Budget Worksheet cover the first full year of implementation. The following narrative follows the order of items on the applicable Budget Worksheet. Only items with expenditures are listed and discussed.

## A. Expenditures

b. Travel and Transportation. This amount covers the anticipated cost of providing transportation for participants to meet with the Housing Specialist, to visit housing, to meet with landlords, etc. Our identified client population is likely to require transportation assistance, e.g., bus vouchers, rides, etc. Lake County's geography and widely-dispersed communities are significant barriers to accessing services.

Source document: This item is an estimate based on LCMH experience with client transportation and includes mileage reimbursement at the standard County rate of $0.27/mile, as established by the County Travel Policy.

C (iv) Housing - Other. GSD programs cannot provide rental subsidies and direct support, but allowable housing expenditures connected with participant support are incorporated into this program. This item covers other expenditures connected with coordinating housing for clients, as identified through this program's operations.

Source document: Item c (iv) is an estimate based on LCMH experience with the costs of comparable services and supports and is likely to be adjusted based on the results of MHSA implementation.

## 2. Personnel Expenditures.

All personnel expenditures are based on standard County job classifications for the proposed responsibilities, adjusted according to the findings of the most recent Estimated Salary Survey. Year 2's salaries reflect an annual step increase of 5% in accordance with County policy for these positions. Year 2's benefits reflect a 10% adjustment, as permitted by County policy.

1.0 FTE MHSA Coordinator @ $22.2535/hr. or $44,207/Year 2 ÷ 8 = $5,526/program

As discussed, this is not a management position according to Lake County's job classification structure. Therefore, the salary and benefits of this position are allocated equally among all of the MHSA programs as the Coordinator is responsible for their day-to-day operations. The Coordinator will report directly to the Adult and Children's Services Deputy Directors. He or she will be responsible for the MHSA team, i.e., all MHSA-funded staff and contractors providing services to the MSHA. The Coordinator

will be responsible for implementing the programs as proposed, on-time and on-budget. He or she will also monitor data collection activities. Once the MHSA is underway, the Coordinator will organize ongoing community-based planning activities, including quarterly Stakeholder Steering Committee meetings, an annual report-out to the community, and possible publications.
Please note the Staffing Detail Worksheet sets this position at .12 FTE, but the actual FTE per program is .125. The position's salary and benefits are calculated accordingly.

Benefits are paid at the standard County of Lake rates for this position. Please note that PERS is paid at 7% of salary, reduced by $133 per pay period or 12 pay periods.

| | | | | |
|---|---|---|---|---|
| FICA | @ | 7.65% of salary | = | $423 |
| County PERS | @ | 11.085% of salary | = | $613 |
| PERS | @ | (Salary - $1,596) x 7% | = | $373 |
| Insurance | @ | $6,600/yr. ÷ 8 | = | $825 |
| Unemployment | @ | .007 of salary | = | $39 |
| Annual adjustment | @ | 10% | = | $227 |
| Total: | | | | $2,500 |

1.0 FTE Housing Specialist @ $19.7595/hour or $41,100/Year 2.

MH Spec I or II

This position will: (i) be the single point of contact for clients, landlords, housing developers, LCMH, funders, et al.; (ii) advocate for supportive housing resources; (iii) coordinate the Housing Collaborative and Homeless Task Force; (iv) work with FSP-02 to coordinate post-discharge/release housing for participants; (v) coordinate supportive services and the housing subsidies, vouchers, and other assistance

Benefits are paid at the standard County of Lake rates for this position, as follows:

| | | | | |
|---|---|---|---|---|
| FICA | @ | 7.65% of salary | = | $3,466 |
| County PERS | @ | 11.085% of salary | = | $5,023 |
| PERS | @ | Fixed amount | = | $3,060 |
| Insurance | @ | $6,600/yr. | = | $6,600 |
| Unemployment | @ | .007 of salary | = | $317 |
| Annual adjustment | @ | 10% | = | $1,735 |
| Total: | | | = | $19,188 |

Source document: New Job Classification Salary Data, effective 11/17/05, including County of Lake Personnel Department Position, Grade, Step Table.

**3. Operating Expenditures.**

b. Translation and Interpreter Services. This item will help us meet the goal of making this program's services welcoming, accessible, and inclusive of all clients. In particular, it will address the needs of Spanish-speaking clients. As noted, this investment is part of our commitment to culturally competent, accessible services.

c. Travel and Transportation. This item will cover at least some of the mileage attributable to the Housing Specialist, who will be traveling to building sites, the Juvenile Hall, the County Jail, the Consumer Self-Help Center, the IPRT, and other meetings. Mileage will be reimbursed at the standard County rate of $0.27/mile.

Source document: These items are based on LCMH experience with the cost of providing comparable services. Mileage reimbursement is established by the County of Lake Travel Policy.

**B. Revenue**

LCMH will continue to take a conservative approach to estimating revenues. This program remains highly unlikely to generate revenues which can be applied to offsetting its expenditures. The Housing Specialist will seek grants and other funding to carry out the housing plan developed during Year 1. Revenue generated by this program will be reinvested in this program, added to the Local Prudent Reserve, or applied to unexpected MHSA costs, as permitted by DMH. All revenues generated by MHSA operations will be reinvested in MHSA programs.

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

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

Program Workplan #: OE-01 | Date: 12/13/05

Program Workplan Name: Community Outreach & Engagement | Page 1 of 1

Type of Funding: 3. Outreach and Engagement | Months of Operation: 12

Proposed Total Client Capacity of Program/Service: 200 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: Karen MacDougall

Client Capacity of Program/Service Expanded through MHSA: 200 | Telephone Number: 707.279.8935

| | 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 |
| b. Travel and Transportation | $1,102 | | | $1,102 |
| c. Housing | | | | |
| i. Master Leases | | | | $0 |
| ii. Subsidies | | | | $0 |
| iii. Vouchers | | | | $0 |
| iv. Other Housing | | | | $0 |
| d. Employment and Education Supports | | | | $0 |
| e. Other Support Expenditures (provide description in budget narrative) | $1,700 | | | $1,700 |
| f. Total Support Expenditures | $2,802 | $0 | $0 | $2,802 |
| **2. Personnel Expenditures** | | | | |
| a. Current Existing Personnel Expenditures (from Staffing Detail) | | | | $0 |
| b. New Additional Personnel Expenditures (from Staffing Detail) | $44,296 | | | $44,296 |
| c. Employee Benefits | $24,479 | | | $24,479 |
| d. Total Personnel Expenditures | $68,775 | $0 | $0 | $68,775 |
| **3. Operating Expenditures** | | | | |
| a. Professional Services | | | | $0 |
| b. Translation and Interpreter Services | $1,000 | | | $1,000 |
| c. Travel and Transportation | $5,400 | | | $5,400 |
| d. General Office Expenditures | | | | $0 |
| e. Rent, Utilities and Equipment | | | | |
| f. Medication and Medical Supports | $1,000 | | | $1,000 |
| g. Other Operating Expenses (provide description in budget narrative) | | | | $0 |
| h. Total Operating Expenditures | $7,400 | $0 | $0 | $7,400 |
| **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 | | | $0 |
| **6. Total Proposed Program Budget** | **$78,977** | **$0** | **$0** | **$78,977** |
| **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) | | | | $0 |
| b. Medicare/Patient Fees/Patient Insurance | | | | $0 |
| c. State General Funds | | | | $0 |
| d. Other Revenue | | | | $0 |
| e. Total New Revenue | $0 | $0 | $0 | $0 |
| **3. Total Revenues** | $0 | $0 | $0 | $0 |
| **C. One-Time CSS Funding Expenditures** | **$0** | | | **$0** |
| **D. Total Funding Requirements** | **$78,977** | **$0** | **$0** | **$78,977** |
| **E. Percent of Total Funding Requirements for Full Service Partnerships** | | | | **33.3%** |

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

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

Program Workplan #: OE-01 | Date: 12/13/05

Program Workplan Name: Community Outreach & Engagement | Page 1 of 1

Type of Funding: 3. Outreach and Engagement | Months of Operation: 12

Proposed Total Client Capacity of Program/Service: 200 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: Karen MacDougall

Client Capacity of Program/Service Expanded through MHSA: 200 | Telephone Number: 707.279.8935

| 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** | | | | | |
| MHSA Coordinator | *Responsible for day-to-day operations of all MHSA programs* | | 0.12 | $44,207 | $5,526 |
| | | | | | $0 |
| Outreach Worker | Outreach to isolated, underserved populations | | 0.75 | $25,847 | $19,385 |
| | | | | | $0 |
| Outreach Worker | Outreach to isolated, underserved populations | | 0.75 | $25,847 | $19,385 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | **Total New Additional Positions** | 0.00 | 1.62 | | $44,296 |
| **C. Total Program Positions** | | 0.00 | 1.62 | | $44,296 |

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.

**Budget Narrative**
**Community Outreach & Engagement Program**
**OE-01**
**2006-2007**

This Budget Narrative and the linked Budget Worksheet cover the first full year of implementation. The following narrative follows the order of items on the applicable Budget Worksheet. Only items with expenditures are listed and discussed.

## A. Expenditures

### 1. Client, Family Member and Caregiver Support Expenditures

b. Travel and Transportation. This amount covers the anticipated cost of providing transportation to participants to the program's trainings and other activities. This resource will continue to promote broad representation and participation of isolated and underserved groups and individuals, giving the program access to a wide array of viewpoints. This amount is reduced from Year 1 as the two new Outreach Workers will be traveling to isolated communities and groups, reducing the demand for this support. Mileage will be reimbursed at the County standard rate of $0.27/mile.

e. Other. This item creates a small flexible fund to cover various items that will promote individual engagement, including barrier removal.

Source document: This estimate is based on LCMH's experience with providing such services and supports. The County Travel Policy authorizes mileage reimbursement at $0.27/mile.

### 2. Personnel Expenditures.

All personnel expenditures are based on standard County job classifications for the proposed responsibilities, adjusted according to the findings of the most recent Estimated Salary Survey. Year 2's salaries reflect an annual step increase of 5% in accordance with County policy for these positions. Year 2's benefits reflect a 10% adjustment, as permitted by County policy.

1.0 FTE MHSA Coordinator @ $22.2535/hr. or $44,207/Year 2 ÷ 8 = $5,526/program

As discussed, this is not a management position according to Lake County's job classification structure. Therefore, the salary and benefits of this position are allocated equally among all of the MHSA programs as the Coordinator is responsible for their day-to-day operations. The Coordinator will report directly to the Adult and Children's Services Deputy Directors. He or she will be responsible for the MHSA team, i.e., all MHSA-funded staff and contractors providing services to the MSHA. The Coordinator will be responsible for implementing the programs as proposed, on-time and on-budget. The Coordinator will be responsible for implementing the programs as proposed, on-

time and on-budget. He or she will also monitor data collection activities. Once the MHSA is underway, the Coordinator will organize ongoing community-based planning activities, including quarterly Stakeholder Steering Committee meetings, an annual report-out to the community, and possible publications.

Please note the Staffing Detail Worksheet sets this position at .12 FTE, but the actual FTE per program is .125. The position's salary and benefits are calculated accordingly.

Benefits are paid at the standard County of Lake rates for this position. Please note that PERS is paid at 7% of salary, reduced by $133 per pay period or 12 pay periods.

| | | | | |
|---|---|---|---|---|
| FICA | @ | 7.65% of salary | = | $423 |
| County PERS | @ | 11.085% of salary | = | $613 |
| PERS | @ | (Salary - $1,596) x 7% | = | $373 |
| Insurance | @ | $6,600/yr. ÷ 8 | = | $825 |
| Unemployment | @ | .007 of salary | = | $39 |
| Annual adjustment | @ | 10% | = | $227 |
| Total: | | | | $2,500 |

1.50 FTE Outreach Workers, in two positions at .75 FTE each @ $12.4264/hour or $25,847/year x .75 = $19,385 each x 2 = $38,770

The Outreach Workers' main purpose would be to engage the culturally and geographically isolated Latino, indigenous immigrant, and Native American populations. As the program evolves, they will extend services to other isolated populations, including the homeless, GLBT, and even older adults. They will spent most of their time as an Outreach Team in the field, e.g., at schools, the Rancherias, the Pow-Wow or other Indian events, the fields (orchards, vineyards, etc.), Migrant Head Start, health clinics, parenting groups, churches, and community events. They will generally work in teams for safety, although they will have the flexibility to work separately when feasible. They will inform the unserved/underserved populations about MHSA services, as well as other support services that promote resiliency and recovery. Activities include outreach and education to communities and groups; outreach to individuals; referrals and information to groups and individuals; follow-up to assist isolated/fearful clients. The Outreach Workers will be familiar with and at ease in the communities to be served. At least one must be a fluent Spanish-speaker; both should be multicultural.

Benefits are paid at the standard County of Lake rates for this position. Please note that PERS is paid at 7% of salary, reduced by $133 per pay period or 12 pay periods.

| | | | | |
|---|---|---|---|---|
| FICA | @ | 7.65% of salary | = | $1,977 |
| County PERS | @ | 11.085% of salary | = | $2,865 |
| PERS | @ | (Salary - $1,596) x 7% | = | $1,698 |
| Insurance | @ | $6,600/yr. | = | $6,600 |
| Unemployment | @ | .007 of salary | = | $181 |

Annual adjustment @ 10% = $1,332
Total: $14,653/per
position x .75 = $10,990 x 2 positions = $21,979

Source document: New Job Classification Salary Data, effective 11/17/05, including County of Lake Personnel Department Position, Grade, Step Table.

**3. Operating Expenditures.**

b. Translation and Interpreter Services. This item will help us achieve the goal of making this program's services welcoming, accessible, and inclusive of all participants. In particular, it will address the needs of the underserved older monolingual Spanish-speaking clients, allowing them to fully participate in this program's trainings, planning activities, community events, etc. This investment will help this program develop strategies that enable the MHSA to provide culturally competent, accessible services to participants from all populations.

c. Travel and Transportation. This item will cover at least some of the mileage attributable to LCMH staff, service providers, and collaborative partners, who will be traveling to trainings and to the isolated communities and individuals engaged by the Outreach Team. Mileage will be reimbursed at the County standard rate of $0.27/mile.

f. Medication and Medical Supports. This item covers assistance with the cost of medication, medical supplies, and insurance co-payments or deductibles to promote stable and equitable access to these resources, regardless of financial, housing, or health insurance status. Many of Lake County's isolated residents are also coping with poverty, unstable housing or homelessness, and lack of insurance coverage, all of which are situational characteristics that limit their access to services.

Source document: These items are based on LCMH experience with the cost of comparable services. Translation and interpreter services will continue to be available to ensure the program's capacity to serve diverse populations.

**B. Revenue**

This program remains highly unlikely to generate revenue. Therefore, LCMH has chosen a very conservative approach and will assume zero revenue for 2006-2007. If any revenue is generated by this program, it will be reinvested in the program, added to the Local Prudent Reserve, or applied to unexpected MHSA costs, as permitted by DMH. All revenues generated by MHSA operations will be reinvested in MHSA programs.

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

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

Program Workplan #: FSP-01 | Date: 12/13/05

Program Workplan Name: Children's Wraparound | Page 1 of 1

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

Proposed Total Client Capacity of Program/Service: 150 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: Karen MacDougall

Client Capacity of Program/Service Expanded through MHSA: 150 | Telephone Number: 707.279.8935

| | 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 |
| b. Travel and Transportation | $1,500 | | | $1,500 |
| c. Housing | | | | |
| i. Master Leases | | | | $0 |
| ii. Subsidies | | | | $0 |
| iii. Vouchers | | | | $0 |
| iv. Other Housing | | | | $0 |
| d. Employment and Education Supports | | | | $0 |
| e. Other Support Expenditures (provide description in budget narrative) | $50,000 | | | $50,000 |
| f. Total Support Expenditures | $51,500 | $0 | $0 | $51,500 |
| **2. Personnel Expenditures** | | | | |
| a. Current Existing Personnel Expenditures (from Staffing Detail) | | | | $0 |
| b. New Additional Personnel Expenditures (from Staffing Detail) | $46,118 | | | $46,118 |
| c. Employee Benefits | $27,278 | | | $27,278 |
| d. Total Personnel Expenditures | $73,396 | $0 | $0 | $73,396 |
| **3. Operating Expenditures** | | | | |
| a. Professional Services | | | $21,250 | $21,250 |
| b. Translation and Interpreter Services | $1,500 | | | $1,500 |
| c. Travel and Transportation | $1,617 | | | $1,617 |
| d. General Office Expenditures | | | | $0 |
| e. Rent, Utilities and Equipment | | | | |
| f. Medication and Medical Supports | $6,000 | | | $6,000 |
| g. Other Operating Expenses (provide description in budget narrative) | $1,000 | | | $1,000 |
| h. Total Operating Expenditures | $10,117 | $0 | $21,250 | $31,367 |
| **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** | **$135,013** | **$0** | **$21,250** | **$156,263** |
| **B. Revenues** | | | | |
| **1. Existing Revenues** | | | | |
| a. Medi-Cal (FFP only) | $0 | | $0 | $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) | | | | $0 |
| b. Medicare/Patient Fees/Patient Insurance | | | | $0 |
| c. State General Funds | | | $21,250 | $21,250 |
| d. Other Revenue | | | | $0 |
| e. Total New Revenue | $0 | $0 | $21,250 | $21,250 |
| **3. Total Revenues** | $0 | $0 | $21,250 | $21,250 |
| **C. One-Time CSS Funding Expenditures** | **$0** | | | **$0** |
| **D. Total Funding Requirements** | **$135,013** | **$0** | **$0** | **$135,013** |
| **E. Percent of Total Funding Requirements for Full Service Partnerships** | | | | **100.0%** |

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

County(ies): Lake
Fiscal Year: 2007-08
Program Workplan #: FSP-01
Date: 12/13/05
Program Workplan Name: Children's Wraparound
Page 1 of 1
Type of Funding: 1. Full Service Partnership
Months of Operation: 12
Proposed Total Client Capacity of Program/Service: 150
New Program/Service or Expansion: New
Existing Client Capacity of Program/Service: 0
Prepared by: Karen MacDougall
Client Capacity of Program/Service Expanded through MHSA: 150
Telephone Number: 707.279.8935

| 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** | | | | | |
| Parent Partners | *Provide support for family members and caregivers, assistance with finding resources and services, understanding system, and advocacy; assist family members and care-givers to develop self-advocacy skills* | 2.00 | 2.00 | $20,158 | $40,316 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| MHSA Coordinator | *Responsible for day-to-day operations of all MHSA programs* | | 0.12 | $46,418 | $5,802 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | **Total New Additional Positions** | 2.00 | 2.12 | | $46,118 |
| **C. Total Program Positions** | | 2.00 | 2.12 | | $46,118 |

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.

**Budget Narrative**
**Children's Wraparound**
**FSP-01**
**2007-08**

This Budget Narrative and the linked Budget Worksheet cover the second full year of implementation. The following narrative follows the order of items on the applicable Budget Worksheet. Only items with expenditures are listed and discussed.

## A. Expenditures

### 1. Client, Family Member, and Caregiver Support Expenditures

b. Travel and Transportation: This amount covers the anticipated cost of providing transportation to children and family members. Our identified client population is likely to require transportation assistance, e.g., bus vouchers, rides, etc. Lake County's geography and widely-dispersed communities are significant barriers to accessing services. This amount is estimated at $1,500 per year for Years 2 and 3.

e. Other Support Expenditures: This item creates flexible funding to cover any and all expenditures needed by children and their families to promote the children's resilience. Examples include: clothing, uniforms, small home repairs, etc. This item is estimated at $50,000 for Year 3. The slight increase from Year 2 is due to the possibility of a cumulative long-term caseload generated by Years 1 and 2.

### 2. Personnel Expenditures

All personnel expenditures are based on standard County job classifications for the proposed responsibilities, adjusted according to the findings of the most recent Estimated Salary Survey. Year 3's salaries reflect an annual step increase of 5% in accordance with County policy for these positions. Year 3's benefits reflect a 5% adjustment, as permitted by County policy.

b. New Additional Personnel Expenditures:

1.0 FTE MHSA Coordinator @ $22.3163/hr. or $45,418/Year 3 ÷ 8 = $5,802/program

As discussed, this is not a management position according to Lake County's job classification structure. Therefore, the salary and benefits of this position are allocated equally among all of the MHSA programs as the Coordinator is responsible for their day-to-day operations. The Coordinator will report directly to the Adult and Children's Services Deputy Directors. He or she will be responsible for the MHSA team, i.e., all MHSA-funded staff and contractors providing services to the MSHA. The Coordinator will be responsible for implementing the programs as proposed, on-time and on-budget. He or she will also monitor data collection activities. The Coordinator will continue to organize ongoing community-based planning activities, including quarterly Stakeholder

Steering Committee meetings, an annual report-out to the community, and possible publications.

Please note the Staffing Detail Worksheet sets this position at .12 FTE, but the actual FTE per program is .125. The position's salary and benefits are calculated accordingly.

Benefits are paid at the standard County of Lake rates for this position. Please note that PERS is paid at 7% of salary, reduced by $133 per pay period or 12 pay periods.

| | | | | |
|---|---|---|---|---|
| FICA | @ | 7.65% of salary | = | $444 |
| County PERS | @ | 11.085% of salary | = | $643 |
| PERS | @ | (Salary - $1,596) x 7% | = | $392 |
| Insurance | @ | $6,600/yr. ÷ 8 | = | $825 |
| Unemployment | @ | .007 of salary | = | $41 |
| Annual adjustment | @ | 5% | = | $117 |
| Total: | | | | $2,462 |

2.0 FTE Parent Partners @ $9.69150/hour or $20,158/Year 3 x 2 positions = $40,316.

The full-time Parent Partners will provide support for family members, guardians, and caregivers of the children served, plus assistance with finding resources and services, understanding systems, and advocacy. They will assist family members and caregivers to develop self-advocacy skills. If requested, Parent Partners may serve on the Interagency Placement Review Team. The FTEs may be divided among several parents, some of whom may be or have been mental health consumers.

Benefits are paid at the standard County of Lake rates for this position. Please note that PERS is paid at 7% of salary, reduced by $133 per pay period or 12 pay periods.

| | | | | |
|---|---|---|---|---|
| FICA | @ | 7.65% of salary | = | $1,542 |
| County PERS | @ | 11.085% of salary | = | $2,235 |
| PERS | @ | (Salary - $1,596) x 7% | = | $1,299 |
| Insurance | @ | $6,600/yr. x .33% | = | $6,600 |
| Unemployment | @ | .007 | = | $141 |
| Annual adjustment | @ | 5% | = | $591 |
| Total: | | | | $12,408 per |

position x 2 positions = $24,816

Source document: New Job Classification Salary Data, effective 11/17/05, including County of Lake Personnel Department Position, Grade, Step Table.

**3. Operating Expenditures.**

a. Professional Services. This item covers 25% of the services of Dr. Segal @ $85,000 year local share of cost .25 or $21,250. Dr. Segal will provide contract psychiatric services, including medication, to children served by this program. Dr. Segal

will be available at a variety of culturally accessible, community-based settings, including Tribal Health, schools, and other sites where families feel comfortable.

b. Translation and Interpreter Services. This item will help us achieve the goal of making this program's services welcoming, accessible, and inclusive of all clients. In particular, it will address the needs of Spanish-speaking clients. As noted, this investment is part of our commitment to culturally competent, accessible services.

c. Travel and Transportation. This item covers LCMH's, other service providers' and collaborative partners' mileage related to this program's activities. This amount will cover up to 5,500 miles @ $0.27/mile, the County standard rate.

f. Medication and Medical Supports. This item covers assistance with the cost of medication, medical supplies, and insurance co-payments or deductibles to promote equitable access to these resources, regardless of financial, housing, or health insurance status.

g. Other Operating Expenses. This item covers the costs of ongoing CSOC infrastructure development and maintenance, including: (i) facilitated work groups for stakeholders to introduce them to, and/or refresh them on, CSOC concepts and infrastructure requirements; (ii) continued support for the Interagency Children's Policy Council, as needed; and (iii) annual review and update of required formal written agreements.

Source documents: Item a is based on the contract with Dr. Segal. Items b-g are based on LCMH costs for and experience with providing comparable items and services, including costs incurred during the MHSA planning process. Item c's mileage reimbursement rate is authorized by the County Travel Policy.

**B. Revenue**

LCMCH will continue to take a conservative approach to estimating revenues, limiting its estimate of revenue from this program to Federal Financial Participation and State General Funds (EPSDT), although other sources may also generate revenue for this program. Revenue generated by this program will be reinvested in this program. Any revenue in excess of the projected amount will be added to the Local Prudent Reserve or applied to unexpected MHSA costs, as permitted by DMH. All revenues generated by MHSA operations will be reinvested in MHSA programs.

Source documents: Medi-Cal and EPSDT reimbursement schedules.

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

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

Program Workplan #: FSP-02 | Date: 12/13/05

Program Workplan Name: Forensic Mental Health Partnership | Page 1 of 1

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

Proposed Total Client Capacity of Program/Service: 60 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: Karen MacDougall

Client Capacity of Program/Service Expanded through MHSA: 60 | Telephone Number: 707.279.8935

| | 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 |
| b. Travel and Transportation | $3,000 | | | $3,000 |
| c. Housing | | | | |
| i. Master Leases | | | | $0 |
| ii. Subsidies | | | | $0 |
| iii. Vouchers | | | | $0 |
| iv. Other Housing | | | | $0 |
| d. Employment and Education Supports | | | | $0 |
| e. Other Support Expenditures (provide description in budget narrative) | $5,000 | | | $5,000 |
| f. Total Support Expenditures | $8,000 | $0 | $0 | $8,000 |
| **2. Personnel Expenditures** | | | | |
| a. Current Existing Personnel Expenditures (from Staffing Detail) | $0 | | | $0 |
| b. New Additional Personnel Expenditures (from Staffing Detail) | $53,380 | | | $53,380 |
| c. Employee Benefits | $22,481 | | | $22,481 |
| d. Total Personnel Expenditures | $75,861 | $0 | $0 | $75,861 |
| **3. Operating Expenditures** | | | | |
| a. Professional Services | | | | $0 |
| b. Translation and Interpreter Services | $1,500 | | | $1,500 |
| c. Travel and Transportation | $2,117 | | | $2,117 |
| d. General Office Expenditures | | | | $0 |
| e. Rent, Utilities and Equipment | | | | |
| f. Medication and Medical Supports | $5,000 | | | $5,000 |
| g. Other Operating Expenses (provide description in budget narrative) | | | | $0 |
| h. Total Operating Expenditures | $8,617 | $0 | $0 | $8,617 |
| **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** | **$92,478** | **$0** | **$0** | **$92,478** |
| **B. Revenues** | | | | |
| **1. Existing Revenues** | | | | |
| a. Medi-Cal (FFP only) | $0 | | | $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) | $47,578 | | | $47,578 |
| b. Medicare/Patient Fees/Patient Insurance | | | | $0 |
| c. State General Funds | | | | $0 |
| d. Other Revenue | | | | $0 |
| e. Total New Revenue | $47,578 | $0 | $0 | $47,578 |
| **3. Total Revenues** | $47,578 | $0 | $0 | $47,578 |
| **C. One-Time CSS Funding Expenditures** | **$0** | | | **$0** |
| **D. Total Funding Requirements** | **$44,900** | **$0** | **$0** | **$44,900** |
| **E. Percent of Total Funding Requirements for Full Service Partnerships** | | | | **100.0%** |

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

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

Program Workplan #: FSP-02 | Date: 12/13/05

Program Workplan Name: Forensic Mental Health Partnership | Page 1 of 1

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

Proposed Total Client Capacity of Program/Service: 60 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: Karen MacDougall

Client Capacity of Program/Service Expanded through MHSA: 60 | Telephone Number: 707.279.8935

| 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** | | | | | |
| Forensic Sr. Mental Health Specialist (licensed) | *Develop and maintain a mental health diversion program for juveniles and adults; provide pre-release/discharge planning, plus aftercare for children, youth, and adults released from Juvenile Hall and Jail; will have regular office hours at Juvenile Hall, Jail, and Consumer Center; will serve on Interagency Placement Review Team; will work closely with Housing Development & Access (GSD-03)* | | 1.00 | $47,578 | $47,578 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| MHSA Coordinator | *Responsible for day-to-day operations of all MHSA programs* | | 0.12 | $46,418 | $5,802 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | **Total New Additional Positions** | 0.00 | 1.12 | | $53,380 |
| **C. Total Program Positions** | | 0.00 | 1.12 | | $53,380 |

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.

# Budget Narrative
# Forensic Mental Health Partnership
# FSP-02
# 2007-2008

This Budget Narrative and the linked Budget Worksheet cover the second full year of implementation.

The following narrative follows the order of items on the applicable Budget Worksheet. Only items with expenditures are listed and discussed.

## A. Expenditures

### 1. Client, Family Member, and Caregiver Support Expenditures

b. Travel and Transportation: This amount covers the anticipated cost of providing transportation to clients. Our identified client population is likely to require transportation assistance, e.g., bus vouchers, rides, etc. to and from the Juvenile Hall, the County Jail, housing assistance, the Center, etc. Lake County's geography and widely-dispersed communities are significant barriers to accessing services.

e. Other Support Expenditures: This item creates flexible funding to cover various expenditures intended to facilitate a smooth transition back into the community and to help participants succeed in the community.

Source document: These items are estimates based on the initial caseload and LCMH's experience in providing such services. The County Travel Policy authorized mileage reimbursement at $0.27/mile. These amounts may be modified based on operating results from Year 2.

### 2. Personnel Expenditures

All personnel expenditures are based on standard County job classifications for the proposed responsibilities, adjusted according to the findings of the most recent Estimated Salary Survey. Year 3's salaries reflect an annual step increase of 5% in accordance with County policy for these positions. Year 3's benefits reflect a 5% adjustment, as permitted by County policy.

b. New Additional Personnel Expenditures:

1.0 FTE MHSA Coordinator @ $22.3163/hr. or $45,418/Year 3 ÷ 8 = $5,802/program

As discussed, this is not a management position according to Lake County's job classification structure. Therefore, the salary and benefits of this position are allocated equally among all of the MHSA programs as the Coordinator is responsible for their day-to-day operations. The Coordinator will report directly to the Adult and Children's

Services Deputy Directors. He or she will be responsible for the MHSA team, i.e., all MHSA-funded staff and contractors providing services to the MSHA. The Coordinator will be responsible for implementing the programs as proposed, on-time and on-budget. He or she will also monitor data collection activities. The Coordinator will continue to organize ongoing community-based planning activities, including quarterly Stakeholder Steering Committee meetings, an annual report-out to the community, and possible publications.

Please note the Staffing Detail Worksheet sets this position at .12 FTE, but the actual FTE per program is .125. The position's salary and benefits are calculated accordingly.

Benefits are paid at the standard County of Lake rates for this position. Please note that PERS is paid at 7% of salary, reduced by $133 per pay period or 12 pay periods.

| | | | | |
|---|---|---|---|---|
| FICA | @ | 7.65% of salary | = | $444 |
| County PERS | @ | 11.085% of salary | = | $643 |
| PERS | @ | (Salary - $1,596) x 7% | = | $392 |
| Insurance | @ | $6,600/yr. ÷ 8 | = | $825 |
| Unemployment | @ | .007 of salary | = | $41 |
| Annual adjustment | @ | 5% | = | $117 |
| Total: | | | | $2,462 |

1.0 FTE Forensic Mental Health Specialist (Senior Mental Health Specialist, a licensed position) @ $22.8741/hour or $47,578 for Year 3.

This position will provide on-site transition planning to juveniles and TAY in the Juvenile Hall and to TAY and adults in the Lake County Jail. He or she will also hold regular office hours at the Center to provide on-going community support for TAY and adults post-release. This position will work closely with the LCMH Director, District Attorney, Public Defender, Chief Probation Officer, and Presiding Judge of the Superior Court to continue to implement a mental health diversion program for non-violent offenders. The Specialist will facilitate the maintenance of health insurance coverage, mental health treatment, and medication regimes during the transition from incarceration or Juvenile Hall back into the community. This position will carry a combined caseload of about 30-40 TAY and adults by Year 2. This reduced caseload will allow the Specialist to provide personalized services to participants for at least 6-12 months or longer, as needed.

Benefits are paid at the standard County of Lake rates for this position. Please note that PERS is paid at 7% of salary, reduced by $133 per pay period or 12 pay periods.

| | | | | |
|---|---|---|---|---|
| FICA | @ | 7.65% of salary | = | $3,640 |
| County PERS | @ | 11.085% of salary | = | $5,274 |
| PERS | @ | (Salary - $1,596) x 7% | = | $3,219 |
| Insurance | @ | $6,600/yr. | = | $6,600 |
| Unemployment | @ | .007 of salary | = | $332 |

| | | | |
|---|---|---|---|
| Annual adjustment | @ | 5% | = $953 |
| Total: | | | $20,019 |

Source document: New Job Classification Salary Data, effective 11/17/05, including County of Lake Personnel Department Position, Grade, Step Table.

**3. Operating Expenditures.**

b. Translation and Interpreter Services. This item will help us achieve the goal of making this program's services welcoming, accessible, and inclusive of all clients. In particular, it will address the needs of Spanish-speaking clients. Accurate communication is particularly important, as this program involves the criminal justice, juvenile justice, and mental health systems. As noted, this investment is part of our commitment to culturally competent, accessible services.

c. Travel and Transportation. This item will cover at least some of the mileage attributable to the Forensic Mental Health Specialist, who will be traveling to the Juvenile Hall, the County Jail, the Consumer Self-Help Center, IPRT meetings. This Specialist may also be making court appearances.

f. Medication and Medical Supports. This item covers assistance with the cost of medication, medical supplies, and insurance co-payments or deductibles to promote stable and equitable access to these resources, regardless of financial, housing, or health insurance status. Maintaining a consistent medication regime will help participants transition smoothly from incarceration back into their families and communities.

Source documents: These items are estimated based on LCMH experience with the cost of comparable expenditures and may be modified based on operating results from Year 2. The County Travel Policy authorizes mileage reimbursement at $0.27/mile.

**B. Revenue**

LCMH will continue to take a conservative approach to estimating revenue, limiting its estimate to Federal Financial Participation, although other sources may also generate revenue for this program. Revenue generated by this program will be reinvested in this program. Any revenue in excess of the projected amount will be added to the Local Prudent Reserve or applied to unexpected MHSA costs, as permitted by DMH. All revenues generated by MHSA operations will be reinvested in MHSA programs.

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

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

Program Workplan #: FSP-03 | Date: 12/13/05

Program Workplan Name: Integrated Physical & Mental Health Services | Page 1 of 1

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

Proposed Total Client Capacity of Program/Service: 80 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: Karen MacDougall

Client Capacity of Program/Service Expanded through MHSA: 80 | Telephone Number: 707.279.8935

| | 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 |
| b. Travel and Transportation | $1,500 | | | $1,500 |
| c. Housing | | | | |
| i. Master Leases | | | | $0 |
| ii. Subsidies | | | | $0 |
| iii. Vouchers | | | | $0 |
| iv. Other Housing | | | | $0 |
| d. Employment and Education Supports | | | | $0 |
| e. Other Support Expenditures (provide description in budget narrative) | $6,000 | | | $6,000 |
| f. Total Support Expenditures | $7,500 | $0 | $0 | $7,500 |
| **2. Personnel Expenditures** | | | | |
| a. Current Existing Personnel Expenditures (from Staffing Detail) | | | | $0 |
| b. New Additional Personnel Expenditures (from Staffing Detail) | $5,802 | | | $5,802 |
| c. Employee Benefits | $2,462 | | | $2,462 |
| d. Total Personnel Expenditures | $8,264 | $0 | $0 | $8,264 |
| **3. Operating Expenditures** | | | | |
| a. Professional Services | | | $42,500 | $42,500 |
| b. Translation and Interpreter Services | $1,500 | | | $1,500 |
| c. Travel and Transportation | | | | $0 |
| d. General Office Expenditures | | | | $0 |
| e. Rent, Utilities and Equipment | | | | |
| f. Medication and Medical Supports | $3,117 | | | $3,117 |
| g. Other Operating Expenses (provide description in budget narrative) | | | | $0 |
| h. Total Operating Expenditures | $4,617 | $0 | $42,500 | $47,117 |
| **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** | **$20,381** | **$0** | **$42,500** | **$62,881** |
| **B. Revenues** | | | | |
| **1. Existing Revenues** | | | | |
| a. Medi-Cal (FFP only) | | | $0 | $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) | | | $42,500 | |
| b. Medicare/Patient Fees/Patient Insurance | | | | $0 |
| c. State General Funds | | | | $0 |
| d. Other Revenue | | | | $0 |
| e. Total New Revenue | $0 | $0 | $42,500 | $0 |
| **3. Total Revenues** | $0 | $0 | $42,500 | $42,500 |
| **C. One-Time CSS Funding Expenditures** | **$0** | | | **$0** |
| **D. Total Funding Requirements** | **$20,381** | **$0** | **$0** | **$20,381** |
| **E. Percent of Total Funding Requirements for Full Service Partnerships** | | | | **100.0%** |

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

County(ies): Lake
Fiscal Year: 2007-08
Program Workplan #: FSP-03
Date: 12/13/05
Program Workplan Name: Integrated Physica & Mental Health Services
Page 1 of 1
Type of Funding: 1. Full Service Partnership
Months of Operation: 12
Proposed Total Client Capacity of Program/Service: 80
New Program/Service or Expansion: New
Existing Client Capacity of Program/Service: 0
Prepared by: Karen MacDougall
Client Capacity of Program/Service Expanded through MHSA: 80
Telephone Number: 707.279.8935

| 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** | | | | | $0 |
| MHSA Coordinator | *Responsible for day-to-day operations of all MHSA programs* | | 0.12 | $46,418 | $5,802 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | **Total New Additional Positions** | 0.00 | 0.12 | | $5,802 |
| **C. Total Program Positions** | | 0.00 | 0.12 | | $5,802 |

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.

# Budget Narrative
# Integrated Physical and Mental Health Services
# FSP-03
# 2007-2008

This Budget Narrative and the linked Budget Worksheet cover the second full year of implementation. The following narrative follows the order of items on the applicable Budget Worksheet. Only items with expenditures are listed and discussed.

## A. Expenditures

### 1. Client, Family Member, and Caregiver Support Expenditures

b. Travel and Transportation: This amount covers the anticipated cost of providing clients with transportation to services and supports for children and family members. Our identified client population is likely to require transportation assistance, e.g., bus vouchers, rides, etc. Lake County's geography and widely-dispersed communities are significant barriers to accessing help. Mileage is reimbursed at the County standard rate of $0.27/mile.

e. Other Support Expenditures: This item creates a small flexible fund to cover expenditures that will help participants achieve resilience and recovery. Examples include: clothing, uniforms, small home repairs, etc. This item is estimated at $6,000 per full year of service.

Source document. These items are estimated based on the initial caseload and LCMH's experience with providing such services. The County Travel Policy authorized mileage reimbursement at $0.27/mile. These amounts may be modified based on operating results from Year 2.

### 2. Personnel Expenditures.

All personnel expenditures are based on standard County job classifications for the proposed responsibilities, adjusted according to the findings of the most recent Estimated Salary Survey. Year 3's salaries reflect an annual step increase of 5% in accordance with County policy for these positions. Year 3's benefits reflect a 5% adjustment, as permitted by County policy.

1.0 FTE MHSA Coordinator @ $22.3163/hr. or $45,418/Year 3 ÷ 8 = $5,802/program

As discussed, this is not a management position according to Lake County's job classification structure. Therefore, the salary and benefits of this position are allocated equally among all of the MHSA programs as the Coordinator is responsible for their day-to-day operations. The Coordinator will report directly to the Adult and Children's Services Deputy Directors. He or she will be responsible for the MHSA team, i.e., all MHSA-funded staff and contractors providing services to the MSHA. . The Coordinator

will be responsible for implementing the programs as proposed, on-time and on-budget. He or she will also monitor data collection activities. The Coordinator will continue to organize ongoing community-based planning activities, including quarterly Stakeholder Steering Committee meetings, an annual report-out to the community, and possible publications.

Please note the Staffing Detail Worksheet sets this position at .12 FTE, but the actual FTE per program is .125. The position's salary and benefits are calculated accordingly.

Benefits are paid at the standard County of Lake rates for this position. Please note that PERS is paid at 7% of salary, reduced by $133 per pay period or 12 pay periods.

| | | | | |
|---|---|---|---|---|
| FICA | @ | 7.65% of salary | = | $444 |
| County PERS | @ | 11.085% of salary | = | $643 |
| PERS | @ | (Salary - $1,596) x 7% | = | $392 |
| Insurance | @ | $6,600/yr. ÷ 8 | = | $825 |
| Unemployment | @ | .007 of salary | = | $41 |
| Annual adjustment | @ | 5% | = | $117 |
| Total: | | | | $2,462 |

Source document: New Job Classification Salary Data, effective 11/17/05, including County of Lake Personnel Department Position, Grade, Step Table.

**3. Operating Expenditures.**

a. Professional Services. This item covers 50% of the services of Dr. Segal @ $85,000/year local share of cost x 50% or $42,500. Dr. Segal will provide contract psychiatric services, including medication, to participants served by this program. She will be available at a variety of culturally accessible, community-based settings, including Tribal Health, both LCMH clinics, and other sites where families feel comfortable.

b. Translation and Interpreter Services. This item will help us achieve the goal of making this program's services welcoming, accessible, and inclusive of all clients. In particular, it will address the needs of Spanish-speaking clients. As noted, this investment is part of our commitment to culturally competent, accessible services.

f. Medication and Medical Supports. This item covers assistance with the cost of medication, medical supplies, and insurance co-payments or deductibles to promote equitable access to these resources, regardless of financial, housing, or health insurance status.

Source documents: Item a is based on the contract with Dr. Segal. Items b and f are estimated based on LCMH experience with the cost of comparable expenditures and may be modified based on operating results from Year 2.

## B. Revenue

LCMH will continue to take a conservative approach to estimating revenue, limiting its estimate to Federal Financial Participation, although other sources may also generate revenue for this program. Revenue generated by this program will be reinvested in this program. Any revenue in excess of the projected amount will be added to the Local Prudent Reserve or applied to unexpected MHSA costs, as permitted by DMH. All revenues generated by MHSA operations will be reinvested in MHSA programs.

Source document: Medi-Cal reimbursement schedule.

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

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

Program Workplan #: FSP-04 | Date: 12/13/05

Program Workplan Name: Older Adult Access & Resources Program | Page 1 of 1

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

Proposed Total Client Capacity of Program/Service: 60 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: Karen MacDougall

Client Capacity of Program/Service Expanded through MHSA: 60 | Telephone Number: 707.279.8935

| | 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 |
| b. Travel and Transportation | $6,000 | | | $6,000 |
| c. Housing | | | | |
| i. Master Leases | | | | $0 |
| ii. Subsidies | | | | $0 |
| iii. Vouchers | | | | $0 |
| iv. Other Housing | $3,400 | | | $3,400 |
| d. Employment and Education Supports | | | | $0 |
| e. Other Support Expenditures (provide description in budget narrative) | | | | $0 |
| f. Total Support Expenditures | $9,400 | $0 | $0 | $9,400 |
| **2. Personnel Expenditures** | | | | |
| a. Current Existing Personnel Expenditures (from Staffing Detail) | | | | $0 |
| b. New Additional Personnel Expenditures (from Staffing Detail) | $53,380 | | | $53,380 |
| c. Employee Benefits | $22,481 | | | $22,481 |
| d. Total Personnel Expenditures | $75,861 | $0 | $0 | $75,861 |
| **3. Operating Expenditures** | | | | |
| a. Professional Services | | | $21,250 | $21,250 |
| b. Translation and Interpreter Services | $600 | | | $600 |
| c. Travel and Transportation | $3,717 | | | $3,717 |
| d. General Office Expenditures | | | | $0 |
| e. Rent, Utilities and Equipment | | | | |
| f. Medication and Medical Supports | $6,000 | | | $6,000 |
| g. Other Operating Expenses (provide description in budget narrative) | | | | $0 |
| h. Total Operating Expenditures | $10,317 | $0 | $21,250 | $31,567 |
| **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** | $15,000 | | | $15,000 |
| **6. Total Proposed Program Budget** | **$110,578** | **$0** | **$21,250** | **$131,828** |
| **B. Revenues** | | | | |
| **1. Existing Revenues** | | | | |
| a. Medi-Cal (FFP only) | $0 | | | $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) | $45,313 | | $21,250 | $66,563 |
| b. Medicare/Patient Fees/Patient Insurance | $14,714 | | | $14,714 |
| c. State General Funds | | | | $0 |
| d. Other Revenue | | | | $0 |
| e. Total New Revenue | $60,027 | $0 | $21,250 | $81,277 |
| **3. Total Revenues** | $60,027 | $0 | $21,250 | $81,277 |
| **C. One-Time CSS Funding Expenditures** | **$0** | | | **$0** |
| **D. Total Funding Requirements** | **$50,551** | **$0** | **$0** | **$50,551** |
| **E. Percent of Total Funding Requirements for Full Service Partnerships** | | | | **100.0%** |

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

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

Program Workplan #: FSP-04 | Date: 12/13/05

Program Workplan Name: Older Adult Access & Resources Program | Page 1 of 1

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

Proposed Total Client Capacity of Program/Service: 60 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: Karen MacDougall

Client Capacity of Program/Service Expanded through MHSA: 60 | Telephone Number: 707.279.8935

| 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** | | | | | |
| Older Adult Mental Health Specialist (Unlicensed) (Position will be flexible, so if licensed individual applies, he or she can be hired; personnel budgeted at the higher licensed rate | *Outreach to older adults in the home, at Senior Centers, culture-based settings, and at other community sites, including places where homeless and other older adults gather; educate older adults on medications; develop/join integrated interagency older adult service teams; create interagency service plans and case manage same* | 0.00 | 1.00 | $47,578 | $47,578 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| MHSA Coordinator | *Responsible for day-to-day operations of all MHSA programs* | | 0.12 | $46,418 | $5,802 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | **Total New Additional Positions** | 0.00 | 1.12 | | $53,380 |
| **C. Total Program Positions** | | 0.00 | 1.12 | | $53,380 |

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.

**Budget Narrative**
**Older Adult Access & Resources Program**
**FSP-04**
**2007-2008**

This Budget Narrative and the linked Budget Worksheet cover the second full year of implementation. The following narrative follows the order of items on the applicable Budget Worksheet. Only items with expenditures are listed and discussed.

## A. Expenditures

### 1. Client, Family Member, and Caregiver Support Expenditures.

b. Travel and Transportation: This amount covers the anticipated cost of providing transportation to participants, from home to the senior center and to other services. Our identified older adult client population is highly likely to require transportation assistance, as many seniors can no longer drive, due to physical, mental, or financial limitations. This item will cover bus vouchers, rides, etc. Lake County's geography and widely-dispersed communities are significant barriers to accessing services. Mileage will be reimbursed at the County standard rate of $0.27/mile.

e. Other Support Expenditures: This item creates a small flexible fund to cover various expenditures that will promote recovery in older adults, as appropriate.

Source document: These items are estimated based on LCMH's experience with providing such services. The County Travel Policy authorizes mileage reimbursement at $0.27/mile. These amounts may be modified based on operating results from Year 2.

### 2. Personnel Expenditures

All personnel expenditures are based on standard County job classifications for the proposed responsibilities, adjusted according to the findings of the most recent Estimated Salary Survey. Year 3's salaries reflect an annual step increase of 5% in accordance with County policy for these positions. Year 3's benefits reflect a 5% adjustment, as permitted by County policy.

b. New Additional Personnel Expenditures:

1.0 FTE MHSA Coordinator @ $22.3163/hr. or $45,418/Year 3 ÷ 8 = $5,802/program

As discussed, this is not a management position according to Lake County's job classification structure. Therefore, the salary and benefits of this position are allocated equally among all of the MHSA programs as the Coordinator is responsible for their day-to-day operations. The Coordinator will report directly to the Adult and Children's Services Deputy Directors. He or she will be responsible for the MHSA team, i.e., all MHSA-funded staff and contractors providing services to the MSHA. The Coordinator

will be responsible for implementing the programs as proposed, on-time and on-budget. He or she will also monitor data collection activities. The Coordinator will continue to organize ongoing community-based planning activities, including quarterly Stakeholder Steering Committee meetings, an annual report-out to the community, and possible publications.

Please note the Staffing Detail Worksheet sets this position at .12 FTE, but the actual FTE per program is .125. The position's salary and benefits are calculated accordingly.

Benefits are paid at the standard County of Lake rates for this position. Please note that PERS is paid at 7% of salary, reduced by $133 per pay period or 12 pay periods.

| | | | | |
|---|---|---|---|---|
| FICA | @ | 7.65% of salary | = | $444 |
| County PERS | @ | 11.085% of salary | = | $643 |
| PERS | @ | (Salary - $1,596) x 7% | = | $392 |
| Insurance | @ | $6,600/yr. ÷ 8 | = | $825 |
| Unemployment | @ | .007 of salary | = | $41 |
| Annual adjustment | @ | 5% | = | $117 |
| Total: | | | | $2,462 |

1.0 FTE Mental Health Specialist. Although this position is expected to be filled by a mental health specialist (unlicensed), this program retains the flexibility to hire a Senior Mental Health Specialist, a licensed position, and will budget for the position at the higher licensed rate @ $22.8741/hour or $47,578/Year 3.

This Specialist will hold regular office hours at the Senior Centers he or she serves and may expand services to additional senior centers. The Specialist will continue to make home visits to seniors referred by family and friends, caregivers, other providers, the Sheriff's "You Are Not Alone" calling program, the Senior Peer Counseling/Friendly Visitor programs, and other providers. During Year 3, he or she will re-visit all of the senior centers to identify ways in which this program can be improved. At the Highlands Senior Service Center (if it is the primary center as proposed), this position will engage in outreach and education to older adults to reduce the stigma of associated with using mental health services. The Specialist will coordinate trainings for Center staff and others serving seniors on the recognition and reporting of elder abuse and, with AODS, will coordinate cross-trainings on substance abuse. This position will continue to hold medication management sessions, encouraging seniors to bring their medications for review, and helping them understand medication interactions, etc. The Specialist will work with other providers, Dr. Segal, case managers, et al. to develop, and participate in the implementation of, individualized service plans for participants. This position will carry a caseload of about 40+ older adults in Year 3. This reduced caseload will allow the Specialist to provide personalized services to participants for at least 6-12 months and longer, as needed.

Benefits are paid at the standard County of Lake rates for this position. Please note that PERS is paid at 7% of salary, reduced by $133 per pay period or 12 pay periods.

| | | | | |
|---|---|---|---|---|
| FICA | @ | 7.65% of salary | = | $3,640 |
| County PERS | @ | 11.085% of salary | = | $5,274 |
| PERS | @ | (Salary - $1,596) x 7% | = | $3,219 |
| Insurance | @ | $6,600/yr. | = | $6,600 |
| Unemployment | @ | .007 of salary | = | $333 |
| Annual adjustment | @ | 5% | = | $953 |
| Total: | | | | $20,019 |

Source document: New Job Classification Salary Data, effective 11/17/05, including County of Lake Personnel Department Position, Grade, Step Table.

**3. Operating Expenditures.**

a. Professional Services. This item covers 25% of the services of Dr. Segal @ $85,000/year local share of cost x 25% = $21,250. Dr. Segal will hold regular office hours at the Highlands Senior Service Center and be available for consultations. She will also work with Tribal Health, the Inter-Tribal Council of California, and the Tribal Councils to design strategies to better serve Native American elders.

b. Translation and Interpreter Services. This item will help us achieve the goal of making this program's services welcoming, accessible, and inclusive of all clients. In particular, it will address the needs of older monolingual Spanish-speaking clients. As noted, this is a severely underserved group. As noted, this investment is part of our commitment to culturally competent, accessible services.

c. Travel and Transportation. This item will cover at least some of the mileage attributable to the Specialist, who will be traveling among the Senior Centers, to other senior service providers, to the adult multi-disciplinary team (as needed and appropriate), to elder abuse coalition meetings, etc.

It also includes the costs of sending the Specialist to the annual Older Adult System of Care conference held in Riverside, California. Estimated costs include:

| | | |
|---|---|---|
| Airfare from Sacramento Airport | @ | $275 |
| Registration | @ | $90 |
| Hotel (1 night) | @ | $89 |
| Per diem (two days) | @ | $68 |
| Mileage (Sacramento round-trip) | @ | $68 (252 miles x $0.27/mile) |
| Parking | @ | $10 |
| Total: | | $600 |

f. Medication and Medical Supports. This item covers assistance with the cost of medication, medical supplies, and insurance co-payments or deductibles to promote stable and equitable access to these resources, regardless of financial, housing, or insurance status. Many Lake County older adults are on fixed and limited incomes. This item will help them maintain a consistent medication regime and promote their recovery.

Source document: Item a is based on the contract with Dr. Segal. Items b and f are based on LCMH experience with the costs of comparable services. Item c is also estimated based on LCMH experience. Mileage will be reimbursed at the County standard rate of $0.27/mile, as established by the County Travel Policy. Conference expenses are estimated as follows: Airfare is estimated high, to account for rising ticket prices due to fuel costs. Registration is set by the conference organizer. Hotel, per diem, and mileage are County standard rates, as established by the County Travel Policy.

**5. Estimated Total Expenditures when service provider is not known.**

Senior Peer Counseling and Friendly Visitor Expansion. This amount will slightly increase LCMH's pre-MHSA investment in this type of program. The peer counselors will be trained in appropriate counseling techniques and will also receive additional training on mental illness in older adults. They will also receive regular supervision. The friendly visitors will receive training in preventive health care and the effects of isolation on the physical and mental health of older adults. Both groups of providers will be trained to recognize the signs and symptoms of substance abuse in older adults.

Source document: This item is based on an existing contract with one local senior peer counseling provider.

**B. Revenue**

LCMH will continue to take a conservative approach to estimating revenues. This program is expected to generate revenues from two sources: (1) Federal Financial Participation; and (2) Medicare/patient fees/patient insurance. A significant number of older adults have Medicare or other insurance coverage, so this budget includes a relatively small amount of revenue from such sources. Revenue generated by this program will be reinvested in this program. Any revenue in excess of the projected amount will be added to the Local Prudent Reserve or applied to unexpected MHSA costs, as permitted by DMH. All revenues generated by MHSA operations will be reinvested in MHSA programs.

Source document: Medi-Cal Reimbursement schedule and estimates based on LCMH experience in serving older adult clients.

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

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

Program Workplan #: GSD-01 | Date: 12/13/05

Program Workplan Name: Crisis Response Continuum | Page 1 of 1

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

Proposed Total Client Capacity of Program/Service: 2,562 | New Program/Service or Expansion: Expansion

Existing Client Capacity of Program/Service: 0 | Prepared by: Karen MacDougall

Client Capacity of Program/Service Expanded through MHSA: 2,562 | Telephone Number: 707.279.8935

| | 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 |
| b. Travel and Transportation | $6,000 | | | $6,000 |
| c. Housing | | | | |
| i. Master Leases | | | | $0 |
| ii. Subsidies | | | | $0 |
| iii. Vouchers | | | | $0 |
| iv. Other Housing | | | $62,500 | $62,500 |
| d. Employment and Education Supports | | | | $0 |
| e. Other Support Expenditures (provide description in budget narrative) | | | | $0 |
| f. Total Support Expenditures | $6,000 | $0 | $62,500 | $68,500 |
| **2. Personnel Expenditures** | | | | |
| a. Current Existing Personnel Expenditures (from Staffing Detail) | $271,878 | | | $271,878 |
| b. New Additional Personnel Expenditures (from Staffing Detail) | $92,112 | | | $92,112 |
| c. Employee Benefits | $156,378 | | | $156,378 |
| d. Total Personnel Expenditures | $520,368 | $0 | $0 | $520,368 |
| **3. Operating Expenditures** | | | | |
| a. Professional Services | | | | $0 |
| b. Translation and Interpreter Services | | | | $0 |
| c. Travel and Transportation | | | | $0 |
| d. General Office Expenditures | | | | $0 |
| e. Rent, Utilities and Equipment | | | | |
| f. Medication and Medical Supports | $5,117 | | | $5,117 |
| g. Other Operating Expenses (provide description in budget narrative) | | | | $0 |
| h. Total Operating Expenditures | $5,117 | $0 | $0 | $5,117 |
| **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** | $25,000 | | | $25,000 |
| **6. Total Proposed Program Budget** | **$556,485** | **$0** | **$62,500** | **$618,985** |
| **B. Revenues** | | | | |
| **1. Existing Revenues** | | | | |
| a. Medi-Cal (FFP only) | $291,160 | | | $291,160 |
| b. Medicare/Patient Fees/Patient Insurance | $19,410 | | | $19,410 |
| c. Realignment | $77,642 | | | $77,642 |
| d. State General Funds | | | | $0 |
| e. County Funds | | | | $0 |
| f. Grants | | | | |
| g. Other Revenue | | | | $0 |
| h. Total Existing Revenues | $388,212 | $0 | $0 | $388,212 |
| **2. New Revenues** | | | | |
| a. Medi-Cal (FFP only) | $86,310 | | | $86,310 |
| b. Medicare/Patient Fees/Patient Insurance | | | | $0 |
| c. State General Funds | | | | $0 |
| d. Other Revenue | | | | $0 |
| e. Total New Revenue | $86,310 | $0 | $0 | $86,310 |
| **3. Total Revenues** | $474,522 | $0 | $0 | $474,522 |
| **C. One-Time CSS Funding Expenditures** | | | | **$0** |
| **D. Total Funding Requirements** | **$81,963** | **$0** | **$62,500** | **$144,463** |
| **E. Percent of Total Funding Requirements for Full Service Partnerships** | | | | **41.0%** |

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

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

Program Workplan #: GSD-01 | Date: 12/13/05

Program Workplan Name: Crisis Response Continuum | Page 1 of 1

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

Proposed Total Client Capacity of Program/Service: 2,562 | New Program/Service or Expansion: Expansion

Existing Client Capacity of Program/Service: 0 | Prepared by: Karen MacDougall

Client Capacity of Program/Service Expanded through MHSA: 2,562 | Telephone Number: 707.279.8935

| 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** | | | | | |
| 6 Crisis Workers (Mental Health Specialists) | Provide 24/7 crisis response, including assessment, stabilization, placement, & transportation | | 6.00 | $45,313 | $271,878 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | **Total Current Existing Positions** | 0.00 | 6.00 | | $271,878 |
| **B. New Additional Positions** | | | | | |
| Mental Health Specialists | *Provide mental health counseling, referrals, and support for "23-hour beds" at clinic or other non-hospital settings; respond to Warm Line calls when skilled intervention, including immediate crisis response is or may be needed* | 0.00 | 2.00 | $43,155 | $86,310 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| MHSA Coordinator | *Responsible for day-to-day operations of all MHSA programs* | | 0.12 | $46,418 | $5,802 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | **Total New Additional Positions** | 0.00 | 2.12 | | $92,112 |
| **C. Total Program Positions** | | 0.00 | 8.12 | | $363,990 |

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.

**Budget Narrative**
**Crisis Response Continuum**
**GSD-01**
**2007-2008**

This Budget Narrative and the linked Budget Worksheet cover the second full year of implementation. The following narrative follows the order of items on the applicable Budget Worksheet. Only items with expenditures are listed and discussed.

## A. Expenditures

### 1. Client, Family Member, and Caregiver Support Expenditures

b. Travel and Transportation: This amount covers the anticipated cost of providing crisis transport for isolated seniors. During the planning process, representatives from older adult groups and other community members noted that seniors do not access crisis services because they cannot drive, no longer own a car, or cannot afford the costs of transportation. Mileage will be reimbursed at the County standard rate of $0.27/mile.

c.iv. Housing. This item covers one-half of the estimated annual contract with the Phoenix Corporation for 7 beds dedicated to Lake County clients in a crisis residential facility in Ukiah. Clients will be able to stay from 2 weeks to 30 days, in a controlled, supportive environment with some services. This is the only housing option of this type serving Lake County. Clients will continue to benefit from this less-restrictive alternative, which is consistent with the guiding principles of the MHSA.

Source document: Item b is based on LCMH experience with client transportation and the County Travel Policy which establishes the standard mileage reimbursement rate. Item c is based on the contract with the Phoenix Corporation.

### 2. Personnel Expenditures

All personnel expenditures are based on standard County job classifications for the proposed responsibilities, adjusted according to the findings of the most recent Estimated Salary Survey. Year 3's salaries reflect an annual step increase of 5% in accordance with County policy for these positions. Year 3's benefits reflect a 5% adjustment, as permitted by County policy.

a. Current Existing Personnel Expenditures:

6.0 FTE Crisis Workers (Mental Health Specialists) @ $20.7475/hr. + 5% crisis supplement = $21.7849/hr. x 2,080 hours = $45,313/year x 6 positions = $271,878

These workers provide crisis coverage Countywide, 24/7. They respond to crisis line telephone calls and calls from other agencies, e.g., the hospital Emergency Room staff. They transport clients, meet them at the hospitals, perform assessments, work to stabilize the situation, locate appropriate placements and referrals, and coordinate transportation.

Benefits are paid at the standard County of Lake rates for this position (Mental Health Specialist + 5% crisis supplement). Please note that PERS is paid at 7% of salary, reduced by $133 per pay period or $1,596 for 12 pay periods during Year 3.

| | | | | |
|---|---|---|---|---|
| FICA | @ | 7.65% of salary | = | $3,466 |
| PERS | @ | 11.085% of salary | = | $5,023 |
| County PERS | @ | (Salary - $532) x 7% | = | $3,060 |
| Insurance | @ | $6,600/yr. | = | $6,600 |
| Unemployment | @ | .007% of salary | = | $317 |
| Annual adjustment | @ | 5% | = | $923 |
| Total: | | | = | $19,389/position |

x 6 positions = $116,334

b. New Additional Personnel Expenditures:

1.0 FTE MHSA Coordinator @ $22.3163/hr. or $45,418/Year 3 ÷ 8 = $5,802/program

As discussed, this is not a management position according to Lake County's job classification structure. Therefore, the salary and benefits of this position are allocated equally among all of the MHSA programs as the Coordinator is responsible for their day-to-day operations. The Coordinator will report directly to the Adult and Children's Services Deputy Directors. He or she will be responsible for the MHSA team, i.e., all MHSA-funded staff and contractors providing services to the MSHA. The Coordinator will be responsible for implementing the programs as proposed, on-time and on-budget. He or she will also monitor data collection activities. The Coordinator will continue to organize ongoing community-based planning activities, including quarterly Stakeholder Steering Committee meetings, an annual report-out to the community, and possible publications.

Please note the Staffing Detail Worksheet sets this position at .12 FTE, but the actual FTE per program is .125. The position's salary and benefits are calculated accordingly.

Benefits are paid at the standard County of Lake rates for this position. Please note that PERS is paid at 7% of salary, reduced by $133 per pay period x 12 pay periods.

| | | | | |
|---|---|---|---|---|
| FICA | @ | 7.65% of salary | = | $444 |
| County PERS | @ | 11.085% of salary | = | $643 |
| PERS | @ | (Salary - $1,596) x 7% | = | $392 |
| Insurance | @ | $6,600/yr. ÷ 8 | = | $825 |
| Unemployment | @ | .007 of salary | = | $41 |
| Annual adjustment | @ | 5% | = | $117 |
| Total: | | | | $2,462 |

2.0 FTE Mental Health Specialists @ $20.7475/hour or $43,155/Year 3 x 2 positions = $86,310

As described, these new positions will staff the outpatient crisis resolution component, including crisis stabilization housing to be located at clinics, designated motels, and other non-hospital settings. They will provide mental health counseling, referrals, and support. They will be on-call during after-hours periods and will provide follow-up and case management to the clients served. They will be available for consultation with the Warm Line/Crisis Line staff and may provide call-backs and further crisis response services to callers, as needed.

Benefits are paid at the standard County of Lake rates for this position, as follows:

| | | | | |
|---|---|---|---|---|
| FICA | @ | 7.65% of salary | = | $3,301 |
| County PERS | @ | 11.085% of salary | = | $4.784 |
| PERS | @ | (Salary - $1,596) x 7% | = | $2,909 |
| Insurance | @ | $6,600/yr. x .33% | = | $6,600 |
| Unemployment | @ | $94 | = | $302 |
| Annual adjust. | @ | 5%/year | = | $895 |
| Total: | | | | $ 18,791 per position |

x 2 positions = $37,582

Source document: New Job Classification Salary Data, effective 11/17/05, including County of Lake Personnel Department Position, Grade, Step Table.

**3. Operating Expenditures.**

f. Medication and Medical Supports. This item covers assistance with the cost of medication, medical supplies, and insurance co-payments or deductibles to promote stable and equitable access to these resources, regardless of financial, housing, or health insurance status. This item will help clients maintain a consistent medication regime and promote their recovery.

Source document: LCMH experience with comparable costs.

## 5. Estimated Total Expenditures when service provider is not known.

Access/ Crisis Line/Warm Line contract provider to provide 24-hour personal response by trained responders, able to make local referrals and linkages, plus access to Senior Mental Health Specialists @ $25,000/year. As noted in **Part II, Section VI,** this resource is a key gateway for new and existing clients into MHSA and other LCMH services, as appropriate.

Estimate based on preliminary discussions between the LCMH Director and established warm line/crisis line providers.

## B. Revenue

The existing 6.0 FTE Crisis Workers are entirely funded by non-MHSA sources, specifically a combination of: Medi-Cal (75%); Medicare/Patient Fees/Patient Insurance (5%); and Realignment (20%). MSHA funds will be used to build a continuum of response around this continuing core service.

LCMH will continue to take a conservative approach to estimating revenues, generally limiting them to Federal Financial Participation, although other sources may also generate revenue for this program. Revenue generated by this program will be reinvested in this program. Any revenue in excess of the projected amount will be added to the Local Prudent Reserve or applied to unexpected MHSA costs, as permitted by DMH. All revenues generated by MHSA operations will be reinvested in MHSA programs.

Source document: Medi-Cal reimbursement schedule.

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

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

Program Workplan #: GSD-02 | Date: 12/13/05

Program Workplan Name: TAY & Adult Consumer Self-Help Center | Page 1 of 1

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

Proposed Total Client Capacity of Program/Service: 272 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: Karen MacDougall

Client Capacity of Program/Service Expanded through MHSA: 272 | Telephone Number: 707.279.8935

| | 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 |
| b. Travel and Transportation | $1,500 | | | $1,500 |
| c. Housing | | | | |
| i. Master Leases | | | | $0 |
| ii. Subsidies | | | | $0 |
| iii. Vouchers | | | | $0 |
| iv. Other Housing | | | | $0 |
| d. Employment and Education Supports | | | | $0 |
| e. Other Support Expenditures (provide description in budget narrative) | | | | $0 |
| f. Total Support Expenditures | $1,500 | $0 | $0 | $1,500 |
| **2. Personnel Expenditures** | | | | |
| a. Current Existing Personnel Expenditures (from Staffing Detail) | | | | $0 |
| b. New Additional Personnel Expenditures (from Staffing Detail) | $125,563 | | | $125,563 |
| c. Employee Benefits | $62,954 | | | $62,954 |
| d. Total Personnel Expenditures | $188,517 | $0 | $0 | $188,517 |
| **3. Operating Expenditures** | | | | |
| a. Professional Services | | | | $0 |
| b. Translation and Interpreter Services | $1,500 | | | $1,500 |
| c. Travel and Transportation | $1,617 | | | $1,617 |
| d. General Office Expenditures | | | | $0 |
| e. Rent, Utilities and Equipment | | | | |
| f. Medication and Medical Supports | | | | $0 |
| g. Other Operating Expenses (provide description in budget narrative) | | | | $0 |
| h. Total Operating Expenditures | $3,117 | $0 | $0 | $3,117 |
| **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** | $24,240 | | | $24,240 |
| **6. Total Proposed Program Budget** | **$217,374** | **$0** | **$0** | **$217,374** |
| **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) | $25,000 | | | $25,000 |
| b. Medicare/Patient Fees/Patient Insurance | | | | $0 |
| c. State General Funds | | | | $0 |
| d. Other Revenue | | | | $0 |
| e. Total New Revenue | $25,000 | $0 | $0 | $25,000 |
| **3. Total Revenues** | $25,000 | $0 | $0 | $25,000 |
| **C. One-Time CSS Funding Expenditures** | | | | **$0** |
| **D. Total Funding Requirements** | **$192,374** | **$0** | **$0** | **$192,374** |
| **E. Percent of Total Funding Requirements for Full Service Partnerships** | | | | **50.0%** |

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

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

Program Workplan #: GSD-02 | Date: 12/13/05

Program Workplan Name: TAY & Adult Consumer Self-Help Center | Page 1 of 1

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

Proposed Total Client Capacity of Program/Service: 272 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: Karen MacDougall

Client Capacity of Program/Service Expanded through MHSA: 272 | Telephone Number: 707.279.8935

| 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** | | | | | |
| Case Manager/Mental Heatlh Worker | *Provide intensive case management to FSP Center clients, plus case management assistance for general Center clients; assist Center clients to find and use community resources; provide support to staff from LCMH and other programs, et al.* | 0.00 | 2.00 | $27,139 | $54,278 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| MHSA Coordinator | *Responsible for day-to-day operations of all MHSA programs* | | 0.12 | $46,418 | $5,802 |
| | | | | | $0 |
| Consumer Self-Help Coordinator | *Provide on-site coordination of Center operations and activities; organize reception and other schedules; assist consumers, collaborative partners, et al. to use resource effectively* | | 1.00 | $43,155 | $43,155 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| Office Assistant II | Reception: telephones, light clerical, etc. Position may be split among 2 or more consumers | | | | $0 |
| | | | | | $0 |
| | | 1.00 | | $22,328 | $22,328 |
| | **Total New Additional Positions** | 1.00 | 3.12 | | $125,563 |
| **C. Total Program Positions** | | 1.00 | 3.12 | | $125,563 |

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.

**Budget Narrative**
**TAY and Adult Consumer Self-Help Center**
**GSD-02**
**2007-2008**

This Budget Narrative and the linked Budget Worksheet cover the second full year of implementation from July 1, 2007 – June 30, 2008. The following narrative follows the order of items on the applicable Budget Worksheet. Only items with expenditures are listed and discussed.

## A. Expenditures

### 1. Client, Family Member, and Caregiver Support Expenditures

b. Travel and Transportation: This amount covers the anticipated cost of providing transportation to TAY and adult clients to and from the Center. Our identified client population is likely to require transportation assistance, e.g., bus vouchers, rides, etc. Lake County's geography and widely-dispersed communities are significant barriers to accessing services. This amount will cover up to 5,500 miles @ $0.27/mile, the County standard rate.

Source document: Item b is based on LCMH experience with client transportation and the County Travel Policy which establishes the standard mileage reimbursement rate.

### 2. Personnel Expenditures

All personnel expenditures are based on standard County job classifications for the proposed responsibilities, adjusted according to the findings of the most recent Estimated Salary Survey. Year 3's salaries reflect an annual step increase of 5% in accordance with County policy for these positions. Year 3's benefits reflect a 5% adjustment, as permitted by County policy.

b. New Additional Personnel Expenditures:

1.0 FTE MHSA Coordinator @ $22.3163/hr. or $45,418/Year 3 ÷ 8 = $5,802/program

As discussed, this is not a management position according to Lake County's job classification structure. Therefore, the salary and benefits of this position are allocated equally among all of the MHSA programs as the Coordinator is responsible for their day-to-day operations. The Coordinator will report directly to the Adult and Children's Services Deputy Directors. He or she will be responsible for the MHSA team, i.e., all MHSA-funded staff and contractors providing services to the MSHA. The Coordinator will be responsible for implementing the programs as proposed, on-time and on-budget. He or she will also monitor data collection activities. The Coordinator will continue to organize ongoing community-based planning activities, including quarterly Stakeholder

Steering Committee meetings, an annual report-out to the community, and possible publications.

Please note the Staffing Detail Worksheet sets this position at .12 FTE, but the actual FTE per program is .125. The position's salary and benefits are calculated accordingly.

Benefits are paid at the standard County of Lake rates for this position. Please note that PERS is paid at 7% of salary, reduced by $133 per pay period or 12 pay periods.

| | | | | |
|---|---|---|---|---|
| FICA | @ | 7.65% of salary | = | $444 |
| County PERS | @ | 11.085% of salary | = | $643 |
| PERS | @ | (Salary - $1,596) x 7% | = | $392 |
| Insurance | @ | $6,600/yr. ÷ 8 | = | $825 |
| Unemployment | @ | .007 of salary | = | $41 |
| Annual adjustment | @ | 5% | = | $117 |
| Total: | | | | $2,462 |

**Please note:** The non-profit engaged to operate the Center will be providing staff. These positions, their functions, and their costs are provided: (i) to demonstrate the types of core services and support which will be available at the Center; and (ii) to detail the categories and costs of personnel which LCMH will provide to staff the Center if LCMH is unable to engage a qualified non-profit to operate it.

1.0 FTE Consumer Self-Help Coordinator @ $20.7475/hour or $43,155/Year 3 (Mental Health Specialist classification)

As described, this position will provide on-site organization and coordination of all Center activities. It will help LCMH organize consumer self-help resources, including training opportunities; recruit consumers to participate in such opportunities and in MHSA planning and implementation activities; provide assistance when a parent partner or case manager is unavailable; and may serve on the IPRT. This position will also organize consumer self-help groups in which parents and caregivers share their experiences and their skills in navigating health and human services systems. This position will also provide on-call support from the Center for the parents and caregivers of TAY and to TAY using the Consumer Self-Help Center.

Benefits are paid at the standard County of Lake rates for this position. Please note that PERS is paid at 7% of salary, reduced by $133 per pay period or 12 pay periods.

| | | | | |
|---|---|---|---|---|
| FICA | @ | 7.65% of salary | = | $3,301 |
| County PERS | @ | 11.085% of salary | = | $4,784 |
| PERS | @ | (Salary - $1,596) x 7% | = | $2,909 |
| Insurance | @ | $6,600/yr. | = | $6,600 |
| Unemployment | @ | , 007 | = | $302 |
| Annual Adjustment | @ | 5% | = | $895 |
| Total: | | | | $18,791 |

2.0 FTE Mental Health Case Managers I @ $13.0477/hour or $27,139/Year 3 x 2 positions = $54,278.

These positions will staff the Center, with separate positions dedicated to TAY and adults, creating stable relationships and familiar faces for clients. They will provide intensive case management to FSP using the Center and will assist all Center clients to find and use community resources. They will also provide support to the Housing Coordinator, Forensic Mental Health Specialist, Dr. Segal, and others serving clients at the Center.

Benefits are paid at the standard County of Lake rates for this position. Please note that PERS is paid at 7% of salary, reduced by $133 per pay period or 12 pay periods.

| | | | | |
|---|---|---|---|---|
| FICA | @ | 7.65% of salary | = | $2,076 |
| County PERS | @ | 11.085% of salary | = | $3,308 |
| PERS | @ | (Salary - $1,596) x 7% | = | $1,788 |
| Insurance | @ | $6,600/yr. | = | $6,600 |
| Unemployment | @ | .007 of salary | = | $190 |
| Annual adjustment | 2 | 5% | = | $683 |
| Total: | | | | $14,345/per |

position x 2 = $28,691

1.0 FTE Office Assistant II @ $10.7344/hour or $22,328/year

Benefits are paid at the standard County of Lake rates for this position. Please note that PERS is paid at 7% of salary, reduced by $133 per pay period or 12 pay periods.

| | | | | |
|---|---|---|---|---|
| FICA | @ | 7.65% of salary | = | $1,708 |
| County PERS | @ | 11.085% of salary | = | $2,475 |
| CPERS | @ | (Salary - $1,596) x 7% | = | $1,451 |
| Insurance | @ | $6,600/yr. | = | $6,600 |
| Unemployment | @ | .007 of salary | = | $158 |
| Annual adjustment | @ | 5% | = | $620 |
| Total: | | | | $13,010 |

Source document: New Job Classification Salary Data, effective 11/17/05, including County of Lake Personnel Department Position, Grade, Step Table.

**3. Operating Expenditures.**

b. Translation and Interpreter Services. This item will help us achieve the goal of making the Center welcoming, accessible, and inclusive of all clients. In particular, it will address the needs of Spanish-speaking clients. This investment in accessibility is part of our overall cultural competency strategy, creating a welcoming environment for all.

c. Travel and Transportation. This item covers LCMH, other service providers' and collaborative partners' mileage for travel to and from the Center and Center-related activities. This amount will cover up to 5,500 miles @ $0.27/mile, the County standard rate.

Source document: Item b is an estimate based on LCMH experience with the costs of comparable services. Item c utilizes the mileage reimbursement rate authorized by the County of Lake Travel Policy

**5. Estimated Total Expenditures when service provider is not known.**

As discussed at length in **Part II, Section VI** of the plan narrative and the Year 1 Budget Narrative for this program, LCMH intends to contract with a reputable non-profit to operate the Center. The contractor will be identified and engaged through the County procurement process, which will involve a Request For Proposal for a contract of this scope. This program will offer a lump sum amount and will specify certain services and facilities which the contractor must provide.

The Operating Expenditures described herein will be provided to the contractor who will propose an operating plan for the Center in its proposal. The costs detailed herein are by way of example of the types of expenses which the contractor is expected to cover. The winning proposal will provide a detailed plan for the lease-to-own and operation of the Center. In Year 3, the MHSA Plan will provide the contractor with additional funds in the total amount of $24,240, to cover expenditures associated with the Center. The exact amounts and types of expenditures will be determined by the detailed plan provided in the winning proposal. The following estimates demonstrate the level of detail expected in the winning proposal.

Examples of the types of expenditures associated with the Center in Year 3 include:

(i) General Office Expenditures. This item covers general office supplies for the Center, e.g., paper, ink jet cartridges, etc. @ $100/mo. x 12 mos. = $1,200

(ii) Utilities and Equipment. This item covers some of the costs of operating the Center. The estimated annual cost of operations includes:

| | | | |
|---|---|---|---|
| Water services | @ | $100/mo. x 12 mos. = | $1,200 |
| Electricity | @ | $500/mo. x 12 mos. = | $6,000 |
| Heat | @ | $500/mo. x 12 mos. = | $6,000 |
| Garbage | @ | $50/mo. x 12 mos. = | $600 |
| Total: | | | $13,800 |

(iii) Insurance, including other, public liability, fire and allied coverage. Because the Center is a stand-alone building which will require coverage, we allowed an amount

equal to the MHSA pro-rata share of the LCMH annual budget request for these costs or $7,740.

(iv) Maintenance. This item covers the costs of maintaining and repairing the Center's building, fixtures, and grounds. Because we expect the Center to receive heavy usage, this amount is calculated at almost double the amount allocated for this item under MHSA administrative costs or $1,500.

Source document: Items b, c, d, and e are based on LCMH's current experience with comparable costs of such services. They are highly likely to be modified based on Year 2's operating costs. Items g (i) and g (ii) are based on comparable items in the current LCMH administration budget x 9% (the ratio of the MHSA funding to the total LCMH budget, increased to compensate for anticipated heavy use of the facility.

**B. Revenue**

LCMH will continue to take a conservative approach to estimating revenues. In this case, LCMH continues to project zero revenue generated by this program. Any revenue generated by this program will be reinvested in this program, added to the Local Prudent Reserve, or applied to unexpected MHSA costs, as permitted by DMH. All revenues generated by MHSA operations will be reinvested in MHSA programs.

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

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

Program Workplan #: GSD-03 | Date: 12/13/05

Program Workplan Name: Housing Development & Access | Page 1 of 1

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

Proposed Total Client Capacity of Program/Service: 349 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: Karen MacDougall

Client Capacity of Program/Service Expanded through MHSA: 349 | Telephone Number: 707.279.8935

| | 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 |
| b. Travel and Transportation | $1,500 | | | $1,500 |
| c. Housing | | | | |
| i. Master Leases | | | | $0 |
| ii. Subsidies | | | | $0 |
| iii. Vouchers | | | | $0 |
| iv. Other Housing | $10,000 | | | $10,000 |
| d. Employment and Education Supports | | | | $0 |
| e. Other Support Expenditures (provide description in budget narrative) | | | | $0 |
| f. Total Support Expenditures | $11,500 | $0 | $0 | $11,500 |
| **2. Personnel Expenditures** | | | | |
| a. Current Existing Personnel Expenditures (from Staffing Detail) | | | | $0 |
| b. New Additional Personnel Expenditures (from Staffing Detail) | $48,957 | | | $48,957 |
| c. Employee Benefits | $21,253 | | | $21,253 |
| d. Total Personnel Expenditures | $70,210 | $0 | $0 | $70,210 |
| **3. Operating Expenditures** | | | | |
| a. Professional Services | | | | $0 |
| b. Translation and Interpreter Services | $500 | | | $500 |
| c. Travel and Transportation | $617 | | | $617 |
| d. General Office Expenditures | | | | $0 |
| e. Rent, Utilities and Equipment | | | | |
| f. Medication and Medical Supports | | | | $0 |
| g. Other Operating Expenses (provide description in budget narrative) | | | | $0 |
| h. Total Operating Expenditures | $1,117 | $0 | $0 | $1,117 |
| **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** | **$82,827** | **$0** | **$0** | **$82,827** |
| **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) | | | | $0 |
| b. Medicare/Patient Fees/Patient Insurance | | | | $0 |
| c. State General Funds | | | | $0 |
| d. Other Revenue | | | | $0 |
| e. Total New Revenue | $0 | $0 | $0 | $0 |
| **3. Total Revenues** | $0 | $0 | $0 | $0 |
| **C. One-Time CSS Funding Expenditures** | | | | **$0** |
| **D. Total Funding Requirements** | **$82,827** | **$0** | **$0** | **$82,827** |
| **E. Percent of Total Funding Requirements for Full Service Partnerships** | | | | **50.0%** |

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

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

Program Workplan #: GSD-03 | Date: 12/13/05

Program Workplan Name: Housing Development & Access | Page 1 of 1

Type of Funding: | Months of Operation: 12

Proposed Total Client Capacity of Program/Service: 349 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: Karen MacDougall

Client Capacity of Program/Service Expanded through MHSA: 349 | Telephone Number: 707.279.8935

| 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 |
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| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | **Total Current Existing Positions** | 0.00 | 0.00 | | $0 |
| **B. New Additional Positions** | | | | | |
| Housing Specialist | *This position will be the single point-of-contact for clients, landlords, developers, LCMH, funders, et al., will advocate for supportive housing, will coordinate the Housing Collaborative and Homeless Task Force, work with FSP-02 to coordinate post-discharge/release housing; coordinate supportive services and the MHSA housing subsidy program; assist case managers to find suitable housing for clients; locate and develop housing; track funding opportunities and the application process* | | 1.00 | | $43,155 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| MHSA Coordinator | Responsible for day-to-day operations of all MHSA programs | | 0.12 | $46,418 | $5,802 |
| | | | | | $0 |
| | | | | | $0 |
| | **Total New Additional Positions** | 0.00 | 1.12 | | $48,957 |
| **C. Total Program Positions** | | 0.00 | 1.12 | | $48,957 |

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.

**Budget Narrative**
**Housing Development & Access**
**GSD-03**
**2007-2008**

This Budget Narrative and the linked Budget Worksheet cover the second full year of implementation. The following narrative follows the order of items on the applicable Budget Worksheet. Only items with expenditures are listed and discussed.

## A. Expenditures

b. Travel and Transportation. This amount covers the anticipated cost of providing transportation for participants to meet with the Housing Specialist, to visit housing, to meet with landlords, etc. Our identified client population is likely to require transportation assistance, e.g., bus vouchers, rides, etc. Lake County's geography and widely-dispersed communities are significant barriers to accessing services.

Source document: This item is an estimated based on LCMH experience with client transportation and includes mileage reimbursement at the County standard rate of $0.27/mile, as authorized by the County Travel Policy.

c (iv). Housing - Other. GSD programs cannot provide rental subsidies and other direct support, but allowable housing expenditures connected with participant support are incorporated into this program. This item covers other expenditures connected with coordinating housing for clients, as identified through this program's operations.

Source document: Item c (iv) is an estimate and is likely to be adjusted for Year 3 based on Year 2 utilization.

## 2. Personnel Expenditures.

All personnel expenditures are based on standard County job classifications for the proposed responsibilities, adjusted according to the findings of the most recent Estimated Salary Survey. Year 3's salaries reflect an annual step increase of 5% in accordance with County policy for these positions. Year 3's benefits reflect a 5% adjustment, as permitted by County policy.

1.0 FTE MHSA Coordinator @ $22.3163/hr. or $45,418/Year 3 ÷ 8 = $5,802/program

As discussed, this is not a management position according to Lake County's job classification structure. Therefore, the salary and benefits of this position are allocated equally among all of the MHSA programs as the Coordinator is responsible for their day-to-day operations. The Coordinator will report directly to the Adult and Children's Services Deputy Directors. He or she will be responsible for the MHSA team, i.e., all MHSA-funded staff and contractors providing services to the MSHA. The Coordinator will be responsible for implementing the programs as proposed, on-time and on-budget.

He or she will also monitor data collection activities. The Coordinator will continue to organize ongoing community-based planning activities, including quarterly Stakeholder Steering Committee meetings, an annual report-out to the community, and possible publications.

Please note the Staffing Detail Worksheet sets this position at .12 FTE, but the actual FTE per program is .125. The position's salary and benefits are calculated accordingly.

Benefits are paid at the standard County of Lake rates for this position. Please note that PERS is paid at 7% of salary, reduced by $133 per pay period or 12 pay periods.

| | | | | |
|---|---|---|---|---|
| FICA | @ | 7.65% of salary | = | $444 |
| County PERS | @ | 11.085% of salary | = | $643 |
| PERS | @ | (Salary - $1,596) x 7% | = | $392 |
| Insurance | @ | $6,600/yr. ÷ 8 | = | $825 |
| Unemployment | @ | .007 of salary | = | $41 |
| Annual adjustment | @ | 5% | = | $117 |
| Total: | | | | $2,462 |

1.0 FTE Housing Specialist @ $20.7475/hour or $43,155/year.

This position will continue to: (i) be the single point of contact for clients, landlords, housing developers, LCMH, funders, et al.; (ii) advocate for supportive housing resources; (iii) coordinate the Housing Collaborative and Homeless Task Force; (iv) work with FSP-02 to coordinate post-discharge/release housing for participants; (v) coordinate supportive services and the housing subsidies, vouchers, and other assistance

Benefits are paid at the standard County of Lake rates for this position. Please note that PERS is paid at 7% of salary, reduced by $133 per pay period or 12 pay periods.

| | | | | |
|---|---|---|---|---|
| FICA | @ | 7.65% of salary | = | $3,301 |
| County PERS | @ | 11.085% of salary | = | $4,784 |
| PERS | @ | (Salary - $1,596) x 7% | = | $2,909 |
| Insurance | @ | $6,600/yr. | = | $6,600 |
| Unemployment | @ | .007 of salary | = | $302 |
| Annual adjustment | @ | 5% | = | $895 |
| Total: | | | = | $18,791 |

Source document: New Job Classification Salary Data, effective 11/17/05, including County of Lake Personnel Department Position, Grade, Step Table.

### 3. Operating Expenditures.

b. Translation and Interpreter Services. This item will help us achieve the goal of making this program's services welcoming, accessible, and inclusive of all clients. In particular, it will address the needs of Spanish-speaking clients. As noted, this investment is part of our commitment to culturally competent, accessible services.

c. Travel and Transportation. This item will cover at least some of the mileage attributable to the Housing Specialist, who will be traveling to building sites, the Juvenile Hall, the County Jail, the Consumer Self-Help Center, the IPRT, and other meetings.

Source document: These items are based on LCMH's experience with the cost of providing comparable services. Mileage will be reimbursed at the County standard rate of $0.27/mile, as authorized by the County Travel Policy.

### B. Revenue

LCMCH will continue to take a conservative approach to estimating revenues. This program remains highly unlikely to generate revenues which can be applied to offsetting its expenditures. The Housing Specialist will continue to seek grants and other funding to carry out the housing plan developed during Year 1. Revenue generated by this program will be reinvested in this program, added to the Local Prudent Reserve, or applied to unexpected MHSA costs, as permitted by DMH. All revenues generated by MHSA operations will be reinvested in MHSA programs.

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

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

Program Workplan #: OE-01 | Date: 12/13/05

Program Workplan Name: Community Outreach & Engagement | Page 1 of 1

Type of Funding: 3. Outreach and Engagement | Months of Operation: 12

Proposed Total Client Capacity of Program/Service: 400 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: Karen MacDougall

Client Capacity of Program/Service Expanded through MHSA: 400 | Telephone Number: 707.279.8935

| | 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 |
| b. Travel and Transportation | $1,725 | | | $1,725 |
| c. Housing | | | | |
| i. Master Leases | | | | $0 |
| ii. Subsidies | | | | $0 |
| iii. Vouchers | | | | $0 |
| iv. Other Housing | | | | $0 |
| d. Employment and Education Supports | | | | $0 |
| e. Other Support Expenditures (provide description in budget narrative) | $4,000 | | | $4,000 |
| f. Total Support Expenditures | $5,725 | $0 | $0 | $5,725 |
| **2. Personnel Expenditures** | | | | |
| a. Current Existing Personnel Expenditures (from Staffing Detail) | | | | $0 |
| b. New Additional Personnel Expenditures (from Staffing Detail) | $46,510 | | | $46,510 |
| c. Employee Benefits | $23,979 | | | $23,979 |
| d. Total Personnel Expenditures | $70,489 | $0 | $0 | $70,489 |
| **3. Operating Expenditures** | | | | |
| a. Professional Services | | | | $0 |
| b. Translation and Interpreter Services | $543 | | | $543 |
| c. Travel and Transportation | $5,400 | | | $5,400 |
| d. General Office Expenditures | | | | $0 |
| e. Rent, Utilities and Equipment | | | | |
| f. Medication and Medical Supports | $3,200 | | | $3,200 |
| g. Other Operating Expenses (provide description in budget narrative) | | | | $0 |
| h. Total Operating Expenditures | $9,143 | $0 | $0 | $9,143 |
| **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** | $3,000 | | | $3,000 |
| **6. Total Proposed Program Budget** | **$88,357** | **$0** | **$0** | **$88,357** |
| **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) | | | | $0 |
| b. Medicare/Patient Fees/Patient Insurance | | | | $0 |
| c. State General Funds | | | | $0 |
| d. Other Revenue | | | | $0 |
| e. Total New Revenue | $0 | $0 | $0 | $0 |
| **3. Total Revenues** | $0 | $0 | $0 | $0 |
| **C. One-Time CSS Funding Expenditures** | **$0** | | | **$0** |
| **D. Total Funding Requirements** | **$88,357** | **$0** | **$0** | **$88,357** |
| **E. Percent of Total Funding Requirements for Full Service Partnerships** | | | | **33.3%** |

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

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

Program Workplan #: OE-01 | Date: 12/13/05

Program Workplan Name: Community Outreach & Engagement | Page 1 of 1

Type of Funding: 3. Outreach and Engagement | Months of Operation: 12

Proposed Total Client Capacity of Program/Service: 400 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: Karen MacDougall

Client Capacity of Program/Service Expanded through MHSA: 400 | Telephone Number: 707.279.8935

| 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** | | | | | $0 |
| MHSA Coordinator | *Responsible for day-to-day operations of all MHSA programs* | | 0.12 | $46,418 | $5,802 |
| | | | | | $0 |
| Outreach Worker | *Outreach to isolated, underserved populations* | | 0.75 | $27,139 | $20,354 |
| | | | | | $0 |
| Outreach Worker | *Outreach to isolated,underserved populations* | | 0.75 | $27,139 | $20,354 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | | | | | $0 |
| | **Total New Additional Positions** | 0.00 | 1.62 | | $46,510 |
| **C. Total Program Positions** | | 0.00 | 1.62 | | $46,510 |

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.

# Budget Narrative
# Community Outreach & Engagement Program
# OE-01
# 2007-2008

This Budget Narrative and the linked Budget Worksheet cover the second full year of implementation. The following narrative follows the order of items on the applicable Budget Worksheet. Only items with expenditures are listed and discussed.

## A. Expenditures

### 1. Client, Family Member and Caregiver Support Expenditures

b. Travel and Transportation. This amount covers the anticipated cost of providing transportation to participants to the program's trainings and other activities. This resource will ensure broad representation and participation of isolated and underserved groups and individuals, giving the program access to a wide array of viewpoints. This amount is increased from Year 2, as the two Outreach Workers will have increased engagement by isolated communities, groups, and individuals with MHSA programs, increasing the demand for this support. Mileage will be reimbursed at the County standard rate of $0.27/mile, unless increased.

e. Other Support. This item creates a small flexible fund to cover various items that will promote individual engagement, including barrier removal.

Source document: This estimate is based on LCMH's experience with providing such services and supports. It is likely to be modified based on operating results from Year 2. The County Travel Policy authorizes mileage reimbursement at $0.27/mile.

### 2. Personnel Expenditures.

All personnel expenditures are based on standard County job classifications for the proposed responsibilities, adjusted according to the findings of the most recent Estimated Salary Survey. Year 3's salaries reflect an annual step increase of 5% in accordance with County policy for these positions. Year 3's benefits reflect a 5% adjustment, as permitted by County policy.

1.0 FTE MHSA Coordinator @ $22.3163/hr. or $45,418/Year 3 ÷ 8 = $5,802/program

As discussed, this is not a management position according to Lake County's job classification structure. Therefore, the salary and benefits of this position are allocated equally among all of the MHSA programs as the Coordinator is responsible for their day-to-day operations. The Coordinator will report directly to the Adult and Children's Services Deputy Directors. He or she will be responsible for the MHSA team, i.e., all MHSA-funded staff and contractors providing services to the MSHA. The Coordinator will be responsible for implementing the programs as proposed, on-time and on-budget.

He or she will also monitor data collection activities. The Coordinator will continue to organize ongoing community-based planning activities, including quarterly Stakeholder Steering Committee meetings, an annual report-out to the community, and possible publications.

Please note the Staffing Detail Worksheet sets this position at .12 FTE, but the actual FTE per program is .125. The position's salary and benefits are calculated accordingly.

Benefits are paid at the standard County of Lake rates for this position. Please note that PERS is paid at 7% of salary, reduced by $133 per pay period or 12 pay periods.

| | | | | |
|---|---|---|---|---|
| FICA | @ | 7.65% of salary | = | $444 |
| County PERS | @ | 11.085% of salary | = | $643 |
| PERS | @ | (Salary - $1,596) x 7% | = | $392 |
| Insurance | @ | $6,600/yr. ÷ 8 | = | $825 |
| Unemployment | @ | .007 of salary | = | $41 |
| Annual adjustment | @ | 5% | = | $117 |
| Total: | | | | $2,462 |

1.50 FTE Outreach Workers, in two positions at .75 FTE each @ $13, 0477/hour or $27,139/year x .75 = $20,354 each x 2 = $40,708

The Outreach Workers' main purpose is to engage the culturally and geographically isolated Latino, indigenous immigrant, and Native American populations. As the program evolves, they will extend services to other isolated populations, including the homeless, GLBT, and non-Native American older adults. They will spent most of their time as an Outreach Team in the field, e.g., at schools, the Rancherias, the Pow-Wow or other Indian events, the fields (orchards, vineyards, etc.), Migrant Head Start, health clinics, parenting groups, churches, and community events. They will generally work as a team for safety, although they will have the flexibility to work separately when feasible. They will inform the unserved/underserved populations about MHSA services, as well as other support services that promote resiliency and recovery. Activities include outreach and education to communities and groups; outreach to individuals; referrals and information to groups and individuals; follow-up to assist isolated/fearful clients. The Outreach Workers will be familiar with and at ease in the communities to be served. At least one must be a fluent Spanish-speaker; both should be multicultural.

Benefits are paid at the standard County of Lake rates for this position. Please note that PERS is paid at 7% of salary, reduced by $133 per pay period or 12 pay periods.

| | | | | |
|---|---|---|---|---|
| FICA | @ | 7.65% of salary | = | $2,076 |
| County PERS | @ | 11.085% of salary | = | $3,008 |
| PERS | @ | (Salary - $1,596) x 7% | = | $1,788 |
| Insurance | @ | $6,600/yr. | = | $6,600 |
| Unemployment | @ | .007 of salary | = | $190 |
| Annual adjustment | @ | 5% | = | $683 |

Total: $14,345/per position x .75 = $10,759 x 2 positions = $21,517

Source document: New Job Classification Salary Data, effective 11/17/05, including County of Lake Personnel Department Position, Grade, Step Table.

**3. Operating Expenditures.**

b. Translation and Interpreter Services. This item will help us achieve the goal of making this program's services welcoming, accessible, and inclusive of all participants. In particular, it will address the needs of older monolingual Spanish-speaking clients, allowing them to fully participate in this program's trainings, planning activities, community events, etc. This investment will help this program continue to develop strategies and to enable the MHSA to provide culturally competent, accessible services to participants from all populations.

c. Travel and Transportation. This item will cover at least some of the mileage attributable to LCMH staff, service providers, and collaborative partners, who will be traveling to trainings and to the isolated communities, groups, and individuals engaged by the Outreach Team. Mileage will be reimbursed at the County standard rate of $0.27/mile.

f. Medication and Medical Supports. This item covers assistance with the cost of medication, medical supplies, and insurance co-payments or deductibles to promote stable and equitable access to these resources, regardless of financial, housing, or insurance status. Many Lake County isolated residents are also coping with poverty, unstable housing or homelessness, and lack of insurance coverage, all of which are situational characteristics that limit their access to services.

Source document: These items are based on LCMH experience with the cost of comparable services. The mileage reimbursement rate is established by the County Travel Policy.

**5. Estimated Total Expenditures where service provider is not known.**

This item covers the cost of additional trainings in culturally competent outreach, engagement, and service delivery strategies, to be given to LCMH staff, contractors, agency partners, key service providers, community colleagues, et al. Updated training is essential, both to address advances in the provision of such services and also to compensate for turnover among employees and others trained in Year 1.

Source document: This item is based on LCMH experience with the cost of comparable services, but is reduced from Year 1 as this program's activities will have embedded culturally competency within the service continuum.

## B. Revenue

This program remains highly unlikely to generate revenue. Therefore, LCMH has chosen a very conservative approach and will assume zero revenue for 2007-2008. If any revenue is generated by this program, it will be reinvested in the program, added to the Local Prudent Reserve, or applied to unexpected MHSA costs, as permitted by DMH. All revenues generated by MHSA operations will be reinvested in MHSA programs.

## EXHIBIT 5c--Mental Health Services Act Community Services and Supports Administration Budget Worksheet

County(ies): Lake  Fiscal Year: 2005-06

Date: 12/12/05

| | Client, Family Member and Caregiver FTEs | Total FTEs | Budgeted Expenditures |
|---|---|---|---|
| **A. Expenditures** | | | |
| **1. Personnel Expenditures** | | | |
| a. MHSA Coordinator(s) | 0.00 | | $0 |
| b. MHSA Support Staff | | | |
| c. Other Personnel (list below) | | | |
| i. Staff Services Analyst II | 0.00 | 0.60 | $6,927 |
| ii. | | | |
| iii. | | | |
| iv. | | | |
| v. | | | |
| vi. | | | |
| vii. | | | |
| d. Total FTEs/Salaries | 0.00 | 0.60 | $6,927 |
| e. Employee Benefits | | | $3,994 |
| f. Total Personnel Expenditures | | | $10,921 |
| **2. Operating Expenditures** | | | |
| a. Professional Services | | | $5,000 |
| b. Travel and Transportation | | | $595 |
| c. General Office Expenditures | | | $577 |
| d. Rent, Utilities and Equipment | | | $4,765 |
| e. Other Operating Expenses (provide description in budget narrative) | | | $45,656 |
| f. Total Operating Expenditures | | | $56,593 |
| **3. County Allocated Administration** | | | |
| a. Countywide Administration (A-87) | | | $3,182 |
| b. Other Administration (provide description in budget narrative) | | | |
| c. Total County Allocated Administration | | | $3,182 |
| **4. Total Proposed County Administration Budget** | | | **$70,696** |
| **B. Revenues** | | | |
| **1. New Revenues** | | | |
| a. Medi-Cal (FFP only) | | | |
| b. Other Revenue | | | |
| **2. Total Revenues** | | | **$0** |
| **C. Start-up and One-Time Implementation Expenditures** | | | **$73,000** |
| **D. Total County Administration Funding Requirements** | | | **$143,696** |

### 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/ /06

Signature _____

Local Mental Health Director

Executed at Lakeport, California

August 1, 2005

# Administration Budget Narrative
# 2005-2006

This Budget Narrative and the linked Budget Worksheet cover the 4 month period from March 2006 through June 30, 2006, our proposed initial implementation period. The following narrative follows the order of items on the applicable Budget Worksheet. Only items with expenditures are listed and discussed. The Year 1 administration budget is somewhat high, due to inclusion of a local prudent reserve, equal to about 5.3% of the total first year allocation or $40,656. In Years 2 and 3, the administration budget will drop significantly, to 5.8% and 6.1% of the total funds requested, respectively. Low administration costs support our overarching goal of system and participant transformation, which requires that MHSA funds be invested in direct services and infrastructure to support such services.

## A. Expenditures

### 1. Personnel Expenditures

All personnel expenditures are based on standard County job classifications for the proposed responsibilities, adjusted according to the findings of the most recent Estimated Salary Survey.

a. MHSA Coordinator: LCMH will hire a full-time MHSA Coordinator. Based on the position's responsibilities, the MHSA Coordinator is equivalent to an LCMH Team Leader. Consistent with the County's job classification structure, this position is deemed non-managerial, although it has supervisory responsibilities. Therefore, it could not be included in the administration budget and be consistent with LCMH and County policies. The salary and benefits of the MHSA Coordinator are allocated equally among the 8 proposed programs.

b. Staff Services Analyst II

.60 FTE position @ $16.6526/hour or $6,927/Year 1

This position is essential to ensure that the intensive data collection and analysis required of the MHSA are performed completely and correctly. Because the MHSA Plan includes 8 programs, with different staff, target populations, contracts, etc., the monitoring requirements are both complex and extensive. Further, some FSP participants will be served by more than one program, requiring careful tracking to generate accurate data on actual levels of service received.

Benefits will be paid at the standard County of Lake rates for this position. (Please note that PERS is paid at 7% of salary, reduced by $133 per pay period or 4 pay periods for Year 1)

| | | | |
|---|---|---|---|
| FICA | 7.65% of salary | = | $530 |
| County PERS | 11.085% of salary | = | $768 |
| PERS | (Salary - $532) x 7% | = | 448 |
| Insurance | $6,600/3 | = | $2,200 |
| Unemployment | .007 of salary | = | $48 |
| Total: | | | $3,994 |

Source document: Lake County Budget Book; 2005 Estimated Salary Survey

**2. Operating Expenditures.**

With the exception of professional services, these amounts were calculated using a formula. MHSA funding accounts for about 9% of the total LCMH budget. Therefore, we multiplied the total LCMH administration budget categories by 9% and then used one-third of that sub-total as the Year 1 pro-rated expenditure.

Source document: LCMH 2005 Administration Budget; professional services were estimated based on costs of comparable services provided to LCMH by local contractors.

a. Professional Services. This item covers consultant contracts to provide planning, research, reports, and other support to the MHSA as a whole. Professional services will be obtained in compliance with the County of Lake purchasing ordinance.

b. Travel and Transportation. This item covers staff travel to meetings and trainings, plus associated County Central Garage expenses for vehicle maintenance, and some client transportation, e.g., ensuring that consumers are able to participate in ongoing MHSA planning and implementation oversight. The County of Lake rate is $0.27/mile.

c. General Office Expenditures. This item covers standard office supplies, postage, copies, plus books, publications, periodical subscriptions, and household-type supplies, e.g., toilet paper, paper towels, etc.

d. Rent, Utilities, and Equipment. This item covers the MHSA pro-rata share of office and clinic facilities space, maintenance of buildings and equipment, utilities, rents and leases on equipment and buildings, utilities, and telecommunications expenses.

e. Other Operating Expenses. This item includes:

(i) Insurance, including public liability, fire, etc. @ $695
(ii) Medication and medication support, including medical supplies and expenses for incarcerated individuals @ $1,130

(iii) Special Departmental Expenses (a standard County of Lake category), that includes client incentives, stipends, client support and existing flexible funding, costs of publishing MHSA meeting notices, etc. @ $2,000/year

(iv) Memberships for MHSA staff or LCMH as a whole, whichever is more cost-effective, in relevant associations, e.g., the Forensic Mental Health Association of California, and others @ $175/year

(v) Inventory items, i.e., small office machines, tools, or other items with an initial cost of less than $5,000 estimated @ $1,000/year

(vi) Local Prudent Reserve of $40,656, to create flexibility to meet unexpected costs, to take advantage of new opportunities, and to be responsive to community needs.

**3. County Allocated Administration**

a. Countywide Administration (A-87). This item is based on a formula prepared annually by the County Auditor, based on LCMH activity for the prior year, e.g., payroll, payments processed by the County Treasurer, tax roll distributions, trust fund accounts, County administrative costs (risk management, etc.). The proposed request is submitted to the State each year for review and approval. The current LCMH amount is $106,075. The MHSA amount is calculated at 9% (ratio of MHSA budget to LCMH budget) or $9,547 ÷3 = $3,812.

Source document: County Auditor Formula

**C. One-Time CSS Funding Expenditures.**

The estimated one-time CSS Funding Expenditures are:

1. 5 computer workstations, at one each for the MHSA Coordinator, MHSA Staff Services Analyst, Dr. Segal, and the Forensic Mental Health Specialist, and one to be shared by the Crisis Continuum MH Specialists @ $1,000 each or $5,000 total.

2. 2 hybrid vehicles to be dedicated to MHSA transportation uses, estimated @ $44,000 total. This purchase is justified by the continued high price of gasoline and the urgent need for fuel efficiency in a program that will have staff covering an entire County. Although the allocated amount is slightly less than the current retail price of such vehicles to private consumers, LCMH will work with the State, other County Departments, and, if necessary and feasible, other Counties, to negotiate a fleet rate or other discount for large-scale purchases.

3. Training for Information Technology staff on software programming that is specifically designed to meet the extensive, complex, and longitudinal MHSA requirements for data collection, database maintenance, and custom reports. This investment in training will create essential local capacity. Our only opportunity to take

this training requires travel to Ohio @ $6,000 total cost (registration, air fare, hotels, meals, parking). All claimed travel expenses will comply with State policy.

4. Improvements to LCMH facilities to prepare them to serve MHSA staff and participants, including furnishings, flooring, and carpets at its large Southshore Clinic, located in the largest population center in Lake County @ $10,000. This investment helps create a welcoming physical environment that is clean and sends the message that public services have value.

5. $8,000 to purchase a new server to improve the functionality of the information systems used to collect and report client information, MHSA program operations, and budgets and to generate reports.

Source documents: For items 1, 2, 4, and 5, estimates are based on known costs for comparable items. For item 3, the estimate is based on information given by the training provider.

## EXHIBIT 5c--Mental Health Services Act Community Services and Supports Administration Budget Worksheet

County(ies): Lake

Fiscal Year: 2006-07

Date: 12/12/05

| | Client, Family Member and Caregiver FTEs | Total FTEs | Budgeted Expenditures |
|---|---|---|---|
| **A. Expenditures** | | | |
| **1. Personnel Expenditures** | | | |
| a. MHSA Coordinator(s) | 0.00 | 0.00 | $0 |
| b. MHSA Support Staff | | | |
| c. Other Personnel (list below) | | | |
| i. Staff Services Analyst II | 0.00 | 0.60 | $21,822 |
| ii. | | | |
| iii. | | | |
| iv. | | | |
| v. | | | |
| vi. | | | |
| vii. | | | |
| d. Total FTEs/Salaries | 0.00 | 0.60 | $21,822 |
| e. Employee Benefits | | | $13,483 |
| f. Total Personnel Expenditures | | | $35,305 |
| **2. Operating Expenditures** | | | |
| a. Professional Services | | | $5,000 |
| b. Travel and Transportation | | | |
| c. General Office Expenditures | | | |
| d. Rent, Utilities and Equipment | | | |
| e. Other Operating Expenses (provide description in budget narrative) | | | |
| f. Total Operating Expenditures | | | $5,000 |
| **3. County Allocated Administration** | | | |
| a. Countywide Administration (A-87) | | | $9,547 |
| b. Other Administration (provide description in budget narrative) | | | |
| c. Total County Allocated Administration | | | $9,547 |
| **4. Total Proposed County Administration Budget** | | | **$49,852** |
| **B. Revenues** | | | |
| **1. New Revenues** | | | |
| a. Medi-Cal (FFP only) | | | |
| b. Other Revenue | | | |
| **2. Total Revenues** | | | **$0** |
| **C. Start-up and One-Time Implementation Expenditures** | | | |
| **D. Total County Administration Funding Requirements** | | | **$49,852** |

### 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/ /06

Signature _____

Local Mental Health Director

Executed at Lakeport, California

# Administration Budget Narrative
# 2006-2007

This Budget Narrative and the linked Budget Worksheet cover first full year of implementation from July 1, 2006 – June 30, 2007. The following narrative follows the order of items on the applicable Budget Worksheet. Only items with expenditures are listed and discussed. Year 2's total administration budget is limited to 5.8% of the total MHSA allocation, leaving 94.2% available for direct services and infrastructure to support such services. Because personnel costs rise each year, administration operating costs were cut to maintain our commitment to direct services.

## A. Expenditures

### 1. Personnel Expenditures

All personnel expenditures are based on standard County job classifications for the proposed responsibilities, adjusted according to the findings of the most recent Estimated Salary Survey. Year 2 salaries reflect an annual step increase of 5% in accordance with County policy for these positions; Year 2 benefits reflect an annual adjustment of 10% as permitted by standard County policy.

As noted, LCMH will hire a full-time MHSA Coordinator. Because the position is non-managerial according to the County's job classification structure, it could not be included in the administration budget and be consistent with LCMH and County policies. As in Year 1, the salary and benefits of the MHSA Coordinator are allocated equally among the 8 proposed programs.

b. Staff Services Analyst II

.60 FTE position @ $17.4852/hour or $21,822/year

As detailed in Year 1, this position is essential to ensure that the intensive data collection and analysis required of the MHSA are performed completely and correctly. Because the MHSA Plan includes 8 programs, with different staff, target populations, contracts, etc., the monitoring requirements are both complex and extensive. Further, some FSP participants will be served by more than one program, requiring careful tracking to generate accurate data on actual levels of service received. Each year's activities will create a cumulative data burden as longitudinal results are vital information upon which to evaluate current activities and plan future MHSA programs.

Benefits are paid at the standard County of Lake rates for this position. (Please note that PERS is paid at 7% of salary, reduced by $133 per pay period or 4 pay periods for Year 1.)

| | | | | |
|---|---|---|---|---|
| FICA | @ | 7.65% of salary | = | $1,669 |
| County PERS | @ | 11.085% of salary | = | $2,419 |
| PERS | @ | (Salary - $1,596) x 7% | = | $1,416 |
| Insurance | @ | $6,600/yr. | = | $6,600 |
| Unemployment | @ | .007 of salary | = | $153 |
| Annual adjustment | @ | 10% | = | $1,226 |
| Total: | | | | $13,483 |

Source documents: Lake County 2005 Budget; Estimated Salary Survey

**2. Operating Expenditures.**

a. Professional Services. This item covers consultant contracts to provide planning, research, reports, and other support to the MHSA as a whole. Professional services will be obtained in compliance with the County of Lake purchasing ordinance.

Source documents: Estimate based on costs of comparable services provided to LCMH by local contractors.

**3. County Allocated Administration**

a. Countywide Administration (A-87). This item is based on a formula prepared annually by the County Auditor, based on LCMH activity for the prior year, e.g., payroll, payments processed by the County Treasurer, tax roll distributions, trust fund accounts, County administrative costs (risk management, etc.). The proposed request is submitted to the State each year for review and approval. The current LCMH amount is $106,075. The MHSA amount is calculated at 9% (ratio of MHSA budget to LCMH budget) or $9,547. We cannot predict whether the LCMH amount will increase or decrease, so have continued this item at its original level.

Source document: County Auditor Formula.

## EXHIBIT 5c--Mental Health Services Act Community Services and Supports Administration Budget Worksheet

County(ies): Lake  Fiscal Year: 2007-08

Date: 12/12/05

| | Client, Family Member and Caregiver FTEs | Total FTEs | Budgeted Expenditures |
|---|---|---|---|
| **A. Expenditures** | | | |
| **1. Personnel Expenditures** | | | |
| a. MHSA Coordinator(s) | 0.00 | 0.00 | |
| b. MHSA Support Staff | | | |
| c. Other Personnel (list below) | | | |
| i. Staff Services Analyst II | 0.00 | 0.60 | $22,913 |
| ii. | | | |
| iii. | | | |
| iv. | | | |
| v. | | | |
| vi. | | | |
| vii. | | | |
| d. Total FTEs/Salaries | 0.00 | 0.60 | $22,913 |
| e. Employee Benefits | | | $13,800 |
| f. Total Personnel Expenditures | | | $36,713 |
| **2. Operating Expenditures** | | | |
| a. Professional Services | | | |
| b. Travel and Transportation | | | |
| c. General Office Expenditures | | | |
| d. Rent, Utilities and Equipment | | | |
| e. Other Operating Expenses (provide description in budget narrative) | | | $500 |
| f. Total Operating Expenditures | | | $500 |
| **3. County Allocated Administration** | | | |
| a. Countywide Administration (A-87) | | | $9,547 |
| b. Other Administration (provide description in budget narrative) | | | |
| c. Total County Allocated Administration | | | $9,547 |
| **4. Total Proposed County Administration Budget** | | | **$46,760** |
| **B. Revenues** | | | |
| **1. New Revenues** | | | |
| a. Medi-Cal (FFP only) | | | |
| b. Other Revenue | | | |
| **2. Total Revenues** | | | **$0** |
| **C. Start-up and One-Time Implementation Expenditures** | | | |
| **D. Total County Administration Funding Requirements** | | | **$46,760** |

### 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/ /06

Signature _____

Local Mental Health Director

Executed at Lakeport, California

# Administration Budget Narrative
# 2007-2008

This Budget Narrative and the linked Budget Worksheet cover second full year of implementation from July 1, 2007 – June 30, 2008. The following narrative follows the order of items on the applicable Budget Worksheet. Only items with expenditures are listed and discussed. Year 3's total administration budget is limited to 6.1% of the total MHSA allocation, leaving 93.9% available for direct services and infrastructure to support such services. Because personnel costs rise each year, administration operating costs were cut to maintain our commitment to direct services.

## A. Expenditures

### 1. Personnel Expenditures

All personnel expenditures are based on standard County job classifications for the proposed responsibilities. Year 3 salaries reflect an annual step increase of 5% in accordance with County policy for these positions; Year 3 benefits reflect an annual adjustment of 5% as permitted by standard County policy.

a. MHSA Coordinator: As noted, LCMH will hire a full-time MHSA Coordinator. Because the position is non-managerial according to the County's job classification structure, it could not be included in the administration budget and be consistent with LCMH and County policies. As in Year 2, the salary and benefits of the MHSA Coordinator are allocated equally among the 8 proposed programs.

b. Staff Services Analyst II

.60 FTE position @ $18.3595/hour or $22,913/year

As noted, this position is essential to ensure that the intensive data collection and analysis required of the MHSA are performed completely and correctly. Because the MHSA Plan includes 8 programs, with different staff, target populations, contracts, etc., the monitoring requirements are both complex and extensive. Further, some FSP participants will be served by more than one program, requiring careful tracking to generate accurate data on actual levels of service received. Each year's activities will create a cumulative data burden as longitudinal results are vital information upon which to evaluate current activities and plan future MHSA programs.

Benefits are paid at the standard County of Lake rates for this position, as follows:

| | | | | |
|---|---|---|---|---|
| FICA | @ | 7.65% of salary | = | $1,753 |
| County PERS | @ | 11.085% of salary | = | $2,540 |
| PERS | @ | (Salary - $1,596) x 7% | = | $1,492 |
| Insurance | @ | $6,600/yr. | = | $6,600 |
| Unemployment | @ | .007 of salary | = | $160 |
| Annual adjustment | @ | 5% | = | $1,255 |
| Total: | | | | $13,800 |

Source documents: Lake County 2005 Budget; Estimated Salary Survey

**2. Operating Expenditures.**

Because personnel costs rise each year, operating costs have had to be severely cut to maintain the commitment to direct services.

e. Other Operating Expenses. This item includes:

(i) Inventory items, i.e., replacement of small office machines, tools, or other items with an initial cost of less than $5,000, estimated @ $500.

**3. County Allocated Administration**

a. Countywide Administration (A-87). This item is based on a formula prepared annually by the County Auditor, based on LCMH activity for the prior year, e.g., payroll, payments processed by the County Treasurer, tax roll distributions, trust fund accounts, County administrative costs (risk management, etc.). The proposed request is submitted to the State each year for review and approval. The current LCMH amount is $106,075. The MHSA amount is calculated at 9% (ratio of MHSA budget to LCMH budget) or $9,547. We cannot predict whether the LCMH amount will increase or decrease, so have continued this item at its original level.

Source documents: County Auditor Formula

## Exhibit 6

### Introduction

The following discussion summarizes the rationale behind the projected numbers to be served, by program and year.

**YEAR ONE:**

**GSD-01: Crisis Response Continuum**

a. Access/crisis/warmline calls @ 4/day x 60 days (assumes 2 months to complete County procurement process, engage contractor, and publicize the new number) = 240 calls x 80% (reduction for duplication) = 192 clients served

b. Crisis Workers @ 50 clients/month (existing caseload) x 4 months = 200

c. Senior transport @ 2+/month x 4 months = 10

d. Outpatient crisis resolution @40 users x 50% (reduction for duplication) = 20

e. Psychiatric services as needed (cannot be quantified at this time)

f. Crisis residential services @ 10 clients (unduplicated)

Total: 432

**GSD-02: TAY & Adult Consumer Self-Help Center**

Assumes 25 FSP TAY and Adult users in Year 1

**GSD-03: Housing**

Assumes 10 FSP clients plus an estimated 12 additional clients to be served if the proposed housing to be developed in the Clearlake area is completed during Year 1.

**FSP-01: Children's Wraparound**

Assumes 8 identified FSP clients + 25 served by Dr. Segal on her general caseload; these children are likely to become FSP clients.

**FSP-02: Forensic Mental Health Partnership**

Assumes 20 FSP clients distributed among older children, TAY, and adults. Assumes few or no older adults will be served, based on Jail booking data and the very low number of older adults committing crimes or engaging in public conduct that draws the

attention of law enforcement, e.g., public drunkenness.

**FSP-03: Integrated Physical and Mental Health Services**

Assumes 25 FSP TAY and adults served by Dr. Segal.

**FSP-04: Older Adult Access & Resources**

Assumes 25 FSP older adults served.

**OE-01: Community Outreach & Engagement**

Assumes 100 total "individuals reached through OE" (as defined by the Requirements), including all 68 FSP. The rationale is that all LCMH staff plus staff of key collaborative partners, service providers, and community colleagues will be trained in culturally competent outreach, engagement, and service delivery strategies. These will include the Specialists serving the FSP caseload; therefore, all FSP will be reached through OE-01. This program's impact is highly leveraged through its impact on the organizational culture of LCMH and others.

**YEAR TWO:**

**GSD-01: Crisis Response Continuum**

a. Access/crisis/warmline calls @ 400/month x 12 months = 4,800 calls x 50% (reduction for duplication) = 2,400 individuals served.

b. Crisis Workers @ 50 clients/month (existing caseload) x 12 months = 600, reduced by 100 to account for duplication during a year of service = 500 clients served

c. Senior transport @ 3+/month x 12 months = 40

d. Outpatient crisis resolution @ 2x/week = 104 users/year x 50% (reduction for duplication) = 52 individuals served

e. Psychiatric services as needed (cannot be quantified at this time)

f. Crisis residential services @ 3 beds @ 30 days each x 12 months = 36 users plus 4 beds @ 2 weeks each x 12 months = 104 users or 140 total users x 50% reduction for duplication = 70 individuals served

Total: 3,062

**GSD-02: TAY & Adult Consumer Self-Help Center**

Assumes 75% of the 85 TAY and Adult FSP clients use the center = 64 users x 50% reduction for duplication = 32 FSP users + 150 individuals from the general client population, including individuals served by private physicians and those unserved.

**GSD-03: Housing Development & Access**

Assumes 80% of the 145 FSP clients or 108 FSP clients (rounded total) will be served; some FSP clients are likely to be served more than once, due to continuing or changing needs for housing support. In addition, 241 individuals from the general caseload will be served, directly or indirectly through services to their case managers.

**FSP-01: Children's Wraparound**

Assumes 30 FSP clients served through Dr. Segal, plus 120 receiving school-based early mental health services through a contractor. These 120 children are likely to generate a significant number of FSP clients.

**FSP-02: Forensic Mental Health Partnership**

Assumes 60 FSP clients served by the full-time Specialist, distributed among older children, TAY, and adults. Assumes few or no older adults will be served, based on Jail booking data and the very low number of older adults committing crimes or engaging in public conduct that draws the attention of law enforcement, e.g., public drunkenness.

**FSP-03: Integrated Physical and Mental Health Services:**

Assumes 75 FSP TAY and adults served by Dr. Segal.

**FSP-04: Older Adult Access & Resources**

Assumes 50 clients served, including carryover FSP clients.

**OE-01: Community Outreach & Engagement**

Assumes 200 total "individuals reached through OE" (as defined by the Requirements), including all 145 FSP. The rationale is that all LCMH staff, plus staff of key collaborative partners, service providers, and community colleagues, will be trained in culturally competent outreach, engagement, and service delivery strategies. In addition, the individual clients, trusted community leaders, and others will be served by the two Outreach Workers, who will identify and engage FSP clients with MHSA services. This program's impact is highly leveraged through its impact on the organizational culture of LCMH and others.

**YEAR THREE:**

**GSD-01: Crisis Response Continuum**

a. Access/crisis/warmline calls @ 400/month x 12 months = 4,800 calls x 50% (reduction for duplication) = 2,400 individuals served.

b. Crisis Workers @ 50 clients/month (existing caseload) x 12 months = 600, reduced by 100 to account for duplication during a year of service = 500 clients served

c. Senior transport @ 3+/month x 12 months = 40

d. Outpatient crisis resolution @ 2x/week = 104 users/year x 50% (reduction for duplication) = 52 individuals served

e. Psychiatric services as needed (cannot be quantified at this time)

f. Crisis residential services @ 3 beds @ 30 days each x 12 months = 36 users plus 4 beds @ 2 weeks each x 12 months = 104 users = 140 total users x 50% reduction for duplication = 70 individuals served

Total: 3,062

**GSD-02: TAY & Adult Consumer Self-Help Center**

Assumes 50% of the TAY and Adult FSP clients use the center = 72 users + 200 individuals from the general client population, including individuals served by private physicians and those unserved.

**GSD-03: Housing Development & Access**

Assumes 75% of the 165 FSP clients or 124 FSP clients (rounded total) will be served; some FSP clients are likely to be served more than once, due to continuing or changing needs for housing support. In addition, 225 individuals from the general caseload will be served, directly or indirectly through services to their case managers.

**FSP-01: Children's Wraparound**

Assumes 30 FSP clients served through Dr. Segal, plus 120 receiving school-based early mental health services through a contractor which will be self-funded by Year 3. These 120 children are likely to generate a significant number of FSP clients.

**FSP-02: Forensic Mental Health Partnership**

Assumes 60 FSP clients served by the full-time Specialist, distributed among older children, TAY, and adults. Assumes few or no older adults will be served, based on Jail booking data and the very reduced likelihood of older adults committing crimes or engaging in public conduct that draws the attention of law enforcement, e.g., public drunkenness, disturbing the peace, and the like.

**FSP-03: Integrated Physical and Mental Health Services:**

Assumes 80 FSP TAY and adults served by Dr. Segal, with some carryover from Year Two.

**FSP-04: Older Adult Access & Resources**

Assumes 60 clients served, including carryover FSP clients.

**OE-01: Community Outreach & Engagement**

Assumes 400 total "individuals reached through OE" (as defined by the Requirements), including all 165 FSP. The rationale is that all LCMH staff plus staff of key collaborative partners, service providers, and community colleagues will be trained in culturally competent outreach, engagement, and service delivery strategies. In addition, the individual clients, trusted community leaders, and others will be served by the two Outreach Workers, who will identify and engage FSP clients with MHSA services. This program's impact is highly leveraged through its impact on the organizational culture of LCMH and others.

## EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT

### Estimated/Actual Population Served

| | |
|---|---|
| County: | Lake |
| Program Work Plan #: | GSD-01 |
| Program Work Plan Name: | Crisis Response Continuum (will serve FSP clients) |
| Fiscal Year: *(please complete one per fiscal year)* | 2005-2006 |

| Full Service Partnerships[1] | | Qtr 1 | | Qtr 2 | | Qtr 3 | | Qtr 4 | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Age Group | Description of Initial Populations | Target | Actual | Target | Actual | Target | Actual | Target | Actual | Target | Actual |
| Child/Youth | SED + at risk of school failure, out-of-home placement, and/or incarceration in Juvenile Hall | | | | | 2 | | 2 | | 4 | |
| Transition Age Youth | Serious emotional disorder or first episode + involved in criminal justice system and/or aging out of child welfare/juvenile justice system. | | | | | 2 | | 4 | | 6 | |
| Adults | Serious mental illness + homeless, institutionalized, incarcerated or at risk | | | | | 5 | | 15 | | 20 | |
| Older Adults | Serious mental illness + not currently served + homeless, hospitalized, or in nursing home care or so unserved to be at risk of same | | | | | 1 | | 3 | | 4 | |

| System Development | | Qtr 1 | | Qtr 2 | | Qtr 3 | | Qtr 4 | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Total Number to be served | Services/Strategies | Target | Actual | Target | Actual | Target | Actual | Target | Actual | Target | Actual |
| 214 without FSP clients;<br><br>248 total | Access/crisis/warm line; 24/7 crisis response workers; outpatient crisis resolution; psychiatric services; crisis residential facility (2 week-30 day placements) | | | | | 71 | | 143 | | 214 | |

| Outreach and Engagement | | Qtr 1 | | Qtr 2 | | Qtr 3 | | Qtr 4 | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Total Number to be served | Services/Strategies | Target | Actual | Target | Actual | Target | Actual | Target | Actual | Target | Actual |
| 0 | N/A | | | | | | | | | | |

[1] The FSP targets are conservative. It is highly likely that virtually all FSP clients will use one or more of the Crisis Response Continuum services, as the program includes the access/crisis/warmline.

## EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT

### Estimated/Actual Population Served

| | |
|---|---|
| County: | Lake |
| Program Work Plan #: | GSD-02 |
| Program Work Plan Name: | TAY & Adult Consumer Self-Help Center (Will serve FSP clients) |
| Fiscal Year: *(please complete one per fiscal year)* | 2005-2006 |

| Full Service Partnerships | | Qtr 1 | | Qtr 2 | | Qtr 3 | | Qtr 4 | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Age Group | Description of Initial Populations | Target | Actual | Target | Actual | Target | Actual | Target | Actual | Target | Actual |
| Child/Youth | N/A | | | | | | | | | | |
| Transition Age Youth | SED + at risk of school failure, out-of-home placement, and/or incarceration in Juvenile Hall | | | | | 0 | | 5 | | 5 | |
| Adults | Serious mental illness + homeless, institutionalized, incarcerated or at risk | | | | | 0 | | 15 | | 15 | |
| Older Adults | N/A | | | | | | | | | | |

| System Development | | Qtr 1 | | Qtr 2 | | Qtr 3 | | Qtr 4 | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Total Number to be served | Services/Strategies | Target | Actual | Target | Actual | Target | Actual | Target | Actual | Target | Actual |
| 25 (FSP only in Year 1) | Open and operate a consumer-driven consumer self-help center w/ meaningful activities, structure, &safety. Center will be divided between TAY & adults to provide age appropriate, culturally competent services | | | | | 0 | | 25 | | 25 | |

| Outreach and Engagement | | Qtr 1 | | Qtr 2 | | Qtr 3 | | Qtr 4 | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Total Number to be served | Services/Strategies | Target | Actual | Target | Actual | Target | Actual | Target | Actual | Target | Actual |
| 0 | N/A | | | | | | | | | 0 | |

## EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT

### Estimated/Actual Population Served

| | |
|---|---|
| County: | Lake |
| Program Work Plan #: | GSD-03 |
| Program Work Plan Name: Development & Access | Housing |
| Fiscal Year: *(please complete one per fiscal year)* | 2005-2006 |

| Full Service Partnerships | | Qtr 1 | | Qtr 2 | | Qtr 3 | | Qtr 4 | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Age Group | Description of Initial Populations | Target | Actual | Target | Actual | Target | Actual | Target | Actual | Target | Actual |
| Child/Youth | SED + at risk of school failure, out-of-home placement, and/or incarceration in Juvenile Hall | | | | | 0 | | 2 | | 2 | |
| Transition Age Youth | Serious emotional disorder or first episode + involved in criminal justice system and/or aging out of child welfare/juvenile justice system. | | | | | 0 | | 3 | | 3 | |
| Adults | Serious mental illness + homeless, institutionalized, incarcerated or at risk | | | | | 0 | | 3 | | 3 | |
| Older Adults | Serious mental illness + not currently served + homeless, hospitalized, or in nursing home care or so unserved to be at risk of same | | | | | 0 | | 2 | | 2 | |

| System Development | | Qtr 1 | | Qtr 2 | | Qtr 3 | | Qtr 4 | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Total Number to be served | Services/Strategies | Target | Actual | Target | Actual | Target | Actual | Target | Actual | Target | Actual |
| 22 (w/ 10 FSP clients) | Engage contractor to develop housing plan, w/ available options, needs; identify funding sources. Note: Seed money provided to RCHDC for development of housing for LCMH clients in the Clearlake area | | | | | 0 | | 0 | | 0 | |

| Outreach and Engagement | | Qtr 1 | | Qtr 2 | | Qtr 3 | | Qtr 4 | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Total Number to be served | Services/Strategies | Target | Actual | Target | Actual | Target | Actual | Target | Actual | Target | Actual |
| 0 | N/A | | | | | 0 | | 0 | | 0 | |

## EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT

### Estimated/Actual Population Served

| | |
|---|---|
| County: | Lake |
| Program Work Plan #: | FSP-01 |
| Program Work Plan Name: | Children's Wraparound |
| Fiscal Year: *(please complete one per fiscal year)* | 2005-2006 |

| Full Service Partnerships | | Qtr 1 | | Qtr 2 | | Qtr 3 | | Qtr 4 | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Age Group | Description of Initial Populations | Target | Actual | Target | Actual | Target | Actual | Target | Actual | Target | Actual |
| Child/Youth (8 FSP; 25 general caseload w/ FSP evaluation) | SED + at risk of school failure, out-of-home placement, and/or incarceration in Juvenile Hall | | | | | 2<br>6 | | 6<br>19 | | 8<br>25 | |
| Transition Age Youth | N/A | | | | | | | | | | |
| Adults | N/A | | | | | | | | | | |
| Older Adults | N/A | | | | | | | | | | |

| System Development | | Qtr 1 | | Qtr 2 | | Qtr 3 | | Qtr 4 | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Total Number to be served | Services/Strategies | Target | Actual | Target | Actual | Target | Actual | Target | Actual | Target | Actual |
| 0 | N/A | | | | | | | | | 0 | |

| Outreach and Engagement | | Qtr 1 | | Qtr 2 | | Qtr 3 | | Qtr 4 | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Total Number to be served | Services/Strategies | Target | Actual | Target | Actual | Target | Actual | Target | Actual | Target | Actual |
| 0 | N/A | | | | | | | | | 0 | |

## EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT
### Estimated/Actual Population Served

| | |
|---|---|
| County: | Lake |
| Program Work Plan #: | FSP-02 |
| Program Work Plan Name: | Forensic Mental Health Partnership |
| Fiscal Year: *(please complete one per fiscal year)* | 2005-2006 |

| Full Service Partnerships | | Qtr 1 | | Qtr 2 | | Qtr 3 | | Qtr 4 | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Age Group | Description of Initial Populations | Target | Actual | Target | Actual | Target | Actual | Target | Actual | Target | Actual |
| Child/Youth | SED + at risk of school failure, out-of-home placement, and/or incarceration in Juvenile Hall | | | | | 1 | | 2 | | 3 | |
| Transition Age Youth | Serious emotional disorder or first episode + involved in criminal justice system and/or aging out of child welfare/juvenile justice system. | | | | | 1 | | 4 | | 5 | |
| Adults | Serious mental illness + homeless, institutionalized, incarcerated or at risk | | | | | 3 | | 9 | | 12 | |
| Older Adults | | | | | | | | | | | |

| System Development | | Qtr 1 | | Qtr 2 | | Qtr 3 | | Qtr 4 | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Total Number to be served | Services/Strategies | Target | Actual | Target | Actual | Target | Actual | Target | Actual | Target | Actual |
| 0 | N/A | | | | | | | | | 0 | |

| Outreach and Engagement | | Qtr 1 | | Qtr 2 | | Qtr 3 | | Qtr 4 | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Total Number to be served | Services/Strategies | Target | Actual | Target | Actual | Target | Actual | Target | Actual | Target | Actual |
| 0 | N/A | | | | | | | | | 0 | |

## EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT

### Estimated/Actual Population Served

| | |
|---|---|
| County: | Lake |
| Program Work Plan #: | FSP - 03 |
| Program Work Plan Name: | Integrated Physical & Mental Health Services |
| Fiscal Year: *(please complete one per fiscal year)* | 2005-2006 |

| Full Service Partnerships | | Qtr 1 | | Qtr 2 | | Qtr 3 | | Qtr 4 | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Age Group | Description of Initial Populations | Target | Actual | Target | Actual | Target | Actual | Target | Actual | Target | Actual |
| Child/Youth | N/A | | | | | | | | | | |
| Transition Age Youth | Serious emotional disorder or first episode + involved in criminal justice system and/or aging out of child welfare/juvenile justice system. | | | | | 3 | | 7 | | 10 | |
| Adults | Serious mental illness + homeless, institutionalized, incarcerated or at risk | | | | | 5 | | 10 | | 15 | |
| Older Adults | N/A | | | | | | | | | | |

| System Development | | Qtr 1 | | Qtr 2 | | Qtr 3 | | Qtr 4 | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Total Number to be served | Services/Strategies | Target | Actual | Target | Actual | Target | Actual | Target | Actual | Target | Actual |
| 0 | N/A | | | | | | | | | 0 | |

| Outreach and Engagement | | Qtr 1 | | Qtr 2 | | Qtr 3 | | Qtr 4 | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Total Number to be served | Services/Strategies | Target | Actual | Target | Actual | Target | Actual | Target | Actual | Target | Actual |
| 0 | N/A | | | | | | | | | 0 | |

## EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT

### Estimated/Actual Population Served

| | |
|---|---|
| County: | Lake |
| Program Work Plan #: | FSP-04 |
| Program Work Plan Name: | Older Adult Access & Resources |
| Fiscal Year: *(please complete one per fiscal year)* | 2005-2006 |

| Full Service Partnerships | | Qtr 1 | | Qtr 2 | | Qtr 3 | | Qtr 4 | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Age Group | Description of Initial Populations | Target | Actual | Target | Actual | Target | Actual | Target | Actual | Target | Actual |
| Child/Youth | N/A | | | | | | | | | | |
| Transition Age Youth | N/A | | | | | | | | | | |
| Adults | N/A | | | | | | | | | | |
| Older Adults | Serious mental illness + not currently served + homeless, hospitalized, or in nursing home care or so unserved to be at risk of same | | | | | 5 | | 20 | | 25 | |

| System Development | | Qtr 1 | | Qtr 2 | | Qtr 3 | | Qtr 4 | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Total Number to be served | Services/Strategies | Target | Actual | Target | Actual | Target | Actual | Target | Actual | Target | Actual |
| 0 | N/A | | | | | | | | | 0 | |

| Outreach and Engagement | | Qtr 1 | | Qtr 2 | | Qtr 3 | | Qtr 4 | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Total Number to be served | Services/Strategies | Target | Actual | Target | Actual | Target | Actual | Target | Actual | Target | Actual |
| 0 | N/A | | | | | | | | | 0 | |

## EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT

### Estimated/Actual Population Served

| | |
|---|---|
| County: | Lake |
| Program Work Plan #: | OE- 01 |
| Program Work Plan Name: | Community Outreach & Engagement |
| Fiscal Year: *(please complete one per fiscal year)* | 2005-2006 |

| Full Service Partnerships | | Qtr 1 | | Qtr 2 | | Qtr 3 | | Qtr 4 | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Age Group | Description of Initial Populations | Target | Actual | Target | Actual | Target | Actual | Target | Actual | Target | Actual |
| Child/Youth | SED + at risk of school failure, out-of-home placement, and/or incarceration in Juvenile Hall | | | | | 2 | | 6 | | 8 | |
| Transition Age Youth | Serious emotional disorder or first episode + involved in criminal justice system and/or aging out of child welfare/juvenile justice system. | | | | | 3 | | 7 | | 10 | |
| Adults | Serious mental illness + homeless, institutionalized, incarcerated or at risk | | | | | 10 | | 20 | | 30 | |
| Older Adults | Serious mental illness + not currently served + homeless, hospitalized, or in nursing home care or so unserved to be at risk of same | | | | | 5 | | 15 | | 20 | |

| System Development | | Qtr 1 | | Qtr 2 | | Qtr 3 | | Qtr 4 | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Total Number to be served | Services/Strategies | Target | Actual | Target | Actual | Target | Actual | Target | Actual | Target | Actual |
| 0 | N/A | | | | | | | | | 0 | |

| Outreach and Engagement | | Qtr 1 | | Qtr 2 | | Qtr 3 | | Qtr 4 | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Total Number to be served | Services/Strategies | Target | Actual | Target | Actual | Target | Actual | Target | Actual | Target | Actual |
| 100 (includes FSP clients) | Provide training in culturally competent outreach, engagement, & service delivery strategies to 100% of LCMH staff and to staff of key partners, colleagues, plus outreach and education to the general community | | | | | | | | | | |

Note: This Year 1 strategy and program leads to a change in the organizational culture of LCMH and creates and/or enhances culturally competent service delivery to all clients. It will train and affect 100% of LCMH case managers and clinical staff; therefore, it will serve 100% of the FSP clients. This program will also train key collaborative partners, service providers, and community colleagues, e.g., primary care physicians, Emergency Room staff, Lake County Office of Education, et al.

## EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT

### Estimated/Actual Population Served

| | |
|---|---|
| County: | Lake |
| Program Work Plan #: | GSD-01 |
| Program Work Plan Name: | Crisis Response Continuum |
| Fiscal Year: *(please complete one per fiscal year)* | 2006-2007 |

| Full Service Partnerships[1] | | Qtr 1 | | Qtr 2 | | Qtr 3 | | Qtr 4 | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Age Group | Description of Initial Populations | Target | Actual | Target | Actual | Target | Actual | Target | Actual | Target | Actual |
| Child/Youth | SED + at risk of school failure, out-of-home placement, and/or incarceration in Juvenile Hall | 2 | | 2 | | 2 | | 2 | | 8 | |
| Transition Age Youth | Serious emotional disorder or first episode + involved in criminal justice system and/or aging out of child welfare/juvenile justice system. | 2 | | 2 | | 2 | | 2 | | 8 | |
| Adults | Serious mental illness + homeless, institutionalized, incarcerated or at risk | 12 | | 12 | | 12 | | 12 | | 48 | |
| Older Adults | Serious mental illness + not currently served + homeless, hospitalized, or in nursing home care or so unserved to be at risk of same | 3 | | 3 | | 3 | | 3 | | 12 | |

| System Development | | Qtr 1 | | Qtr 2 | | Qtr 3 | | Qtr 4 | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Total Number to be served | Services/Strategies | Target | Actual | Target | Actual | Target | Actual | Target | Actual | Target | Actual |
| 2,486 (Includes access line calls; excludes FSP clients listed above) | Access/crisis/warm line; 24/7 crisis response workers; outpatient crisis resolution; psychiatric services; crisis residential facility (2 week-30 day placements) | 621 | | 622 | | 621 | | 622 | | 2,486 | |

| Outreach and Engagement | | Qtr 1 | | Qtr 2 | | Qtr 3 | | Qtr 4 | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Total Number to be served | Services/Strategies | Target | Actual | Target | Actual | Target | Actual | Target | Actual | Target | Actual |
| 0 | N/A | | | | | | | | | 0 | |

[1] The FSP targets remain conservative. It is highly likely that virtually all FSP clients will use one or more of the Crisis Response Continuum services, as this program includes the access/crisis/warmline.

## EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT

### Estimated/Actual Population Served

| | |
|---|---|
| County: | Lake |
| Program Work Plan #: | GSD-02 |
| Program Work Plan Name: Self-Help Center | TAY & Adult Consumer |
| Fiscal Year: *(please complete one per fiscal year)* | 2006-2007 |

| Full Service Partnerships | | Qtr 1 | | Qtr 2 | | Qtr 3 | | Qtr 4 | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Age Group | Description of Initial Populations | Target | Actual | Target | Actual | Target | Actual | Target | Actual | Target | Actual |
| Child/Youth | N/A | | | | | | | | | | |
| Transition Age Youth | Serious emotional disorder or first episode + involved in criminal justice system and/or aging out of child welfare/juvenile justice system. | 3 | | 3 | | 3 | | 3 | | 12 | |
| Adults | Serious mental illness + homeless, institutionalized, incarcerated or at risk | 5 | | 5 | | 5 | | 5 | | 20 | |
| Older Adults | N/A | | | | | | | | | | |

| System Development | | Qtr 1 | | Qtr 2 | | Qtr 3 | | Qtr 4 | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Total Number to be served | Services/Strategies | Target | Actual | Target | Actual | Target | Actual | Target | Actual | Target | Actual |
| 214 (w/ 25 FSP clients) | Open and operate a consumer-driven consumer self-help center w/ meaningful activities, structure, & safety. Center will be divided between TAY & adults to provide age appropriate, culturally competent services | 53 | | 53 | | 54 | | 54 | | 214 | |

| Outreach and Engagement | | Qtr 1 | | Qtr 2 | | Qtr 3 | | Qtr 4 | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Total Number to be served | Services/Strategies | Target | Actual | Target | Actual | Target | Actual | Target | Actual | Target | Actual |
| 0 | N/A | | | | | | | | | 0 | |

## EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT

### Estimated/Actual Population Served

| | |
|---|---|
| County: | Lake |
| Program Work Plan #: | GSD-03 |
| Program Work Plan Name: & Access | Housing Development |
| Fiscal Year: *(please complete one per fiscal year)* | 2006-2007 |

| Full Service Partnerships[1] | | Qtr 1 | | Qtr 2 | | Qtr 3 | | Qtr 4 | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Age Group | Description of Initial Populations | Target | Actual | Target | Actual | Target | Actual | Target | Actual | Target | Actual |
| Child/Youth | SED + at risk of school failure, out-of-home placement, and/or incarceration in Juvenile Hall | 5 | | 5 | | 5 | | 5 | | 20 | |
| Transition Age Youth | Serious emotional disorder or first episode + involved in criminal justice system and/or aging out of child welfare/juvenile justice system. | 5 | | 5 | | 5 | | 5 | | 20 | |
| Adults | Serious mental illness + homeless, institutionalized, incarcerated or at risk | 14 | | 14 | | 14 | | 14 | | 56 | |
| Older Adults | Serious mental illness + not currently served + homeless, hospitalized, or in nursing home care or so unserved to be at risk of same | 3 | | 3 | | 3 | | 3 | | 12 | |

| System Development | | Qtr 1 | | Qtr 2 | | Qtr 3 | | Qtr 4 | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Total Number to be served | Services/Strategies | Target | Actual | Target | Actual | Target | Actual | Target | Actual | Target | Actual |
| 349 (w/ 108 FSP clients; some will be served 2x or more) | Full-time Housing Specialist will assist case managers to place FSP and other clients in appropriate housing, effectuate the Housing Plan; coordinate with Housing Collaborative; pursue grants & other funding; be single-point-of-contact with landlords, clients, other stakeholders | 60 | | 60 | | 60 | | 61 | | 241 | |

| Outreach and Engagement | | Qtr 1 | | Qtr 2 | | Qtr 3 | | Qtr 4 | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Total Number to be served | Services/Strategies | Target | Actual | Target | Actual | Target | Actual | Target | Actual | Target | Actual |
| 0 | N/A | | | | | | | | | 0 | |

[1]This total assumes that 75% of the 145 FSP clients (108) will use one or more Housing program services.

## EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT

### Estimated/Actual Population Served

| | |
|---|---|
| County: | Lake |
| Program Work Plan #: | FSP-01 |
| Program Work Plan Name: | Children's Wraparound |
| Fiscal Year: *(please complete one per fiscal year)* | 2006-2007 |

| Full Service Partnerships | | Qtr 1 | | Qtr 2 | | Qtr 3 | | Qtr 4 | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Age Group | Description of Initial Populations | Target | Actual | Target | Actual | Target | Actual | Target | Actual | Target | Actual |
| Child/Youth (30 FSP + 120 receiving school-based Early Mental Health Services | SED + at risk of school failure, out-of-home placement, and/or incarceration in Juvenile Hall | 7 | | 7 | | 8 | | 8 | | 30 | |
| Transition Age Youth | | | | | | | | | | | |
| Adults | | | | | | | | | | | |
| Older Adults | | | | | | | | | | | |

| System Development | | Qtr 1 | | Qtr 2 | | Qtr 3 | | Qtr 4 | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Total Number to be served | Services/Strategies | Target | Actual | Target | Actual | Target | Actual | Target | Actual | Target | Actual |
| 0 | N/A | | | | | | | | | 0 | |

| Outreach and Engagement | | Qtr 1 | | Qtr 2 | | Qtr 3 | | Qtr 4 | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Total Number to be served | Services/Strategies | Target | Actual | Target | Actual | Target | Actual | Target | Actual | Target | Actual |
| 0 | N/A | | | | | | | | | 0 | |

## EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT

### Estimated/Actual Population Served

| | |
|---|---|
| County: | Lake |
| Program Work Plan #: | FSP-02 |
| Program Work Plan Name: Forensic Mental Health Partnership | |
| Fiscal Year: *(please complete one per fiscal year)* | 2006-2007 |

| Full Service Partnerships | | Qtr 1 | | Qtr 2 | | Qtr 3 | | Qtr 4 | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Age Group | Description of Initial Populations | Target | Actual | Target | Actual | Target | Actual | Target | Actual | Target | Actual |
| Child/Youth | SED + at risk of school failure, out-of-home placement, and/or incarceration in Juvenile Hall | 3 | | 3 | | 3 | | 3 | | 12 | |
| Transition Age Youth | Serious emotional disorder or first episode + involved in criminal justice system and/or aging out of child welfare/juvenile justice system. | 3 | | 3 | | 3 | | 3 | | 12 | |
| Adults | Serious mental illness + homeless, institutionalized, incarcerated or at risk | 9 | | 9 | | 9 | | 9 | | 36 | |
| Older Adults | N/A: Older adults are not excluded, but we do not expect to serve them | | | | | | | | | | |

| System Development | | Qtr 1 | | Qtr 2 | | Qtr 3 | | Qtr 4 | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Total Number to be served | Services/Strategies | Target | Actual | Target | Actual | Target | Actual | Target | Actual | Target | Actual |
| 0 | N/A | | | | | | | | | 0 | |

| Outreach and Engagement | | Qtr 1 | | Qtr 2 | | Qtr 3 | | Qtr 4 | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Total | Services/Strategies | | | | | | | | | | |

| | Number to be served | | Target | Actual | Target | Actual | Target | Actual | Target | Actual | Target | Actual |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 0 | N/A | | | | | | | | | 0 | |

## EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT

### Estimated/Actual Population Served

| | |
|---|---|
| County: | Lake |
| Program Work Plan #: | FSP-03 |
| Program Work Plan Name: | Integrated Physical & Mental Health Services |
| Fiscal Year: *(please complete one per fiscal year)* | 2006-2007 |

| Full Service Partnerships | | Qtr 1 | | Qtr 2 | | Qtr 3 | | Qtr 4 | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Age Group | Description of Initial Populations | Target | Actual | Target | Actual | Target | Actual | Target | Actual | Target | Actual |
| Child/Youth | N/A | | | | | | | | | | |
| Transition Age Youth | Serious emotional disorder or first episode + involved in criminal justice system and/or aging out of child welfare/juvenile justice system. | 6 | | 6 | | 6 | | 7 | | 25 | |
| Adults | Serious mental illness + homeless, institutionalized, incarcerated or at risk | 12 | | 12 | | 13 | | 13 | | 50 | |
| Older Adults | N/A | | | | | | | | | | |

| System Development | | Qtr 1 | | Qtr 2 | | Qtr 3 | | Qtr 4 | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Total Number to be served | Services/Strategies | Target | Actual | Target | Actual | Target | Actual | Target | Actual | Target | Actual |
| 0 | N/A | | | | | | | | | 0 | |

| Outreach and Engagement | | Qtr 1 | | Qtr 2 | | Qtr 3 | | Qtr 4 | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Total Number to be served | Services/Strategies | Target | Actual | Target | Actual | Target | Actual | Target | Actual | Target | Actual |
| 0 | N/A | | | | | | | | | 0 | |

## EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT

### Estimated/Actual Population Served

| | |
|---|---|
| County: | Lake |
| Program Work Plan #: | FSP-04 |
| Program Work Plan Name: | Older Adult Access & Resources |
| Fiscal Year: *(please complete one per fiscal year)* | 2006-2007 |

| Full Service Partnerships | | Qtr 1 | | Qtr 2 | | Qtr 3 | | Qtr 4 | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Age Group | Description of Initial Populations | Target | Actual | Target | Actual | Target | Actual | Target | Actual | Target | Actual |
| Child/Youth | N/A | | | | | | | | | | |
| Transition Age Youth | N/A | | | | | | | | | | |
| Adults | N/A | | | | | | | | | | |
| Older Adults (40 new FSP + carryover from Year 1 | Serious mental illness + not currently served + homeless, hospitalized, or in nursing home care or so unserved to be at risk of same | 10 | | 10 | | 10 | | 10 | | 40 | |

| System Development | | Qtr 1 | | Qtr 2 | | Qtr 3 | | Qtr 4 | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Total Number to be served | Services/Strategies | Target | Actual | Target | Actual | Target | Actual | Target | Actual | Target | Actual |
| 0 | N/A | | | | | | | | | 0 | |

| Outreach and Engagement | | Qtr 1 | | Qtr 2 | | Qtr 3 | | Qtr 4 | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Total Number to be served | Services/Strategies | Target | Actual | Target | Actual | Target | Actual | Target | Actual | Target | Actual |
| 0 | N/A | | | | | | | | | 0 | |

## EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT

### Estimated/Actual Population Served

| | |
|---|---|
| County: | Lake |
| Program Work Plan #: | OE-01 |
| Program Work Plan Name: | Community Outreach & Engagement |
| Fiscal Year: *(please complete one per fiscal year)* | 2006-2007 |

| Full Service Partnerships | | Qtr 1 | | Qtr 2 | | Qtr 3 | | Qtr 4 | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Age Group | Description of Initial Populations | Target | Actual | Target | Actual | Target | Actual | Target | Actual | Target | Actual |
| Child/Youth | SED + at risk of school failure, out-of-home placement, and/or incarceration in Juvenile Hall | 5 | | 5 | | 5 | | 5 | | 20 | |
| Transition Age Youth | Serious emotional disorder or first episode + involved in criminal justice system and/or aging out of child welfare/juvenile justice system. | 6 | | 6 | | 6 | | 7 | | 25 | |
| Adults | Serious mental illness + homeless, institutionalized, incarcerated or at risk | 15 | | 15 | | 15 | | 15 | | 60 | |
| Older Adults | Serious mental illness + not currently served + homeless, hospitalized, or in nursing home care or so unserved to be at risk of same | 10 | | 10 | | 10 | | 10 | | 40 | |

| System Development | | Qtr 1 | | Qtr 2 | | Qtr 3 | | Qtr 4 | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Total Number to be served | Services/Strategies | Target | Actual | Target | Actual | Target | Actual | Target | Actual | Target | Actual |
| 0 | N/A | | | | | | | | | 0 | |

| Outreach and Engagement | | Qtr 1 | | Qtr 2 | | Qtr 3 | | Qtr 4 | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Total Number to be served | Services/Strategies | Target | Actual | Target | Actual | Target | Actual | Target | Actual | Target | Actual |
| 200 (Includes FSP) | Two .75 FTE Community Outreach Workers will travel to isolated communities and individuals; provide outreach materials and personal contact, referrals, support, and outreach to engage trusted leaders and unserved and underserved clients with LCMH's MHSA programs | 50 | | 50 | | 50 | | 50 | | 200 | |

As noted in Year 1, the training and outreach activities of this program affect all LCMH staff who are serving FSP clients, resulting in 100% of FSP clients being "reached through Outreach & Engagement" as defined by the Requirements.

## EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT

### Estimated/Actual Population Served

| | |
|---|---|
| County: | Lake |
| Program Work Plan #: | GSD-01 |
| Program Work Plan Name: | Crisis Response Continuum |
| Fiscal Year: *(please complete one per fiscal year)* | 2007-2008 |

| Full Service Partnerships[1] | | Qtr 1 | | Qtr 2 | | Qtr 3 | | Qtr 4 | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Age Group | Description of Initial Populations | Target | Actual | Target | Actual | Target | Actual | Target | Actual | Target | Actual |
| Child/Youth | SED + at risk of school failure, out-of-home placement, and/or incarceration in Juvenile Hall | 2 | | 2 | | 2 | | 2 | | 8 | |
| Transition Age Youth | Serious emotional disorder or first episode + involved in criminal justice system and/or aging out of child welfare/juvenile justice system. | 2 | | 2 | | 2 | | 2 | | 8 | |
| Adults | Serious mental illness + homeless, institutionalized, incarcerated or at risk | 12 | | 12 | | 12 | | 12 | | 48 | |
| Older Adults | Serious mental illness + not currently served + homeless, hospitalized, or in nursing home care or so unserved to be at risk of same | 3 | | 3 | | 3 | | 3 | | 12 | |

| System Development | | Qtr 1 | | Qtr 2 | | Qtr 3 | | Qtr 4 | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Total Number to be served | Services/Strategies | Target | Actual | Target | Actual | Target | Actual | Target | Actual | Target | Actual |
| 2,486 (Includes access line calls; excludes FSP clients listed above) 2,562 total | Access/crisis/warm line; 24/7 crisis response workers; outpatient crisis resolution; psychiatric services; crisis residential facility (2 week-30 day placements) | 621 | | 622 | | 621 | | 622 | | 2,486 | |

| Outreach and Engagement | | Qtr 1 | | Qtr 2 | | Qtr 3 | | Qtr 4 | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Total Number to be served | Services/Strategies | Target | Actual | Target | Actual | Target | Actual | Target | Actual | Target | Actual |
| 0 | N/A | | | | | | | | | 0 | |

[1] The FSP targets continue to be conservative. It remains highly likely that virtually all FSP clients will use one or more of the Crisis Response Continuum services, as this program includes the access/crisis/warmline.

## EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT

### Estimated/Actual Population Served

| | |
|---|---|
| County: | Lake |
| Program Work Plan #: | GSD-02 |
| Program Work Plan Name: Self-Help Center | TAY & Adult Consumer |
| Fiscal Year: *(please complete one per fiscal year)* | 2007-2008 |

| Full Service Partnerships | | Qtr 1 | | Qtr 2 | | Qtr 3 | | Qtr 4 | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Age Group | Description of Initial Populations | Target | Actual | Target | Actual | Target | Actual | Target | Actual | Target | Actual |
| Child/Youth | N/A | | | | | | | | | | |
| Transition Age Youth | Serious mental illness + homeless, institutionalized, incarcerated or at risk | 4 | | 4 | | 4 | | 4 | | 16 | |
| Adults | Serious mental illness + homeless, institutionalized, incarcerated or at risk | 14 | | 14 | | 14 | | 14 | | 56 | |
| Older Adults | N/A | | | | | | | | | | |

| System Development | | Qtr 1 | | Qtr 2 | | Qtr 3 | | Qtr 4 | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Total Number to be served | Services/Strategies | Target | Actual | Target | Actual | Target | Actual | Target | Actual | Target | Actual |
| 200 (w/ 72 FSP) | Open and operate a consumer-driven consumer self-help center w/ meaningful activities, structure, & safety. Center will be divided between TAY & adults to provide age appropriate, culturally competent services | 50 | | 50 | | 50 | | 50 | | 200 | |

| Outreach and Engagement | | Qtr 1 | | Qtr 2 | | Qtr 3 | | Qtr 4 | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Total Number to be served | Services/Strategies | Target | Actual | Target | Actual | Target | Actual | Target | Actual | Target | Actual |
| 0 | N/A | | | | | | | | | 0 | |

## EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT

### Estimated/Actual Population Served

| | |
|---|---|
| County: | Lake |
| Program Work Plan #: | GSD-03 |
| Program Work Plan Name: | Housing Development & Access |
| Fiscal Year: *(please complete one per fiscal year)* | 2007-2008 |

| Full Service Partnerships | | Qtr 1 | | Qtr 2 | | Qtr 3 | | Qtr 4 | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Age Group | Description of Initial Populations | Target | Actual | Target | Actual | Target | Actual | Target | Actual | Target | Actual |
| Child/Youth | SED + at risk of school failure, out-of-home placement, and/or incarceration in Juvenile Hall | 6 | | 6 | | 6 | | 6 | | 24 | |
| Transition Age Youth | Serious emotional disorder or first episode + involved in criminal justice system and/or aging out of child welfare/juvenile justice system. | 7 | | 7 | | 7 | | 7 | | 28 | |
| Adults | Serious mental illness + homeless, institutionalized, incarcerated or at risk | 14 | | 14 | | 14 | | 14 | | 56 | |
| Older Adults | Serious mental illness + not currently served + homeless, hospitalized, or in nursing home care or so unserved to be at risk of same | 4 | | 4 | | 4 | | 4 | | 16 | |

| System Development | | Qtr 1 | | Qtr 2 | | Qtr 3 | | Qtr 4 | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Total Number to be served | Services/Strategies | Target | Actual | Target | Actual | Target | Actual | Target | Actual | Target | Actual |
| 349 (w/ 124 FSP clients) | Full-time Housing Specialist will assist case managers to place FSP and other clients in appropriate housing, effectuate the Housing Plan; coordinate with Housing Collaborative; pursue grants & other funding; be single-point-of-contact with landlords, clients, other stakeholders | 56 | | 56 | | 57 | | 57 | | 225 | |

| Outreach and Engagement | | Qtr 1 | | Qtr 2 | | Qtr 3 | | Qtr 4 | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Total Number to be served | Services/Strategies | Target | Actual | Target | Actual | Target | Actual | Target | Actual | Target | Actual |
| 0 | N/A | | | | | | | | | 0 | |

Note: The FSP numbers are a duplicated count, as FSP clients are highly likely to require services more than once/year, e.g., adjusted housing supports, re-referrals, new placements, on-site employment opportunities, etc. The FSP numbers assume that 75% of the 165 FSP clients (124) will use one or more Housing program services.

## EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT

### Estimated/Actual Population Served

| | |
|---|---|
| County: | Lake |
| Program Work Plan #: | FSP-01 |
| Program Work Plan Name: | Children's Wraparound |
| Fiscal Year: *(please complete one per fiscal year)* | 2007-2008 |

| Full Service Partnerships | | Qtr 1 | | Qtr 2 | | Qtr 3 | | Qtr 4 | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Age Group | Description of Initial Populations | Target | Actual | Target | Actual | Target | Actual | Target | Actual | Target | Actual |
| Child/Youth (30 FSP + 120 receiving school-based Early Mental Health w/0 MHSA funding) | SED + at risk of school failure, out-of-home placement, and/or incarceration in Juvenile Hall | 7 | | 7 | | 8 | | 8 | | 30 | |
| Transition Age Youth | | | | | | | | | | | |
| Adults | | | | | | | | | | | |
| Older Adults | | | | | | | | | | | |

| System Development | | Qtr 1 | | Qtr 2 | | Qtr 3 | | Qtr 4 | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Total Number to be served | Services/Strategies | Target | Actual | Target | Actual | Target | Actual | Target | Actual | Target | Actual |
| 0 | N/A | | | | | | | | | | |

| Outreach and Engagement | | Qtr 1 | | Qtr 2 | | Qtr 3 | | Qtr 4 | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Total Number to be served | Services/Strategies | Target | Actual | Target | Actual | Target | Actual | Target | Actual | Target | Actual |
| 0 | N/A | | | | | | | | | | |

## EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT

### Estimated/Actual Population Served

| | |
|---|---|
| County: | Lake |
| Program Work Plan #: | FSP-02 |
| Program Work Plan Name: | Forensic Mental Health Partnership |
| Fiscal Year: | 2007-2008 |

| Full Service Partnerships | | Qtr 1 | | Qtr 2 | | Qtr 3 | | Qtr 4 | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Age Group | Description of Initial Populations | Target | Actual | Target | Actual | Target | Actual | Target | Actual | Target | Actual |
| Child/Youth | SED + at risk of school failure, out-of-home placement, and/or incarceration in Juv. Hall | 3 | | 3 | | 3 | | 3 | | 12 | |
| Transition Age Youth | Serious emotional disorder or first episode + involved in criminal justice system and/or aging out of child welfare/juvenile justice system. | 3 | | 3 | | 3 | | 3 | | 12 | |
| Adults | Serious mental illness + homeless, institutionalized, incarcerated or at risk | 9 | | 9 | | 9 | | 9 | | 36 | |
| Older Adults | | | | | | | | | | | |

| System Development | | Qtr 1 | | Qtr 2 | | Qtr 3 | | Qtr 4 | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Total Number to be served | Services/Strategies | Target | Actual | Target | Actual | Target | Actual | Target | Actual | Target | Actual |
| 0 | N/A | | | | | | | | | 0 | |

| Outreach and Engagement | | Qtr 1 | | Qtr 2 | | Qtr 3 | | Qtr 4 | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Total Number to be served | Services/Strategies | Target | Actual | Target | Actual | Target | Actual | Target | Actual | Target | Actual |
| 0 | N/A | | | | | | | | | 0 | |

## EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT

### Estimated/Actual Population Served

| | |
|---|---|
| County: | Lake |
| Program Work Plan #: | FSP-03 |
| Program Work Plan Name: Mental Health Services | Integrated Physical & |
| Fiscal Year: *(please complete one per fiscal year)* | 2007-2008 |

| Full Service Partnerships | | Qtr 1 | | Qtr 2 | | Qtr 3 | | Qtr 4 | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Age Group | Description of Initial Populations | Target | Actual | Target | Actual | Target | Actual | Target | Actual | Target | Actual |
| Child/Youth | N/A | | | | | | | | | | |
| Transition Age Youth | Serious emotional disorder or first episode + involved in criminal justice system and/or aging out of child welfare/juvenile justice system. | 5 | | 5 | | 5 | | 5 | | 20 | |
| Adults | Serious mental illness + homeless, institutionalized, incarcerated or at risk | 15 | | 15 | | 15 | | 15 | | 60 | |
| Older Adults | N/A | | | | | | | | | | |

| System Development | | Qtr 1 | | Qtr 2 | | Qtr 3 | | Qtr 4 | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Total Number to be served | Services/Strategies | Target | Actual | Target | Actual | Target | Actual | Target | Actual | Target | Actual |
| 0 | N/A | | | | | | | | | 0 | |

| Outreach and Engagement | | Qtr 1 | | Qtr 2 | | Qtr 3 | | Qtr 4 | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Total Number to be served | Services/Strategies | Target | Actual | Target | Actual | Target | Actual | Target | Actual | Target | Actual |
| 0 | N/A | | | | | | | | | 0 | |

## EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT

### Estimated/Actual Population Served

| | |
|---|---|
| County: | Lake |
| Program Work Plan #: | FSP-04 |
| Program Work Plan Name: | Older Adult Access & Resources |
| Fiscal Year: *(please complete one per fiscal year)* | 2007-2008 |

| Full Service Partnerships | | Qtr 1 | | Qtr 2 | | Qtr 3 | | Qtr 4 | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Age Group | Description of Initial Populations | Target | Actual | Target | Actual | Target | Actual | Target | Actual | Target | Actual |
| Child/Youth | N/A | | | | | | | | | | |
| Transition Age Youth | N/A | | | | | | | | | | |
| Adults | N/A | | | | | | | | | | |
| Older Adults | Serious mental illness + not currently served + homeless, hospitalized, or in nursing home care or so unserved to be at risk of same | 15 | | 15 | | 15 | | 15 | | 60 | |

| System Development | | Qtr 1 | | Qtr 2 | | Qtr 3 | | Qtr 4 | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Total Number to be served | Services/Strategies | Target | Actual | Target | Actual | Target | Actual | Target | Actual | Target | Actual |
| 0 | N/A | | | | | | | | | 0 | |

| Outreach and Engagement | | Qtr 1 | | Qtr 2 | | Qtr 3 | | Qtr 4 | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Total Number to be served | Services/Strategies | Target | Actual | Target | Actual | Target | Actual | Target | Actual | Target | Actual |
| 0 | N/A | | | | | | | | | 0 | |

## EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT

### Estimated/Actual Population Served

| | |
|---|---|
| County: | Lake |
| Program Work Plan #: | OE-01 |
| Program Work Plan Name: | Community Outreach & Engagement |
| Fiscal Year: *(please complete one per fiscal year)* | 2007-2008 |

| Full Service Partnerships | | Qtr 1 | | Qtr 2 | | Qtr 3 | | Qtr 4 | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Age Group | Description of Initial Populations | Target | Actual | Target | Actual | Target | Actual | Target | Actual | Target | Actual |
| Child/Youth | SED + at risk of school failure, out-of-home placement, and/or incarceration in Juvenile Hall | 7 | | 7 | | 8 | | 8 | | 30 | |
| Transition Age Youth | Serious emotional disorder or first episode + involved in criminal justice system and/or aging out of child welfare/juvenile justice system. | 6 | | 6 | | 6 | | 7 | | 25 | |
| Adults | Serious mental illness + homeless, institutionalized, incarcerated or at risk | 16 | | 16 | | 16 | | 17 | | 65 | |
| Older Adults | Serious mental illness + not currently served + homeless, hospitalized, or in nursing home care or so unserved to be at risk of same | 11 | | 11 | | 11 | | 12 | | 45 | |

| System Development | | Qtr 1 | Qtr 2 | Qtr 3 | Qtr 4 | Total |
|---|---|---|---|---|---|---|
| Total | Services/Strategies | | | | | |

| Number to be served | | Target | Actual | Target | Actual | Target | Actual | Target | Actual | Target | Actual |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 0 | N/A | | | | | | | | | 0 | |

| Outreach and Engagement | | Qtr 1 | | Qtr 2 | | Qtr 3 | | Qtr 4 | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Total Number to be served | Services/Strategies | Target | Actual | Target | Actual | Target | Actual | Target | Actual | Target | Actual |
| 400 (Includes FSP) | Two .75 FTE Community Outreach Workers will travel to isolated communities and individuals; provide outreach materials and personal contact, referrals, support, and outreach to engage trusted leaders and unserved and underserved clients with LCMH's MHSA programs | 100 | | 100 | | 100 | | 100 | | 400 | |

## EXHIBIT 7--Mental Health Services Act Cash Balance Quarterly Report

County: Lake
MHSA Component: Comm. Services and Supports
Date: 01/12/06
Fiscal Year: 2005-06
Quarter: 1st (July - Sept)

| | |
|---|---|
| **A. Cash Flow Activity** | |
| 1. Cash on hand at beginning of quarter (line 6 from prior Quarterly Report) | |
| 2. Quarterly advance from State DMH (insert as positive number) | |
| 3. Total cash available (sum of lines 1 and 2) | $0 |
| 4. Actual expenditures (insert as a negative number) | |
| 5. Adjustments of prior quarters (insert as negative or positive number, as appropriate) | |
| 6. Cash on hand at end of quarter (report on line 1 for next Quarterly Report) | $0 |
| **B. Reserved Cash on Hand at End of Quarter (enter as negative numbers)** | |
| 1. Anticipated one-time expenditures to be incurred during quarter | |
| **C. Cash on Hand for On-Going Operations** | $0 |

### COUNTY CERTIFICATION

I HEREBY CERTIFY, to the best of my knowledge and belief, under penalty of perjury, that this report is correct and complete and that all expenditures have been made in accordance with the Mental Health Services Act requirements.

Signature: Caren P. Clifton
Name and Title: Caren P. Clifton, Administrative Manager
E-Mail Address: carenm@co.lake.ca.us
Telephone Number: 707-263-4338 ext 243

## EXHIBIT 7--Mental Health Services Act Cash Balance Quarterly Report

County: Lake
MHSA Component: Local Planning (FY 04-05 only)
Date: 01/12/06
Fiscal Year: 2004-05
Quarter:

Not Reconciled

| | |
|---|---|
| **A. Cash Flow Activity** | |
| 1. Cash on hand at beginning of quarter (line 6 from prior Quarterly Report) | $93,752 |
| 2. Quarterly advance from State DMH (insert as positive number) | |
| 3. Total cash available (sum of lines 1 and 2) | $93,752 |
| 4. Actual expenditures (insert as a negative number) | |
| 5. Adjustments of prior quarters (insert as negative or positive number, as appropriate) | ($83,615) |
| 6. Cash on hand at end of quarter (report on line 1 for next Quarterly Report) | $10,137 |
| **B. Reserved Cash on Hand at End of Quarter (enter as negative numbers)** | |
| 1. Anticipated one-time expenditures to be incurred during quarter | |
| **C. Cash on Hand for On-Going Operations** | $10,137 |

### COUNTY CERTIFICATION

I HEREBY CERTIFY, to the best of my knowledge and belief, under penalty of perjury, that this report is correct and complete and that all expenditures have been made in accordance with the Mental Health Services Act requirements.

Signature: Caren P. Clifton
Name and Title: Caren P. Clifton, Administrative Manager
E-Mail Address: carenm@co.lake.ca.us
Telephone Number: 707-263-4338 ext 243