

**FY 2008/09 Mental Health Services Act Community Services and Supports
Administration Budget Worksheet**

County: Tehama

Fiscal Year: 2008-09

Date: 11/07/2008

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
1. Personnel Expenditures		
a. MHSA Coordinator(s)		\$79,248
b. MHSA Support Staff		\$41,899
c. Other Personnel (list below)		
i. Account Tech 1 FTE		\$17,544
ii. System Support Analyst .75 FTE		\$35,406
iii. MH Director .15 FTE		\$13,030
iv. Quality Assurance Manager .10 FTE		\$7,925
v. Administrative Secretary .10 FTE		\$3,509
vi. Consumer Support Worker .3 FTE		\$7,733
vii.		
d. Total Salaries		\$206,294
e. Employee Benefits		\$127,485
f. Total Personnel Expenditures	\$0	\$333,779
2. Operating Expenditures		\$14,221
3. County Allocated Administration		
a. Countywide Administration (A-87)		\$40,390
b. Other Administration (provide description in budget narrative)		0
c. Total County Allocated Administration	\$0	\$40,390
4. Total Proposed County Administration Budget	\$0	\$388,390

B. Revenues		
1. New Revenues		
a. Medi-Cal (FFP only)		\$12,000
b. Other Revenue		
2. Total Revenues	\$0	\$12,000
C. Non-Recurring Expenditures		
D. Total County Administration Funding Requirements	\$0	\$388,390

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 MHSA 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: _____

Signature _____

Local Mental Health Director or Designee

Executed at _____, California

Program Description: Project Access Workplan: No previous components of the 2007-2008 approved Access Workplan are being decreased or eliminated. In 2008-2009, we plan to expand the Access Workplan to include evidence-based practices in our crisis response aspect of the program. Specifically, we plan to provide a crisis response program that focuses on trauma and substance abuse for all age groups. In addition, we will provide evidence-based practices that target Transition Age Youth and Older Adults that are experiencing depression and suicidal ideation. These programs will be provided both in the community and on site at our Crisis Stabilization Unit.

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

The goals of Project Access are 1) to improve access to crisis response services by adding a Crisis Response Team, 2) improve access to our underserved populations by co-locating mental health staff at primary health care sites, 3) increase availability of weekend services through a Saturday peer-run drop-in center, and 4) increase access to services in the school setting, including prevention and intervention for mental health issues as well as issues related to substance abuse.

Crisis Response Team: One of the most important points of contact with the mental health system comes when an individual or family faces a severe crisis. The individual or family is very vulnerable, overwhelmed and afraid. For many individuals, this can be the first contact with the mental health system. It is crucial that this contact be supportive, welcoming and hopeful. It is also critical to be timely in service delivery to demonstrate that help is available, responsive and that the first contact with mental health staff is a positive experience. The Project Access goal is to assure that these individuals and/or families will receive prompt, recovery- and resiliency-oriented care from the very beginning.

Additionally, as noted earlier, Tehama County has a higher than average depression and suicide rate. A better functioning crisis response team can address issues more effectively and create a climate where individuals suffering from depression are more likely to seek out these services. This is accomplished by adding on-call clinicians to be available to hospital staff when such emergency situations occur. These staff provide the necessary consultation on-site for the hospital that enables the person in crisis to get the proper care and services, de-escalating situations and, in many instances, reducing the need for more restrictive care, consistent with the goals of the MHSA. This also enables law enforcement staff to have a single point of responsibility for contact around these emergencies. This reduces the involvement of law enforcement and provides a gentler, less potentially threatening way of responding to these emergencies. The on-call staff provide assessment and evaluation, crisis intervention services, referral for crisis stabilization, and when necessary, initiation of hospitalization. The on-call staff also provides initial dual diagnosis screening and referrals, providing a way to address the community's concern about drug and alcohol issues. These staff are also responsible for linkage to ongoing treatment providers and community partners, and assuring the provision of prompt follow-up care. The development of treatment plans is done in a collaborative, partnering manner with the individual or family involved, promoting empowerment and choice at every opportunity.

In 2008-2009, we plan to expand the crisis response component to include several evidence-based practices that will be provided on site at the emergency room and at our Crisis Stabilization Unit. Our plan is to expand the use of our Crisis Stabilization Unit for individuals that are experiencing any kind of crisis, trauma or stressful situation, with additional focus on co-occurring substance abuse issues. Currently, the community perspective is that the Crisis Stabilization Unit is primarily used for individuals that meet "5150" criteria, and thus is not necessarily perceived as a welcoming, supportive environment. Our goal is to significantly change this perspective by providing these evidence-based practices to a wider population. Evidence-based practices to be utilized include "Seeking Safety," which is a program that

focuses on individuals who are experiencing trauma, with a substance abuse component. In addition, we will be utilizing evidence-based practices that specifically target Transition Age Youth experiencing depression with a fairly high suicide risk. Finally, we will be incorporating evidence-based practices for Older Adults with depressive symptoms and suicidal ideation, as well as evidence-based screening tools for Dementia, Delirium, and Depression. As we are transforming our crisis response program, we decided to change the name of our Crisis Stabilization Unit. It is now called the Community Crisis Response Unit, with the hope of changing the perspective of the community to see that the Community Crisis Response Unit is there for anyone in the community and is a welcoming and helpful place, not a place to avoid as only for “5150” evaluations. It is anticipated that we will serve an additional 10-15 consumers per month. The proposed effective date of this expansion is January 1, 2009.

Co-Location of Mental Health Staff at Primary Health Care Facilities: Community survey results indicated a high concern regarding access issues. By stationing mental health staff at primary health care sites, Tehama County is able to offer improved access to mental health services, particularly for the Latino population. This is accomplished by having bilingual, bicultural staff at these sites as needed. Services are available on a drop-in basis, encouraging the community to make contact and eliminating barriers of long waits for appointments. Service planning is done in a comprehensive, collaborative fashion, sensitive to the individual/family culture and worldview. The staff assess individuals for co-occurring disorders and provide referrals to outpatient treatment facilities, as well as dual diagnosis support groups.

This strategy reduces the problem of stigma regarding access and is important for individuals who do not wish to be identified as having mental health issues and would not seek services from a mental health clinic. In particular, it offers a culturally competent, more natural setting in which to engage those suffering from depression that might otherwise not seek assistance. This type of collaboration with the medical facility is also an example of service integration between physical and mental health care. For consumers and family members, a holistic approach to mental and physical health care makes sense clinically as well as practically in a small county.

Peer-run Drop-In Center: Tehama County adult consumers expressed a strong desire for weekend services. MHSA funds are used to expand the hours of the current drop-in center to include Saturdays. This enables individuals to access peer-provided support on the weekend. Consumer staff are responsible for the program and additional consumers are paid through stipends to provide one-to-one support, group activities and recreational/social opportunities. The Drop-in Center provides a wide range of services, based upon consumer needs and requests. This kind of support includes Dual Recovery groups, skill development for independent living and support to manage life problems. The drop-in center provides the opportunity for building a strong community of hope, recovery and empowerment. In 2008-2009, this program will be expanded to allow the weekday drop-in center to expand its activities and levels of support. Peer-to-peer support models the reality of recovery and instills a message of hopefulness about possibilities. This program reflects the values of the MHSA, encouraging recovery and resiliency, and consumer/family-driven services.

Drug and Alcohol School-Based Services: Children’s issues were strongly highlighted during the planning process, in spite of the availability of more services for children and adolescents than other population groups. Substance abuse issues were also a major concern. Therefore, Tehama County is increasing access for high-risk youth through a new program in the school setting. Specifically, we offer groups co-led by a mental health clinician and a substance abuse counselor, utilizing a variation of Integrated Dual Diagnosis Treatment that does not meet the full criteria for the evidence-based practice. In addition, early intervention groups are provided for middle school students. Dual Diagnosis aspects have been included in substance abuse groups for adolescents.

2. *Please describe housing or employment services to be provided.*

Linkage to the Housing Initiative and Project Employment services will be part of the development of the recovery plan when appropriate.

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

N/A

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

Project Access provides the opportunity to promote hope, wellness and recovery at three critical points of service delivery: emergency, outpatient and, in the community, through a peer-run drop-in center and school sites. It assures that the message of recovery and resiliency is delivered at any of these potential entry points. The Crisis Team offers alternatives to more restrictive care and a no-wait response to high need situations.

The clinicians at the physical health care sites offer a non-stigmatizing way of accessing much needed mental health services. The clinician and substance abuse counselor on school sites offer a non-stigmatizing way of accessing services for mental health and substance abuse, as well as providing prevention education. The Saturday Drop-in Center opens the door for consumers to meet, support and nurture each other in a relaxed and welcoming environment. The values of recovery and resiliency are continuously promoted and reinforced in all aspects of the Project Access Workplan. Training is offered, and all treatment planning and staff meetings focus on recovery and resiliency.

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

Currently, Tehama County has a 23-hour crisis intervention clinic available 24 hours per day, 7 days per week. Traditionally, in a crisis, the first responders are law enforcement. Where a medical condition is apparent, law enforcement transports to the emergency room. These officers are required to wait with the client until cleared and then transport back to the crisis intervention clinic. The converse of this is true as well, taking up a great deal of law enforcement's time and delaying the appropriate crisis intervention treatment. Utilization of law enforcement in these situations may not be culturally competent, especially for groups who have had multiple negative dealings with police. In order to provide a more appropriate and timely response, we originally proposed providing after-hours, on-call staff to respond at the hospital emergency room. This will be further expanded by changing the focus of the Community Crisis Response Unit as described above.

The Drop-in Center is currently open Monday through Friday, without any planned activities, and on Saturday with full consumer management. This proposal expands the services to include enhancing the weekday program in terms of consumer involvement and expansion of activities.

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

The peer-run Drop-in Center on Saturdays is operated by consumers, both as permanent employees and paid on a stipend basis. This provides a central place for recovery-oriented, empowering services and support for individuals. During a crisis, clients and family members are always treated with dignity and respect and included in decision-making to the degree possible in those situations. The outpatient clinicians will utilize an inclusive, partnering approach in all work with clients and family members. This is demonstrated by creating treatment plans in conjunction with consumers/family members, honoring the individual/family member's culture, worldview, current needs and desires.

7. *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.*

For the Crisis Team, Project Access involves collaboration with hospital administration and staff, law enforcement, and the Crisis Intervention Services staff. This collaboration is accomplished through a quarterly interagency meeting, designed to identify concerns, issues and strategies for improving teamwork. For individual cases, special meetings are held as needed. Bilingual and bicultural staff will assist in identifying particular needs of the Latino population and use this meeting as a forum to address access issues.

The clinicians located at the medical facility work in conjunction with mental health services and primary care providers. This is done through daily contact and immediately addressing any concerns as they arise. The clinician and substance abuse counselor located at school sites work collaboratively with school staff, Probation and Child Protective Services. If further collaboration is needed, the existing Multi-Agency Treatment Team will be utilized.

The Saturday peer-run drop-in center staff collaborate with Mental Health through referrals to the Drop-in Center, as well as referrals from the Drop-in Center when consumers are in need of additional services. The consumer staff participate in ongoing meetings established during the MHSA planning process to continue to improve services and access.

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

Providing more timely crisis services and reducing law enforcement involvement creates a more welcoming and nurturing process for receiving necessary care at the critical juncture of emergency treatment. It reduces the severe delay of assessment and crisis intervention services and this makes the individual/family member feel cared for and supported in their distress. This changes the message in the community about how it is to receive emergency treatment – the community hears that staff were responsive, caring and provided culturally competent services, especially through the hiring of bilingual, bicultural staff for these positions. It is a strategy to change the community perception of mental health services from one of barriers and delays to one of welcoming and support.

Services provided out of a medical facility are more culturally competent, reducing the stigma associated with receiving psychiatric care. It is clear from the community surveys that Latinos in particular are hesitant and many times unwilling to go to a mental health facility for treatment. Services provided in a medical facility are apt to be more utilized and thus more effective.

As with services at a medical facility, services provided confidentially at school can be more culturally competent, reducing the stigma associated with receiving mental health services in a mental health clinic.

The peer-run drop-in center services offer very friendly, easy-to-access support and educational services. Bilingual/bicultural consumer staff encourage access from unserved and underserved populations.

9. Describe how 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.

All staff members are trained to respond empathetically, respectfully and appropriately to the needs of GLBT individuals and family members. This issue is especially relevant to the transition-age youth who are beginning to highlight the issue at the high school, in a community that traditionally refuses to acknowledge the existence and needs of this population. Crisis intervention is a point where individuals often experience additional trauma or are re-traumatized. This can be especially difficult for women, girls and GLBT individuals. By providing a safe place to talk, with staff that is knowledgeable and supportive, Project Access offers services that meet the needs of both genders and any sexual orientation.

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

Crisis services are delivered to any person, without regard to county residency status, to ensure the safety of the individual and community. For follow-up and after-care services, out-of-county individuals will receive the appropriate linkage to services back in their community of origin.

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

N/A

Budget Narrative

Project One

Project Access

System Development, Outreach and Full Service Partnership

Existing Program

Staffing and Line Item

On-Call Mental Health Clinician

Clinicians are on-call to be available at the Emergency Room and on site at the Community Crisis Response Unit to provide crisis response through assessment and evidence-based intervention services. The on-call clinician will be able to meet the client wherever they first present and provide the appropriate intervention.

Licensed Clinical Supervisor

The Licensed Clinical Supervisor provides oversight and direct service in the Community Crisis Response Unit and at the Emergency Room. This position oversees the activities of other staff on the Community Crisis Response Unit to assure that they are fully utilizing the evidence-based practices and are fully engaged in the transformation of the mental health system.

Mental Health Clinician

This clinician provides co-location services to the community through the primary health clinics. This provides for a more culturally competent service provision to the Latino community.

Youth Mental Health Clinician

The clinician provides co-occurring disorder intervention services to the elementary and secondary schools. The clinician will also be available to the clinics and community to provide support services and interventions. This position is split between Project One and Project Four. The intention is that this clinician spends part of his/her time on outreach and engagement and the remaining time with intervention services.

Drug and Alcohol Counselor

The Drug and Alcohol Counselor works in conjunction with the Youth Mental Health Clinician to provide drug and alcohol education in the elementary and secondary schools. This counselor provides prevention-oriented education to the clinics, community and schools. This position is split between Project One and Project Four. The intention is that this counselor spends part of his/her time on outreach and engagement and the remaining time with intervention services.

Consumer Support Worker

The Consumer Support Worker is a consumer position that provides peer support and advocacy in all of the Workplans, including Project Access. Some of the duties include assisting new clients in navigating the Mental Health system, doing customer satisfaction surveys to assure that consumers are being welcomed and are receiving the services they need, advocating for individual consumers and family members, and advocating for system change as needed for all consumers. In order to facilitate system-wide advocacy and changes, the Consumer Support Worker is an active member of the administrative team.

Psychiatric Aide I

This is another consumer position that also provides direct peer support and advocacy in all Workplans, including Project Access. The duties are similar to the Consumer Support Worker, except the duty of advocating at a system level for change as an active member of the administrative team. These positions are also responsible for the Drop-in Center.

Psychiatric Aide II

This position provides support to consumers in the Community Crisis Response Unit and assists with linkage to follow-up services.

Nursing Positions

The nurse positions can be held by a variety of licensed staff, including Licensed Vocational Nurses, Licensed Psychiatric Technicians, or Registered Nurses. These positions provide 24-hour crisis intervention at the Community Crisis Response Unit and will have an important role in the delivery of the evidence-based practice.

Case Resource Specialist

The Case Resource Specialist provides follow-up in the community to individuals that have received crisis response services, to assure that they are properly linked to ongoing services and that we make a follow-up contact to do further engagement.

Consumer Stipends

These stipends will be used to pay consumers to staff a Saturday drop-in center. The center will provide social activities and psycho-educational groups.

Non-Recurring Costs

The non-recurring costs for this Workplan include initial cost of training for the evidence-based practices and the materials required to implement the evidence-based practices.

Evidence-based Practices Initial Training	\$5,000
Evidence-based Practices Start-up Materials	\$3,500
Printer	\$ 800
Office set up for new Psychiatric Aide I's	\$2,941
Total	\$12,241

Office Needs

In order to reproduce the evidence-based materials, there is an expanded need for an additional printer in the Community Crisis Response Unit. The office set up, including computers, phones, desk, etc. for the new Psychiatric Aide I positions is being split across all 6 Workplans, as these positions provide support to all Workplans.

Training

This one time funding for initial training of staff in the evidence-based practices will allow us to begin these projects utilizing the principles and values of Wellness and Recovery.

Approach used to estimate and source documents

All costs were estimated based upon previous experience with actual costs. Personnel expenses are based upon existing civil service salary detail.

Revenues

Existing revenues will be utilized, including realignment funds, Medi-Cal, SAMHSA, etc. as appropriate per regulations and requirements.

FY 2008/09 Mental Health Services Act Community Services and Supports Budget Worksheet-Approved Workplans

County:	<u>Tehama</u>	Fiscal Year:	<u>2008-09</u>
Program Workplan #	<u>One</u>	Date:	<u>11/07/2008</u>
Program Workplan Name	<u>Project Access</u>	Page 16 of 55	
Type of Funding	<u>1. Outreach & Engagement, System Development, & Full Service Partnership</u>	Months of Operation	<u>12</u>
	Proposed Total Client Capacity of Program/Service:	<u>240</u>	
	Existing Client Capacity of Program/Service (MHSA 2007/08):	<u>180</u>	Prepared by: <u>Ann Houghtby</u>
	Client Capacity Program/Service Expanded through MHSA	<u>60</u>	Phone <u>530-527-8491,</u> Number: <u>x3026</u>

	Est. FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
1. Client, Family Member and Caregiver Support Expenditures		
a. Housing	0	2,000
b. Other Supports		3,325
2. Personnel Expenditures		\$381,944
3. Operating Expenditures		\$14,221
4. Program Management		\$2,000
5. Estimated Total Expenditures when service provider is not known		0
6. Non-recurring expenditures		12,241
7. Total Proposed Program Budget	\$0	\$415,731
B. Revenues		
1. Existing Revenues		
2. New Revenues		
a. Medi-Cal (FFP only)		\$37,216
b. State General Funds		\$0
c. Other Revenue		\$0
d. Total New Revenue	\$0	\$0
3. Total Revenues	\$0	\$37,216
C. Total Funding Requirements	\$0	\$415,731

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

County(ies): Tehama
 Program Workplan # One
 Program Workplan Name Project Access
 Type of Funding Outreach & Engagement, System Development, & Full Service Partnership
 Proposed Total Client Capacity of Program/Service: 200
 Existing Client Capacity of Program/Service: 180
 Client Capacity of Program/Service Expanded through MHSA: 20

Fiscal Year: 2008-2009
 Date: 10/14/08
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 Months of Operation 12
 Prepared by: Ann Houghtby
 Telephone Number: 530-527-8491 x3026

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					
On-call Mental Health Clinician	On-call Crisis Intervention at Emergency Room		.46	\$99,087	\$45,580
Mental Health Clinician	Co-located clinician at primary care site		0.50	\$99,087	\$49,544
Youth Mental Health Clinician	Dual Diagnosis education and intervention at school site		0.50	\$99,087	\$49,544
Drug and Alcohol Counselor	Dual Diagnosis education and intervention at school site		0.50	\$61,628	\$30,814
Consumer Stipends	Provide Saturday drop-in center staffing				\$5,200
					\$0
	Total Current Existing Positions	0.00	1.96		\$180,682
B. New Additional Positions					
Psychiatric Aide I	Drop-in center coordination	.3	.3	\$31,908	\$9,572
LVN	Crisis Response	.50	1.0	\$65,950	\$65,950
Psychiatric Aide II	Crisis Response	.50	1.1	\$49,515	\$54,467
Case Resource Specialist I	Case Management		.10	\$60,349	\$6,035
Psychiatric Aide I	Peer support	.4	.4	\$31,908	\$12,763
Consumer Support Worker	Peer Support and Consumer Advocacy	.2	.2	\$43,605	8,721
Licensed Clinical Supervisor	Oversight of the crisis response program and direct service		.3	\$113,361	\$34,008
RN II			.10	\$97,461	\$9,746
	Total New Additional Positions	1.3	2.1		\$201,262
C. Total Program Positions		1.3	4.06		\$381,944

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.

Program Description: Housing Initiative Workplan: No previous components of the 2007-2008 approved Housing Initiative Workplan are being decreased or eliminated.

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

The goal of the Housing Initiative is to address the need for permanent, affordable housing for consumers in Tehama County. It includes the development and monitoring of new housing options for 10-15 additional consumers. Housing was the top priority within the community for adult consumers as well as transition-age youth. From a stable base of home, consumers can more effectively work towards other recovery goals such as employment and education. Without it, life is more chaotic and unmanageable.

Tehama County is committed to reducing homelessness and addressing the housing needs of mental health consumers at risk for homelessness due to poverty and unemployment. The Housing Initiative Workplan allows for the utilization of a Housing Specialist that coordinates all the housing needs for mental health clients, including those enrolled in Full Service Partnerships. The person in this position looks for resources and works with the Community Action Agency and other programs to maximize the use of housing funds or programs within the community. In addition, the Housing Specialist assists in the creation of pet-friendly housing resources. Consumers discussed the importance of pets in their recovery process and the current barriers to housing that allows pets. Tehama County recognizes the therapeutic value of pets and has made a commitment to locating housing that would allow consumers to keep these important animal relationships. Requests to landlords for reasonable accommodations allowing pets and educational material about their therapeutic uses will be written by the county psychiatrist where appropriate.

The Housing Specialist has been successful in establishing relationships with local landlords and will continue to work to establish more relationships with other landlords in order to secure more permanent housing arrangements and a variety of safe, affordable options for consumers.

Funds are also used to provide rental subsidies for clients in the Full Service Partnerships for Transition Age Youth, and Older Adults. Funds are also used to pay for participation in Housing Training for the Tehama County team. An important part of the Housing Initiative is the evaluation component. The Housing Specialist monitors consumer satisfaction with their housing as well.

2. *Please describe any housing or employment services to be provided.*

The Housing Specialist will coordinate closely with all the case managers, but especially with the Full Service Partnership teams to assure that support services are available to consumers within those programs. Support for housing needs for Full Service Partnership members is available. The program provides individualized assessment of needs, independent living skills training such as cooking, shopping, household upkeep, and work on communication and interpersonal skills with roommates and neighbors.

3. *Please provide the average cost for each Full Service Partnership participant including all funding sources for each FSP program.*

N/A All FSP costs are reported in the FSP Workplans.

4. *Please describe how the proposed program will advance the recovery goals of adults/older adults or resilience for children and youth. Explain how you will ensure the values of recovery and resiliency are promoted and continually reinforced.*

Safe, affordable housing options within the community constitute a core piece of what makes recovery work possible. Having choice in housing options is also a critical component to providing recovery-oriented services. There are neighborhood preferences, different types of housing set-ups such as apartments with roommates, living with families and living alone, that suit individual and cultural needs and preferences. When a consumer's housing needs are met, it creates the ability to pursue other life goals and dreams with more energy and less stress. Appropriate housing is a key element in a person's sense of stability, physically as well as emotionally.

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

N/A

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

Consumer staff assist in providing support to consumers as needed to help assure that housing is obtained and maintained. This may include assisting consumers with paperwork, assisting with moving, coaching regarding independent living skills, etc.

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

The Housing Initiative depends on the Housing Specialist's capability to bring together stakeholders in the community and to collaborate effectively with them. The Housing Specialist has established relationships with local landlords. This involved outreach to the community and provision of education and culturally competent resources to individuals involved in real estate and property management. This reduces stigma and increases empathy and understanding of key community members, building support for consumers in their neighborhoods. There is also a partnership with the Community Action Agency, the county agency responsible for HUD, and other housing resources. The Housing Specialist works with Full Service Partnership staff to locate housing that best meets the needs of the clients in those programs.

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

The Housing Specialist focuses on developing housing options that meet the needs of unserved and underserved populations, especially that of the Latino community. The Housing Specialist works with leaders in the Latino community to make sure that housing options are well-suited to the needs of this population. A new low-income housing development has been opened with a focus on the Latino population, which has increased affordable housing options.

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

The Housing Initiative assures that all persons, regardless of gender or sexual orientation, are respected and listened to in relationship to their housing needs. The Housing Specialist is responsible for addressing any issue related to stigma that may arise and ensuring that the rights of all individuals are protected.

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

The development of housing resources creates more options for those residents who are currently receiving services out-of-county when they return to the community.

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

N/A

Budget Narrative
Project Two
Housing Initiative
System Development and Full Service Partnership
Existing Program

Staffing

Housing Specialist

This position develops and coordinates housing options for mental health clients. Special attention is directed toward locating and diversifying options for individuals in the TAY FSP and the OA FSP.

Psychiatric Aide I

Individuals in these positions are consumers or family members that provide peer support and advocacy to assist consumers in maintaining appropriate housing.

Consumer Support Worker

This consumer/family member position also provides peer support and advocacy to assist consumers in maintaining appropriate housing, but also represents these issues at a system-wide level as a member of the administrative team.

Case Resource Supervisor

This position oversees all activities of housing, employment and the Full Service Partnerships, to ensure that wellness and recovery are focused on in all aspects, as well as services being consumer driven, strengths based, etc.

Consumer Support

Housing subsidies will be used to assist consumers to obtain and maintain housing through rental assistance.

Non-Recurring Costs

These are one time costs for the acquisition of equipment, office equipment and furniture, software licenses, and staff training for all new consumers, as well as one vehicle that is being shared with employment and the Full Service Partnerships, so the cost is spread across Workplans.

Office set up	\$ 1,666
Wellness and Recovery training for new staff	\$ 2,750
Evidenced-Based Practice training	\$ 1,000
Housing Training	\$ 3,000
Vehicle	\$7,500
Total	\$15,916

Office Needs

Office redesign and equipment, computers, software licenses and office machines will allow us to accommodate new staffing. All of these expenses have been split between the Workplans.

Training

This one time funding for initial training of new staff allows us to begin these projects utilizing the principles and values of Wellness and Recovery and Evidence-Based Practices. The Housing training will provide new staff with the skills and knowledge required to diversify and obtain appropriate housing resources.

Transportation

We have requested an additional vehicle for this project, which will be shared by the Employment Workplan and the Full Service Partnership Workplans. Our County is quite large and the population is widely spread. In order to provide housing services, we will need to travel long distances.

Approach used to estimate and source documents

All costs were estimated based upon previous experience with actual costs. Personnel expenses are based upon existing civil service salary detail.

Revenues

Existing revenues will be utilized, including realignment funds, Medi-Cal, SAMHSA, etc as appropriate per regulations and requirements.

FY 2008/09 Mental Health Services Act Community Services and Supports Budget Worksheet-Approved Workplans

County: Tehama

Fiscal Year: 2008-09

Program Workplan # Two

Date: 11/07/2008

Program Workplan Name Housing Initiative

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Type of Funding 1. System Development & Full Service Partnership

Months of Operation 12

Proposed Total Client Capacity of Program/Service: 15

Existing Client Capacity of Program/Service: 9

Client Capacity of Program/Service Expanded through MHSA: 6

Prepared by: Ann Houghtby
 Phone 530-527-
 Number: 8491,3026

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
1. Client, Family Member and Caregiver Support Expenditures		
a. Housing		\$4,000
b. Other Supports		1,750
2. Personnel Expenditures		\$37,630
3. Operating Expenditures		\$14,221
4. Program Management		\$0
5. Estimated Total Expenditures when service provider is not known		\$0
6. Non-recurring expenditures		\$15,916
7. Total Proposed Program Budget	\$0	\$73,517
B. Revenues		
1. Existing Revenues		
2. New Revenues		
a. Medi-Cal (FFP only)		\$30,000
b. State General Funds		\$0
c. Other Revenue	-	\$0
d. Total New Revenue	\$0	\$0
3. Total Revenues	\$0	\$30,000
C. Total Funding Requirements	\$0	\$73,517

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

County(ies): <u>Tehama</u>	Fiscal Year: <u>2008-09</u>
Program Workplan #: <u>Two</u>	Date: <u>11/07/08</u>
Program Workplan Name: <u>Housing Initiative</u>	
Type of Funding: <u>System Development & Full Service Partnership</u>	Months of Operation: <u>12</u>
Proposed Total Client Capacity of Program/Service: <u>15</u>	
Existing Client Capacity of Program/Service: <u>9</u>	Prepared by: <u>Ann Houghtby</u>
Client Capacity of Program/Service Expanded through MHSA: <u>6</u>	Telephone Number: <u>530-527-8491, 3026</u>

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					
Housing Specialist	<i>Coordinates housing development</i>		0.25	\$68,436	\$17,109
Psychiatric Aide I	Peer support	.25	.25	\$31,908	\$7,977
Consumer Support Worker	Peer Support and advocacy	.2	.2	\$43,605	\$8,721
	Total Current Existing Positions	0.45	0.70		\$33,807
B. New Additional Positions					
Case resource supervisor	<i>Coordinate housing development and supervise staff</i>		.05	\$76,458	\$3,823
	Total New Additional Positions	0.00	.05		\$0
C. Total Program Positions		0.45	.75		\$37,630

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.

Program Description: Employment Workplan: No previous components of the 2007-2008 approved Project Employment Workplan are being decreased or eliminated.

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

The goals of Project Employment are 1) to increase employment opportunities for mental health consumers and 2) to develop a training program (Recovery Training) for consumers to enable them to work in the mental health system. Project Employment accomplishes these goals with the use of an Employment/Vocational Specialist. This person plays a key role in developing expanded employment opportunities for consumers. Through collaboration with other local resources, more jobs are identified and filled by mental health consumers. This Project seeks to add 10 jobs for consumers within the first year, 15 in year two, and 15 in year three.

For transformation of the mental health system to occur, there is no better strategy than the employment of consumers in the mental health workforce. Project Employment includes funding for 10 consumer positions, an increase from the previous 5 positions: 8 half time Psychiatric Aides and 2 Full time Consumer Support Workers. These staff are hired by the county and provide various types of support and service to consumers, including the Drop-in Center, job coaching, life skills coaching, peer support, transportation, advocacy, etc. The Employment/Vocational Specialist is developing a comprehensive training program, called Recovery Training, designed to teach basic skills that will assist consumers in performing the tasks of various jobs. This year, we are planning to expand the training program by partnering with the Health Agency Maintenance Worker to provide onsite training in general carpentry, maintenance, vehicle maintenance, landscaping, etc. Participating consumers will receive stipends for their attendance. In addition, there will a specialized training track developed for transition-age youth.

2. *Please describe housing or employment services to be provided.*

The Employment/Vocational Specialist provides linkage to employment opportunities and is a key source of information about job possibilities. This person connects consumers to programs that provide additional support, such as Vocational Rehabilitation. In addition, this person conducts the Recovery Training, a comprehensive training program for consumers who wish to work in the mental health system and other possible employment arenas.

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

N/A Full Service Partnership costs are included in those workplans.

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

The importance of employment in recovery cannot be overemphasized. Employment is a cornerstone of most people's recovery, enabling them to rise out of poverty, significantly increase their self-esteem and take on the role of contributing worker in society. Employment is a central part of adult life. Peers working in the mental health system provide inspiration to all those they serve. They are role models for recovery, providing hope and broadcasting a message of "You can do it too!" simply by their presence on the team. The staff work side-by-side with consumers who have recovered – bringing another level of hopefulness and positive energy to the workforce.

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

N/A

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

Consumers are hired as mental health workers in two positions: Psychiatric Aide and Consumer Support Worker. These consumers work side-by-side with other staff on the treatment team. Integrating consumer staff on mental health teams is a significant part of the transformation of the mental health system.

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

The primary partners in Project Employment are the Department of Social Services, Vocational Rehabilitation and the Job Training Center. The Department of Social Services has a strong focus on employment training through the CalWORKS program. We provide mental health services for CalWORKS individuals, including groups that assist the consumers in ultimately being able to return to the workforce. We have applied for the Department of Rehabilitation and Department of Mental Health training program, and are partnering with our local Department of Rehabilitation. By collaborating with all of these groups, we increase options and streamline access to services, thus making it easier for all consumers to address issues that hinder employment and maximize the opportunity for success.

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

Project Employment seeks to improve the employment opportunities of all consumers and does outreach to the Latino community in particular to assure that this population is well-represented in employment outcomes. By partnering with the bilingual/bicultural staff, information about employment opportunities will be disseminated. Outreach to bilingual Spanish consumers is an important piece of this effort and the hiring of a bilingual/bicultural Latino consumer remains a priority. This will enable peer outreach to the Latino community.

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

Project Employment seeks to expand employment opportunities for women and men, boys and girls, and people of all sexual orientations. Staff are provided with specific sensitivity training in this area.

10. *Describe how services will be used to meet the service needs for individuals residing out of county.*

Employment services may be utilized as part of a re-entry strategy when the individual returns to the community.

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

N/A

Budget Narrative

Project Three

Project Employment

System Development and Full Service Partnership

Existing Program

Staffing

Employment Specialist

This staff person is responsible for providing a training program for consumers who wish to obtain employment within the mental health system, and within the community. The Employment Specialist is also responsible for developing relationships with current vocational and employment providers to increase services provided to consumers of mental health services. The Employment specialist works within the community to develop job opportunities for consumers.

Psychiatric Aide

These part-time positions, designated for consumer employees, provide job coaching services to new consumer employees, and others in the employment training program or on site jobs.

Consumer Support Worker

This staff provides training and job coaching services to consumers as part of the employment training team.

Case Resource Supervisor

The Case Resource Supervisor oversees all housing, employment, and Full Service Partnership activities to ensure that wellness and recovery are focused on in all aspects, as well as services being consumer driven, strengths based, etc.

Employment Training Coordinator

This position provides on site job training and oversight to consumers in the training program, specifically focused on carpentry, landscaping, maintenance, etc.

Consumer Support

\$12,000 in stipends will be used to support consumers during the training program. Transition Age Youth will also receive stipends during the training program, but this cost is reflected in the TAY FSP budget.

Non-Recurring Costs

These are one time costs for the acquisition of equipment, office equipment and furniture, software licenses, and staff training for all new consumer employees, as well as one vehicle that is being shared with employment and the Full Service Partnerships, so the cost is spread across Workplans.

Office set up	\$ 1,666
Wellness and Recovery Training for new staff	\$ 2,750
Evidenced-based Practice training	\$ 1,000
Supportive Employment Training	\$ 3,000
Vehicle	\$ 7,500
Training program vehicle	\$ 7,500
Equipment for training programs	\$ 9,813
Training program materials	\$ 1,310
Total	\$34,539

Office Needs

Office re-design and equipment, computers, software licenses and office machines will allow us to accommodate new staffing. All of these expenses have been split between the Workplans.

Training

This one time funding for initial training of new staff allow us to begin these projects utilizing the principles and values of Wellness and Recovery and Evidence-Based Practices. The Supportive Employment training will provide new staff with the skills and knowledge required to assist consumers in gaining skills and obtaining permanent employment.

Transportation

We have requested an additional vehicle for this project, which will be shared by the Housing Initiative Workplan and the Full Service Partnership Workplans. In addition, we are requesting a small pick-up for the employment training program. This cost is being shared between

the employment workplan and the TAY FSP, as this population group is a major component of the Employment Training Program. Our County is quite large and the population is widely spread. In order to provide housing services we will need to travel long distances.

Approach used to estimate expenses and source documents

All costs were estimated based upon previous experience with actual costs. Personnel expenses are based upon existing civil service salary detail.

Revenues

Existing revenues will be utilized, including realignment funds, Medi-Cal, SAMHSA, etc. as appropriate per regulations and requirements.

**FY 2008/09 Mental Health Services Act Community Services and Supports Budget Worksheet-
Approved Workplans**

County: Tehama Fiscal Year: 2008-09
 Program Workplan # Three Date: 11/07/2008
 Program Workplan Name Project Employment Page 30 of 55
 Type of Funding System Development, and Full Service Partnership Months of Operation 12
 Proposed Total Client Capacity of Program/Service: 35
 Existing Client Capacity of Program/Service: 15 Prepared by: Ann Houghtby
 Client Capacity of Program/Service Expanded through MHSA: 20 Phone Number: 530-527-8491, 3026

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
1. Client, Family Member and Caregiver Support Expenditures		
a. Housing		
b. Other Supports		\$12,000
2. Personnel Expenditures		\$65,493
3. Operating Expenditures		\$14,221
4. Program Management		\$0
5. Estimated Total Expenditures when service provider is not known		\$0
6. Non-recurring expenditures		\$34,539
7. Total Proposed Program Budget	\$0	\$126,253.00
B. Revenues		
1. Existing Revenues		
2. New Revenues		
a. Medi-Cal (FFP only)		\$32,000
b. State General Funds		\$0
c. Other Revenue		\$0
d. Total New Revenue	\$0	\$0
3. Total Revenues	\$0	\$32,000
C. Total Funding Requirements	\$0	\$126,253.00

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

County(ies): Tehama
 Program Workplan # Three

Fiscal Year: 2008-09
 Date: 11/07/08

Program Workplan Name Project Employment

Type of Funding System Development & FSP

Months of Operation 12

Proposed Total Client Capacity of Program/Service: 35

Existing Client Capacity of Program/Service: 15

Prepared by: Ann Houghtby

Client Capacity of Program/Service Expanded through MHSA: 20

Telephone Number: 530-527-8491, 3026

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					
Employment Specialist	Develop & expand job opportunities for consumers		.25	\$68,436	\$17,109
Consumer Support Worker	Vocational training and coaching, advocacy	.3	.3	\$43,605	\$13,082
Psychiatric Aide I	Job Coaching	0.6	0.6	\$31,908	\$19,145
	Total Current Existing Positions	0.9	1.15		\$49,336
B. New Additional Positions					
Case Resource Supervisor	Oversee the employment program		.10	\$76,458	\$7,646
Employment Training Coordinator	Implement the training program		.20	\$42,555	\$8,511
	Total Positions	0.0	0.30		\$16,157
C. Total Program Positions		0.9	1.45		\$65,493

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.

Program Description: Community Education and Latino Outreach Workplan: No previous components of the 2007-2008 approved Community Education and Latino Outreach Workplan are being decreased or eliminated.

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

The goals of Community Education and Latino Outreach are to 1) provide general educational materials to the public and bilingual materials for the Latino community, 2) provide bilingual/bicultural information/referral and crisis counseling and work directly with schools and community organizations during a crisis, 3) provide community panel presentations with consumers to reduce stigma, 4) create Recovery Resource Centers in the mental health centers waiting areas offering educational materials, including online and interactive programs, and 5) development of additional resources to outreach to adolescents and other hard-to-reach populations.

One of the strongest responses from the community concerned the lack of information about mental health issues, what types of services are available, and how to access them. In addition, current consumers need additional information about self-help tools for managing symptoms and easy access to information about these issues. This lack of knowledge is a significant barrier to obtaining needed services, and even more prominent in the Latino community, where stigma regarding mental health issues is very strong. Community Education and Latino Outreach focuses on a variety of approaches to addressing this lack of information. Written materials in English and Spanish are available that inform people about what mental illnesses are and the reality that recovery is possible, changing the view from “hopeless” to “hopeful”. Panel presentations, including consumers who have been through the Recovery Training and family members who have been trained through the NAMI Family to Family training, are available to speak at community meetings designed to educate and inspire the public about the recovery message. This panel can utilize bilingual/bicultural members to address these issues as needed in the Latino community. In addition, the current waiting room of the mental health center is being remodeled to include a Recovery Resource Center with multimedia approaches to education about mental health. This includes engaging, state-of-the art computer programs, videos and interactive material to welcome people and encourage investigation and questions. A prominent part of the educational material provided will focus on dual diagnosis information. All these materials will be available in Spanish.

Finally, this program utilizes strategies to engage the adolescent population and other hard-to-reach groups. This means getting out of the office, working in the community and for young people, with material that suits their age and interests.

2. *Please describe any housing or employment services to be provided.*

N/A

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

N/A

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

The general public needs to know that recovery is possible for people who have psychiatric disorders - that a diagnosis is not a destiny. Fear of being labeled, ostracized and loss of a future must be fought first with education. Stigma reduction is crucial to the development of hope, maintaining a valued role in society and empowering people to be all that they can be. The Latino community is in need of particular attention to make sure that the community is informed about mental illnesses, that recovery is possible and to encourage Latino families to get help for their loved ones when it is necessary. Stigma is reduced by getting to know someone who has a mental illness and recognizing that they are just like you. Touching this core of humanity opens the doors of understanding and compassion. The courage of the panel presenters inspires the audience and promotes seeking help when it is needed. Having information available in a variety of media ensures that all people have access to this knowledge. For those who learn visually, the television and videos provide the right resource. For people more comfortable with computers, the Internet and computer programs are most compatible with their learning style. As in recovery, one size does not fit all. It is vital to have information in a variety of locations, in a multitude of formats, bilingual and culturally diverse, to assure that the mental health system does the job of connecting this important health information to the people it is intending to serve.

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

N/A

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

Consumers are part of the panel presentations in the community. Family members will also be involved. As part of the panel, consumers and family members act as ambassadors of hope in the community. Each panel participant creates their piece of the presentation in conjunction with teammates and is available to respond to questions from the community. In addition, we utilize a consumer in the position of Consumer Support Worker to be involved in policy decisions, system advocacy and the education/outreach panels.

7. *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.*

This outreach effort requires collaboration with community leaders in the Latino community as well as other diverse populations. Contacts are established and maintained with key people, community organizations, religious institutions and civic groups to get the word out about availability of community education presentations as well as the new material available at the mental health center.

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

Bilingual and bicultural staff and panel presenters are integral to the cultural competence of this plan. In addition, materials are translated and available in Spanish.

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

Part of the educational material will address the issues of GLBT people in an effort to create a wider degree of safety and understanding in the community. This is particularly true in the material designed for TAY, due to the emergence of this issue in a positive, activist way at one of the local high schools.

Materials will highlight gender-specific issues related to eating disorders, trauma and sexual abuse to engage women and girls in early intervention and prevention strategies.

10. *Describe how services will be used to meet the service needs for individuals residing out of county.*

N/A

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

N/A

Budget Narrative
Project Four
Community Education and Latino Outreach
Outreach and Engagement and Full Service Partnership
Existing Program

Staffing

Health Educator

This position provides on-going outreach and engagement services to the Latino community. This outreach utilizes a team approach using consumers and family members and other staff as needed. This position provides on-going training to existing staff on culturally competent service provision.

Mental Health Clinician

This position provides outreach in a variety of settings as part of the outreach team. The settings include schools, community outreach events, collaborative agencies, etc. The focus for this position is on Mental Health Recovery education and outreach, and engagement with hard to reach individuals.

Drug and Alcohol Counselor

This position also provides outreach in a variety of settings as part of the outreach team. The settings include schools, community outreach events, collaborative agencies, etc. The focus for this position is on Dual Diagnosis and Recovery education and outreach, and engagement with hard to reach individuals.

Psychiatric Aide I

The consumers in these positions provide outreach in a variety of settings as a part of the outreach team. The focus for this position is to provide education about recovery from the consumer or family member perspective.

Consumer Support Worker

The consumers in these positions provide outreach in a variety of settings as a part of the outreach team. The focus for this position is to provide education about recovery from the consumer or family member perspective.

Registered Nurse II

This position provides outreach education regarding psychotropic medications, psychiatry treatments, etc., and how these types of interventions play a role in the recovery process.

Non-Recurring Costs

These are one time costs for the acquisition of equipment, office equipment and furniture, software licenses, and staff training for all new employees.

Office set up	\$ 1,666
Wellness and Recovery Training for new staff	\$ 2,750
Evidenced-Based Practice training	\$ 1,000
Total	\$5,416

Office Needs

Office re-design and equipment, computers, software licenses and office machines will allow us to accommodate new staffing. All of these expenses have been split between the Workplans.

Training

This one time funding for initial training of new staff allow us to begin these projects utilizing the principles and values of Wellness and Recovery and Evidence-Based practices.

Media Materials

The cost of brochures and ongoing media advertising on the Spanish language station is \$9,000.

Approach used to estimate and source documents

All costs were estimated based upon previous experience with actual costs. Personnel expenses are based upon existing civil service salary detail.

Revenues

Existing revenues will be utilized, including realignment funds, Medi-Cal, SAMHSA, etc as appropriate per regulations and requirements.

**FY 2008/09 Mental Health Services Act Community Services and Supports Budget Worksheet-
Approved Workplans**

County:	Tehama	Fiscal Year:	2008-09
Program Workplan #	Four	Date:	11/07/2008
Program Workplan Name	Community Education and Latino Outreach	Page	37 of 55
Type of Funding	Outreach and Engagement, and Full Service Partnership	Months of Operation	12
Proposed Total Client Capacity of Program/Service:	600	Prepared by:	Ann Houghtby
Existing Client Capacity of Program/Service:	554	Phone	530-527-
Client Capacity of Program/Service Expanded through MHSA:	46	Number:	8491 x3026

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
1. Client, Family Member and Caregiver Support Expenditures		
a. Housing		1,000
b. Other Supports		2,025
2. Personnel Expenditures		\$182,167
3. Operating Expenditures		14,221
4. Program Management		\$14,276
5. Estimated Total Expenditures when service provider is not known		\$2,500
6. Non-recurring expenditures		\$5,416
7. Total Proposed Program Budget	\$0	\$221,605
B. Revenues		
1. Existing Revenues		
2. New Revenues		
a. Medi-Cal (FFP only)		\$9,072
b. State General Funds		\$0
c. Other Revenue		\$0
d. Total New Revenue	-	\$0
3. Total Revenues	\$0	\$9,072
C. Total Funding Requirements	\$0	\$221,605

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

County(ies): Tehama
 Program Workplan # Four

Fiscal Year: 2008-09
 Date: 11/07/08

Program Workplan Name Community Education and Latino Outreach

Type of Funding Outreach and Engagement

Months of Operation 12

Proposed Total Client Capacity of Program/Service: 600

Existing Client Capacity of Program/Service: 554

Prepared by: Ann Houghtby

Client Capacity of Program/Service Expanded through MHSA: 46

Telephone Number: 530-527-8491, 3026

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					
Health Educator	<i>Education and Outreach to the Latino Community</i>	0.00	1.0	\$77,826	\$77,826
Youth Clinician	<i>School based outreach and education</i>	0.00	0.50	\$99,087	\$49,544
	Total Current Existing Positions	0.0	1.5		\$127,370
B. New Additional Positions					
Drug and Alcohol Counselor	<i>School based outreach and education</i>		0.50	\$61,628	\$30,814
RN II			.03	\$97,461	\$2,924
Consumer Support Worker	<i>Community based outreach and education</i>	.3	.3	\$43,605	\$13,082
Psychiatric Aide I		.25	.25	\$31,908	\$7,977
	Total New Additional Positions	0.55	1.35		\$54,797
C. Total Program Positions		0.55	2.85		\$182,167

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.

Program Description: Older Adult Workplan: No previous components of the 2007-2008 approved Older Adult Workplan are being decreased or eliminated.

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

The Older Adult FSP targets seriously mentally ill older adults who are either at risk of institutionalization and/or have medical conditions that require more support to live independently. The FSP is tailored to meet the unique needs of Older Adults. For the Older Adult FSP, we developed a seamless system of support between physical health care, social services and mental health. Also, there is collaboration with various community agencies and groups that have been involved with this population, such as Golden Umbrella, which provides a program for volunteer work for older adults.

In addition, strategies are utilized to make sure that the unserved and underserved parts of our community are included in the Older Adult FSP. Coordination with the Outreach and Education team to identify and refer candidates from the Latino community assures that those who are in most need of these services will be informed of them and have easy access to them. A critical linkage is the clinical staff co-located at physical health care sites.

The Older Adult FSP utilizes a Wraparound approach, providing individualized services for each member. Services include housing subsidies, socialization programs, volunteer programs, participation stipends, counseling, case management, medication support, etc.

In 2008-2009, we are proposing to expand the age range for engagement into the Full Service Partnership, to include individuals that are 59 years of age. Full membership would not occur until they reach the age of 60, however, we could provide engagement activities for individuals that will shortly meet the age requirement, therefore maximizing the ability to assist these individuals.

2. *Please describe any housing or employment services to be provided.*

Safe, permanent and affordable housing is critical to maintaining stability within the community. FSP staff coordinate services and act as a team on these issues to provide the level of support needed for individuals to be successful in independent living. FSP staff provide intensive support services such as training in maintaining or relearning independent living skills, communication and interpersonal skills, self-advocacy, disability awareness, connection to self-help organizations and coping skills.

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

The average cost for each Full Service Partnership participant is \$12,000. MHSA monies for employment and housing are utilized in addition to the FSP monies, as well as Medi-Cal for those participants with Medi-Cal.

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

The Full Service Partnerships embrace the philosophy of “whatever it takes” to help the individual succeed in their recovery goals and dreams. It is client-centered and directed, based on what the individual states as most important to a high quality of life for him/her. The FSP staff operates from a strengths-based model, looking for the positive attributes and skills that the person brings and building upon these to promote self-esteem, hope and recovery. The approach is individualized and age-appropriate. Services are engaging and capitalize upon the strengths, wisdom and accomplishments of the older adult. The services are geared to improve the quality of life of seniors, who are often facing loneliness, multiple health problems and difficulty accessing needed services and care. FSP staff meets the client wherever they are and together build a recovery plan that meets the individual’s needs. By focusing on what’s right with the person, the staff empowers each individual to succeed and move forward towards their goals. Staff of the FSP will be required to participate in ongoing Recovery and Resiliency trainings to reinforce these concepts along the way.

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

N/A

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

Peer and family services are provided in the Older Adult Full Service Partnership. These services are part of a team approach and the consumer staff are members of the FSP team. Family partners will also be included in the Older Adult FSP to address the needs of families struggling with issues with family members who are in a care-taking role for older adults. Consumers and/or family members provide job coaching, mentoring and respite care for caregivers. In addition, they are responsible for recreational/social programs for the Older Adult FSP members.

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

The MHSA Coordinator meets with agencies who work with older adults, such as Adult Protective Services, Senior Center, physical health care providers, assisted living programs, etc. These meetings maintain and expand linkages and lines of communication. The Older Adult Full Service Partnership is designed on a collaboration model, coordinating services for a full spectrum of needs based upon each client’s individual recovery plan. It is expected that staff form relationships with all other service providers, such as Project Employment and the Housing Initiative. In addition, linkages will be made to alcohol and drug services to address the identified problems of substance abuse among older adults in the community.

Ongoing needs assessment is done in collaboration with the newly formed Elder Services Coordinating Council, a group that is very open to working with mental health staff on this issue.

With linkages in place, the FSP staff communicate regularly with appropriate agencies to deliver the best array of services and supports individuals need. FSP staff will also develop relationships with the natural networks of support for each individual, including family, neighbors, local businesses, churches and other community support systems.

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

The Full Service Partnership for Older Adults attempts to target Latino older adults who are at risk of homelessness, substance abuse or inability to maintain independent living. To successfully address this population, the FSP utilizes core cultural competence strategies, such as:

- a. Goal-setting that is culturally sensitive, and respectful of cultural values
- b. Teams will include bilingual/bicultural staff
- c. All staff are trained in cultural competence practices
- d. Staff work within the community of the consumers involved in the program
- e. Service plans reflect and respect the healing traditions and healers of each individual enrollee
- f. The FSP team engages with each individual's family, extended family and community contingent on his/her wishes
- g. FSP team members incorporate alternative therapies and the use of natural supports as determined by each individual

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

Full Service Partnership staff are trained in the provision of culturally sensitive services to GLBT persons and issues specific to gender. This area will also be a focus of the recovery plan as indicated by particular consumers. We will be sensitive to gender differences in all aspects of the program. Each member's individualized treatment plan will include addressing issues specific to gender and sexual orientation as needed.

10. *Describe how services will be used to meet the service needs for individuals residing out of county.*

The Full Service Partnerships will be available to residents placed out-of-county upon their return to the community, when appropriate. Plans for transition to the community will be made in advance, with time for engagement and re-entry issues. These programs will serve as a step-down for individuals in locked facilities or skilled nursing facilities. These individuals will be identified through the Elder Multi-Agency Treatment Team, Long Term Case Management, St. Elizabeth Hospital social workers, Adult Protective Services, etc.

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

N/A

Budget Narrative
Project Five
FSP - Older Adults
Full Service Partnership
Existing program

Staffing

Housing Specialist

This position focuses on developing and coordinating housing options for older adults including independent living, assisted living, etc.

Case Resource Specialist II

The Case Resource Specialist II provides case management and rehabilitation services for older adults, utilizing wraparound/AB 2034 models of service delivery.

Case Resource Supervisor

The Case Resource Supervisor oversees all housing, employment, and Full Service Partnership activities to ensure that wellness and recovery are focused on in all aspects, as well as services being consumer driven, strengths based, etc.

Registered Nurse I/II

The Registered Nurse position is a critical member of the Full Service Partnership team for Older Adults due to the increased level of co-morbid medical conditions. This position provides medication education, wellness education, linkage to health care, etc.

Clinician II

This position provides the clinical oversight and intervention for the Older Adult Full Service Partnership team.

Drug and Alcohol Counselor

This position is available to address dual diagnosis issues for the Older Adult Full Service Partnership team.

Case Resource Specialist I

The Case Resource Specialist I provides case management services for older adults, utilizing wraparound/AB 2034 models of service delivery.

Psychiatrist

The psychiatrist provides medication support services to the members of the Older Adult Full Service Partnership, as well as coordination of treatment with primary health care.

Psychiatric Aide I

These part time consumer positions provide peer support, education, advocacy, job coaching, and linkage to services as needed.

Psychiatric Aide II

This position provides support at the Community Crisis Response Unit when the Full Service Partnership members and candidates are accessing Mental Health through the Crisis Access point.

Consumer Support Worker

This position provides peer support, education, advocacy, job coaching, linkages to the community, and presents the needs of the Full Service Partnership members to the administrative team.

Nursing Positions

This position provides support at the Community Crisis Response Unit when the Full Service Partnership members and candidates are accessing Mental Health through the Crisis Access point, including clinical assessment, intervention, and aftercare follow-up.

Consumer Support

Housing subsidies are used to assist consumers to obtain and maintain housing through rental assistance, and stipends are provided for members participating in the Employment Workplan. Flexible monies are available for a variety of needs that may arise for Full Service Partnership members.

Non-Recurring Costs

These are one time costs for the acquisition of equipment, office equipment and furniture, software licenses, and staff training for all new employees, as well as one vehicle that is being shared with employment and the Full Service Partnerships, so the cost is spread across Workplans.

Office set up	\$ 1,666
Wellness and Recovery Training for new staff	\$ 2,750
Evidenced-Based Practice training	\$ 1,000
Vehicle	\$15,000
Total	\$20,416

Office Needs

Office re-design and equipment, computers, software licenses and office machines will allow us to accommodate new staffing. All of these expenses have been split between the Workplans.

Training

This one time funding for initial training of new staff allow us to begin these projects utilizing the principles and values of Wellness and Recovery and Evidence-Based Practices.

Transportation

We have requested an additional vehicle for this project, which will be shared by the Housing Initiative Workplan, Employment Workplan, and the Full Service Partnership Workplans. Our County is quite large and the population is widely spread. In order to provide services we will need to travel long distances.

Approach used to estimate and source documents

All costs were estimated based upon previous experience with actual costs. Personnel expenses are based upon existing civil service salary detail.

Revenues

Existing revenues will be utilized, including realignment funds, Medi-Cal, SAMHSA, etc as appropriate per regulations and requirements.

**FY 2008/09 Mental Health Services Act Community Services and Supports Budget Worksheet-
Approved Workplans**

County: Tehama Fiscal Year: 2008-09
 Program Workplan # Five Date: 11/07/2008
 Program Workplan Name Older Adult Full Service Partnership Page 45 of 55
 Type of Funding 1. Full Service Partnership Months of Operation 12
 Proposed Total Client Capacity of Program/Service: 12
 Existing Client Capacity of Program/Service: 7 Prepared by: Ann Houghtby
 Client Capacity of Program/Service Expanded through MHSA: 5 Phone Number: 530-527-8491, 3026

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
1. Client, Family Member and Caregiver Support Expenditures		
a. Housing		56,000
b. Other Supports		42,005
2. Personnel Expenditures		\$266,688
3. Operating Expenditures		\$35,553
4. Program Management		\$7,256
5. Estimated Total Expenditures when service provider is not known		
6. Non-recurring expenditures		\$20,416
7. Total Proposed Program Budget	\$0	\$427,918
B. Revenues		
1. Existing Revenues		
2. New Revenues		
a. Medi-Cal (FFP only)		\$35,000
b. State General Funds		
c. Other Revenue		
d. Total New Revenue	\$0	\$0
3. Total Revenues	\$0	\$0
C. Total Funding Requirements	\$0	\$427,918

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

County(ies): Tehama
 Program Workplan # Five

Fiscal Year: 2008-09
 Date: 11/07/08

Program Workplan Name Older Adult Full Service Partnership
 Type of Funding Full Service Partnership
 Proposed Total Client Capacity of Program/Service: 12
 Existing Client Capacity of Program/Service: 7
 Client Capacity of Program/Service Expanded through MHS: 5

Page 46 of 55
 Months of Operation 12
 Prepared by: Ann Houghtby
 Telephone Number: 530-527-8491, 3026

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					
Housing Specialist	Coordinate housing		.10	\$68,436	\$6,844
Case Resource Specialist II	Case management		.5	\$68,436	\$34,218
	Total Current Existing Positions	0.00	0.60		\$41,062
B. New Additional Positions					
Case Resource Supervisor	Oversee OA FSP activities		.15	\$76,458	\$11,469
RN I			.40	\$85,372	\$34,149
Clinician II			.15	\$99,087	\$14,863
Substance Abuse Counselor			.20	\$61,628	\$12,326
Case Resource Specialist I			.07	\$59,108	\$4,236
Psychiatrist			.03	\$212,474	\$6,340
Psychiatric Aide I	Peer Support	.6	.6	\$31,908	19,145
Consumer Support Worker	Peer Support, coaching, advocacy	.33	.35	\$43,605	\$15,262
LVN/LPT			.50	\$65,950	\$32,975
Psychiatric Aide II			.50	\$49,515	\$24,758
Licensed Clinical Supervisor			.12	\$113,361	\$13,603
On call clinician			.27	\$99,087	\$26,754
RN II			.10	\$97,461	\$9,746
	Total Positions	0.93	1.665		\$225,626
C. Total Program Positions		0.93	2.265		\$266,688

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.

Program Description: Transition Age Youth Workplan: No previous components of the 2007-2008 approved Transition Age Youth Workplan are being decreased or eliminated.

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

The TAY FSP targets the highest risk transition-age youth, in particular those at risk for substance abuse, homelessness, violence and gang activity, and involvement in the criminal justice system. Latino youth is also a focus of the FSP as they represent a large proportion of the Latino community in need of intensive services. Foster youth aging out of youth services are another primary target group for this FSP due to their high risk of homelessness. The FSP's are tailored to meet the unique needs of Transition-age Youth. For the TAY FSP, we utilize a seamless system of support between child and youth services with adult services. Also, there will be collaboration with various community agencies and groups that have been involved with this population.

In our previously approved plan, we planned to build a drop in center for Transition Age Youth. Due to rising costs, the money set aside for that project was insufficient to obtain the full building, so an additional amount is requested in this updated plan. In addition, we learned that we are no longer restricted in size for the building, so we are requesting a larger modular building to create enough space to meet the needs of the transition age youth. We were able to demolish the existing condemned site for the building, and do ground preparation. Originally, we were limited to the size of the previous building due to Airport access restrictions. However, the Airport is changing their runway, so this is no longer a limitation. Thus, we want to put up a larger building that will meet the needs of this population.

In addition, strategies are utilized to make sure that the unserved and underserved parts of our community are included in both of these programs where appropriate. Coordination with the Outreach and Education team to identify and refer candidates from the Latino community assures that those who are in most need of these services will be informed of them and have easy access to them.

The TAY FSP utilizes a Wraparound approach, providing individualized services for each member. Services include housing subsidies, employment training, job coaching, participation stipends, counseling, case management, medication support, etc.

In 2008-2009, we are proposing to expand the age range for engagement into the Full Service Partnership, to include individuals that are 15 years of age. Full membership would not occur until they reach the age of 16, however, we could provide engagement activities for individuals that will shortly meet the age requirement, therefore maximizing the ability to assist these individuals. We would primarily be targeting foster youth with no family support, and youth involved in probation with limited or no family support.

2. *Please describe any housing or employment services to be provided.*

Safe, permanent and affordable housing is critical to maintaining stability within the community. FSP staff coordinate services and act as a team on these issues to provide the level of support needed for individuals to be successful in work and in independent living. FSP staff provide intensive support services such as training in independent living skills, communication and interpersonal skills, self-advocacy, disability awareness, connection to self-help organizations and coping skills. Transitional living units will be developed for Transition Age Youth.

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

The average cost for each Full Service Partnership participant is \$12,000. MHSA monies for employment and housing may be utilized in addition to the FSP monies, as well as Medi-Cal for those participants with Medi-Cal.

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

The Full Service Partnerships embrace the philosophy of “whatever it takes” to help the individual succeed in their recovery goals and dreams. It is client-centered and directed, based on what the individual states as most important to a high quality of life for him/her. The FSP staff operates from a strengths-based model, looking for the positive attributes and skills that the person brings and building upon these to promote self-esteem, hope and recovery. For the TAY population, approaches are individualized and age-appropriate. Services are engaging and capitalize upon the vitality and spirit of youthfulness while beginning the process of adopting adult roles and responsibilities. FSP staff meets the client wherever they are and together build a recovery plan that meets the individual’s needs. By focusing on what’s right with the person, the staff empowers each individual to succeed and move forward towards their goals. Staff of the FSP are required to participate in ongoing Recovery and Resiliency trainings to reinforce these concepts along the way.

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

N/A

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

Peer and family services are provided in the TAY Full Service Partnership. These services are part of a team approach and the consumer staff are members of the FSP team. Family partners will also be included to address the needs of families struggling with issues with young adults. Consumers and/or family members will provide job coaching and mentoring. In addition, they will be responsible for the Drop-In Center for Transition Age Youth.

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

The MHSA Coordinator meets with agencies that work with families and youth, such as Probation, the Department of Education and Social Services. These meetings establish linkages and lines of communication for work together. The Full Service Partnerships are designed on a collaboration model, coordinating services for a full spectrum of needs based upon each client’s individual recovery plan. It is expected that staff form relationships with all other service providers, such as Project Employment and the Housing Initiative. In addition, linkages are made to alcohol and drug services to address the identified problems of substance abuse among young adults in the community.

With linkages in place, the new FSP staff communicates regularly with appropriate agencies to deliver the best array of services and supports individuals need. FSP staff also develop relationships with the natural networks of support for each individual, including family, neighbors, local businesses, churches and other community support systems.

An important partner is Children First, a foster family agency that focuses on successful transition of the foster youth in that program. We plan to partner with this agency regarding independent living skills, employment services, etc.

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

The Full Service Partnership for TAY targets Latino youth who are at risk of homelessness, substance abuse or involvement with the criminal justice system. Latino youth comprise a large portion of the unserved population of Tehama County. To successfully address this population, the FSP utilizes core cultural competence strategies, such as:

- a. Goal-setting that is culturally sensitive, and respectful of cultural values
- b. Teams that include bilingual/bicultural staff
- c. All staff are trained in cultural competence practices
- d. Staff will work within the community of the consumers involved in the program
- e. The FSP team will engage with each individual's family, extended family and community contingent on his/her wishes
- f. FSP team members will incorporate alternative therapies and the use of natural supports as determined by each individual

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

Full Service Partnership staff are trained in the provision of culturally sensitive services to GLBT persons and issues specific to gender. For the TAY FSP, opportunities to engage in discussions and GLBT questioning will be provided. This area will also be a focus of the recovery plan as indicated by particular consumers. We will be sensitive to gender differences in all aspects of the program. Each members individualized treatment plan will include addressing issues specific to gender and sexual orientation as needed.

10. *Describe how services will be used to meet the service needs for individuals residing out of county.*

The Full Service Partnerships will be available to residents placed out-of-county, upon their return to the community when appropriate. Plans for transition to the community will be made in advance, with time for engagement and re-entry issues. These programs will serve as a step-down for individuals in locked facilities or youth residential programs. These individuals will be identified through the Multi-Agency Treatment Team meeting, in conjunction with Probation and Social Services.

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

N/A

Budget Narrative
Project Six
FSP - Transition Age Youth
Full Service Partnership
Existing Program

Staffing

Employment Specialist

This position focuses on Transition Age Youth within the Project Employment Workplan. The staff person assists with the training program for consumers who wish to obtain employment within the mental health system, and within the community. The Employment Specialist is also responsible for developing and maintaining relationships with current vocational and employment providers to increase services provided to consumers of mental health services. The Employment specialist works within the community to develop job opportunities for consumers.

Case Resource Specialist II

The Case Resource Specialist II provides case management and rehabilitation services for transition age youth, utilizing wraparound/AB 2034 models of service delivery.

Case Resource Supervisor

The Case Resource Supervisor oversees all housing, employment, and Full Service Partnership activities to ensure that wellness and recovery are focused on in all aspects, as well as services being consumer driven, strengths based, etc.

Drug and Alcohol Counselor

This position is available to address dual diagnosis issues for the Transition Age Youth Full Service Partnership team.

Case Resource Specialist I

The Case Resource Specialist II provides case management services for transition age youth, utilizing wraparound/AB 2034 models of service delivery.

Clinician

This position is available to address Mental Health recovery issues for the Transition Age Youth Full Service Partnership team.

Psychiatrist

The psychiatrist provides medication support services to the members of the Transition Age Youth Full Service Partnership, as well as coordination of treatment with primary health care and substance abuse services.

Psychiatric Aide I

These part time consumer positions provide peer support, education, advocacy, job coaching, and linkage to services as needed.

Psychiatric Aide II

This position provides support at the Community Crisis Response Unit when the Full Service Partnership members and candidates are accessing Mental Health through the Crisis Access point.

Consumer Support Worker

This position provides peer support, education, advocacy, job coaching, linkages to the community, and presents the needs of the Full Service Partnership members to the administrative team.

Nursing Positions

This position provides support at the Community Crisis Response Unit when the Full Service Partnership members and candidates are accessing Mental Health through the Crisis Access point, including clinical assessment, intervention, and aftercare follow-up.

Consumer Support

Housing subsidies will be used to assist consumers to obtain and maintain housing through rental assistance. Stipends will be utilized as incentives for employment training and or vocational training. Flexible monies are available for a variety of needs that may arise for Full Service Partnership members.

Non-Recurring Costs

These are one time costs for the acquisition of equipment, office equipment and furniture, software licenses, and staff training for all new consumers, as well as one vehicle that is being shared with housing, employment and the Full Service Partnerships, as well as an additional vehicle specifically designated for the employment training program. Therefore, one vehicle is spread across all programs, and one vehicle is split between the Transition Age Youth Full Service Partnership and the Employment Workplan. In addition, there is the one time cost for the TAY Drop-In Center modular building, and parking lot/landscaping costs.

Office set up	\$ 1,666
Wellness and Recovery Training for new staff	\$ 2,750
Evidenced-based Practice training	\$ 1,000
Vehicle	\$ 6,000
Employment training program vehicle	\$ 7,500
TAY Drop In Center building	\$250,000
Parking Lot/Landscaping	\$ 50,000
Equipment for employment training program	\$ 9,813

Employment Training Materials	\$ 1,310
Lawn tractor for landscape training program	\$ 5,375
Total	\$335,414

Office Needs

Office re-design and equipment, computers, software licenses and office machines will allow us to accommodate new staffing. All of these expenses have been split between the Workplans.

Training

This one time funding for initial training of new staff allow us to begin these projects utilizing the principles and values of Wellness and Recovery and Evidence-based practices.

Transportation

We have requested an additional vehicle for this project which will be shared by the Housing Initiative Workplan, Employment Workplan, and the Full Service Partnership Workplans. In addition, we are requesting a small pick-up for the employment training program. This cost is being shared between the employment workplan and the TAY FSP, as this population group is a major component of the Employment Training Program. Our County is quite large and the population is widely spread. In order to provide services we will need to travel long distances.

Approach used to estimate and source documents

All costs were estimated based upon previous experience with actual costs. Personnel expenses are based upon existing civil service salary detail.

Revenues

Existing revenues will be utilized, including realignment funds, Medi-Cal, SAMHSA, etc. as appropriate per regulations and requirements.

**FY 2008/09 Mental Health Services Act Community Services and Supports Budget Worksheet-
Approved Workplans**

County:	Tehama	Fiscal Year:	2008-09
Program Workplan #	Six	Date:	11/07/2008
Program Workplan Name	Transition Age Youth Full Service Partnership	Page	53 of 55
Type of Funding	1. Full Service Partnership	Months of Operation	12
Proposed Total Client Capacity of Program/Service:	12	Prepared by:	Ann Houghtby
Existing Client Capacity of Program/Service:	8		530-527-8491,
Client Capacity of Program/Service Expanded through MHSA:	4	Phone Number:	3026

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
1. Client, Family Member and Caregiver Support Expenditures		
a. Housing		56,000
b. Other Supports		42,005
2. Personnel Expenditures		\$260,180
3. Operating Expenditures		\$35,553
4. Program Management		\$7,256
5. Estimated Total Expenditures when service provider is not known		
6. Non-recurring expenditures		\$335,414
7. Total Proposed Program Budget	\$0	\$736,408
B. Revenues		
1. Existing Revenues		
2. New Revenues		
a. Medi-Cal (FFP only)		\$40,000
b. State General Funds		
c. Other Revenue		
d. Total New Revenue	\$0	\$0
3. Total Revenues	\$0	\$0
C. Total Funding Requirements	\$0	\$736,408

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

County(ies): Tehama

Fiscal Year: 2008-09

Program Workplan # Six

Date: 11/07/08

Transition Age Youth Full Service

Program Workplan Name Partnership

Page 54 of 55

Type of Funding _____

Months of Operation 12

Proposed Total Client Capacity of Program/Service: 12

New Program/Service or Expansion Expansion

Existing Client Capacity of Program/Service: 8

Prepared by: Ann Houghtby

Client Capacity of Program/Service Expanded through MHS: 4

Telephone Number: 530-527-8491, 3026

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						
Employment Specialist	Develop and expand job opportunities		.3	\$68,436	\$20,530	
Case Resource Specialist	Case management		.5	\$68,436	\$34,218	
	Total Current Existing Positions	0.00	0.80		\$54,748	
B. New Additional Positions						
Case Resource Supervisor	Oversee TAY FSP activities		.15	\$76,458	\$11,469	
Substance Abuse Counselor			.4	\$61,628	\$24,651	
Case Resource Specialist I			.08	\$59,108	\$4,729	
Clinician			.15	\$99,087	\$14,863	
Psychiatrist				.03	\$211,345	\$6,340
RN II				.10	\$97,461	\$9,746
Psychiatric Aide I			0.6	.6	31,908	\$19,145
LVN/LPT				.50	\$65,950	\$32,975
Psychiatric Aide II				.50	\$49,515	\$24,758
Licensed Clinical Supervisor				.13	\$113,361	\$14,740
Consumer Support Worker		.33	.35	\$43,605	\$15,262	
On-Call clinician			.27	\$99,087	\$26,754	
	Total New Additional Positions	0.93	1.84		\$205,432	
C. Total Program Positions		0.93	2.64		\$260,180	

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.

Community Program Planning Process:

Tehama County continues to have ongoing stakeholders meetings with consumers, family members, and collaborative agency members. We attend the monthly NAMI meetings to obtain input from consumers and family members. We meet with the consumers regularly to address any concerns and obtain their input. We routinely present MHSA issues to the Mental Health Board for the input of the members, which includes consumers, family members, and community representatives. We have established an extended steering committee to include a larger group of stakeholders, including NAMI representatives, county agency representatives, non-profit organization representatives, consumers, etc. The role of this steering committee is the development work of all MHSA components, in conjunction with the Mental Health Board and the Interagency Coordinating Council.

30 Day Review Process:

The updated plan was distributed for the local 30 day review process by posting it on the Tehama County Health Services Agency website, making hard copies available at all of our sites, and sending the document via email to all email lists of agencies in the community.