

EXHIBIT 1: Program and Expenditure Plan Face Sheet

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

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**TEHAMA COUNTY MHSA
THREE-YEAR PROGRAM EXPENDITURE PLAN
COMMUNITY SERVICES AND SUPPORTS
FISCAL YEARS 2005-2006; 2006-2007; 2007-2008**

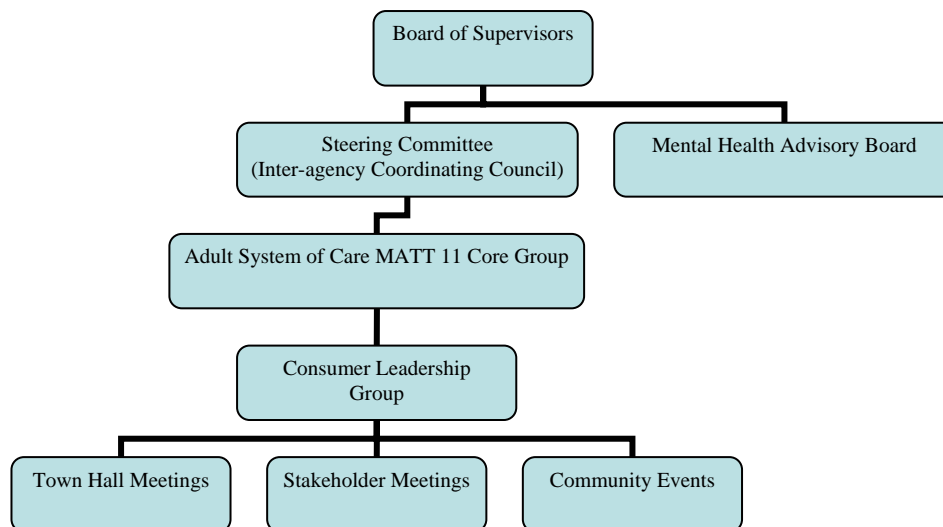
Part I: County/Community Planning Process and Plan Review

Section 1: Planning Process

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

Tehama County is a very small County made up of less than 60,000 individuals living in an area larger than the State of Delaware or Rhode Island. The County is made up of several small isolated towns. Approximately 40% of the county's population lives at or below the 200% of poverty level. The opportunity that the Mental Health Services Act provides will make a real and meaningful impact on the lives of individuals and families coping with a psychiatric disability.

Organizationally, our small County has developed a unique and highly successful integrated structure to manage our health and human services. We had the ability to use this integrated structure in the planning process for the MHSA. Graphically the structure for MHSA planning is shown below.



Due to the nature of the County, we employed strategies to gather as much data as possible from as many individuals as possible. We provided a number of opportunities for members of the community and stakeholders to provide feedback through a survey. The Adult System of Care Multi-Agency Treatment Team (ASOC MATT II) then used the survey data to develop ten service strategies. These strategies were presented to different stakeholder groups as well as the community to vote on the preferred strategies. The service strategies developed throughout this plan reflect the results of the voting. Consumers, mental health staff, the Mental Health Advisory Board, the Adult System of Care MATT II, the Children’s MATT Leadership group and the Town Hall meeting participants voted.

DESCRIPTION OF CONSUMERS AND FAMILY MEMBERS AS FULL PARTNERS IN THE LOCAL PLANNING PROCESS

Tehama County made a strong commitment to obtain meaningful consumer and family involvement in the planning process. Consumers and Family Members were actively involved in all aspects of the planning process. Tehama County is committed to the value of consumer and family involvement as a transforming agent in the mental health system. This planning process has resulted in an energized and very active Consumer Leadership Group of about thirty regular participants, with an additional 50 that participate less regularly, who meet weekly to provide direction and consultation to the Mental Health Director. Not only did consumers become involved in the local process, we financially supported ten consumers from our County to become involved and active in the State planning process. Additionally, this process has highlighted the need for the County to take an active role in assisting in the development of a NAMI group. Until now, an active group of parents has had to travel to Shasta County to participate in NAMI functions. Tehama County has included in our plan the training of several family members to assist in the development of a local NAMI group.

The following chart identifies the consumer/family member participation in each of the groups.

Structure	Group Membership
Mental Health Advisory Board	3 consumers, 2 family members
Interagency Coordinating Council	Made up of all department heads in the County that have an interest in Health and Human Services as well as Executive Directors of area non-profits
Core Group	4 consumers, 1 family member, 4 staff members
Consumer Leadership Group	84 consumers

Leadership

- The *MHSA Core Group* was responsible for the overall development and implementation of the planning process. This group was made up of mental health staff, management and consumers. Four consumers regularly attend this meeting. At least eighty-four consumers have attended one or more of these weekly meetings during the planning process.

- A committed group of consumers developed a weekly leadership meeting, the *Adult System of Care Consumer Leadership Group*, to develop strategies and provide on-going input to the Core Team.
- The *Mental Health Advisory Board* was very active in the planning process. Board membership includes three consumers and two family members. The Board held three public input meetings for the community in addition to acting as a stakeholder group and actively participated in the town hall meetings.

Outreach and Engagement

- A consumer and family member were part of the panel at four community informational meetings as part of “May is Mental Health Month” promotions, designed to inform stakeholders and encourage participation in the MHSA planning process.
- Consumers were part of the outreach team. These teams posted flyers in prominent areas of the community to solicit participation in two Town Hall meetings. The panel for the Town Hall meetings included one Consumer Support Worker, an employee of Mental Health Services, three consumers and one family member.
- To encourage ongoing and increasing participation by consumers, stipends were paid to participating individuals at a rate of \$25.00 per four hours of service.
- Tehama County, despite numerous efforts by staff, has no NAMI group and has not for many years. We have identified at least two family members who are interested in attending a train-the-trainer workshop for the Family-to-Family training. Our plan includes funds to support this effort.
- In order to reach as many individual consumers and family members as possible, we provided informational flyers and surveys in all of our County government buildings.
- Every Medi-Cal beneficiary received an informational flyer and survey in the mail as part of the regular Department of Social Services mailings.
- Informational flyers, newspaper ads and posters were utilized to reach any non Medi-Cal consumers and family members.

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

Mental Health Advisory Board

The Board included the MHSA planning process on its monthly agenda. Additionally, the Board publicized and held three public meetings to receive input. The Board received several letters from the community and heard presentations from youth in foster care from the California Youth Connection as well as from representatives of Migrant Education.

“May is Mental Health Month” Presentations

Four presentations were made to provide information and training. These presentations included:

1. Latino Outreach – May 5, 2005
2. Northern Valley Catholic Social Services – May 18, 2005
3. Health Partnership – July 19, 2005
4. Family Community Partnership – May 9, 2005

Stakeholder Meetings

The following meetings were held to provide information and receive feedback. Meetings included:

- 1 Northern Valley Catholic Services
- 2 Tehama County Sheriffs Department
- 3 Department of Social Services
 - Child Protective Services
 - Adult Protective Services
 - Eligibility workers
 - Cal-Works staff

Interagency Stakeholder Meetings

Each of the following agencies were involved in the planning process. There were 113 MHSAs meetings held with participation by mental health leadership and staff, interagency groups and non-profit organizations:

- 1 Adult System of Care
- 2 Multi-Agency Treatment Team (MATT-I) Leadership group (was Children’s System of Care)
- 3 Child Family Leadership Team (Board appointed group to oversee Child Welfare Redesign efforts)
- 4 Health Partnership (large interagency partnership focused on general health and wellness issues, originally funded through a Wellness Foundation grant and continued due to Tehama County’s strong commitment to interagency collaboration)
- 5 Latino Outreach
- 6 Head Start
- 7 Continuum of Care (homeless interagency group)
- 8 The Interagency Coordination Council (made up of all the County Department heads and oversees all county activities)

Following is a list of organizations accessed by the MHSAs planning staff through the Health Partnership, the Interagency Coordination Council and the Adult/Children’s Systems of Care:

Latino Outreach	Far Northern Regional Center
Home Help for Hispanic Mothers	Public Health Division
All public and private schools	Drug and Alcohol Division
Tehama County Department of Education	Public Guardian
Rancho Tehama Association	District Attorney
California Highway Patrol	County Counsel
Friday Night Live Youth Group	Poor and Homeless Shelter
Daystar Ranch	State Department of Vocational Rehabilitation
Rape Crisis	State Department of Social Services
Northern Valley Catholic Services	Tehama County Veteran’s Service Office
New Directions to Hope	Tehama County Sheriff
Alternatives to Violence	Red Bluff Police Department
First Five Commission	Corning Police Department
St Elizabeth Community Hospital	

Community Outreach

MHSA planning booths were set up at the following community events. Individuals were given information and asked to fill out a survey.

1. Cinco De Mayo – attracts 1500-2000 participants
2. Tehama County Fair
3. Mexican Consulate Day

We focused outreach on the four major population centers: Red Bluff, Corning, Los Molinos and Rancho Tehama. We reached individuals in less populated, more remote areas through newspapers, flyers, posters and other media.

Planning Process and Survey Data

Two separate surveys were conducted during our planning process. Both surveys were offered in both Spanish and English. The first survey had 133 respondents and was a questionnaire designed to ask the community and stakeholders about types of services needed.

The second survey had 231 respondents and asked the following three questions:

1. How can we make mental health services better?
2. How can we make services easier to get?
3. What should mental health services help people accomplish?

General Stakeholder Participation in MHSA Survey Process

	Caucasian	Latino	Native American	African American	Asian/Pacific Islander	Other
*Community Survey one	82	10	3	1	0	5
*Community Survey two	172	25	7	2	4	5

*Unfortunately, complete demographic data is unavailable. Survey 1- undisclosed- 32, Survey 2- 16 undisclosed.

	Latino		Native American		African American		Asian/Pacific		Other	
	Male	Female	Male	Female	Male	Fem	Male	Fem	Male	Female
18-25		1								
26-59	4	8	3	1						1
60+	1	3								

*Unfortunately, complete demographic data is unavailable.

Consumer Participation in MHSA Survey Process

	Caucasian		Latino		Native American		Pacific Islander		Other	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
18-25	2				1	1				
26-39	8	9		1		1				
40-49	7	6	2					1		
50-59	2	6	1			1				
60+	1	1								

The survey results, MHAB input and stakeholder meeting information were then presented at the Adult System of Care Meeting on October 26, 2005. This interagency group, with the addition of two consumer representatives and two staff representatives, then developed ten possible strategies based upon feedback from the surveys. These ten areas included:

1. Housing
2. Modular sites or mobile units situated at school sites
3. Consumer employment programs
4. Outreach
5. Weekend services
6. Increased Dual Diagnosis services (for individuals with co-occurring mental health issues and substance abuse issues)
7. Mobile crisis response
8. Staff development regarding recruitment (especially focusing on recruitment for bilingual/bicultural staff), retention and training
9. Services co-located with physical care
10. Tele-psychiatry to address the shortage of psychiatrists

These ten strategies were presented at two public Town Hall meetings. A consumer and staff panel was available to answer questions and provide information to the community. The community members at the Town Hall meetings were then asked to prioritize their preferences and submit a voting ballot. The Consumer Leadership Group and other consumers, mental health staff, the Mental Health Advisory Board, the Adult System of Care MATT II, and the Children's MATT Leadership group also voted on their top choices and prioritized them by need.

The Consumer Leadership Group and the Core Group then worked together with Mental Health staff to finalize the plan and how it would be operationalized.

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

The following people had responsibility and participated in the planning process:

1. Overall responsibility:	Ann Houghtby	.25 FTE
2. Organizational work:	Ann Houghtby	.25 FTE
	Case Resource Specialist Supervisor, Renee Timmons	.1 FTE
	Consumer Support Worker	.2 FTE
	Health Educator	.2 FTE
3. Stakeholder participation:	Avery Vilche	.15 FTE
	Rod Green	
	Licensed Clinical Supervisor	.05 FTE
	Renee Timmons, CRS Supervisor	.10 FTE
	Sue Sherman, Quality Assurance Manager	.05 FTE
	Zoeann Ashton, Consumer Support Worker	.25 FTE
	Fernando Villegas, Health Educator	.25 FTE
	Ann Houghtby, Director	.10 FTE
	Ann Minch, CRS	.05 FTE
4. Ethnic Services Coord.	Fernando Villegas	.25 FTE

These staff are assigned to this process:

1. Ann Houghtby	Mental Health Director	.50 FTE
2. Rod Green	Licensed Clinical Supervisor	.05 FTE
3. Sue Sherman, MS, RN	Quality Assurance Manager	.03 FTE
4. Dean True, RN	Quality Assurance Manager	.02 FTE
5. Renee Timmons, MHRS	Case Resource Supervisor	.15 FTE
6. Nick Huntley, MHRS	Case Resource Supervisor	.03 FTE
7. Avery Vilche, MHRS	Case Resource Specialist	.15 FTE
8. Fernando Villegas, HE	Ethnic Services Coordinator	.50 FTE
9. Zoeann Ashton	Consumer Support Worker	.50 FTE

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

Training

1. Tehama County sent two consumer support workers, three consumers and three staff to attend a 2-day regional MHSA training in Sacramento in October 2005. In addition, we supported participation in statewide stakeholder meetings by sending ten consumers. The County paid for all expenses for these trainings.
2. At each MHSA planning meeting, including those at the Mental Health Board, stakeholder groups, interagency stakeholder meetings, community presentations and outreach activities, general information on the Mental Health Services Act and the process was provided.
3. In addition to general training, we felt it was important to provide targeted training to various stakeholder groups. We provided extensive training to stakeholder groups, interagency stakeholder groups, consumers/family members as well the community at large. The following content training was provided:
 1. Wellness/Recovery and Resiliency focus
 2. Consumer/Family operated services
 3. Systems change
 4. Conducting successful and interactive meetings
 5. County specific prevalence and utilization data
 6. Cultural Competence
 7. Public mental health system

In addition, we provided agency wide training by Dr. Mark Ragins regarding the recovery process on August 1, 2006 and, in the past, have sent several staff to participate in the Village Immersion Training.

Section II Plan Review To be completed after public review.

Part II: Program and Expenditure Plan Requirements

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

1. Please list the major community issues identified through your community planning process, by age group. Please indicate which community issues have been selected by placing an asterisk next to these issues.

Children and Youth	TAY	Adults	Older Adults
*Peer and family problems	*Homelessness	*Inability to manage independence	*Inability to manage independence
Inability to function well in a mainstream school environment	*Inability to manage independence	*Inability to work	
		* Homelessness	

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

Children and Youth:

The community survey conducted for MHSA planning strongly advocated focusing on family relationship development, including support for managing behaviors and for strengthening parenting. School behavior problems, anger management, decision-making and general support for children and youth to thrive in a mainstream school setting were elements of family relationship development that emerged in the community discussion.

On the survey, for which results follow, people were asked to pick which issues or programs would be of benefit to Tehama County residents, and then were asked to go back to their list and prioritize which items were most important to them. Prioritization results were tallied and the items were ranked, based on the number of times that item was picked as a priority.

Children/Youth services needed	%	Prioritization
Parent/child intervention programs	36.8%	1
School behavior problems	34.6%	6
Drug/alcohol counseling	33.8%	4
Anger management	33.1%	2
Decision-making skills	29.3%	3
After school programs	27.8%	3
Life skills	26.3%	4
Behavior modification	26.3%	5
Counseling for adopted and foster kids	26.3%	
Counseling for behavior problems	26.3%	
Social skills training	22.6%	

Family services needed	%	Prioritization
Family relationship development	36.1%	2
Parenting classes	31.6%	1
Managing behaviors	30.1%	4
Resolving teenage problems	29.3%	3
Outreach to new mothers/parents	27.1%	
Overnight childcare for parents of special needs children	24.8%	

The Tehama County First Five Commission finds that the percentage of children who are poor, receiving foster care, and suffering motor vehicle injuries and deaths are much higher than the State average. Child abuse reports per 1000 children age 0-17 were nearly twice the state average. High numbers of uninsured children complicate access to health and mental health care for many families. Alcohol and other drug use are serious concerns, with 58% of high school seniors reporting being drunk in the last 12 months, and 12% reporting having tried methamphetamines. (Tehama County Children and Families Commission Strategic Plan for 2001-2004.)

The child welfare system in Tehama County underscored these demographic findings, citing special problems addressing the impact of violence, trauma and domestic violence in children identified as abused and/or entering the foster care system. Additional dual diagnosis substance abuse services are needed for older children and especially for their parents. The lack of inpatient mental health services for young people is a serious problem throughout the north state, including Tehama County. Even more serious may be the lack of stabilization services for adolescents leaving inpatient services. Collaboration between child welfare and mental health is good and the use of a Multi-Agency Treatment Team has been effective, but the recent reduction in Children's System of Care funding has limited utilization of this effective tool. More access to evaluation and treatment services, improved bilingual/bicultural resources, and increased access to treatment services for the entire family are needed. The addition of new organizational providers has helped in this effort. (Gottlieb interview; Tehama County AB 636 County Self Assessment, June 30, 2004.)

Wraparound services are currently provided through a formal program operated by Tehama County Child Welfare. The contract for providing those services has recently shifted to an organizational provider. Savings from the Wraparound programs are being reinvested in services.

Transition Age Youth

The community survey conducted for MHSA planning strongly advocated addressing the needs of this age group for support in managing independence, with services that address vocational/employment and housing needs. The survey also indicated the need to address the co-occurring substance abuse issues of this age group.

TAY services needed	%	Prioritization
Vocational assistance	39.8%	2
Supported housing	37.6%	1
Drug/alcohol counseling	32.3%	1
Benefits counseling	21.1%	

Drug and Alcohol Use

Cooperation with the juvenile probation system is positive and collaborative. Mental Health provides assessments and follow-up upon release. If the mental health assessment indicates follow-up is needed, probation requirements will include treatment. Comparatively larger problems exist in the juvenile justice population for substance abuse treatment, as Tehama County shares, with other counties along the I-5 corridor, a high methamphetamine usage, along with alcohol and prescription drug abuse. In response to this need, mental health added substance abuse assessment and initial treatment services at juvenile hall via the SAMHSA grant. This was insufficient to address the need and, as a result, Tehama County Health Services Agency, Drug and Alcohol Division obtained a grant through the Child Welfare Redesign to provide additional treatment for adolescents, especially targeting methamphetamine usage. The need for additional services continues, as both of these services can only reach a limited number of youth.

A needs assessment conducted for funding for a new juvenile facility in 1998 (and still relevant today, according to the Probation Department) indicated that Tehama County had a high juvenile violent crime rate associated with illegal drug manufacture and escalating gang activity. Most young people were detained for property, vehicle and/or substance abuse offenses, with methamphetamines being the primary drug of choice. This report noted that the county experienced an upswing in the “numbers of minors in the juvenile justice system and in the Hall who have serious mental health problems. Many of these young people require in-depth treatment, many are enormously volatile, some suicidal.” The county has responded to these needs by creating Multi-Agency Treatment Teams to provide multi-disciplinary case management and intervention across the spectrum of services. (Tehama County Juvenile Facility Needs Assessment, April 1998.)

Homelessness and Foster Care

Tehama County governmental and non-profit agencies have participated since 2003-04 in a county and regional effort to develop a strong continuum of care at the county and regional level

to assist homeless individuals and families to achieve self-sufficiency. The survey of homeless individuals and families, and the strategic plan for addressing their needs, are discussed in some detail below under the Adult section. The survey identified that 24% of those surveyed said they had been in foster care during their lives. This is a startling number when you consider that the rate of foster care in the general population is 1%.

The homelessness strategic plan is consistent with the priorities identified in the community outreach process undertaken for this plan. The homelessness plan commits governmental and nonprofit agencies to the goal of developing improved systems for foster care with the goal of preventing homelessness of youth aging out of foster care. (Tehama County Continuum of Care, A Long Range Plan, 2005-2010.)

Adults

The community survey conducted for MHSA planning identified homelessness and support to maintain independent living, including managing life problems, as a very high priority. Services to dual diagnosis clients, as well as work and vocational training, were also highlighted.

Adult services needed	%	Prioritization
Support to maintain independent living	36.8%	
Dual diagnosis services	32.3%	1
Managing life problems	30.8%	2
Vocational training	27.8%	
Drop-in center	24.1%	
Counseling to parents of adopted or foster kids	23.3%	
Adults caring for older adults	21.8%	

Homelessness

Since 2003-04, Tehama County governmental and non-profit agencies have participated in both county and regional efforts to develop a strong continuum of care in an effort to help homeless individuals and families achieve self-sufficiency. Using a similar methodology to the one used in preparing this report, they identified 10,000 county residents living in poverty in the county, at risk of homelessness at any time. Rising housing costs, unemployment/underemployment, reductions in “safety net” programs, mental illness, substance abuse, domestic violence and dysfunctional family life form the complex of causes for homelessness. Using a narrow definition of homelessness (living on the streets or woods, living in a car, shelters or transitional housing or living in housing that is not intended for human habitation, and without resources to obtain housing) and information from two censuses in 2005, 87-100 adults and children were identified as homeless in the county. One-third self-reported mental illness and more than one-quarter reported substance abuse. Approximately 40% of all adults surveyed indicated that they had lived in a mental health facility or received mental health treatment in their lifetime. 44% have experienced domestic violence. Two-thirds identified themselves as disabled. Six to twenty children were reported as homeless with their families. The vast majority of the individuals surveyed had lived in Tehama County for most of the past three years. (Tehama County Continuum of Care, A Long Range Plan, 2005-2010.)

The “Tehama County Continuum of Care: A Long Range Plan to Reduce Homelessness in Tehama County” identifies significant gaps in emergency/transitional housing for transition age youth, transitional housing for persons with mental illness, and permanent supportive housing for disabled individuals, including seniors with dementia. The homelessness plan recommends some specific strategies for adults that informed the prioritization of resources for this CSS plan:

- Provide transitional housing with case management and other key services for persons needing housing stability before they transition to permanent affordable housing with the option of AOD treatment;
- Provide permanent support housing beds for disabled persons who are unable to live independently, with priority to persons who are mentally ill, women either coming out of the Domestic Violence Shelter or the streets, parolees, persons coming from substance abuse treatment, seniors with dementia and youth.

Depression and Suicide Rate

A 2004 Community Health Assessment for three north state counties by Catholic Healthcare West documented the challenges faced by Tehama County residents. The age-adjusted suicide rate in the county is significantly higher than the rate in California as a whole: 17.2/100,000 population, compared to 9.5/100,000 population in California. This is probably related to a higher than average rate of firearms injuries in the county as well. Tehama County also had a high rate of self-reported major depression, higher than the national average. 10.2% of those surveyed had had major depression diagnosed by a physician; depression was more common in women and in poor people. There has been an increase in periods of depression lasting two years or more during the period 1999-2004. Chronic depression of this sort was also more prevalent among Latino respondents to the survey. Only 32.1% of those with major or chronic depression have sought professional help. This survey also convened a health panel to identify problems in health care delivery. This panel identified the lack of close inpatient facilities (exacerbated by the closure of the psychiatric inpatient unit in Shasta County), long waits for non-crisis care, limited care for adolescents, and a lack of counseling services unless the client was receiving medication. Counseling for women and for non-English speakers is also limited. (CHW 2004 PRC Community Health Assessment.)

Older Adults

The community survey conducted for MHSA planning identified access problems as the most important issues (transportation, a need for services to homebound adults, and telephone access for maintaining contact). The community is eager to see community and peer services made available, including peer support and services available in the community senior center.

Older adult services needed	%	Prioritization
Transportation to services	36.1%	2
MH services to homebound adults	33.8%	1
Phone tree for seniors check in	32.3%	3
MH services at the senior center	29.3%	3
Coping and functional loss	27.1%	2
Peer support	22.6%	

Underserved

Need and service information indicated that older adults are quite underserved. Very few seniors were served at all. Ethnic and racial figures are too small to be helpful. (Chart A.)

In 2004, 23% of Tehama County residents were over 60 and represent the fastest-growing segment of the population. This proportion is higher than the state average. Services are not adequate to meet the needs of older residents. Transportation, affordable housing, nutrition, home health assistance and assisted living and skilled nursing facilities are all insufficient to meet the county's needs. This growing segment of the population urgently requires services targeted to their age-specific needs. (Tehama County Report Card, 2005-06, Tehama County Health Partnership.)

Adult Protective Services Rates

Tehama County reported 30-45 active Adult Protective Services cases for elders in most months in 2005, and 10-15 active Adult Protective Services cases for dependent adults. While the reported information does not identify individuals with serious mental illness in either of these categories, 5-12 reports of individuals for self-neglect each month support a community priority for serving older adults in ways that support their need to maintain independence. (APS reports, 2005.)

The community has recently formed the Tehama County Elder Services Coordinating Council. This group strongly supports expanding high quality, collaborative services to older adults. The group has reviewed and considers that an Older Adult System of Care should be developed over time. (Elder Services White Paper.)

3. Please describe the specific racial ethnic and gender disparities within the selected community issues for each age group, such as access disparities, disproportionate representation in the homeless population and in County juvenile or criminal justice systems, foster care disparities, access disparities on American Indian Rancherias or reservations, school achievement dropout rate, and other significant issues.

Across all Age Groups

Access: Respondents to the survey noted a number of issues related to access. The surveys revealed a need for improved access to non-MD providers and the need for more staff to effectively meet the needs of the community. Transportation was listed as a barrier as well as the need for better management of appointments and expanded hours of service delivery.

Need for General Information: The information from the surveys and town hall meetings also highlighted the problem of a lack of understanding of what mental illness is as well as a lack of information about services. This is also evidenced in the number of survey respondents who checked "don't know" as their response. There was a high rate of these responses, indicating that many individuals had no idea what the services were and/or should be. Respondents to the survey reported a need for more general information and education about services, where to go and who to ask for assistance.

Access	
• Improved access to non-MD providers	13.4%
• Add staff	11.5%
• Service for everyone, regardless of Medi-Cal eligibility	7.3%
• Improve management of appointments	5.7%
• Transportation assistance	5.4%
• 24 hour service availability	4.1%

General Information	
• Informational materials, media and education	12.7%
• Improving availability of general information	8.6%

Children and Youth

Children and Youth are underserved in the county system compared to adults, (03-04 data). Latino children are especially underserved. (Chart A.) Tehama County Mental Health, working through the Tehama County Health Partnership, analyzed this disparity in access for children in the Tehama County Report Card 2003. To address the disparity, Tehama County has established two Medi-Cal organizational provider contracts with two community-based organizations with offices in the County. The Tehama County Report Card 2005-06 notes an increase in services in fiscal year 2004-05 as a result. (Tehama County Report Card, 2005-06, Tehama County Health partnership.) In the community survey, 6.4% of the respondents said that one of the ways to make services easier to get would be to add locations and add school-based services.

Looking at drop-out rates, Tehama County reports that 58.4% of the dropouts are Caucasian and 37.1% are Latinos. Statewide, the rates are 23.7% for Caucasians and 52.8% for Latinos. For Asian young adults, the drop-out rate is 1.1% (compared to 6.2% statewide) and for American Indians 3.4% (compared to 1.2% statewide).

Transition-age Youth

Analysis of the needs and service data for Tehama County indicated that transition age youth accessed services less frequently than adults. Latino young people were comparatively underserved. The population numbers for other ethnic/minority groups are too small to be reliable to evaluate for needs and services. Native Americans appear to access services consistent with Caucasian children and youth (Chart A). Of the 18-24 year old population, 32.9% of Tehama County has less than a high school education compared to 29.3% in California. Ethnically-based gang activity is a growing problem in the county (Emery interview). There are over 300 documented gang members in Tehama County.

Adults

Tehama County's service system provides comparatively more services to adults than to other age groups. Latinos are comparatively underserved. Although the numbers are so small as to be unreliable, access by Native Americans appears to be low for adults (Chart A). Depression was more common in women and chronic depression is also more prevalent among Latino respondents to the survey. Counseling for women and for non-English speakers is also limited. (CHW 2004 PRC Community Health Assessment.)

Older Adults

Need and service information indicated that older adults are seriously underserved. Very few seniors were served at all.

In summary, Latino residents are underserved in proportion to their numbers, in all age groups except older adults. This limited access is underscored by the demographics of the Latino population, who are substantially younger than the Caucasian population in the County. Native Americans are also underserved, although their total numbers in the population are so small that precise estimates of access barriers are unreliable.

4. If any community issues are not identified in the DMH directions, describe why these issues are significant for the county/community.

All community issues are identified in the DMH Directions.

Section II Analyzing Mental Health Needs in the Community

1. Using the information from population data for the county and any available estimates of unserved populations, provide a narrative analysis of the unserved populations in your county by age group. Specific attention should be paid to racial ethnic disparities.

Tehama County is a small and rural community. There are no 'urban' areas; there are several towns, with two towns having the largest populations, Red Bluff and Corning, both located on the I-5 corridor. Education, health and social services, retail trade, and manufacturing are the primary employment industries.

The data available does not lend itself neatly into age-grouped categories. Data is presented by topic area and where age specific data is available it is presented within the topic area. A brief summary of ethnic disparities across age groups is provided below.

Income Disparities

Per capita income (\$15,793 in 1999) is significantly below statewide per capita income (\$22,711 in 1999). 17.3% of residents lived below the poverty level in 1999, compared to 14.2% of Californians. Latino residents are poor at an even higher rate: 33.9% of Latino residents live below the poverty level. Tehama County's children are poor as well: 24.5% of minors in the

County lived below the poverty level in 1999.

Lack of Health Insurance Coverage

Tehama County is also significantly affected by the United States' growing crisis in access to health insurance coverage. 25.3% of Tehama County adults are without health insurance coverage, a higher proportion than found statewide (17.3%). The number has increased in recent years. This situation is especially difficult for those below the poverty level: in 2004, 68.6% of county adults experienced delays in receiving needed health care. (Tehama County Report Card, 2005-06, Tehama County Health Care Partnership.)

Language Barriers

It is clear from this data that Latino residents are often poor, and thus are more likely to need the public mental health system when mental health treatment is needed. The complexity of these needs is underscored by the fact that 17.2% of Tehama County Medi-Cal beneficiaries have a primary language of Spanish. (Almost 15% have a primary language unspecified or other than English or Spanish). It is also clear that Latino residents are significantly underserved. During the peak months of agricultural planting, cultivating and harvesting, the largely Latino workforce of agricultural workers doubles or triples and many of these migrant workers are undocumented. (Data from the Cultural Competence Study.)

Age Disparities

The Latino population is a younger population in the county as well. In program design, it will be important to consider that the prevalence prediction for children and youth ages 0-17 suggest that 34.7% of seriously emotionally disturbed children and youth under 200% of poverty will be Latino. 25.0% of seriously mentally ill transition age youth ages 18-20 under 200% of poverty will be Latino. However, only 4.6% of seriously mentally ill older adults ages 65 and older will be Latino.

Older Adults, as indicated above, are significantly underserved. The Plan that follows targets Older Adults, along with children, for specific focus in the Outreach and Engagement program and the Access program. The MHSA ongoing planning process will work with the new Elder Services Coordinating Council toward development of a Full Service Partnership in subsequent years.

Racial/Ethnic Disparities

Latino individuals are under represented in services across all age groups (see utilization data). Since 1999, Tehama County has implemented a strategy to improve access for Latino consumers by increasing the vertical integration of bilingual, bicultural staff members into both service teams and administration. This effort has included strong leadership by a bilingual, bicultural Spanish-speaking Health Educator.

The Educator's work has been supplemented with a Spanish speaking psychiatrist and some additional staff added to improve services. In addition to outreach and information efforts in areas where Latino families live, training and program design has developed culturally specific rehabilitation services. Translation services have been made available and extensive training in the use of interpreters has been provided to staff.

Some progress has been made in access due to these efforts. In 2001/02, 3.5% of Medi-Cal beneficiaries served by the county were Latino. By 2003/04, these numbers had increased modestly for Adults and considerably for Children and Youth (8.9%).

Planning for MHSA services must continue to provide a focus on access for Latino individuals and families as a part of program design. The County will continue to aggressively pursue the objectives identified in the Cultural Competence plan to recruit diverse staff in county programs and contract staff, to design programs that meet cultural needs of all county residents, and to continue cultural competence training of all staff.

The MHSA plan expands on these goals by identifying strategies that move outreach and engagement activities into the community by co-location of services in physical health care clinics and expanding crisis and drop-in services to evenings and weekends. Specifically identified outreach staff will significantly enhance the County’s ability to provide access to the various geographic and ethnic communities in the county.

Other racial/ethnic groups in the county are very small. When individuals with serious emotional disturbance or serious mental illness, living in households below 200% of poverty are considered, prevalence is in the tens of individuals, often less than that, for all other ethnic groups beside Caucasian and Latino. For example, prevalence estimates suggest there are three seriously mentally ill Native American young people age 18-20 and under 200% of poverty; 27 seriously mentally ill Native American adults age 18 and older under 200% of poverty, all together. Other groups, including African Americans and Asian/Pacific islanders are even smaller. This does not suggest that programs should not develop the cultural capacity to serve every Tehama county group, however small. It does suggest that targeted cultural efforts should focus on Latino residents, who are significantly underserved. (DMH Prevalence charts.)

Gender and Age Disparities

Tehama County serves significantly more women than men overall. This is true for every age group except children and youth age 0-17. The discrepancy is most pronounced in the group over age 65, but is very high for all individuals over age 40. State-provided Statistics and Data Analysis information for the fiscal year 2002-03 shows the following variation by gender, by age.

Percent of eligibles receiving mental health services, by age group and gender:

Age Group	% Females	% Males
0-17	6.55	8.18
18-20	9.66	7.88
21-39	14.39	12.71
40-59	23.40	16.74
60-64	13.78	9.68
65+	2.78	1.03

The average percent of eligibles receiving mental health services for all ages for females is 11.05%; the average for males is 9.78%

The results of this gender analysis are not completely unexpected, based on statewide reviews of gender access. Our community survey and discussions put great emphasis on the need to support children and youth in their families, and to support children to thrive in a mainstream environment. For transition age youth, adults and older adults, our focus on maintaining and supporting independence will require support of the special needs of women and men, including support for their care-giving responsibilities and outreach that addresses differing attitudes. As we move forward, the county is committed to strengthening our analysis of the adequacy of our data and program design to meet the special gender needs of the people we serve. Future plans will include more information and detail on this issue. (WMHPC Gender Matters reports; DMH Statistics and Data Analysis report, May 2005.)

GLBT Issues

Tehama County culture has serious stigma associated with being identified as GLBT. This cultural issue was underscored by the widely publicized and horrific murder of a male gay couple in rural Shasta County immediately to the north. As a result, there is little public identification of gay, lesbian or transgender individuals or communities. Staff has received training in the clinically appropriate integration of this aspect of client life into treatment planning. However, the issue did not arise in community discussions at all. There are some indications that younger Tehama County residents will approach this issue differently, evidenced by the very recent development of a Gay/Straight Alliance at Red Bluff High School. As planning proceeds for development of a Transition Age Youth Full Service Partnership, development of peer support for every sexual orientation will be included in program planning.

Utilization Disparities

Tehama County’s 2003/04 Cultural Competence Plan shows that the race/ethnicity breakdown in the county was as follows:

M/C beneficiaries/Population served

	Caucasian		Latino		African American		Asian		Other		Total Number
	#	%	#	%	#	%	#	%	#	%	
County Pop	43972	78.5	8871	15.8	279	0.5	471	0.8	2446	4.4	56039
M/C benefice Aries	9875	70.3	2970	21.2	136	1.0	103	0.7	954	6.8	14038
M/C MH clients	928	84.9	39	3.6	13	1.2	4	0.4	109	10.0	1093

Based upon the data, our unserved populations by age group in relationship to ethnicity are detailed below:

Children and Youth

Utilization data is taken from fiscal year 03-04; since that time there has been a significant effort to improve and increase services. Even with this effort, Latino children remain a significant unserved group.

Transition Age Youth

Although a small cohort relative to other age groups, the poverty prevalence is very high. We would expect to see a larger group receiving services overall. Similar to all other age groups, Latino TAY are particularly unserved.

Adult

Latino adults are markedly unserved. Most likely this high number of unserved individuals results from population groupings in relatively isolated areas. Issues of stigma and a lack of culturally sensitive services also contribute to the lack of service recipients.

Older Adult

Generally, the older adult population represents a group receiving almost no services. The older adult population is expected to grow significantly in the coming years. Along with general growth, we would expect to see a growing number of Latino older adults in need of services.

2. Using the format provided in Chart A, indicate the estimated total number of persons needing MHSA mental health services who are already receiving services, including those currently fully served and those underserved inappropriately served, by age group, race ethnicity and gender.

CHART A

Child/Youth 0-17	Fully Served		Underserved/ Inappropriately Served		03-04 Served		Poverty Pop		Total Pop		
	Male	Female	Male	Female	Number	%	Number	%	Number	%	
Total	47	34	13	79	59	501	100	7354	100	15304	100
White	20	11	63	35	415	82.9	4353	59	10372	68	
African American	1	0	1	5	14	2.8	23	.4	81	.6	
Asian/Pac.Isl	0	0	0	1	--	0	65	.9	135	1	
Native American	5	1	5	5	15	2.9	154	2	264	.8	
Latino	8	1	6	10	45	8.9	2502	34	3938	26	
Other/Multi	0	0	4	3	12	2.5	257	3.7	514	3.5	

TAY 18-20	Fully Served		Underserved/ Inappropriately Served		03-04 Served		Poverty Pop		Total Pop	
	Male	Female	Male	Female	Number	%	Number	%	Number	%
Total	5	2	15	26	74		1048		1960	
Caucasian	3	1	12	22	59	80	679	65	1433	73
African American	1	0	1	0	4	5.3	9	.9	9	.6
Asian/Pac. Islander	0	0	0	0	1	1.4	6	.7	16	.9
Native American	0	0	1	1	1	1.4	34	3.2	50	2.7
Latino	1	1	0	3	4	5.3	286	27	399	20
Other/Multi	0	0	1	0	5	6.6	34	3.2	53	2.8
Adult 21-64	Fully Served		Underserved/ Inappropriately Served		03-04 Served		Poverty Pop		Total Pop	
	Male	Female	Male	Female	Number	%	Number	%	Number	%
Total	74	92	184	321	1100		10600		29125	
Caucasian	60	75	153	277	937	85	7473	71	23385	80
African American	1	0	1	2	11	1	83	.8	154	.6
Asian/Pac. Islander	0	2	0	4	8	.8	121	1	263	1
Native American	6	9	8	15	17	1.5	357	3.2	579	2
Latino	6	3	12	15	40	3.7	2259	21	4068	14
Other	1	1	10	8	87	8	307	3	676	2.4
Older Adults 65+	Fully Served		Underserved/ Inappropriately Served		03-04 Served		Poverty Pop		Total Pop	
	Male	Female	Male	Female	Number	%	Number	%	Number	%
Total	1	6	5	8	36		3148		8650	
Caucasian	1	5	4	7	23	63.5	2840	90	8034	93
African American	0	0	0	0	1	3	14	.5	19	.2
Asian/Pac. Islander	0	0	0	0	1	3	10	.4	37	.4
Native American	0	1	0	1	--	0	47	1.6	86	1
Latino	0	0	0	0	2	3	145	4.6	328	3.8
Other	0	0	1	0	9	24.5	92	2.9	146	1.6

3. Provide a narrative discussion of the ethnic disparities in the fully served, underserved and inappropriately served populations in your county by age group as identified in Chart A. Include any available information about their age and situational characteristics as well as race ethnicity or discrepancies in access and service delivery that will be addressed in this plan.

Fully served is defined as those individuals receiving services through an individual service plan where both the client and their service provider/coordinator agree that they are getting the services they want and need in order to achieve their wellness/recovery goals. Using this definition, there are a limited number of individuals considered to be fully served. We have included adults in the AB2034 program, children receiving Wraparound services, children receiving services through “3632”, and adults with full case management, medications and counseling support in the fully served category. All others already receiving services are considered to be underserved/inappropriately served.

There are so few fully served individuals that any disparities between age groups and ethnicity will necessarily follow the general trend of the aforementioned analysis.

- Children are generally underserved. Caucasian children are overrepresented in services and Latino children are significantly underrepresented.
- The TAY population is significantly poorer than other groups. This may be due to the high rate of foster care youth and the fact that many in this group will fall into other age group categories. Still others are dependents living at home. The Caucasian group is somewhat overrepresented in services and the Latino group is significantly underrepresented
- In the adult system of care, more males than females are fully served. As the trend shows, the Caucasian group is overrepresented in services and the Latino community is underrepresented in services.
- Latino older adults are overly present in the poverty population as compared to the total population of Latino older adults. As stated earlier, so few older adults are served that a statistical analysis does not yield adequate results. Generally, we would expect to see all groups underrepresented with a larger underrepresented group in the Latino population.

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

Objectives

- Reduce disparities to Latino residents, especially children, through increased engagement and outreach services delivered by the Health Educator.
- Create formal collaborative relationships with community groups, especially ethnically-based groups such as Indian health clinics, and natural settings, like community centers.
- Increase access opportunities for the Latino population by co-locating mental health services in physical health care facilities.
- Continued increase of service numbers to more nearly match the demographics of the target population.
- Increase staff and contractor staff diversity

Section III Identifying Initial Populations for Full Service Partnerships

1. From your analysis of community issues and mental health needs in the community, identify which initial populations will be fully served in the first three years.

Full Service Population	# Served 05-06	# Served 06-07	# Served 07-08
Transition Age Youth	0	0	20
Older Adults	0	0	20

Our full service partnerships will be implemented in the third year of our CSS plan. We plan to use the first two years focusing on general system development issues as well as planning for the two full service partnerships. Based upon our planning, it was determined that the TAY population was an underserved population and most at risk for homelessness, drug and alcohol abuse, crime and gang violence. Our least served group by age is the elder population.

Initial Populations Not Being Served by FSP: Children and Youth/Adult

Clearly our planning process showed that children, especially Latino children, are underserved. On the first survey and in the initial focus groups in the community, children’s services appeared to be one of the priorities for the MHSA plan. However, as the process continued, it became apparent that transition age youth, adults and older adults had more urgent needs and less services currently available to them. The Multi-Agency Treatment Team (MATT) Leadership group, whose primary focus is on children, determined that the initial MHSA funds should focus

primarily on the adult services, provide a full service partnership for the TAY population, and additionally provide some outreach, access and early intervention to youth.

This response is due to the acknowledgement of the success of the Children's System of Care in Tehama County. We have worked to provide a comprehensive array of services for youth, dating back to the original Children System of Care grant. We have developed a strong interagency group, originally funded by the CSOC funds, that has continued without any direct funding due to the commitment of the involved agencies to continue to coordinate services. We have a Wraparound program, Intensive Treatment Foster Care, Parent Child Interactive Therapy, Genesis (an intensive counseling/case management program funded by First 5), Therapeutic Behavioral Services (EPSDT funded), behavioral support counselors funded by flexible funds from the Department of Social Services, a Child Abuse Treatment Program grant, enrichment activities with funding available through DSS, such as equine programs, mentoring, a new intensive group program for adolescents at Drug/Alcohol, and dual diagnosis services at Juvenile Hall. In addition, Tehama County is one of the first cohort counties for implementing Child Welfare Redesign. The community has committed to this process, and the Child and Family Leadership Team (CFLT) that is overseeing the project is made up of representatives from all the agencies and non-profit providers in the county. We have integrated this process with existing systems, such as the ongoing Multi-Agency Treatment Team that meets regularly to staff cases and develop integrated treatment plans.

To address the under-representation of Latino children in our system, the outreach and engagement strategies will pay particular attention to this group through trying to avoid the stigma of mental health by making services available in physical health care facilities, pairing a bilingual health educator with a clinician (also hopefully bilingual), and a substance abuse counselor to provide education in the school setting. In addition, the clinician and substance abuse counselor will provide groups at the junior high level, focusing on prevention, and groups at the high school level, focusing on treatment issues. They will be using materials from the SAMHSA sponsored Integrated Dual Diagnosis Treatment program. Additionally, we plan to enhance our Children's services in the coming years through the Capital Outlay funds provided by the MHSA. One element of children's services was the development of school-site services, reducing stigma and access problems for children. Seven of the seventeen schools in the county have mental health services on site. An additional seven schools would be interested in on-site services, but would require an on-site modular because of space constraints. Such services are a strong System Development desire by the community.

For the adult population, the following services exist and mitigate the need for an additional Full Service Partnership in this initial phase. Currently Tehama County has an AB2034 program for fifty-seven adults, providing intensive, community-based services and supports. Staffing includes two case managers, one licensed clinician, a dual diagnosis specialist, nurse and physician time. This program struggles with issues of limited capacity for affordable, permanent housing and few employment opportunities. Both of these issues will be addressed through the system development funds.

In addition, 170 individuals receive case management and adult day rehab program services. Eight case managers and one licensed clinician provide these services. The remainder of adult

consumers receive medication-only or medication and brief counseling. The strategies developed using system development funds will greatly enhance the AB2034 program as well as improve the ability to reach the existing unserved and underserved populations in the adult system. These services will include housing, employment, crisis response, improved access and peer-run services.

More globally, the size of our County and the corresponding monies provided by the MHSA prohibit us from providing more than two FSP's in the first three years; therefore our plan has prioritized the TAY and Older Adult population.

2. Please describe what factors were considered or criteria established that led to the selection of the initial populations for the first three years. Distinguish between criteria used for each age group.

TAY

The planning process revealed significant detrimental issues occurring in this age group that have been under-addressed. The highlighted concerns are 1) the high percentage of homelessness found in foster care youth, 2) substance abuse, in particular alcohol, prescription drugs and methamphetamine use, and 3) criminal justice involvement due to increased gang activity and illegal drug manufacture. Foster care youth are most at risk of homelessness and associated negative outcomes such as inability to work, difficulty maintaining in a school environment, instability and lack of support in family relationships. In addition, Tehama County has experienced a rise in the number of transition-age youth who are in the juvenile justice system and have serious mental health issues. These youth are struggling with addictions, emotional volatility and are sometimes suicidal.

Comparatively speaking, transition-age youth are more underserved than adults as indicated by the service utilization data. Latino youth are particularly missing from services. The traditional mental health services provided are not engaging to the TAY population. A Full Service Partnership allows for individualized program design that would meet these young people where they are, identify and address concerns that are meaningful to them, and focus on a positive movement towards adulthood.

The community response was supportive of providing intensive services to this group as evidenced by the stakeholder meetings.

Older Adult

The community planning process showed that while the older adult population is the fastest growing population in Tehama County, there are virtually no services provided for them as noted in the service utilization data (.4% of the total older adult population). Older adults are isolated, often homebound, with few supports to assist them in managing independence. Their needs include visiting nurses, home-health aides, adequate nutrition and basic social contact. Without adequate supports in place, these older adults are at high risk of needing institutional care. The geography of Tehama County exacerbates the difficulty older adults experience accessing services. Transportation assistance is meager and health problems further complicate the ability

to go to facility-based services.

The needs of older adults have gained public acknowledgement and support. The Tehama County Elder Services Coordinating Council has strongly advocated for increased services for this population. Data presented to stakeholder groups engendered a high degree of community support for providing intensive services to this group.

3. Discuss how your selections of initial populations in each age group will reduce specific ethnic disparities in your county.

TAY

Among transition-age youth, the group most underrepresented in service utilization is the Latino population. The Full Service Partnership will ensure a focus on this population. Culturally competent engagement and program design strategies will be utilized. These include formulating goals and service plans in a culturally sensitive way and providing training for all staff in culturally competent practices. Service teams will include bilingual/bicultural staff. Even though other ethnic groups are comparatively small in the total population, the FSP will make efforts to engage and serve young people from the African-American, Asian, Native American and Pacific Islander populations.

Older Adult

Across all ethnicities, older adults are uniformly, severely underserved. The Full Service Partnership will ensure a cross-cultural focus on this population. Culturally competent engagement and program design strategies will be utilized. These include formulating goals and service plans in a culturally sensitive way and providing training for all staff in culturally competent practices. Service teams will include bilingual/bicultural staff. Even though other ethnic groups are comparatively small in the total population, the FSP will make efforts to engage and serve older adults from the Latino, African-American, Asian, Native American and Pacific Islander populations.

Section IV Identifying Program Strategies

	Child/Youth	TAY	Adult	Older Adult
Outreach and Engagement	Community Education and Latino Outreach			
System Development	Project Access			
		Housing Initiative	Housing Initiative	
		Project Employment	Project Employment	
Full Service Partnerships		Planning Implementation		Planning Implementation

Section V Assessing Capacity

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

The following chart shows the ethnic diversity and language capacity of current staff.

	Spanish speaking	Latino/not Spanish-speaking	Tagalog-speaking	African American	Native American	Pacific Islander - Hindi
Direct Service Staff	6	3	1	1	2	1
Support Services Staff	2					

In addition, the two primary organizational providers have the following bilingual/bicultural staff:

- New Directions to Hope
 - 1 bilingual/bicultural Latino clinical staff person
- Northern Valley Catholic Social Services
 - 1 bilingual/bicultural Latino case manager/MSW student
 - 1 bilingual/bicultural Latino receptionist

A definite strength in terms of capacity to meet the needs of racially and ethnically diverse populations is that Tehama County has a bilingual and bicultural psychiatrist. Further, our Health Educator focuses the majority of his work with the Latino population, providing linkage to services, education, and translation. In addition, Tehama County has a fairly ethnically diverse provider population in comparison to the county in general and the clients we serve. Limitations arise in our unsuccessful attempts to hire bilingual clinical, case management, or nursing staff. We are attempting to address this issue with the recent addition of differential pay for bilingual staff (threshold language only-Spanish).

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

Following is a table outlining the comparison of ethnic diversity.

Population	Caucasian	Latino	African American	Native American	Asian	Other
Tehama County	78.5%	15.8%	.5%	Not reported	.8%	4.4%
Medi-Cal Beneficiaries	70.3%	21.2%	.7%	Not reported	.7%	6.8%
Mental Health Clients	84.9%	3.6%	1.2%	6%	.4%	10%
Staff	82%	9%	2%	4%	4%	0

As the table indicates, we are under serving the Latino population, and our Latino staff percentages are under representative of the overall population. However, we are serving a slightly higher percentage of African American clients than the general population.

3. Provide analysis of possible barriers and how you will address them.

In Tehama County there exist several system barriers for implementing the programs proposed in the Mental Health Services Act Plan. Tehama is a small, rural county with two larger adjacent counties. The adjacent counties offer higher salaries and communities that have more cultural, recreational, and social activities, which make it difficult to successfully recruit trained and competent staff. We often have failed recruitments for any positions requiring specialized training, certificates or licensing.

Tehama County also has a significant Latino population and we encounter difficulty in hiring bilingual staff. We are extremely fortunate to have a bilingual/bicultural psychiatrist on staff. However, we have been unsuccessful in recruiting other bilingual clinical staff in our threshold language. We just successfully obtained a pay differential for bilingual staff, and are hoping that this will have a positive impact on our ability to hire bilingual staff.

There are additional system barriers regarding hiring clients or family members. We were able to develop a Consumer Support Worker position several years ago. We are currently utilizing this job classification on an extra-help basis to provide employment opportunities for consumers within our system. However, there are significant limitations regarding the use of extra-help.

Hours are limited to 1000 annually, the work performed must fall outside the scope of existing job classifications, employees must have a valid driver’s license and have no criminal convictions. We have attempted to address this conflict within our AB 2034 program by offering stipends to consumers providing services within our system. In the newly created positions proposed under the MHSA, we will use a broader range of existing county job classifications, which will provide those we hire with a career ladder to other jobs within the county service system.

In addition to these job classification barriers, there has been some resistance on the part of our

own staff and those in other areas of county government about hiring mental health clients based on preconceived ideas about limitations and unfounded fears. We are working diligently within our own system to break down these types of barriers. We recently promoted two consumer support workers to the position of Case Resource Specialist. One of them was a long-standing mental health client and the other was a parent of a Severely Emotionally Disturbed child. They are proving to be valuable employees and this is helping to break down the barriers related to misconceptions/beliefs. Under the training and education component of the MHSA, we will ensure recovery and resiliency training to additionally address these attitudinal barriers.

Tehama County Mental Health administration has committed to fully embracing recovery/wellness/ resiliency principles. In June of 2005, four staff (three administrative and one direct service staff) attended a four-day training in New Jersey specifically regarding the implementation of a program based on these principles. They came back enthused and motivated to implement the program and share the philosophy. There is clearly a significant shift within our consumer culture to embrace these principles. However, it is primarily limited to our adult facility that provides adult day rehabilitation, AB 2034 services, and a drop-in center for the clients. We are greatly encouraged by the response, however, there are staff within our more traditional outpatient program that have yet to fully embrace and practice these principles.

There may be some system barriers encountered regarding interagency collaboration. Tehama County has been previously successful in developing interagency collaboration, especially with the development of Children’s System of Care, and more recently with the Elder Services Coordinating Council. As with any system, there are times that bureaucratic requirements make it difficult to implement changes, streamline access, and share responsibilities across agencies or disciplines. However, Tehama County remains committed to being able to eliminate or minimize these types of barriers.

Section VI: Developing work plans with Time frames and budgets/staffing

6.1 Summary information on programs to be developed or expanded

1. Please see exhibits 1, 2 and 3.
2. FSP Funding: As a small county, Tehama is utilizing year three of the CSS Plan for preparation and assessment activities to develop two Full Service Partnerships, one for transition-age youth and one for older adults.

	Existing (non-MHSA)	Year 1 MHSA	Year 2 MHSA	Year 3 MHSA
Older Adult FSP	0	0	0	20
TAY FSP	0	0	0	20

3. System Development Funds: The number of people expected to receive services in each of the three years funding is listed in the table below.

	Existing (non-MHSA)	Year 1 MHSA	Year 2 MHSA	Year 3 MHSA
Project Access	0		55	20
Housing Initiative	15		15	10
Project Employment			15	35

Through these strategies, we expect to identify 40 individuals who will be served through the FSP.

4. Outreach and Engagement Funds: The estimated unduplicated count of individuals expected to be reached through Outreach and Engagement strategies for each of the three years is listed below. We anticipate that MHSA funds will allow us to provide outreach to an additional 125 individuals. We anticipate that up to 15% of those served in Outreach and Engagement will be referred for FSP enrollment.

	Existing (non-MHSA)	Year 1 MHSA	Year 2 MHSA	Year 3 MHSA
Community Education and Latino Outreach	50		75	50

5. Wraparound Services exist and are not a focus of this CSS funding request.

6.2 Programs to be Developed or Expanded:

Workplan 1: Project Access

1. See Exhibit 4
2. 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 very important to be timely in service delivery at this time to demonstrate that help is available, responsive and that the first contact with mental health staff is a positive experience. Project Access seeks 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 will be accomplished by adding on-call clinicians to be available to the hospital staff when such emergency situations occur. These staff can provide the necessary consultation on-site for the hospital, which 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 would also provide initial dual diagnosis screening and referrals, providing a way to address the community's concern about drug and alcohol issues. These staff would also be responsible for linkage to ongoing treatment providers and community partners, and assuring the provision of prompt follow-up care. The development of treatment plans would be done in a collaborative, partnering manner with the individual or family involved, promoting empowerment and choice at every opportunity.

Co-Location of Mental Health Staff at Primary Health Care Facilities: Community survey results indicate a high concern regarding access issues. By stationing mental health staff at primary health care sites, Tehama County will offer improved access to mental health services, particularly for the Latino population. This will be accomplished by having bilingual, bicultural staff at these sites. Services would be 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. These staff would assess individuals for co-occurring disorders and provide referrals to outpatient treatment facilities, as well as dual diagnosis support groups. We have investigated a number of locations and have had preliminary positive conversations with the county medical clinic as well as the urgent care department of the local hospital.

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 who 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 would be used to expand the hours of the current drop-in center to include Saturdays. This would enable individuals to access peer-provided support on the weekend. Consumers would be paid through stipends to provide one-to-one support, group activities and recreational/social opportunities. The Drop-in Center will provide a wide range of services, based upon consumer needs and requests. This kind of support may include 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. 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.

Project Access

On-call staff -.62 FTE

Clinical staff at primary health sites

.5 FTE School based Clinician

School based Substance Abuse Counselor - .5 FTE

Consumer stipends -\$6,000

Vehicles, furniture, office necessities, training, computer resources

Modular Building

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 proposing to increase access for high-risk youth through a new program in the school setting. Specifically, we plan to offer groups co-led by a mental health clinician and a substance abuse counselor, utilizing the evidence-based practices of Integrated Dual Diagnosis Treatment. There will be prevention focused groups for the younger students and intervention focused groups for adolescents.

3. 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.

4. 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

5. 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.

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. All staff will receive training in the application of recovery and resiliency values in their work.

6. 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 are proposing to provide after-hours, on-call staff to the hospital emergency room.

The Drop-in Center is currently open Monday through Friday. This proposal expands the services to Saturday, in accordance with the clear request of consumers through the MHSA planning.

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

The peer-run Drop-in Center on Saturdays will be operated by consumers, paid on a stipend basis. This provides a central place for recovery-oriented, empowering services and supports

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.

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

For the Crisis Team, Project Access will involve collaboration with hospital administration and staff, law enforcement, and the Crisis Intervention Services staff. This collaboration will be accomplished through a twice-monthly meeting, designed to identify concerns, issues and strategies for improving teamwork. 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 will work in conjunction with mental health services and primary care providers. This is expected to be done through a weekly staff meeting. The clinician and substance abuse counselor located at school sites will 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 will 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 will participate in ongoing meetings established during the MHSA planning process to continue to improve services and access.

9. 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 crisis services in a more timely way 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 waits, 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.

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

All staff members are trained to respond empathically, 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.

11. 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.

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

N/A

13. Timeline

December-January 2007	Develop duty statements for positions. Finalize negotiations with medical facility regarding office space. Convene meetings of hospital staff and law enforcement to outline policies and procedures for the use of the Crisis Team. Advertise and recruit.
January - February 2007	Finish hiring process. Provide orientation and training for new staff. Provide outreach and education to the community about new services. Provide specific outreach and information to the Latino community.
January 2007	Host an open house for Saturday Drop-in Center.
May 2007	Review and evaluate Project Access programs and services. Conduct satisfaction survey of Project Access programs and services.
June 2007	Review evaluation and satisfaction surveys and prepare quality improvement plan.

14. Budget Requests: Please see Exhibit 5

15. Quarterly Progress Report: Please see Exhibits 6 and 7

Workplan 2: Housing Initiative

1. See Exhibit 4:
2. 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 proposes a two-pronged approach: 1) the development and monitoring of new housing options for 20-25 additional consumers and 2) the provision of matching funds for a Needs Assessment Grant, in conjunction with the City of Red Bluff. 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. This Initiative proposes to hire a fulltime Housing Specialist, utilizing both MHSA funds as well as AB2034 funding. The Housing Specialist will coordinate all the housing needs for mental health clients, including those enrolled in the AB2034 program. The person in this position would look for resources and work 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 would assist 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 allow 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 will work to establish more relationships with potential landlords in order to secure more permanent housing arrangements and a variety of safe, affordable options for consumers.

Funds would also be used to provide rental subsidies for clients in the Full Service Partnership for TAY that will be implemented in fiscal year 2007/2008. In addition, Tehama County is proposing to use the MHSA funds for matching funds to the City of Red Bluff for a Needs Assessment grant. This money would pay for participation in the Housing Training (scheduled for September) for the Tehama County team. The Housing Specialist would be the liaison for this grant. An important part of the Housing Initiative is the evaluation component. This person will monitor consumer satisfaction with their housing as well.

Housing Initiative

Housing Specialist .5 FTE (.5 FTE matched with AB2034 funds)

Matching funds for Needs Assessment Grant

Housing Training

Housing Subsidies

Administrative support, vehicle, computer, phone and rental subsidies

3. Please describe any housing or employment services to be provided.

The Housing Specialist will coordinate closely with the AB2034 team to assure that support services are available to consumers within that program. In addition, when the Full Service Partnership is up and operating, support for housing needs will also be available for those clients. Both of these programs provide 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.

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

N/A

5. 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 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.

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

Currently, the Case Resource Specialist provides a very limited amount of assistance in securing and maintaining housing resources. Tehama County has a small supported/shared housing program. The Housing Specialist will provide a much-needed expansion of the development of housing opportunities as well as coordinating support with the AB2034 and Full Service Partnership staffs.

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

N/A

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

The 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 will first need to establish relationships with local landlords. This involves outreach to the community, providing education and culturally competent resources for individuals involved in real estate and property management. This will reduce stigma and greatly increase empathy and understanding of key community members, building support for consumers in their neighborhoods. There will also be a partnership developed with the Community Action Agency, the county agency responsible for HUD, and other housing resources. The Housing Specialist will work with the AB2034 staff and the upcoming Full Service Partnership staff to locate housing that best meets the needs of the clients in those programs. For the Needs Assessment, this position will be interfacing with the City of Red

Bluff housing commission representatives and other representatives of the Tehama County team.

9. 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 will focus on developing housing options that meet the needs of unserved and underserved populations, especially that of the Latino community. The Housing Specialist will work with leaders in the Latino community to make sure that housing options are well-suited to the needs of this population. With regard to the Needs Assessment, the Housing Specialist will focus attention on the specific needs of the Latino community.

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

The Housing Initiative will assure 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.

11. 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.

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

N/A

13. Timeline

January-February, 2007

Develop duty statements
Advertise and recruit
Hire Housing Specialist
Attend Housing Training

February-March, 2007

Provide orientation and training for Housing Specialist
Begin outreach to landlords

	Provide specific outreach and information to the Latino community
February 2007	Form the Housing Network Coalition – hold first meeting. Determine frequency of meetings.
March 2007	Identify up to 20 additional housing options
April 2007	Work with FSP staff in coordinating housing needs for participants
June 2007	Evaluate consumer satisfaction with housing

14. Budget Requests: Please see Exhibit 5

15. Quarterly Progress Report: Please see Exhibits 6 and 7

Workplan 3: Project Employment

1. See Exhibit 4.
2. 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 will accomplish these goals through the hiring of an Employment/Vocational Specialist. This person will play a key role in developing expanded employment opportunities for consumers. Through collaboration with other local resources, it is expected that more jobs would be identified and filled by mental health consumers. This Project seeks to add 15 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 seeks funding for 3.5 consumer positions: 4 half time Psychiatric Aides and 1 FTE Consumer Support Worker. How these staff will be employed has not yet been determined. We are exploring the option of developing county positions or utilizing a non-profit organization within the community. There are some difficulties with using county employment due to some restrictiveness and the lack of flexibility. Therefore, we are exploring the option of contracting with a non-profit organization that specializes in consumer employment. We may utilize a combination of these avenues in an attempt to best meet the goals of the program. These positions would be utilized in working with other consumers as peer support, transportation and other duties. To better prepare these consumers for their positions, the Employment/Vocational Specialist will develop an 18-week training program,

called Recovery Training, designed to teach basic skills that will assist consumers in performing the tasks of the job. Participating consumers will receive stipends for their attendance. In addition, there will a specialized training track developed for Transition-age youth.

Project Employment

Employment/Vocational Specialist 1 FTE

Psychiatric Aide 2 FTE

Consumer Support Worker .5 FTE

Stipends for consumers in training

Administrative support, specialized training, vehicle, computer, phone, printing and publication of materials

3. Please describe and housing or employment services to be provided.

The Employment/vocational specialist will provide linkage to employment opportunities and be a key source of information about job possibilities. This person will connect consumers to programs that provide additional support, such as Vocational Rehabilitation. In addition, this person will develop and conduct the Recovery Training, an 18-week training program for consumers who wish to work in the mental health system.

4. 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

5. 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.

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

N/A

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

Consumers will be hired as mental health workers in two positions: Psychiatric Aide and Consumer Support Worker. These consumers will be working 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.

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

The primary partners in Project Employment are the Department of Social Services, Vocational Rehabilitation and the Job Training Center. Discussions are already underway with the Department of Social Services to increase employment opportunities, especially in light of the increased requirements effective October of 2006 for Cal-Works recipients to be either working or in a training program, even if there are current mental health or substance abuse issues. This means that mental health consumers will be part of the focus on employment and should increase the number of job and training programs available.

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

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

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

11. 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.

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

N/A

13. Timeline

December-January 2007	Develop job duty statements
February – March 2007	Hire Employment/Vocational Specialist Provide orientation and training for new staff Develop Training Program for new consumer positions Convene meeting of employment partners and determine frequency of ongoing meetings.
March 2007	Provide outreach and education to the community about new services Provide specific outreach and information to the Latino community Five job placements for consumers
April 2007	Complete training program development Advertise for first training cohort Review and evaluate Project Employment services Conduct satisfaction survey of Project Employment services
April 2007	Conduct first 18 week training program. Review evaluation and satisfaction surveys and prepare quality improvement plan
May 2007	Ten additional job placements for consumers
June 2007	Graduation celebration for training program
July 2007	Employment of consumers in psychiatric aide and consumer support worker positions

14. Budget Requests: Please see Exhibit 5

15. Quarterly Progress Report: Please see Exhibits 6 and 7

Workplan 4: Community Education and Latino Outreach

1. See Exhibit 4
2. 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 will focus on a variety of approaches to addressing this lack of information. Efforts will be focused on developing written materials in English and Spanish that inform people about what mental illnesses are and the reality that recovery is possible, changing the view from “hopeless” to “hopeful”. This person would be available for one-to-one counseling, offering information/referrals and consultations. This person will also organize and develop a panel presentation, including consumers who have been through the Recovery Training and family members who have been trained through the NAMI Family to Family training, to speak at community meetings designed to educate and inspire the public about the recovery message. This panel would have bilingual/bicultural members to address these issues in the Latino community. In addition, the current waiting room of the mental health center will be remodeled to include a Recovery Resource Center with multimedia approaches to education about mental health. This will include 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 will develop 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, developing material that suits their age and interests.

Community Education and Latino Outreach

Latino Health Educator 1.0 FTE

Youth Clinician .5 FTE

Drug and Alcohol Counselor .5 FTE

Consumer panel members stipends

Funds to send several family members to the NAMI Family to Family training

Creation of Recovery Centers

Administrative support, outreach/educational materials, advertisements, computer, television, furniture

Automobile

Modular offices at school sites

3. Please describe and housing or employment services to be provided.

N/A

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

5. 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 all be combated 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.

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

Currently there is a bilingual/bicultural full time Health Educator, whose primary mission is outreach to the Latino community. This position is slated to be cut due to budget constraints. Our plan is to utilize MHSA monies to retain this position. As we have not yet reached our goal of increased services to the Latino Community, we are re-evaluating our current process and plan to transition fully to a team based strategy utilizing current evidence based practices. This will include comprehensive staff training in the provision of culturally competent services.

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

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

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

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

9. 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 will be translated and available in Spanish.

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

Part of the educational material developed will center on the issues of GLBT people in an effort to create a wider degree of safety and understanding in the community. This will be particularly true in the material designed for TAY, due to the emergence of this issue in a positive, activist way at the high school.

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.

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

N/A

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

N/A

13. Timeline

January-February 2007	Select and purchase equipment Select and purchase furniture Develop outreach educational materials, in English and in Spanish Advertise to the community about new outreach effort Advertise and recruit for staff Hire new staff Provide orientation and training for new staff
February 2007	Convene a meeting of community leaders specific to the Latino community Identify and make contact with community leaders of other diverse groups to design a plan of engagement Meet with young adults to get input on materials that would engage this age group.
March 2007	Develop educational materials specific to the TAY population
March 2007	Meet with graduates of the Recovery training
May 2007	Hold first panel community presentation.

June 2007	Two additional panel presentations held
June 2007	Conduct satisfaction survey of Community Education and Latino Outreach Review evaluation and satisfaction surveys and prepare quality improvement plan

14. Budget Requests: Please see Exhibit 5

15. Quarterly Progress Report: Please see Exhibits 6 and 7

Workplans 5& 6: Planning and Implementation of Full Service Partnerships

1. See Exhibit 4:
2. Please describe in detail the proposed program for which you are requesting funding and how that program advances the goals of the MHSA.

The MHSA funds will be used to plan the development of two Full Service Partnerships, TAY and Older Adults. The TAY FSP will target 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 will be 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 will be another primary target group for this FSP due to their high risk of homelessness. The Older Adult FSP will target 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 Mental Health Services Act Coordinator would lead the planning phase, devoting a significant portion of his/her time to this effort. In order to provide these intensive services well, the first two years of the funding cycle would focus on development of strategies and plans for implementation. Using Tehama's experience with the AB2034 program, the FSP's would be tailored to meet the unique needs of Transition-age Youth as well as Older Adults. For the TAY FSP, it will be important to create a seamless system of support between child and youth services with adult services. Also, there will need to be collaboration with various community agencies and groups that have been involved with this population. The same identification of partnerships and collaboration will be necessary with the Older Adult FSP.

In addition, strategies will be developed 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 will assure that those who are in most need of these services will be informed of them and have easy access to them.

Full Service Partnership – TAY and Older Adults Expenses to be determined.
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3. 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 will 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 will 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.

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

We will be planning for the FSP in the second year. At that time we will have a better idea of the cost per participant.

5. 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 operate 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. For Older Adults, 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 meet 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 empower 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.

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

N/A

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

Peer and family services will be provided in both Full Service Partnerships. These services will be part of a team approach and the consumer staff will be full members of the FSP team. Family partner staff will also be included in both FSP's to address the needs of families struggling with issues with young adults and family members who are in a care-taking role for older adults.

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

The MHSA Coordinator will meet with agencies who work with families and youth, such as Probation, the Department of Education and Social Services. These meetings will establish linkages and lines of communication for future 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 will 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 young adults in the community.

For the Older Adult FSP, the first step is to coordinate a needs assessment with the newly formed Elder Services Coordinating Council, who is very open to working with mental health on this issue. From this needs assessment, staffing and service provision can be designed to target specific identified problem areas.

Implementation Phase: With linkages in place, the new FSP staff will 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.

9. 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 will target 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 will utilize core cultural competence strategies, such as:

- Goal-setting that is culturally sensitive, respectful of cultural values
- Teams will include bilingual/bicultural staff
- All staff will be trained in cultural competence practices
- Staff will work within the community of the consumers involved in the program

The FSP for Older Adults will incorporate these same cultural competence strategies and include the following strategies as well:

- Service plans will reflect and respect the healing traditions and healers of each individual enrollee
- The FSP team will engage with each individual’s family, extended family and community contingent on his/her wishes.
- FSP team members will incorporate alternative therapies and the use of natural supports as determined by each individual

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

Full Service Partnership staff will be 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.

11. 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.

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

N/A

13. Timeline

January-February 2007	MHSA Coordinator develops a planning workplan
February 2007	Convene meetings of key partners to learn about options and develop coordination strategies, both TAY and Older Adult

March 2007	Identify model programs for youth and older adults Arrange for site visits. Determine engagement strategies for ethnic-specific groups
March-April 2007	Send key staff and partner staff to site visits, including members of the Latino community
February 2007	Coordinate meeting with AB2034 staff, Project Employment and Housing Initiative staff to develop collaboration strategies Determine staffing patterns and composition of staff for RFP Draft budget for both FSP's
February – March 2007	Begin drafting RFP/determine service provider

14. Budget Requests: Please see Exhibit 5

Quarterly Progress Report: Please see Exhibits 6 and 7

Exhibit 2: COMMUNITY SERVICES AND SUPPORTS PROGRAM WORKPLAN LISTING

Fiscal Year: 2006-2007

County: Tehama		TOTAL FUNDS REQUESTED By Fund Type				FUNDS REQUESTED By Age Group			
#	Program Work Plan Name	Full Service Partnerships	System Development	Outreach & Engagement	Total Request	Children, Youth, Families	Transition Age Youth	Adult	Older Adult
1	Project Access	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -
2	Housing Initiative				\$ -				
3	Project Employment				\$ -				
4	Community Education and Latino Outreach				\$ -				
5	Full Service Partnership - Older Adult	0			\$ -				
6	Full Service Partnership – TAY	0			\$ -				
					\$ -				
					\$ -				
					\$ -				
					\$ -				
					\$ -				
					\$ -				
					\$ -				
					\$ -				
					\$ -				
					\$ -				
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

EXHIBIT 3: FULL SERVICE PARTNERSHIP POPULATION – OVERVIEW

Number of individuals to be fully served:									
FY 2005-06: Children and Youth: _____ Transition Age Youth: _____ Adult: _____ Older Adult: _____ TOTAL: _____									
FY 2006-07: Children and Youth: _____ Transition Age Youth: _____ Adult: _____ Older Adult: _____ TOTAL: _____									
FY 2007-08: Children and Youth: _____ Transition Age Youth: _____ Adult: _____ Older Adult: _____ TOTAL: _____									
PERCENT OF INDIVIDUALS TO BE FULLY SERVED									
	% Unserved				% Underserved				
	%Male		%Female		%Male		%Female		
Race/Ethnicity	%Total	%Non-English Speaking	%Total	%Non-English Speaking	%Total	%Non-English Speaking	%Total	%Non-English Speaking	%TOTAL
2005/06									
% African American									
% Asian Pacific Islander									
% Latino									
% Native American									
% White									
% Other									
Total Population									
2006/07									
% African American									
% Asian Pacific Islander									
% Latino									
% Native American									
% White									
% Other									
Total Population									
2007/08									
% African American									
% Asian Pacific Islander									
% Latino									
% Native American									
% White									
% Other									
Total Population									

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY

County: Tehama	Fiscal Year: 2006	Program Work Plan Name: Project Access
Program Work Plan #: 1	Estimated Start Date:	
Description of Program: <i>Describe how this program will help advance the goals of the Mental Health Services Act</i>	(System Development) To improve access, both generally and in crisis, by co-locating clinical staff at physical health care facilities. Additionally we will provide after-hours crisis response to the hospital. This helps reduce the stigma concerning mental health and improves the system's responsiveness for crisis intervention. In addition, funds would be used to keep the consumer drop-in center open on Saturdays, creating access to this recovery-oriented support on the weekends. A mental health clinician and a drug and alcohol specialist will provide education and intervention programs at the schools. We propose to provide modular offices at school sites for increased outreach and engagement services	
Priority Population: <i>Describe the situational characteristics of the priority population</i>	All age groups are impacted by this program. These are individuals at risk of hospitalization, drug and alcohol related problems and adult consumers needing peer support on the weekend.	

Describe strategies to be used, Funding Types requested (check all that apply), Age Groups to be served (check all that apply)	Fund Type			Age Group			
	FSP	Sys Dev	OE	CY	TAY	A	OA
* Integrated physical and mental health care by co-location of mental health staff and local hospitals or clinics.	<input type="checkbox"/>	X	<input type="checkbox"/>	X	X	X	X
* Integrated services with law enforcement, who are currently the first responders in a psychiatric emergency	<input type="checkbox"/>	X	<input type="checkbox"/>	X	X	X	X
* Provision of 24/7 on-call availability of staff to assess need for further crisis stabilization, initiation of a 5150 when necessary or return to the community.	<input type="checkbox"/>	X	<input type="checkbox"/>	X	X	X	X
* Expansion of self-help center hours.	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>
* Provision of drug and alcohol education and co-occurring intervention at school sites.	<input type="checkbox"/>	X	<input type="checkbox"/>	X	X	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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County: Tehama	Fiscal Year: 2006	Program Work Plan Name: Housing Initiative					
Program Work Plan #: 2			Estimated Start Date:				
Description of Program: <i>Describe how this program will help advance the goals of the Mental Health Services Act</i>	Funds would be utilized to hire a .5 Housing Specialist who would coordinate all housing issues for mental health clients, including those enrolled in AB2034 programs and the two new FSP's with the goal of increasing permanent, affordable housing options. Monies would be used as matching funds for a housing needs assessment in the area. The position would be responsible for the establishment of collaborative relationships with local landlords. Monies would be used to train staff on housing issues. Housing subsidies will be made available.						
Priority Population: <i>Describe the situational characteristics of the priority population</i>	The priority population is TAY and Adult population at risk of homelessness and those enrolled in the TAY and Older Adult Full Service Partnerships.						
Describe strategies to be used, Funding Types requested (check all that apply), Age Groups to be served (check all that apply)	Fund Type			Age Group			
	FSP	Sys Dev	OE	CY	TAY	A	OA
* Supportive housing – creation of permanent, affordable housing options	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	X	X	X
* Housing training for Tehama County team	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	X	X	X
* Utilizing MHSA funds as matching funds for a Needs Assessment through the City of Red Bluff	<input type="checkbox"/>	X	<input type="checkbox"/>	X	X	X	X
* Rental subsidies for Full Service Partnership participants	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	X
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY

County: Tehama	Fiscal Year: 2006	Program Work Plan Name: Project Employment
Program Work Plan #: 3	Estimated Start Date:	
Description of Program: <i>Describe how this program will help advance the goals of the Mental Health Services Act</i>	(System development) An employment/vocational specialist would be hired to focus on expanding employment opportunities for consumers, both within the mental health system and the community. The Employment Specialist would create a training program designed to prepare consumers for new positions being created in the mental health system.	
Priority Population: <i>Describe the situational characteristics of the priority population</i>	TAY and Adults wishing to pursue vocational opportunities. Emphasis will be placed on TAY at risk of homelessness. Additionally and emphasis will be placed on the Latino community as a more culturally competent way of engaging this population.	

Describe strategies to be used, Funding Types requested (check all that apply), Age Groups to be served (check all that apply)	Fund Type			Age Group			
	FSP	Sys Dev	OE	CY	TAY	A	OA
* Supported employment – developing job options, including consumer positions in mental health as well as the provision of job coaching by consumes.	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	X	X	<input type="checkbox"/>
* Vocational services – coordination and collaboration with other local resources, such as the Job Training Center, Vocational Rehabilitation, the Department of Rehabilitation and Department of Social Services.	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	X	X	<input type="checkbox"/>
* Training program – classes to enhance readiness and skills for employment	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>
* Youth training program – specializing in TAY issues, for work with youth in the Full Service Partnership	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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County: Tehama	Fiscal Year: 2006	Program Work Plan Name: Community Education and Latino Outreach					
Program Work Plan #: 4		Estimated Start Date:					
Description of Program: <i>Describe how this program will help advance the goals of the Mental Health Services Act</i>	(Outreach and Engagement) To retain the Health Educator position to provide culturally competent wellness and recovery-oriented information to the community with the goal of encouraging the Latino community to utilize services. To provide drug and alcohol education services to youth at school sites. Create Wellness Recovery Centers at clinics throughout the County. These centers will provide a welcoming environment in which computers, using interactive programs, informational videos, wellness and recovery information and self-help resources would be housed. All resources would be available in Spanish as well as English. Provide modular offices at school sites for increased outreach and engagement services.						
Priority Population: <i>Describe the situational characteristics of the priority population</i>	This is a vital effort in all age groups. This strategy is utilized to combat stigma in the community at large, encourage service utilization by the Latino community and provide resources to existing and new consumers and their families. This program will provide prevention oriented substance abuse education at primary and secondary school sites.						
Describe strategies to be used, Funding Types requested (check all that apply), Age Groups to be served (check all that apply)	Fund Type			Age Group			
	FSP	Sys Dev	OE	CY	TAY	A	OA
* Retention of the bilingual/bicultural Health Educator to provide engagement and outreach services.	<input type="checkbox"/>	<input type="checkbox"/>	X	X	X	X	X
* Specific outreach strategies for the Latino community to eliminate disparities in care	<input type="checkbox"/>	<input type="checkbox"/>	X	X	X	X	X
* Parental mental health education through the provision of funds for family members to attend the NAMI Family to Family training	<input type="checkbox"/>	<input type="checkbox"/>	X	X	X	X	X
* Training peers to participate in panels as co-presenters with staff and family members	<input type="checkbox"/>	<input type="checkbox"/>	X	X	X	X	X
* Education of consumers, family members and community through easily accessible recovery resource centers providing information in a variety of formats, all bilingual.	<input type="checkbox"/>	<input type="checkbox"/>	X	X	X	X	X
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY

County: Tehama	Fiscal Year: 2008	Program Work Plan Name: Full Service Partnership – Older Adults
Program Work Plan #: 5	Estimated Start Date:	
Description of Program: <i>Describe how this program will help advance the goals of the Mental Health Services Act</i>	Tehama County will develop a FSP for Older Adults geared towards outreach to older adults, especially those home-bound, unable to access transportation or those who have language barriers to getting services. The goal of the FSP is to improve access, especially to the Latino community.	
Priority Population: <i>Describe the situational characteristics of the priority population</i>	Older adults at risk of institutionalization due to the inability to maintain independence.	

Describe strategies to be used, Funding Types requested (check all that apply), Age Groups to be served (check all that apply)	Fund Type			Age Group			
	FSP	Sys Dev	OE	CY	TAY	A	OA
Outreach – focused outreach, especially to those homebound. Also, specific community outreach to engage individuals from different ethnic communities.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Flexible Funds utilized to meet immediate needs such as food vouchers, transportation vouchers, and housing needs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Intensive Case Management 24-7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Psychiatric medical services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Coordination and linkage with existing community services for the elderly.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY

County: Tehama	Fiscal Year: 2008	Program Work Plan Name: Full Service Partnership – Transitional Age Youth
Program Work Plan #6		Estimated Start Date:
Description of Program: <i>Describe how this program will help advance the goals of the Mental Health Services Act</i>	Tehama County will develop a FSP for Transitional Age Youth geared towards serving those individuals most at risk for homelessness and contact with the criminal justice system.	
Priority Population: <i>Describe the situational characteristics of the priority population</i>	Transitional Age Youth particularly those aging out of foster care. Priority on the Latino community	

Describe strategies to be used, Funding Types requested (check all that apply), Age Groups to be served (check all that apply)	Fund Type			Age Group			
	FSP	Sys Dev	OE	CY	TAY	A	OA
Flexible Funds utilized to meet immediate needs such as food vouchers, transportation vouchers, and housing needs.	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>
Intensive Case Management 24-7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatric medical Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Co-occurring disorder treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supported Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supported Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Exhibit 5
Budget Narrative
FY 05-06, 06-7, 07-08

General Summary

1. Due to the submission date there are no budgets for fiscal year 05-06 for any work plan. Based upon our conversation with the MHSA T.A. for Tehama County, we have submitted a 12 month budget for FY 06-07. We understand that this budget will be pro-rated once funding is approved and we are prepared to begin services.
2. Salaries are based upon the existing civil service salary allowances.
3. Benefit costs are calculated based upon each individual salary and require a complex formula to arrive at actual costs. The percentage spent on employee benefits in relationship to salary is rather high due to several factors. First, Tehama County is one of the lowest paid counties in the State. Secondly, the County provides 100% of the PERS contribution as well as approximately 80% of the cost of employee health plans.
4. The 07-08 salary and benefits costs as well as employee stipends are based upon a 3% increase over the 06-07 budget.
5. Part of CSS plan anticipates two Full Service Partnerships beginning in year three. We plan on using FY 06-07 to plan for these services and as such have no budgets estimates prepared.
6. All recruitment and hiring will comply with Tehama County hiring policies. We seek to expand and enrich our staffing through the hiring of culturally and linguistically diverse individuals. Additionally, we will be recruiting and hiring for several consumer positions.

Administration

Staffing

Mental Health Director

The Director will be spending 44% of her time managing the start up of programs and services. She will be responsible for the direction of the planning process for the two Full Service Partnerships.

MHSA Coordinator

This position will provide management and supervision of the new MHSA programs and personnel.

Consumer Support Worker

In order to ensure that our system has consistent and ever-present representation of the consumer voice in policy issues, we have developed a .5 FTE position. This position will provide system-wide advocacy.

System Support Analyst

This position will manage the required data system as well as be responsible for IT management of the Recovery Resource Centers computer system.

One Time Costs

There are no one time costs.

Approach used to estimate and source documents

Personnel expenses are based upon existing civil service salary detail

Revenues

Budget Narrative
Project One
Project Access
System Development
New Program

Staffing and Line Item

On-Call Mental Health Clinician

On-call staffing will be available to the Emergency Room and Crisis Center to provide intervention and assessment services. Currently, the police department must transport consumers from whatever location they are at to the Crisis Center (there is no P.E.S. or locked facility in Tehama County). Generally that individual is sent to the Emergency Room to be medically cleared and then transported back to the Crisis Center. The On-call Clinician will be able to meet the client wherever they first present and provide the appropriate intervention.

Mental Health Clinician

This clinician will provide 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 will provide 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 4. The intention is that this clinician will spend part of part of his/her time on outreach and engagement and the other with intervention services.

Drug and Alcohol Counselor

The counselor will team with the Youth Mental Health Clinician to provide drug and alcohol education in the Elementary and Secondary schools. This counselor will provide prevention oriented education to the clinics, community and schools. This position is split between project one and project 4. The intention is that this clinician will spend part of his/her time on outreach and engagement and the other with intervention services.

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.

One Time Costs

These are one time costs for the acquisition of equipment, office equipment and furniture Software Licenses, staff training and vehicles. The modular building would be used to house offices as well as a drop-in center to provide services in a more culturally competent and community based manner.

Office re-design to accommodate increased staffing	\$2,500
Desks and desk set up	\$1262
Fax Machines	\$269
Phones	\$262
Chairs	\$641
Software Licenses	\$6,250
Wellness and Recovery Training	\$2,750
Evidenced-based Practice training	\$5,000
Printers	\$1,662
Copy Machine	\$12,870
Computers	\$1,716
Van	\$18,000
Car	\$15,000
Modular building	\$25,000
Total	\$93,182

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 three system development and one outreach and engagement projects except the copy machine and modular building. These costs and split between project one and project 4.

Training

This one time funding for initial training of staff will allow us to begin these projects utilizing the principles and values of Wellness and Recovery. We have begun this training but will require more initial training to successfully implement our projects. The training costs have been split between the four System Development/Outreach and Engagement projects.

Transportation

We have requested a van and a car for this project. Our County is quite large and the population is spread widely. In order to provide community based education and intervention services we will need to travel long distances. Likewise a vehicle will be necessary to respond to a crisis.

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

**Budget Narrative
Project Two
Housing Initiative
System Development
Expansion**

Staffing

Housing Specialist

This addition of .5 FTE will develop and coordinate housing options for the mental health division. Special attention will be directed toward locating and diversifying options for individuals in the TAY Full Service Partnership. The .5 FTE is added to the existing Housing Specialist who works with the existing AB 2034 program.

Consumer Support

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

One Time Costs

These are one time costs for the acquisition of equipment, office equipment and furniture, Software Licenses, staff training and vehicles. Additionally we will use monies as a part of matching funds for an area wide Housing Assessment.

Office re-design	\$2,500
Desks and desk set up	\$1,262
Fax Machines	\$269
Phones	\$262
Chairs	\$641
Software Licenses	\$6,250
Wellness and Recovery Training	\$2,750
Evidenced-based Practice training	\$5,000
Housing Training	\$6,000
Printers	\$1,662
Computers	\$1,716
Car	\$15,000
Matching funds for Grant	\$8000
Housing Training	\$6,000
Total	\$51,312

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 four system development/outreach and engagements projects except the copy machine.

Training

This one time funding for initial training of staff will allow us to begin these projects utilizing the principles and values of Wellness and Recovery and Evidence-based practices. We have begun this training but will require more initial training to successfully implement our projects. The training costs have been split between the four System Development/Outreach and Engagement projects.

The Housing training will provide staff with the skills and knowledge required to diversify and obtain appropriate housing resources.

Transportation

We have requested a car for this project. Our County is quite large and the population is spread widely. In order to provide housing services we will need to travel long distances.

Matching Grant

The budget includes one time funding for a Matching Grant in coordination with the City of Red Bluff. This grant will provide a comprehensive area housing assessment.

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.

The matching monies for the Housing Assessment Grant are based upon the grant requirement.

Revenues

Budget Narrative
Project Three
Project Employment
System Development
New Program

Staffing

Employment Specialist

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

Psychiatric Aide

These four part-time positions, designated for consumer employees, will provide job coaching services to new consumer employees.

Consumer Support Worker

This staff will provide training services to consumers as part of the employment training team. This staff will also provide job coaching.

Consumer Support

\$8000 in stipends will be used to support consumers during the training program.

One Time Costs

These are one time costs for the acquisition of equipment, office equipment and furniture Software Licenses, staff training and vehicles.

Office re-design	\$2,500
Desks and desk set up	\$1262
Fax Machines	\$269
Phones	\$262
Chairs	\$641
Software Licenses	\$6,250
Wellness and Recovery Training	\$2,750
Evidenced-based Practice training	\$5,000
Printers	\$1,662
Computers	\$1,716
Van	\$18,000
Total	\$40,312

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 four system development/outreach and engagement projects except the copy machine.

Training

This one time funding for initial training of staff will allow us to begin these projects utilizing the principles and values of Wellness and Recovery. We have begun this training but will require more initial training to successfully implement our projects. The training costs have been split between the four System Development/Outreach and Engagement projects.

Transportation

We have requested a van for this project. Our County is quite large and the population is spread widely. In order to provide employment 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

Budget Narrative
Project Four
Community Education and Latino Outreach
Outreach and Engagement
Expansion

Staffing

Health Educator

This position currently is funded by MHSA planning funds and .5 FTE by the Department of Health Services. The .5 FTE supported by the Health Department is slated to be cut due to budget cuts. Additionally the MHSA planning funds are time limited. We propose to create a 1 FTE position utilizing CSS funds. This position will provide on-going outreach and engagement services to the Latino community. This outreach will utilize a team approach using consumers and family members as panel members. This position will also provide on-going training to existing staff on culturally competent service provision.

One Time Costs

These are one time costs for the acquisition of equipment, office equipment and furniture Software Licenses, staff training and vehicles. The modular building would be used to house offices as well as a drop-in center to provide services in a more culturally competent and community based manner. The Recovery center cost is associated with waiting area construction to allow for resource materials and computers to be housed.

Office re-design	\$2,500
Desks and desk set up	\$1262
Fax Machines	\$269
Phones	\$262
Chairs	\$641
Software Licenses	\$6,250
Wellness and Recovery Training	\$2,750
Evidenced-based Practice training	\$5,000
Printers	\$1,662
Copy Machine	\$12,870
Computers	\$1,716
Van	\$18,000
Car	\$15,000
Modular building	\$25,000
Recovery Centers	\$30,000
Total	\$123,182

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 three system development and one outreach and engagement projects except the copy machine and modular building. These costs are split between project one and project 4.

Training

This one time funding for initial training of staff will allow us to begin these projects utilizing the principles and values of Wellness and Recovery. We have begun this training but will require more initial training to successfully implement our projects. The training costs have been split between the four System Development/Outreach and Engagement projects.

Family to Family

These are funds to send several families members to the NAMI Family to Family training. It is our hope that this will spark an interest in developing a NAMI organization in Tehama County.

Transportation

We have requested a van and a car for this project. Our County is quite large and the population is spread widely. In order to provide community based education and intervention services we will need to travel long distances. Likewise a vehicle will be necessary to respond to a crisis.

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

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

County(ies): Tehama
 Program Workplan # Four
 Program Workplan Name Community Education and Latino Outreach
 Type of Funding Outreach and Engagement

Fiscal Year: 2005-06

Date: 9/4/06

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Proposed Total Client Capacity of Program/Service: _____

Months of Operation _____
 New Program/Service or Expansion Expansion

Existing Client Capacity of Program/Service: 50

Prepared by: Ann Houghtby

Client Capacity of Program/Service Expanded through MHSA: 0

Telephone Number: 530-527-5631

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports				\$0
e. Other Support Expenditures (provide description in budget narrative)				\$0
f. Total Support Expenditures	\$0	\$0	\$0	\$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)				\$0
c. Employee Benefits				\$0
d. Total Personnel Expenditures	\$0	\$0	\$0	\$0
3. Operating Expenditures				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0
d. General Office Expenditures				\$0
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				\$0

h. Total Operating Expenditures	\$0	\$0	\$0	\$0
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known				\$0
6. Total Proposed Program Budget	\$0	\$0	\$0	\$0
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				\$0
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
2. New Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				\$0
e. Total New Revenue	\$0	\$0	\$0	\$0
3. Total Revenues	\$0	\$0	\$0	\$0
C. One-Time CSS Funding Expenditures				\$0
D. Total Funding Requirements	\$0	\$0	\$0	\$0
E. Percent of Total Funding Requirements for Full Service Partnerships				

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

County(ies): Tehama
 Program Workplan # Four

Fiscal Year: 2005-06
 Date: 9/4/06

Program Workplan Name Community Education and Latino Outreach

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Type of Funding Outreach and Engagement

Months of Operation 0

Proposed Total Client Capacity of Program/Service: 0

New Program/Service or Expansion Expansion

Existing Client Capacity of Program/Service: 0

Prepared by: Houghtby

Client Capacity of Program/Service Expanded through MHSA: 0

Telephone Number: 530-527-5631

Classification	Function	Client, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{b/}	Total Salaries, Wages and Overtime
A. Current Existing Positions					\$0
					\$0
					\$0
	Total Current Existing Positions	0.00	0.00		\$0
B. New Additional Positions					\$0
					\$0
					\$0
					\$0
					\$0
	Total New Additional Positions	0.00	0.00		\$0
C. Total Program Positions		0.00	0.00		\$0

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

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

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

County(ies): Tehama
 Program Workplan #: Four

Fiscal Year: 2006-2007
 Date: 9/4/06

Program Workplan Name: Community Education and Latino Outreach
 Type of Funding: Outreach and Engagement

Proposed Total Client Capacity of Program/Service: 125
 Existing Client Capacity of Program/Service: 50
 Client Capacity of Program/Service Expanded through MHSA: 75

Months of Operation: 12
 Program/Service or Expansion: Expansion
 Prepared by: Houghtby
530-527-
 Telephone Number: 5631

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports				\$0
e. Other Support Expenditures (provide description in budget narrative)				\$0
f. Total Support Expenditures	\$0	\$0	\$0	\$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)	\$108,556			\$108,556
c. Employee Benefits	\$56,612			\$56,612
d. Total Personnel Expenditures	\$165,168	\$0	\$0	\$165,168
3. Operating Expenditures				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0
d. General Office Expenditures				\$0

e. Rent, Utilities and Equipment				
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				\$0
h. Total Operating Expenditures	\$0	\$0	\$0	\$0
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known				\$0
6. Total Proposed Program Budget	\$165,168	\$0	\$0	\$165,168
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
2. New Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				\$0
e. Total New Revenue	\$0	\$0	\$0	\$0
3. Total Revenues	\$0	\$0	\$0	\$0
C. One-Time CSS Funding Expenditures	\$123,182			\$123,182
D. Total Funding Requirements	\$288,350	\$0	\$0	\$288,350
E. Percent of Total Funding Requirements for Full Service Partnerships				

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

County(ies): Tehama
 Program Workplan #: Four

Fiscal Year: 2007-08
 Date: 9/4/06

Program Workplan Name: Community Education and Latino Outreach
 Type of Funding: Outreach and Engagement

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 Months of Operation: 12

Proposed Total Client Capacity of Program/Service: 175

Program/Service or Expansion: Expansion

Existing Client Capacity of Program/Service: 125

Prepared by: Houghtby

Client Capacity of Program/Service Expanded through MHSA: 50

Telephone Number: 530-527-5631

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports				\$0
e. Other Support Expenditures (provide description in budget narrative)				\$0
f. Total Support Expenditures	\$0	\$0	\$0	\$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)	\$111,753			\$111,753
c. Employee Benefits	\$58,311			\$58,311
d. Total Personnel Expenditures	\$170,064	\$0	\$0	\$170,064
3. Operating Expenditures				
a. Professional Services				\$0

b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0
d. General Office Expenditures				\$0
e. Rent, Utilities and Equipment				\$0
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				\$0
h. Total Operating Expenditures	\$0	\$0	\$0	\$0
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known				\$0
6. Total Proposed Program Budget	\$170,064	\$0	\$0	\$170,064
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				\$0
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
2. New Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				\$0
e. Total New Revenue	\$0	\$0	\$0	\$0
3. Total Revenues	\$0	\$0	\$0	\$0
C. One-Time CSS Funding Expenditures				\$0
D. Total Funding Requirements	\$170,064	\$0	\$0	\$170,064
E. Percent of Total Funding Requirements for Full Service Partnerships				

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

County(ies): Tehama
 Program Workplan #: Four
 Program Workplan Name: Community Education and Latino Outreach
 Type of Funding: Outreach and Engagement

Fiscal Year: 2007-08
 Date: 9/4/06

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Months of Operation: 12

Proposed Total Client Capacity of Program/Service: 0

New Program/Service or Expansion: n

Existing Client Capacity of Program/Service: 0

Prepared by: Houghtby
530-527-

Client Capacity of Program/Service Expanded through MHSA: 0

Telephone Number: 5631

Classification	Function	Client, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{b/}	Total Salaries, Wages and Overtime
A. Current Existing Positions					
		-			\$0
					\$0
					\$0
	Total Current Existing Positions	0.00	0.00		\$0
B. New Additional Positions					
Health Educator	<i>Education and Outreach to the Latino Community</i>		1.00	\$51,607	\$51,607
Youth Clinician	<i>School based outreach and education</i>		0.50	\$58,343	\$29,172
Drug and Alcohol Counselor	<i>School based outreach and education</i>		0.50	\$39,398	\$19,699
					\$0
					\$0
Consumer Stipends	<i>Community based outreach and education</i>				\$2,000
					\$0
					\$0
	Total New Additional Positions	0.00	2.00		\$102,478
C. Total Program Positions		0.00	2.00		\$102,478

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

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

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

County(ies): Tehama
 Program Workplan # Five
 Program Workplan Name Full Service Partnership - Older Adult
 Type of Funding Full Service Partnership

Fiscal Year: 2005-06

Date: 9/4/06

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Proposed Total Client Capacity of Program/Service: _____

Months of Operation _____
 New Program/Service or Expansion New

Existing Client Capacity of Program/Service: _____

Prepared by: Ann Houghtby

Client Capacity of Program/Service Expanded through MHSAs: 0

Telephone Number: 530-527-5631

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports				\$0
e. Other Support Expenditures (provide description in budget narrative)				\$0
f. Total Support Expenditures	\$0	\$0	\$0	\$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)				\$0
c. Employee Benefits				\$0
d. Total Personnel Expenditures	\$0	\$0	\$0	\$0
3. Operating Expenditures				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0
d. General Office Expenditures				\$0

e. Rent, Utilities and Equipment				
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				\$0
h. Total Operating Expenditures	\$0	\$0	\$0	\$0
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known				\$0
6. Total Proposed Program Budget	\$0	\$0	\$0	\$0
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
2. New Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				\$0
e. Total New Revenue	\$0	\$0	\$0	\$0
3. Total Revenues	\$0	\$0	\$0	\$0
C. One-Time CSS Funding Expenditures				\$0
D. Total Funding Requirements	\$0	\$0	\$0	\$0
E. Percent of Total Funding Requirements for Full Service Partnerships				

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

County(ies): Tehama
 Program Workplan #: Five
 Program Workplan Name: Full Service Partnership - Older Adult
 Type of Funding: Full Service Partnership
 Proposed Total Client Capacity of Program/Service: 0
 Existing Client Capacity of Program/Service: 0
 Client Capacity of Program/Service Expanded through MHSAs: 0

Fiscal Year: 2005-06
 Date: 9/4/06
 Months of Operation: _____
 New Program/Service or Expansion: New
 Prepared by: Ann Houghtby
 Telephone Number: 530-527-5631

Classification	Function	Client, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{b/}	Total Salaries, Wages and Overtime
A. Current Existing Positions					\$0
					\$0
					\$0
					\$0
	Total Current Existing Positions		0.00	0.00	
B. New Additional Positions					\$0
					\$0
					\$0
					\$0
	Total New Additional Positions		0.00	0.00	
C. Total Program Positions		0.00	0.00		\$0

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

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

County(ies): Tehama
 Program Workplan # Five
 Program Workplan Name Full Service Partnership - Older Adult
 Type of Funding Full Service Partnership
 Proposed Total Client Capacity of Program/Service: _____
 Existing Client Capacity of Program/Service: _____
 Client Capacity of Program/Service Expanded through MHSA: 0

Fiscal Year: 2006-07
 Date: 9/4/06
 Months of Operation _____
 New Program/Service or Expansion New
 Prepared by: Ann Houghtby
 Telephone Number: 530-527-5631

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports				\$0
e. Other Support Expenditures (provide description in budget narrative)				\$0
f. Total Support Expenditures	\$0	\$0	\$0	\$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)				\$0
c. Employee Benefits				\$0
d. Total Personnel Expenditures	\$0	\$0	\$0	\$0
3. Operating Expenditures				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0

d. General Office Expenditures				\$0
e. Rent, Utilities and Equipment				\$0
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				\$0
h. Total Operating Expenditures	\$0	\$0	\$0	\$0
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known				\$0
6. Total Proposed Program Budget	\$0	\$0	\$0	\$0
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				\$0
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
2. New Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				\$0
e. Total New Revenue	\$0	\$0	\$0	\$0
3. Total Revenues	\$0	\$0	\$0	\$0
C. One-Time CSS Funding Expenditures				\$0
D. Total Funding Requirements	\$0	\$0	\$0	\$0
E. Percent of Total Funding Requirements for Full Service Partnerships				

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

County(ies): Tehama
 Program Workplan #: Five
 Program Workplan Name: Full Service Partnership - Older Adult
 Type of Funding: Full Service Partnership
 Proposed Total Client Capacity of Program/Service: 0
 Existing Client Capacity of Program/Service: 0
 Client Capacity of Program/Service Expanded through MHSAs: 0

Fiscal Year: 2006-07
 Date: 9/4/06
 Months of Operation: 0
 New Program/Service or Expansion: New
 Prepared by: Ann Houghtby
 Telephone Number: 530-527-5631

Classification	Function	Client, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{b/}	Total Salaries, Wages and Overtime
A. Current Existing Positions					\$0
					\$0
					\$0
					\$0
	Total Current Existing Positions		0.00	0.00	
B. New Additional Positions					\$0
					\$0
					\$0
					\$0
	Total New Additional Positions		0.00	0.00	
C. Total Program Positions		0.00	0.00		\$0

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

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

County(ies): Tehama
 Program Workplan # Five
 Program Workplan Name Full Service Partnership - Older Adult
 Type of Funding Full Service Partnership
 Proposed Total Client Capacity of Program/Service: _____
 Existing Client Capacity of Program/Service: _____
 Client Capacity of Program/Service Expanded through MHSAs: 0

Fiscal Year: 2007-08
 Date: 9/4/06
 Page 29 of 39
 Months of Operation 12
 New Program/Service or Expansion New
 Prepared by: Ann Houghtby
 Telephone Number: 530-527-5631

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports				\$0
e. Other Support Expenditures (provide description in budget narrative)				\$0
f. Total Support Expenditures	\$0	\$0	\$0	\$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)				\$0
c. Employee Benefits				\$0
d. Total Personnel Expenditures	\$0	\$0	\$0	\$0
3. Operating Expenditures				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0
d. General Office Expenditures				\$0

e. Rent, Utilities and Equipment				
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				\$0
h. Total Operating Expenditures	\$0	\$0	\$0	\$0
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known				\$0
6. Total Proposed Program Budget	\$0	\$0	\$0	\$0
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
2. New Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				\$0
e. Total New Revenue	\$0	\$0	\$0	\$0
3. Total Revenues	\$0	\$0	\$0	\$0
C. One-Time CSS Funding Expenditures				\$0
D. Total Funding Requirements	\$0	\$0	\$0	\$0
E. Percent of Total Funding Requirements for Full Service Partnerships				

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

County(ies): Tehama
 Program Workplan #: Five
 Program Workplan Name: Full Service Partnership - Older Adult
 Type of Funding: Full Service Partnership
 Proposed Total Client Capacity of Program/Service: 0
 Existing Client Capacity of Program/Service: 0
 Client Capacity of Program/Service Expanded through MHSA: 0

Fiscal Year: 2007-08
 Date: 9/4/2006
 Months of Operation: 12
 New Program/Service or Expansion: New
 Prepared by: Ann Houghtby
 Telephone Number: 530-527-5631

Classification	Function	Client, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{b/}	Total Salaries, Wages and Overtime
A. Current Existing Positions					\$0
					\$0
					\$0
					\$0
	Total Current Existing Positions		0.00	0.00	
B. New Additional Positions					\$0
					\$0
					\$0
					\$0
					\$0
	Total New Additional Positions		0.00	0.00	
C. Total Program Positions		0.00	0.00		\$0

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

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

County(ies): Tehama
 Program Workplan # Six
 Program Workplan Name Full Service Partnership - TAY

Fiscal Year: 2005-06

Date: 9/4/06

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Type of Funding 1. Full Service Partnership
 Proposed Total Client Capacity of Program/Service: _____
 Existing Client Capacity of Program/Service: _____
 Client Capacity of Program/Service Expanded through MHSA: 0

Months of Operation _____
 New Program/Service or Expansion New
 Prepared by: Ann Houghtby
 Telephone Number: 530-527-5631

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports				\$0
e. Other Support Expenditures (provide description in budget narrative)				\$0
f. Total Support Expenditures	\$0	\$0	\$0	\$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)				\$0
c. Employee Benefits				\$0
d. Total Personnel Expenditures	\$0	\$0	\$0	\$0
3. Operating Expenditures				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0
d. General Office Expenditures				\$0

e. Rent, Utilities and Equipment				
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				\$0
h. Total Operating Expenditures	\$0	\$0	\$0	\$0
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known				\$0
6. Total Proposed Program Budget	\$0	\$0	\$0	\$0
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				\$0
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
2. New Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				\$0
e. Total New Revenue	\$0	\$0	\$0	\$0
3. Total Revenues	\$0	\$0	\$0	\$0
C. One-Time CSS Funding Expenditures				\$0
D. Total Funding Requirements	\$0	\$0	\$0	\$0
E. Percent of Total Funding Requirements for Full Service Partnerships				

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

County(ies): Tehama
 Program Workplan # Six
 Program Workplan Name Full Service Partnership - TAY
 Type of Funding 1. Full Service Partnership
 Proposed Total Client Capacity of Program/Service: 0
 Existing Client Capacity of Program/Service: 0
 Client Capacity of Program/Service Expanded through MHSAs: 0

Fiscal Year: 2005-06
 Date: 9/4/06
 Page 32 of 39
 Months of Operation 0
 New Program/Service or Expansion New
 Prepared by: Ann Houghtby
 Telephone Number: 530-527-5631

Classification	Function	Client, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{b/}	Total Salaries, Wages and Overtime
A. Current Existing Positions					\$0
					\$0
					\$0
					\$0
					\$0
		Total Current Existing Positions	0.00	0.00	
B. New Additional Positions					\$0
					\$0
					\$0
					\$0
					\$0
		Total New Additional Positions	0.00	0.00	
C. Total Program Positions		0.00	0.00		\$0

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

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

County(ies): Tehama
 Program Workplan # Six
 Program Workplan Name Full Service Partnership - TAY
 Type of Funding 1. Full Service Partnership
 Proposed Total Client Capacity of Program/Service: _____
 Existing Client Capacity of Program/Service: _____
 Client Capacity of Program/Service Expanded through MHSAs: 0

Fiscal Year: 2006-07
 Date: 9/4/06
 Page 33 of 39
 Months of Operation _____
 New Program/Service or Expansion New
 Prepared by: Ann Houghtby
 Telephone Number: 530-527-5631

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports				\$0
e. Other Support Expenditures (provide description in budget narrative)				\$0
f. Total Support Expenditures	\$0	\$0	\$0	\$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)				\$0
c. Employee Benefits				\$0
d. Total Personnel Expenditures	\$0	\$0	\$0	\$0
3. Operating Expenditures				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0

d. General Office Expenditures				\$0
e. Rent, Utilities and Equipment				\$0
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				\$0
h. Total Operating Expenditures	\$0	\$0	\$0	\$0
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known				\$0
6. Total Proposed Program Budget	\$0	\$0	\$0	\$0
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				\$0
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
2. New Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				\$0
e. Total New Revenue	\$0	\$0	\$0	\$0
3. Total Revenues	\$0	\$0	\$0	\$0
C. One-Time CSS Funding Expenditures				\$0
D. Total Funding Requirements	\$0	\$0	\$0	\$0
E. Percent of Total Funding Requirements for Full Service Partnerships				

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

County(ies): Tehama
 Program Workplan # Six
 Program Workplan Name Full Service Partnership - TAY
 Type of Funding 1. Full Service Partnership
 Proposed Total Client Capacity of Program/Service: 0
 Existing Client Capacity of Program/Service: 0
 Client Capacity of Program/Service Expanded through MHSAs: 0

Fiscal Year: 2006-07
 Date: 9/4/06
 Months of Operation 0
 New Program/Service or Expansion New
 Prepared by: Ann Houghtby
 Telephone Number: 530-527-5631

Classification	Function	Client, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{b/}	Total Salaries, Wages and Overtime
A. Current Existing Positions					\$0
					\$0
					\$0
					\$0
	Total Current Existing Positions		0.00	0.00	
B. New Additional Positions					\$0
					\$0
					\$0
					\$0
	Total New Additional Positions		0.00	0.00	
C. Total Program Positions		0.00	0.00		\$0

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

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

County(ies): Tehama
 Program Workplan # one
 Program Workplan Name Full Service Partnership - TAY
 Type of Funding 1. Full Service Partnership
 Proposed Total Client Capacity of Program/Service: _____
 Existing Client Capacity of Program/Service: _____
 Client Capacity of Program/Service Expanded through MHSAs: 0

Fiscal Year: 2007-08
 Date: 9/4/06
 Page 35 of 39
 Months of Operation 12
 New Program/Service or Expansion New
 Prepared by: Ann Houghtby
 Telephone Number: 530-527-5631

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports				\$0
e. Other Support Expenditures (provide description in budget narrative)				\$0
f. Total Support Expenditures	\$0	\$0	\$0	\$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)				\$0
c. Employee Benefits				\$0
d. Total Personnel Expenditures	\$0	\$0	\$0	\$0
3. Operating Expenditures				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0

d. General Office Expenditures				\$0
e. Rent, Utilities and Equipment				\$0
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				\$0
h. Total Operating Expenditures	\$0	\$0	\$0	\$0
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known				\$0
6. Total Proposed Program Budget	\$0	\$0	\$0	\$0
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				\$0
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
2. New Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				\$0
e. Total New Revenue	\$0	\$0	\$0	\$0
3. Total Revenues	\$0	\$0	\$0	\$0
C. One-Time CSS Funding Expenditures				\$0
D. Total Funding Requirements	\$0	\$0	\$0	\$0
E. Percent of Total Funding Requirements for Full Service Partnerships				

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

County(ies): Tehama
 Program Workplan # Six
 Program Workplan Name Full Service Partnership - TAY
 Type of Funding 1. Full Service Partnership
 Proposed Total Client Capacity of Program/Service: 0
 Existing Client Capacity of Program/Service: 0
 Client Capacity of Program/Service Expanded through MHSAs: 0

Fiscal Year: 2007-08
 Date: 9/4/06
 Page 36 of 39
 Months of Operation 12
 New Program/Service or Expansion New
 Prepared by: Ann Houghtby
 Telephone Number: 530-527-5631

Classification	Function	Client, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{b/}	Total Salaries, Wages and Overtime
A. Current Existing Positions					\$0
					\$0
					\$0
					\$0
	Total Current Existing Positions		0.00	0.00	
B. New Additional Positions					\$0
					\$0
					\$0
					\$0
	Total New Additional Positions		0.00	0.00	
C. Total Program Positions		0.00	0.00		\$0

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

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

County(ies): Tehama

Fiscal Year: 2005-06

Date: 9/4/06

	Client, Family Member and Caregiver FTEs	Total FTEs	Budgeted Expenditures
A. Expenditures			
1. Personnel Expenditures			
a. MHSAs Coordinator(s)			
b. MHSAs Support Staff			
c. Other Personnel (list below)			
Data Support Analyst			
ii.			
iii.			
iv.			
v.			
vi.			
vii.			
d. Total FTEs/Salaries	0.00	0.00	\$0
e. Employee Benefits			
f. Total Personnel Expenditures			\$0
2. Operating Expenditures			
a. Professional Services			
b. Travel and Transportation			
c. General Office Expenditures			
d. Rent, Utilities and Equipment			
e. Other Operating Expenses (provide description in budget narrative)			
f. Total Operating Expenditures			\$0
3. County Allocated Administration			

a. Countywide Administration (A-87)			
b. Other Administration (provide description in budget narrative)			
c. Total County Allocated Administration			\$0
4. Total Proposed County Administration Budget			\$0
B. Revenues			
1. New Revenues			
a. Medi-Cal (FFP only)			
b. Other Revenue			
2. Total Revenues			\$0
C. Start-up and One-Time Implementation Expenditures			
D. Total County Administration Funding Requirements			\$0

COUNTY CERTIFICATION

I HEREBY CERTIFY under penalty of perjury that I am the official responsible for the administration of Community Mental Health Services in and for said County; that I have not violated any of the provisions of Section 5891 of the Welfare and Institution Code in that all identified funding requirements (in all related program budgets and this administration budget) represent costs related to the expansion of mental health services since passage of the MHSA and do not represent supplanting of expenditures; that fiscal year 2004-05 funds required to be incurred on mental health services will be used in providing such services; and that to the best of my knowledge and belief this administration budget and all related program budgets in all respects are true, correct, and in accordance with the law.

Date: _____

Signature _____

Local Mental Health Director

Executed at _____, California

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

County(ies): Tehama

Fiscal Year: 2006-07

Date: 9/4/06

	Client, Family Member and Caregiver FTEs	Total FTEs	Budgeted Expenditures
A. Expenditures			
1. Personnel Expenditures			
a. MHSA Coordinator(s)		1.00	\$56,784
b. MHSA Support Staff			
c. Other Personnel (list below)			
Mental Health Director		0.44	\$29,705
Data Support Analyst		0.50	\$18,666
Consumer Support Worker	0.50	0.50	\$9,005
iii.			
iv.			
v.			
vi.			
vii.			
d. Total FTEs/Salaries	0.50	2.44	\$114,160
e. Employee Benefits			\$59,375
f. Total Personnel Expenditures			\$173,535
2. Operating Expenditures			
a. Professional Services			
b. Travel and Transportation			
c. General Office Expenditures			
d. Rent, Utilities and Equipment			
e. Other Operating Expenses (provide description in budget narrative)			
f. Total Operating Expenditures			\$0

3. County Allocated Administration			
a. Countywide Administration (A-87)			
b. Other Administration (provide description in budget narrative)			
c. Total County Allocated Administration			\$0
4. Total Proposed County Administration Budget			\$173,535
B. Revenues			
1. New Revenues			
a. Medi-Cal (FFP only)			
b. Other Revenue			
2. Total Revenues			\$0
C. Start-up and One-Time Implementation Expenditures			
D. Total County Administration Funding Requirements			\$173,535

COUNTY CERTIFICATION

I HEREBY CERTIFY under penalty of perjury that I am the official responsible for the administration of Community Mental Health Services in and for said County; that I have not violated any of the provisions of Section 5891 of the Welfare and Institution Code in that all identified funding requirements (in all related program budgets and this administration budget) represent costs related to the expansion of mental health services since passage of the MHSA and do not represent supplanting of expenditures; that fiscal year 2004-05 funds required to be incurred on mental health services will be used in providing such services; and that to the best of my knowledge and belief this administration budget and all related program budgets in all respects are true, correct, and in accordance with the law.

Date: _____

Signature _____

Local Mental Health Director

Executed at _____, California

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

County(ies): _____

Fiscal Year: 2007-08

Date: 9/4/06

	Client, Family Member and Caregiver FTEs	Total FTEs	Budgeted Expenditures
A. Expenditures			
1. Personnel Expenditures			
a. MHSA Coordinator(s)		1.00	\$58,488
b. MHSA Support Staff			
c. Other Personnel (list below)			
Mental Health Director		0.44	\$ 30,596.28
System Support Analyst		0.50	\$19,226
Consumer Support Worker	0.50	0.50	9,229.50
iv.			
v.			
vi.			
vii.			
d. Total FTEs/Salaries	0.50	2.44	\$117,540
e. Employee Benefits			\$61,155
f. Total Personnel Expenditures			\$178,695
2. Operating Expenditures			
a. Professional Services			
b. Travel and Transportation			
c. General Office Expenditures			
d. Rent, Utilities and Equipment			
e. Other Operating Expenses (provide description in budget narrative)			

f. Total Operating Expenditures			\$0
3. County Allocated Administration			
a. Countywide Administration (A-87)			
b. Other Administration (provide description in budget narrative)			
c. Total County Allocated Administration			\$0
4. Total Proposed County Administration Budget			\$178,695
B. Revenues			
1. New Revenues			
a. Medi-Cal (FFP only)			
b. Other Revenue			
2. Total Revenues			\$0
C. Start-up and One-Time Implementation Expenditures			
D. Total County Administration Funding Requirements			\$178,695

COUNTY CERTIFICATION

I HEREBY CERTIFY under penalty of perjury that I am the official responsible for the administration of Community Mental Health Services in and for said County; that I have not violated any of the provisions of Section 5891 of the Welfare and Institution Code in that all identified funding requirements (in all related program budgets and this administration budget) represent costs related to the expansion of mental health services since passage of the MHSA and do not represent supplanting of expenditures; that fiscal year 2004-05 funds required to be incurred on mental health services will be used in providing such services; and that to the best of my knowledge and belief this administration budget and all related program budgets in all respects are true, correct, and in accordance with the law.

Date: _____

Signature _____

Local Mental Health Director

Executed at _____, California

EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT

Estimated/Actual Population Served

County: Tehama
Program Work Plan #: 1
Program Work Plan Name: Project Access
Fiscal Year: 2006-2007 <i>(please complete one per fiscal year)</i>

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Child/Youth											
Transition Age Youth											
Adults											
Older Adults											
System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual

EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT

Estimated/Actual Population Served

County: Tehama
Program Work Plan #: 1
Program Work Plan Name: Project Access
Fiscal Year: 2007-2008 <i>(please complete one per fiscal year)</i>

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Child/Youth											
Transition Age Youth											
Adults											
Older Adults											
System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual

EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT

Estimated/Actual Population Served

County: Tehama
Program Work Plan #: 2
Program Work Plan Name: Housing Initiative
Fiscal Year: 2006-2007 <i>(please complete one per fiscal year)</i>

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Child/Youth											
Transition Age Youth											
Adults											
Older Adults											
System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual

EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT

Estimated/Actual Population Served

County: Tehama
Program Work Plan #: 2
Program Work Plan Name: Housing Initiative
Fiscal Year: 2007-2008 <i>(please complete one per fiscal year)</i>

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Child/Youth											
Transition Age Youth											
Adults											
Older Adults											
System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual

EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT

Estimated/Actual Population Served

County: Tehama
Program Work Plan #: 3
Program Work Plan Name: Project Employment
Fiscal Year: 2006-2007 <i>(please complete one per fiscal year)</i>

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Child/Youth											
Transition Age Youth											
Adults											
Older Adults											
System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual

EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT

Estimated/Actual Population Served

County: Tehama
Program Work Plan #: 3
Program Work Plan Name: Project Employment
Fiscal Year: 2007-2008 <i>(please complete one per fiscal year)</i>

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Child/Youth											
Transition Age Youth											
Adults											
Older Adults											
System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual

EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT

Estimated/Actual Population Served

County: Tehama
Program Work Plan #: 4
Program Work Plan Name: Community Education and Latino Outreach
Fiscal Year: 2006-2007 <i>(please complete one per fiscal year)</i>

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Child/Youth											
Transition Age Youth											
Adults											
Older Adults											
System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual

EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT

Estimated/Actual Population Served

County: Tehama
Program Work Plan #: 4
Program Work Plan Name: Community Education and Latino Outreach
Fiscal Year: 2007-2008 <i>(please complete one per fiscal year)</i>

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Child/Youth											
Transition Age Youth											
Adults											
Older Adults											
System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual

EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT

Estimated/Actual Population Served

County: Tehama
Program Work Plan #: 5
Program Work Plan Name: Full Service Partnership – Older Adults
Fiscal Year: 2007-2008 <i>(please complete one per fiscal year)</i>

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Child/Youth											
Transition Age Youth											
Adults											
Older Adults											
System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual

EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT

Estimated/Actual Population Served

County: Tehama
Program Work Plan #: 6
Program Work Plan Name: Full Service Partnership – Transitional Age Youth
Fiscal Year: 2007-2008 <i>(please complete one per fiscal year)</i>

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Child/Youth											
Transition Age Youth											
Adults											
Older Adults											
System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual

EXHIBIT 7--Mental Health Services Act Cash Balance Quarterly Report

County _____ Date _____
 MHSA Component Comm. Services and Supports Fiscal Year 2005-06
 Quarter 1st (July - Sept)

A. Cash Flow Activity	
1. Cash on hand at beginning of quarter (line 6 from prior Quarterly Report)	
2. Quarterly advance from State DMH (insert as positive number)	-
3. Total cash available (sum of lines 1 and 2)	\$0
4. Actual expenditures (insert as a negative number)	
5. Adjustments of prior quarters (insert as negative or positive number, as appropriate)	-
6. Cash on hand at end of quarter (report on line 1 for next Quarterly Report)	\$0
B. Reserved Cash on Hand at End of Quarter (enter as negative numbers)	
1. Anticipated one-time expenditures to be incurred during quarter	
C. Cash on Hand for On-Going Operations	\$0

COUNTY CERTIFICATION

I HEREBY CERTIFY, to the best of my knowledge and belief, under penalty of perjury, that this report is correct and complete and that all expenditures have been made in accordance with the Mental Health Services Act requirements.

Signature _____
 Name and Title _____
 E-Mail Address _____
 Telephone Number _____