

County of Mendocino



MENTAL HEALTH SERVICES ACT

COMMUNITY SERVICES AND SUPPORTS, WORKFORCE EDUCATION AND TRAINING, AND PREVENTION AND EARLY INTERVENTION COMPONENTS PLAN

2011-2012 ANNUAL UPDATE

JUNE 29, 2011

HEALTH AND HUMAN SERVICE AGENCY
MENTAL HEALTH SERVICES BRANCH



COUNTY CERTIFICATION

County: Mendocino

Components Included:

<input checked="" type="checkbox"/> CSS	<input checked="" type="checkbox"/> WET
<input type="checkbox"/> CF	<input type="checkbox"/> TN
<input checked="" type="checkbox"/> PEI	<input type="checkbox"/> INN

County Mental Health Director	Project Lead
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I hereby certify that I am the official responsible for the administration of county mental health services in and for said county and that the County has complied with all pertinent regulations, laws and statutes for this annual update/update, including all requirements for the Workforce Education and Training component. Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

This annual update has been developed with the participation of stakeholders, in accordance with sections 3300, 3310, subdivision (d), and 3315, subdivision (a). The draft FY 2011/12 annual update was circulated for 30 days to stakeholders for review and comment and a public hearing¹ was held by the local mental health board of commission. All input has been considered with adjustments made, as appropriate.

The County agrees to participate in a local outcome evaluation for the PEI program(s) identified in the PEI component.²

The County Mental Health Director approves all Capital Facilities and Technological Needs (CFTN) projects.

The County has complied with all requirements for the Workforce Education and Training component and the Capital Facilities segment of the CFTN component.

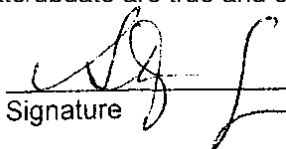
The costs of any Capital Facilities renovation projects in this annual update are reasonable and consistent with what a prudent buyer would incur.

The information provided for each work plan is true and correct.

All documents in the attached FY 2011/12 annual update/update are true and correct.

Stacey Cryer
Mental Health Director/Designee (PRINT)

Signature



6/29/2011

Date

¹ Public Hearing only required for annual updates.

² Counties with fewer than 100,000 residents, per Department of Finance demographic data, are exempt from this requirement.

COMMUNITY PROGRAM PLANNING AND LOCAL REVIEW PROCESS

County: Mendocino30-day Public Comment period dates: May 24 – June 22, 2011Date: May 24, 2011Date of Public Hearing (Annual update only): June 22, 2011

Instructions: Utilizing the following format please provide a brief description of the Community Program Planning and Local Review Processes that were conducted as part of this annual update/update per Title 9 of the California Code of Regulations, sections 3300 and 3315.

Counties may elect to attach the Mental Health Board meeting minutes in which the annual update was discussed if it provides additional information that augments the responses to these questions.

Community Program Planning

1. Briefly describe the Community Program Planning (CPP) Process for development of all components included in the FY 2011/12 annual update/update. Include the methods used to obtain stakeholder input.

Mendocino County's approach to engaging all stakeholders in its process of developing its MHSA FY 11/12 Update has included the following:

1. MHSA Stakeholder Committee and Steering Subcommittee Meetings
2. MHSA Program/Fiscal Management Group
3. Mental Health Board input through regularly scheduled meetings
4. County Mental Health website information
5. Public posting of the Annual Update through the 30 day Local Review Process
6. Mental Health Board Public Hearing on the Annual Update

1. MHSA Stakeholder Committee and Steering Subcommittee Meetings

The MHSA Stakeholder Committee meets as needed and provides input into the development of the MHSA Annual Update. The MHSA Stakeholder Committee is comprised of stakeholder representatives (e.g., consumers, non-governmental providers, County Mental Health staff, Mental Health Board members, and interested parties from the public). The Stakeholder Committee meets regularly to review the progress of the MSHA activities, gather input from those receiving and providing services, and to discuss methods for integrating the vision and values of the MHSA into the broader Mental Health services provided by in County. In the third and fourth quarters of Fiscal Year 2010/2011, the MHSA Stakeholder Committee assembled a Steering Subcommittee to meet monthly during the intervening months when the full MHSA Stakeholder Committee is not convened.

2. MHSA Program/Fiscal Management Group

This group is comprised of Health and Human Services Agency (HHS) staff who provide oversight to the delivery of MHSA services, the MHSA Coordinator, and fiscal staff. This group meets regularly and is responsible for budget administration, plan development and implementation, and ongoing evaluation of the delivery of MHSA services.

3. Mental Health Board input through regularly scheduled meetings

The Mental Health Board meets monthly and receives public comment on agenda and non-agenda items related to general mental health services.

4. County Mental Health website posting

An electronic copy of the Update was posted on the County website with an announcement of the public review and comment period, as well as the Public Hearing information. The website posting provided contact information to allow input on the plan in person, by phone, or by mail. In addition, the Mental Health Board Public Hearing information was posted to encourage public input.

5. Community Planning Meeting

On May 11, 2012, the Mental Health Branch held an MHSA Planning Meeting for the 2011/2012 Annual Update for Community Services and Supports, Workforce Education and Training, and Prevention and Early Intervention. The meeting began with an overview of MHSA and recent legislation. For each component, the County facilitated a discussion that included:

COMMUNITY PROGRAM PLANNING AND LOCAL REVIEW PROCESS

- County report on activities/spending for 2010-11
- County proposal for 2011-12
- Stakeholder input on proposal

6. Public posting of the Update throughout the 30 day Local Review Process

Hard copies of the Update were made available for public review at locations across the county, including key service delivery sites and mental health clinics. The Annual Update was posted for 30 days from May 24 through June 22, 2011.

7. Mental Health Board/Mental Health Services Act Stakeholders Committee Joint Meeting

Mendocino County held a Public Hearing to obtain input from interested stakeholders. The Public Hearing was held during the Mental Health Board/MHSA Stakeholders Joint meeting on Wednesday, June 22, 2011, at Mendocino County Department Of Social Services, 747 South State Street, Ukiah, California.

2. Identify the stakeholder entities involved in the Community Program Planning (CPP) Process. (i.e., name, agency affiliation, population represented, age, race/ethnicity, client/family member affiliation, primary language spoken, etc.)

The following stakeholders have had participated in the MHSA CPP. In addition to the list below, many consumers/clients and consumer family members participated in the CPP.

- Policy Council for Youth and Children
- NAMI Mendocino
- Redwood Children's Services
- Health and Human Services Agency Advisory Board
- Alliance for Rural Community Health
- Laytonville Family Resource Center
- Legal Services of Northern California
- Consolidated Tribal Health Project, Inc.
- Homeless Services Continuum of Care
- Action Network
- Mendocino County Office of Education
- Mendocino County Youth Project
- Round Valley Indian Health Center
- DSS/MH Older Adult System of Care
- Safe Passage Family Resource Center
- Pinoleville Vocational Rehabilitation
- Anderson Valley Resource Center
- First 5 Mendocino County
- MCAVHN
- Mendocino County Probation Department
- Ford Street Project
- Ukiah/Coast Community Center
- Ukiah Senior Center
- Community Care/Area Agency on Aging
- Willits Community Services and Food Bank
- Manzanita Services, Inc.

3. If consolidating programs or eliminating a program/project, please include how the stakeholders were involved and had the opportunity to participate in the decision to eliminate the program/project.

No programs are proposed for elimination in this Update.

Local Review Process

4. Describe methods used to circulate, for the purpose of public comment, the annual update or update.

This MHSA FY 11/12 Annual Update was posted for a 30-day public review and comment period from May 24 through June 22, 2011. An electronic copy was posted on the County website with an announcement of the public review and

COMMUNITY PROGRAM PLANNING AND LOCAL REVIEW PROCESS

comment period, as well as the Public Hearing information. The website posting provided contact information to allow input on the plan in person, by phone, and by mail. A hard copy of the Update was distributed to all members of the Mental Health Board, Mental Health and Health and Human Services Leadership Team, MHSA Stakeholder Committee, staff, and community partners. Hard copies of the Annual Update were placed at locations across the county including county mental health clinics. The Annual Update was available to clients and family members at all of these sites and on the County website. A Public Hearing was held on June 22, 2011, during the Mental Health Board/MHSA Stakeholders Joint meeting at Mendocino County Department Of Social Services, 747 South State Street, Ukiah, California. Stakeholder questions and comments about the Update were welcomed in writing or at the Public Meeting.

5. Include substantive comments received during the stakeholder review and public hearing, responses to those comments, and a description of any substantive changes made to the proposed annual update/update that was circulated. The County should indicate if no substantive comments were received.

The County received written comments during the public review and comment period as well as oral comment at a public meeting of the Mental Health Board on June 22, 2011.

Comment/Concern 1:

Concern about continued funding to the wellness and recovery centers.

Response:

The 2011/2012 Community Services and Supports (CSS) program includes funding for wellness and recovery centers in Ukiah, Willits and Fort Bragg.

Comment/Concern 2:

Stakeholders expressed concern about services to the remote areas of Mendocino County and services to the Latino and Tribal communities of Mendocino County. Concern was also expressed by a stakeholder that it is still not clear how the County is going to address outreach and engagement to the unserved and underserved population.

Response:

In a rural county like Mendocino, providing services including outreach and engagement to outlying and traditionally unserved and underserved communities like the Latino and Tribal communities is an essential part of our MHSA plan. The proposed CSS budget for 2011/2012 includes services targeted for Mendocino County's remote areas including a parent partner program and therapeutic counseling on the south coast by Action Network; bi-cultural therapy and cross cultural training by Consolidated Tribal Health Project; bi-cultural and bilingual mental health services to the remote areas of Covelo and Laytonville and to the Latino population by Tapestry Family Services; outreach to tribal elders to promote mental health wellness by Round Valley Indian Health Center. The 2011/2012 Prevention and Early Intervention programs will include prevention collaboration efforts at several schools throughout the County with a large population of Latino and Native American students.

Comment/Concern 3:

Concern about the level of input obtained from the stakeholders during the Community Planning Process. Concern was also expressed that the Draft Annual Update was dated June 24.

Response:

The Draft Annual Update was released on May 24 for public review and comment. The cover of the Draft Annual Update had a typographical error dating the document June 24.

In the third quarter of 2010/2011, the County's CSS plan underwent a significant update to support the transformation of the mental health system to create a comprehensive, coordinated, integrated system of care and focused on the provision of core State-mandated services. This CSS update was approved by Department of Mental Health on March 28, 2011, and created the framework for the Fiscal Year 2011/2012 Annual Update.

The Community Planning Meeting held on May 11, 2011 involved a County-facilitated discussion for each of the components: Community Services and Supports, Workforce Education and Training, and Prevention and Early Intervention. For each component, the County provided a report on activities and spending for 2010/2011; a proposal for 2011-12; and gathered stakeholder input on the proposal.

**COMMUNITY PROGRAM PLANNING
AND LOCAL REVIEW PROCESS**

In 2011/2012, the Mental Health Branch will collaborate with its local community partners, clients, consumers, consumer family members, the California Mental Health Directors Association, and Mental Health Services Oversight and Accountability Commission to continue to refine and improve its stakeholder process.

Comment/Concern 4:

Concern that Exhibit C, Item No. 2 of the Annual Update plan does not include mention of the programs that have been referred to many times by the Mental Health Board and community groups.

Response:

Exhibit C, Item No. 2 references the major community issues identified by age group in the initial Community Program Planning Process. Please refer to Table 8 on Pages 25 – 26 of the MHSA CSS Three Year Program and Expenditure Plan developed in 2005. Please note, the MHSA-funded program addressing issues are based on 09/10 activities.

Comment/Concern 5:

Plan descriptions [of Exhibit C on page 5 of the Draft Annual Update] refer to programs that have been curtailed.

Response:

Exhibit C reports overall implementation report on FY 09/10 activities. Refer to Exhibit D1 for 11/12 proposed programs.

Comment/Concern 6:

Concern that client-driven services are being replaced with non-client management and that the County-run wellness and recovery center is restricted to County clients only.

Response:

The County values consumer-driven, operated and managed service delivery in wellness and recovery centers. The wellness and recovery center located in Fort Bragg is undergoing a restructure and reorientation that demonstrates commitment to the MHSA values of recovery and wellness. In 2011/2012, the County will support Peer-to-Peer and Family-to-Family training (including a train-the-trainer series) which is an essential element in the development of all wellness and recovery centers County-wide, including Fort Bragg.

Comment/Concern 7:

Concern for the provision of crisis intervention and respite services.

Response:

Crisis services are being restructured and will include the provision of respite services on the coast in Fort Bragg and inland in Willits. Principles of wellness and recovery coupled with a medical screening and proactive and coordinated care management among the care team members (including the clients family and significant others) are essential elements of this restructure. In addition, the County's Suicide Prevention Hotline, funded through CalMHSA Joint Powers Authority, will be an integral part of crisis service delivery.

Comment/Concern 8:

Concern that the Prevention and Early Intervention project for the screening of youth and young adults for those at risk of first break and early onset of serious mental illness is not an evidence based practice. A stakeholder also expressed concern that this new screening program should be paid by school districts and that, relative to the needs of the community, is a lower priority.

Response:

This project is described at length in the County's approved Prevention and Early Intervention Component of the Three Year Program and Expenditure Plan for Mendocino County. As stated in the PEI plan, it is founded on two best practice models for first break early intervention recommended by the State Department of Mental Health: Early Psychosis Prevention and Intervention Centre (EPPIC) and Early Diagnosis and Preventative Treatment of Psychosis Illness (EDAPT). Based on the data collected during the PEI planning process and the input received through focus groups, surveys and key informant interviews led the County to decide to utilize a significant portion of the PEI funds to provide early intervention services for transition age youth and young adults at the early onset of a serious psychiatric illness. One piece of this is the utilization of a screening instrument to be utilized by care providers, school counselors, doctors and other service providers to identify prodromal symptoms of mental illness and suicide risk. Please reference Enclosure 3, P2-2 to P2-7 of the PEI Three Year Plan for more information.

OVERALL IMPLEMENTATION PROGRESS REPORT ON FY 09/10 ACTIVITIES

County: MendocinoDate: May 24, 2011

Instructions: Welfare and Institutions Code section 5848 specifies that DMH shall establish requirements for the content of the annual update and updates including reports on the achievement of performance outcomes for services. Provide an update on the overall progress of the County's implementation of the MHSA including CSS, WET, PEI, and INN components during FY 2009-10. NOTE: Implementation includes any activity conducted for the program post plan approval.

CSS, WET, PEI, and INN

1. Briefly report on how the implementation of the MHSA is progressing: whether implementation activities are generally proceeding as described in the County's approved Plan, any key differences, and any major challenges.

Please check box if your county did NOT begin implementation of the following components in FY 09/10:

- ☐ WET
☒ PEI
☒ INN

Community Services and Supports:

The implementation of this component is progressing well as Mendocino County strengthens its ability to deliver wraparound services to its Full Service Partnerships. In Fiscal Year 2009/2010, there were no key differences from the services described in the County's approved Plan nor major challenges to the provision of the following programs:

The Children and Family Services Program included services to children of all ages, with a focus on the underserved 0-5 age group and underserved Latino and American Indian Children. In particular, progress was made towards serving this population with the parent partner program, broad screening and assessment of very young children, family respite services, and therapeutic services to children and families in tribal and Latino communities.

The Transition Age Youth program continued several programs to build resiliency and promote recovery including the TAY Wellness Program in which 24 Full Service Partners were provided with wraparound services. Six of these youth were provided with intensive supportive housing. The TAY program included clinical coaching services at the community college and provided therapeutic and clinical services including those for the County's bicultural, bilingual, and remotely-located community through contracts with Action Network and Tapestry Family Services.

The Adult System of Care (ASOC) focused on the provision of services through 37 Full Service Partnerships who received an array of services to support the recovery from severe and persistent mental illness (SPMI). These services were provided by a network of providers including the HOPE (Homeless Outreach Program Expansion) Team and Adult Mental Health case management team. The County served ASOC clients through three wellness and recovery centers located in Ukiah, Willits, and Fort Bragg with programming such as the AVE art program. The Client Empowerment Advocate provided an essential bridge for clients as the County continued to promote MHSA recovery principles. For those adults clients within the criminal justice system or at risk of incarceration, the forensic program provided much needed mental health services.

The Older Adult System of Care (OASOC) provided services for the improvement of the aging population's quality of life. Services were provided to 12 Full Service Partners. Bicultural and bilingual outreach and engagement were provided through contracts with Round Valley Tribal Health, Nuestra Casa, and Consolidated Tribal Health Project. Senior Peer Counseling provided weekly visits to over 20 OASOC clients.

Workforce Education and Training:

The Department of Mental Health approved the County's Workforce Education and Training (WET) component plan in August 2009. Due to staffing restrictions, the County was not able to begin implementation of the WET plan until February 2010. The County conducted a recruitment for the WET Coordinator in 3rd Quarter of fiscal year 2009/2010 and hired the WET Coordinator in the 4th quarter. For the remaining three months of Fiscal Year 2009/2010, the WET Coordinator initiated the recruitment plan for the WET Clerical Support and convened the WET work group and established the subcommittees for the following topics: scholarship and loan assistance; training for treatment of co-occurring disorders; electronics resources.

**OVERALL IMPLEMENTATION PROGRESS REPORT
ON FY 09/10 ACTIVITIES**

2. During the initial Community Program Planning Process for CSS, major community issues were identified by age group. Please describe how MHSA funding is addressing those issues. (e.g., homelessness, incarceration, serving unserved or underserved groups, etc.)

Please find below a listing of the major community issues identified through Mendocino County's community planning process. These issues were to be the focus of MHSA services as indicated in the MHSA CSS Three Year Program and Expenditure Plan developed in 2005. The ways in which Mendocino County addressed each community issue during fiscal year 2009/2010 are also indicated.

Age Group	Community Issues	MHSA-funded Program Addressing Issues
Children and Families	<ul style="list-style-type: none"> ▪ Inability to be in a mainstream school environment/school failure ▪ Involvement in child welfare and juvenile justice systems/out-of-home placement ▪ Peer and family problems 	Strong parent partner program provided to children and families. Culturally and linguistically appropriate therapeutic services provided to children and their families. Respite services for families.
Transition Age Youth	<ul style="list-style-type: none"> ▪ Homelessness ▪ Inability to manage independence/work ▪ Involvement in child welfare and juvenile justice systems 	TAY Wellness program provided wraparound services and housing for 6 Full Service Partners. Wrap around services also provided to an additional 18 Full Service Partners including independent living skills and vocational development.
Adults	<ul style="list-style-type: none"> ▪ Homelessness ▪ Inability to manage independence ▪ Inability to work ▪ Involuntary care/ institutionalization/ incarceration 	Recovery and wellness centers provided counseling, life skills training, meals, financial support, and assistance accessing related resources to build independence and vocational readiness. Full Service Partnerships provide wrap around services including access to housing opportunities. Forensic mental health services provided for incarcerated clients.
Older Adults	<ul style="list-style-type: none"> ▪ Homelessness ▪ Inability to manage independence/ involuntary care/ isolation 	Full Service Partnerships provided wrap around services including access to housing opportunities. Senior Peer Counseling program addressed isolation and enabled seniors to receive care in their home to maintain independence.

**OVERALL IMPLEMENTATION PROGRESS REPORT
ON FY 09/10 ACTIVITIES**

PEI

1. Provide the following information on the total number of individuals served across all PEI programs (for prevention, use estimated #):

Mendocino County did not begin implementation of this PEI program in FY 09/10.

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)		White		English		LGBTQ	
Transition Age Youth (16-25)		African American		Spanish		Veteran	
Adult (18-59)		Asian		Vietnamese		Other	
Older Adult (60+)		Pacific Islander		Cantonese			
		Native American		Mandarin			
		Hispanic		Tagalog			
		Multi		Cambodian			
		Unknown		Hmong			
		Other		Russian			
				Farsi			
				Arabic			
				Other			

2. Provide the name of the PEI program selected for the local evaluation³. ☐ N/A

PEI Statewide Training, Technical Assistance, and Capacity Building (TTACB)

1. Please provide the following information on the activities of the PEI Statewide Training, Technical Assistance, and Capacity Building (TTACB) funds.

Activity Name; Brief Description; Estimated Funding Amount ⁴	Target Audience/Participants ⁵
1.	
2.	
3.	
4.	

³ Note that very small counties (population less than 100,000) are exempt from this requirement.

⁴ Provide the name of the PEI TTACB activity, a brief description, and an estimated funding amount. The description shall also include how these funds support a program(s) that demonstrates the capacity to develop and provide statewide training, technical assistance and capacity building services and programs in partnership with local and community partners via subcontracts or other arrangements to assure the appropriate provision of community-based prevention and early intervention activities.

⁵ Provide the names of agencies and categories of local partners external to mental health included as participants (i.e., K-12 education, higher education, primary health care, law enforcement, older adult services, faith-based organizations, community-based organizations, ethnic/racial/cultural organizations, etc.) and county staff and partners included as participants.

2011/12 ANNUAL UPDATE

EXHIBIT E

County: Mendocino

Date: 6/29/2011

	MHSA Funding					
	CSS	WET	CFTN	PEI	INN	Local Prudent Reserve
A. FY 2011/12 Component Allocations						
1. Published Component Allocation	\$1,943,800			\$388,600		
2. Transfer from FY 11/12 ^{a/}	\$402,268					\$402,268
3. Adjusted Component Allocation	\$1,541,532					
B. FY 2011/12 Funding Request						
1. Requested Funding in FY 2011/12	\$2,478,000			\$958,025		
2. Requested Funding for CPP						
3. Net Available Unexpended Funds						
a. Unexpended Funds from FY 09/10 Annual MHSA Revenue and Expenditure Report	\$1,320,454			\$213,502		
b. Amount of Unexpended Funds from FY 09/10 spent in FY 10/11 (adjustment)	\$1,320,454			\$213,502		
c. Unexpended Funds from FY 10/11	\$936,468			\$569,425		
d. Total Net Available Unexpended Funds	\$936,468	\$0		\$569,425	\$0	
4. Total FY 2011/12 Funding Request	\$1,541,532	\$0	\$0	\$388,600	\$0	
C. Funds Requested for FY 2011/12						
1. Unapproved FY 06/07 Component Allocations						
2. Unapproved FY 07/08 Component Allocations						
3. Unapproved FY 08/09 Component Allocations						
4. Unapproved FY 09/10 Component Allocations ^{b/}						
5. Unapproved FY 10/11 Component Allocations ^{b/}						
6. Unapproved FY 11/12 Component Allocations ^{b/}	\$1,541,532			\$388,600		
Sub-total	\$1,541,532	\$0	\$0	\$388,600	\$0	
7. Access Local Prudent Reserve						
8. FY 2011/12 Total Allocation^{c/}	\$1,541,532	\$0	\$0	\$388,600	\$0	

NOTE:

- Line 3.a and 3.b. should be completed if annual update is being submitted prior to the end of FY 10/11.
- Line 3.a., 3.b., 3.c., and 3.d. should be completed if annual update is being submitted after the end of FY 10/11.
- Line 3.a. should be consistent with the amount listed on the FY 09/10 Annual MHSA Revenue and Expenditure report, Enclosure 9, Total Unexpended Funds line.
- Line 3.c. should be consistent with the amount listed on the FY 10/11 Annual MHSA Revenue and Expenditure report, Total Unexpended Funds line.
- Line 3.c. will be verified upon receipt of the FY 10/11 Annual MHSA Revenue and Expenditure report and adjustments will be made as necessary.

^{a/}Per Welfare and Institutions Code Section 5892(b), in any year after 2007-08, Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve in an amount not to exceed 20% of the average amount of funds allocated to that County for the previous five years. The 20% limits are included in Enclosure 8.

^{b/}For WET and/or CFTN components, enter amount of unapproved funds being requested for use from any of the years a transfer from CSS was made.

^{c/} Must equal line B.4. for each component.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: Mendocino☒ No funding is being requested for this program.Program Number/Name: Children and Family ServicesDate: May 24, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ This program did not exist during FY 09/10.**A. List the number of individuals served by this program during FY 09/10, as applicable.**

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth	0	53	33	N/A
TAY				
Adults				
Older Adults				
Total	0			
Total Number of Individuals Served (all service categories) by the Program during FY 09/10: 86				

B. List the number of individuals served by this program during FY 09/10, as applicable.

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	To be	English		LGBTQ	
African American	Determined	Spanish		Veteran	
Asian		Vietnamese		Other	
Pacific Islander		Cantonese			
Native American		Mandarin			
Hispanic		Tagalog			
Multi		Cambodian			
Unknown		Hmong			
Other		Russian			
		Farsi			
		Arabic			
		Other			

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

C. Answer the following questions about this program.
1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.
<p>In Fiscal Year 2009/2010, the Children and Family Services Program included services to children of all ages, with a focus on the underserved 0-5 age group and underserved Latino and American Indian Children. In particular, progress was made towards serving this population with the following programs:</p> <p><u>Parent Partner Program:</u> Mendocino's Parent Partner Program provided services through Family Resource Centers in rural communities. Bicultural/bilingual parent partners link with our Family Resource Centers and tribal community to provide services to families in more remote areas.</p> <p><u>Broad Screening and Assessment of Very Young Children (ages 0-5):</u> In partnership with First 5, Mendocino County implemented Raise & Shine, a screening and assessment program for all 0-5 year olds. Children referred for mental health services who do not have insurance or private resources are eligible through MHSA dollars for treatment.</p> <p><u>Family Respite Services:</u> Family Respite Services are coordinated through a staff (partially funded with MHSA) located at Social Services and familiar with resources throughout the county. All families seeking respite are referred to this central resource. CSOC and/or MHSA funds can be used as a last resort for costs.</p> <p><u>Therapeutic Services to Tribal and Latino Communities:</u> Bilingual and bicultural services to our remote, tribal and Latino communities were provided through contracts with organization providers. Through a contract with Consolidated Tribal Health, a Licensed Clinical Social Worker provided services to tribal members and families throughout the county. This LCSW also provides services to individuals and groups incarcerated at our county jail.</p>
2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.
For fiscal year 2009/2010, Mendocino County did not encounter any major challenges with the implementation of this program resulting from the fluctuation in MHSA or overall mental health funding.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes <input type="checkbox"/>	No <input type="checkbox"/>						
2) Is there a change in services?	Yes <input type="checkbox"/>	No <input type="checkbox"/>						
3) a) Complete the table below:								
<table border="1"> <tr> <th>FY 10/11 funding</th> <th>FY 11/12 funding</th> <th>Percent Change</th> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	FY 10/11 funding	FY 11/12 funding	Percent Change					
FY 10/11 funding	FY 11/12 funding	Percent Change						
b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, or ,	Yes <input type="checkbox"/>	No <input type="checkbox"/>						
For Consolidated Programs, is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts?	Yes <input type="checkbox"/>	No <input type="checkbox"/>						
c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.								

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY				
Adults				
Older Adults				
Total				
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12:				

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

B. Answer the following questions about this program.
1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.
Mendocino County is not requesting funding for this program. Services to this population are being provided through the System Transformation Program. Therefore, completion of this section is not required.
2. If this is a consolidation of two or more programs, provide the following information: a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
N/A
3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.
N/A

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: Mendocino☒ No funding is being requested for this program.Program Number/Name: Transition Age YouthDate: May 24, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ This program did not exist during FY 09/10.**D. List the number of individuals served by this program during FY 09/10, as applicable.**

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY	24	40	65	\$10,532
Adults				
Older Adults				
Total	24			
Total Number of Individuals Served (all service categories) by the Program during FY 09/10: 129				

E. List the number of individuals served by this program during FY 09/10, as applicable.

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	To be	English		LGBTQ	
African American	Determined	Spanish		Veteran	
Asian		Vietnamese		Other	
Pacific Islander		Cantonese			
Native American		Mandarin			
Hispanic		Tagalog			
Multi		Cambodian			
Unknown		Hmong			
Other		Russian			
		Farsi			
		Arabic			
		Other			

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

F. Answer the following questions about this program.
<p>1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.</p> <p>In Fiscal Year 2009/2010, the Transition Age Youth program continued several programs to build resiliency and promote recovery including the following:</p> <p><u>TAY Wellness Program:</u> Through a contract with Redwood Children's Services, the 24 Full Service Partners were provided with wraparound services to:</p> <ul style="list-style-type: none"> ▪ Develop healthy relationships with family, peers, mentors, employers, teachers, and counselors; ▪ Access employment, education, and career or vocational development; ▪ Obtain housing in supportive, clean, affordable, and productive environments; ▪ Access mental and physical health care; ▪ Learn healthy strategies for coping with stress and setbacks; and ▪ Be in control of their own lives. <p>Of these 24 youth, 6 were provided with intensive supportive housing. The balance of 18 FSP youth were provided housing support, individual therapeutic services, case management and opportunities for peer mentoring and to participate in activities at the community resource center, Arbor on Main. Full service partners also received Mental Health rehabilitation services through County Mental Health staff.</p> <p><u>Therapeutic and Clinical Services:</u> Services to Full Service Partners were also provided through a contract with a Marriage and Family Therapist and through County Mental Health Staff. Bicultural and bilingual family-based therapeutic services were provided to our remote areas through contracts with Action Network and Tapestry Family Services.</p> <p><u>Clinical Coach:</u> Support to meet educational goals was also available through the college coach contracted to provide 15 hours per week to students or prospective students.</p>
<p>2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.</p>
<p>For fiscal year 2009/2010, Mendocino County did not encounter any major challenges with the implementation of this program resulting from the fluctuation in MHSA or overall mental health funding.</p>

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served? Yes ☐ No ☐

2) Is there a change in services? Yes ☐ No ☐

3) a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change

b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, **or**,

Yes ☐ No ☐

For Consolidated Programs, is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts?

Yes ☐ No ☐

c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

B. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY				
Adults				
Older Adults				
Total				
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12:				

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

B. Answer the following questions about this program.
2. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.
Mendocino County is not requesting funding for this program. Services to this population are being provided through the System Transformation Program. Therefore, completion of this section is not required.
2. If this is a consolidation of two or more programs, provide the following information: a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
N/A.
4. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.
N/A.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: Mendocino☒ No funding is being requested for this program.Program Number/Name: Adult System of CareDate: May 24, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ This program did not exist during FY 09/10.**G. List the number of individuals served by this program during FY 09/10, as applicable.**

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY				
Adults	37	65	135	
Older Adults				
Total	37			
Total Number of Individuals Served (all service categories) by the Program during FY 09/10: 237				

H. List the number of individuals served by this program during FY 09/10, as applicable.

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	To be	English		LGBTQ	
African American	Determined	Spanish		Veteran	
Asian		Vietnamese		Other	
Pacific Islander		Cantonese			
Native American		Mandarin			
Hispanic		Tagalog			
Multi		Cambodian			
Unknown		Hmong			
Other		Russian			
		Farsi			
		Arabic			
		Other			

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

I. Answer the following questions about this program.
<p>1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.</p> <p>For Fiscal Year 2009/2010, the Adult System of Care focused on the provision of services through these programs:</p> <p><u>Full Service Partnerships (FSPs)</u>: 37 FSPs received an array of services to support the recovery from severe and chronic mental illness (SPMI) with the priority population of the traditionally unserved and underserved populations of American Indian and Latino ethnicity. Services included crisis support, transportation to medical appointments, and linkage to counseling and additional services including access to temporary housing, food, linkage to counseling, support for life skills development, education, and managing finances, and other services appropriate according to individual client needs. These services were provided by a network of providers including the HOPE (Homeless Outreach Program Expansion) Team and Adult Mental Health case management team.</p> <p><u>Wellness and Recovery Centers</u>: There are center currently located in Ukiah, Willits, and Fort Bragg, the major population centers in the County. Through a contract with the community-based organization Manzanita Services, Inc., the centers in Ukiah and Willits provided services for Full Service Partners and other adults and older adults with serious mental illness. Services included linkage to counseling, life skills training, meals, financial support, and assistance obtaining resources outside of the mental health system and the opportunity to participate in other recovery and support programming like the AVE art program.</p> <p><u>Client Empowerment Advocate</u>: Provided through a contract, the Advocate worked with clients to promote MHSA recovery principles including the advocacy for client-driven services. The Advocate assisted clients with coordination and communication between the Mental Health Branch, Community Based Organizations, mental health consumers, and other community members.</p> <p><u>Forensic Mental Health Program</u>: Services were provided to individuals with mental illness who are incarcerated, on supervised release, on parole or probation, or at-risk of incarceration, as well as being homeless or at risk of becoming homeless. Priority is given to women of American Indian or Latino descent.</p>
<p>2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.</p> <p>For fiscal year 2009/2010, Mendocino County did not encounter any major challenges with the implementation of this program resulting from the fluctuation in MHSA or overall mental health funding.</p>

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served? Yes ☐ No ☐

2) Is there a change in services? Yes ☐ No ☐

3) a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change

b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, **or**,

Yes ☐ No ☐

For Consolidated Programs, is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts?

Yes ☐ No ☐

c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

C. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY				
Adults				
Older Adults				
Total				
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12:				

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

B. Answer the following questions about this program.
3. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.
Mendocino County is not requesting funding for this program. Services to this population are being provided through the System Transformation Program. Therefore, completion of this section is not required.
2. If this is a consolidation of two or more programs, provide the following information: a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
N/A.
5. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.
N/A.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: Mendocino☒ No funding is being requested for this program.Program Number/Name: Older Adult System of CareDate: May 24, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ This program did not exist during FY 09/10.**J. List the number of individuals served by this program during FY 09/10, as applicable.**

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY				
Adults				
Older Adults	12	22	40	\$12,638
Total				
Total Number of Individuals Served (all service categories) by the Program during FY 09/10: 74				

K. List the number of individuals served by this program during FY 09/10, as applicable.

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	To be	English		LGBTQ	
African American	Determined	Spanish		Veteran	
Asian		Vietnamese		Other	
Pacific Islander		Cantonese			
Native American		Mandarin			
Hispanic		Tagalog			
Multi		Cambodian			
Unknown		Hmong			
Other		Russian			
		Farsi			
		Arabic			
		Other			

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

L. Answer the following questions about this program.
<p>1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.</p> <p>For Fiscal Year 2009/2010, the Older Adult System of Care focused on the provision of services designed to bring improvement to the quality of life for seriously mentally ill of this aging population:</p> <p><u>Full Service Partnerships (FSPs)</u>: 12 FSPs received an array of services to support the recovery from severe and chronic mental illness (SPMI) with the priority population of the traditionally unserved and underserved populations of American Indian and Latino ethnicity. Services included crisis support, transportation to medical appointments, and linkage to counseling and additional services including access to temporary housing, food, linkage to counseling, support for life skills development, education, and managing finances, and other services appropriate according to individual client needs. These services were provided by the Older Adult System of Care in coordination with community based organizations dedicated to working in our two most prevalent underserved ethnic groups, American Indians and Latinos, will bridge some of these gaps identified within these communities.</p> <p><u>Bicultural and Bilingual Outreach and Engagement</u>: Through a contract with Round Valley Tribal Health, four events were planned to promote mental wellness among tribal elders in this remote region of Mendocino County. Nuestra Casa, a community based organization serving the Latino population provided outreach and engagement services to assist isolated Latino seniors. Consolidated Tribal Health Project also conducted outreach and engagement services to the Native American community.</p> <p><u>Senior Peer Counseling</u>: This program provides training by qualified staff and a private geriatric specialist to individuals who make weekly visits to over 20 OASOC clients. The program has successfully improved the mental health status of many frail, home-bound older adults by the outreach of the peer counselors.</p>
<p>2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.</p>
<p>For fiscal year 2009/2010, Mendocino County did not encounter any major challenges with the implementation of this program resulting from the fluctuation in MHSA or overall mental health funding.</p>

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served? Yes ☐ No ☐

2) Is there a change in services? Yes ☐ No ☐

3) a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change

b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, **or**,

Yes ☐ No ☐

For Consolidated Programs, is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts?

Yes ☐ No ☐

c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

D. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY				
Adults				
Older Adults				
Total				
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12:				

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

B. Answer the following questions about this program.
4. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.
Mendocino County is not requesting funding for this program. Services to this population are being provided through the System Transformation Program. Therefore, completion of this section is not required.
2. If this is a consolidation of two or more programs, provide the following information: a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
N/A.
6. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.
N/A.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: Mendocino☐ No funding is being requested for this program.Program Number/Name: System Transformation Program: Ages 0 – 60+Date: May 24, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☒ This program did not exist during FY 09/10.**M. List the number of individuals served by this program during FY 09/10, as applicable.**

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY				
Adults				
Older Adults				
Total				
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:				

N. List the number of individuals served by this program during FY 09/10, as applicable.

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White		English		LGBTQ	
African American		Spanish		Veteran	
Asian		Vietnamese		Other	
Pacific Islander		Cantonese			
Native American		Mandarin			
Hispanic		Tagalog			
Multi		Cambodian			
Unknown		Hmong			
Other		Russian			
		Farsi			
		Arabic			
		Other			

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

O. Answer the following questions about this program.	
1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.	
N/A	
2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.	
N/A.	

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
2) Is there a change in services?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3) a) Complete the table below:							
<table border="1"> <tr> <th>FY 10/11 funding</th> <th>FY 11/12 funding</th> <th>Percent Change</th> </tr> <tr> <td align="center">1,111,845</td> <td align="center">2,478,000</td> <td align="center">+44.9%</td> </tr> </table>	FY 10/11 funding	FY 11/12 funding	Percent Change	1,111,845	2,478,000	+44.9%	
FY 10/11 funding	FY 11/12 funding	Percent Change					
1,111,845	2,478,000	+44.9%					
b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, or ,	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
<u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts?	Yes <input type="checkbox"/> No <input type="checkbox"/>						
c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.							

The FY 10/11 funding requested for the System Transformation Program of \$1,111,845 represented an estimated five (5) months of budget. Therefore, the application of the $\pm 25\%$ rule is not appropriate for this partial year budget.

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

E. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth	4	55	34	\$18,585
TAY	25	70	43	\$18,585
Adults	30	112	67	\$18,585
Older Adults	9	43	25	\$18,585
Total	68	280	169	

Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12: 517

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

B. Answer the following questions about this program.

5. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.

Beginning with an MHSA update process in February of 2011, Mendocino County Mental Health Branch began to transform the way in which mental health services are provided as well as how they are perceived.

The purpose of this restructuring is to better serve consumers with severe mental illness and severe emotional disturbances while addressing significant funding reductions. Instead of separate programs, the restructuring strategies will promote system transformation and integration of comprehensive services across the lifespan. The integration of all programs including Community Services and Supports promote long term sustainability and leveraging of existing resources to make the entire system more efficient.

Underpinning the integration of services must be outcomes promoting both the improved mental health and recovery of the consumer and the quality and efficiency of the service system. In partnership with the community stakeholders, Mendocino County will develop a common set of outcomes, recognizing that they will vary among age groups. These system quality measures will be used to assess program efficiency, quality and consumer satisfaction.

The Mental Health Branch has developed several goals for fiscal year 2011/2012:

- Create a service delivery system that provides a health care home which treats the entire person.
- Integrate primary care with behavioral health.
- Participate in pilot projects with rural health clinics and Federally Qualified Health Centers.
- Reduce stigma surrounding mental health treatment.
- Continue to work with organizational providers to transform service delivery.
- Develop relationships with new partners.
- Position the County to be eligible for new funding opportunities.
- Explore regional opportunities for service delivery.
- Provide outreach, engagement and information about mental health services and access to services to consumers, schools, families with children, remote rural areas and the coast, and county staff and community partners.

The transformed system's key elements, based on collaborative and coordinated planning, include the following:

Recovery-oriented, client-driven Services

- Closely work with the consumer to address their mental health and physical health needs.
- Promote shared decision making and problem solving.
- Maintenance and promotion of linkages to family members (as defined by the consumer) and the community.
- Retool Drop-in/Wellness Centers with focus on:
 - Wellness and Recovery Services to support return to everyday life.
 - Peer support and mentoring.
 - Training for consumers to discover their purpose and passion as well as to meet educational and employment goals.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

Intensive Care Management

- Expansion of at least 25 additional full-service partnership slots to provide intensive “wraparound” support for the seriously mentally ill, who are homeless or most at risk to be homeless, hospitalized, incarcerated or placed out of county in residential facilities.
- Decrease out-of-County placements and increase the percentage of mental health clients living independently within our community.
- Ensure timely follow up of care management within 24 hours post discharge for all Mental Health Clients with an acute care discharges (psychiatric and medical).
- Increase access to housing for the most vulnerable clients.

Integrated, Efficient Care

- Finalize the co-location of Alcohol and Other Drugs (AOD) treatment and Mental Health.
- Fully implement restructured crisis services.
- Fully implement managed access to ensure all clients enter the system through the mental health branch for standardized triage and assessment. Screen clients for medical necessity and return clients to services. Enroll clients in appropriate levels of care.
- Develop a coordinated, seamless continuum of care for all age groups with an expanded ability to leverage funding.

Quality Improvement

- Ensure that all contracts have scope of services that include measurement of outcomes and efficient standards to drive cost-effectiveness of services.
- Productivity – utilize data reports to monitor and support staff productivity goals.
- Continue the retooling of the Quality Improvement Committee emphasizing data driven solutions to improve access in quality of services.
- Continue the process of moving mental health records to a fully electronic record system.
- Develop a training program for County staff and community partners for best practices (especially for children and geriatric services) and customer service and cultural sensitivity.

Collaboration with Community Partners

- Continue to collaborate with Mendocino County Office of Education (MCOE) in the delivery of mental health services to students.
- Forensic Treatment – continue the collaboration with local law enforcement and the parole office to establish forensic services and a re-entry program that reduces recidivism rate and ensures community re-entry.

In addition to full service partnerships and flex funding for each age to achieve optimal outcomes, a brief summary of services by Age Group wholly funded by MHSa follows:

Children and Families

- Action Network to provide bicultural and bilingual therapeutic counseling and parent partner services on the South Coast;
- County to provide Respite Care, Ukiah-based Parent Partner program, and clinical services for early intervention with young children.
- Consolidated Tribal Health Project (CTHP) to provide Native American Bicultural Clinical Services to Native American reservations, rancherias and tribes affiliated with CTHP. CTHP to provide annual cross cultural training.
- Tapestry Family Services to provide bicultural and bilingual mental health services to the Latino population.
- 4 Full Service Partnerships and flex funding to achieve optimal outcomes.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

Transition Age Youth

- Redwood Children's Services to provide TAY Wellness and transitional housing plus;
- County to provide rehabilitation services and clinical services for clients with serious mental illness or emotional disturbance;
- 25 Full Service Partnerships and flex funding to achieve optimal outcomes

Adult and Older Adult

- Wellness and recovery centers in Ukiah, Willits and Fort Bragg based on a model that is consumer-driven, operated and managed;
- Round Valley Indian Health Center to provide elder wellness outreach to engage tribal elders;
- 30 Adult and 9 Older Adult Full Service Partnerships and flex funding to achieve optimal outcomes.

Summary of Targeted Population Groups:

Unserved/underserved males and females of all ages who have a Serious Emotional Disturbance or a Serious Mental Illness, or have acute symptoms, will be served within the MHSA System Transformation. Age groups include Children (ages 0-15), Transition Age Youth (ages 16-25), Adults (ages 26-59), and Older Adults (60 and older). Services will be provided to race/ethnicities, with an emphasis on reaching out to Latinos and American Indians in the county. Bilingual/bicultural individuals will be hired, when feasible; organizational providers will also be utilized to meet these needs. Written documentation is available in English and Spanish, our threshold language. Translation services are available in Spanish for our monolingual clients and their families.

As stated, the **System Transformation Program: Ages 0-60+** encompass the entire Mental Health system in Mendocino County. The System Transformation Program consists of specialty mental health services, including assessments, case management, individual and group therapy, other outpatient services, inpatient treatment, and MHSA programs such as Full Service Partnerships, Systems Development services, and Outreach and Engagement activities.

A. Expenditures

1. **MHSA Client, Family Member, and Caregiver Support Expenditures** – Expenditures identified in this category include funds for items and activities such as clothing, food, hygiene, travel, transportation, housing vouchers, flex funds, and other support expenditures.
2. **MHSA General System Development Housing** – No expenditures have been allocated to this line item.
3. **Mental Health Personnel Expenditures** – Expenditures are based on current County Personnel Salary tables. Positions are funded through a combination of MHSA, Realignment, Medi-Cal, and other state and local dollars. The table below details the percentage of Mental Health personnel expenditures supported by each funding source. MHSA CSS funds 23.7% of the personnel expenditures.

Funding Source	Percent of Total
Realignment	17.7%
Medi-Cal Managed Care	5.0%
Early and Periodic Screening, Diagnosis and Treatment (EPSDT) and Federal Financial Participation (FFP)	50.3%
Federal Financial Participation Administration	7.5%
Mental Health Services Act Fund	9.1%
All Other ¹	10.4%
Total	100.0%

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

¹All Other funding sources include reimbursements for services in jail and juvenile hall, public guardian reimbursements, administrative fees charged to community-based organizational providers, client fees, Individuals with Disabilities Education Act (IDEA) funds, Substance Abuse and Mental Health Services Administration (SAMHSA)/Projects for Assistance in Transition from Homelessness (PATH) grants, and Small Counties Emergency Risk Pool (SCERP).

Director, Mental Health Services (1.0 FTE) – This individual plans, organizes, and directs the service programs and activities within the Mental Health branch of the Health & Human Services Agency. This position performs professional level functions which include planning, organizing and directing administrative support activities; providing internal consultation on financial and management issues; coordinating analytical studies addressing various issues; and overseeing information systems matters.

Deputy Directors, Clinical Services (2.0 FTE) – This function is shared by both Deputy Directors: Children's Services (1.00 FTE) and Adult Services (1.00 FTE). The two Deputy Directors provide oversight and leadership to the Mental Health Program. These individuals attend the MSHA planning meetings, stakeholder meetings, and assist in coordination activities with staff and organizational providers.

MSHA Coordinator (1.00 FTE) – This position is responsible for ensuring that mental health services delivered in the MSHA program are focused on individual needs, resulting in independent living and gainful employment. This individual is responsible for coordinating services with the Mental Health staff to promote recovery based services. This individual will also coordinate services for all persons enrolled in the Full-Service-Partnership program to ensure that they receive "whatever it takes" to achieve their goals and outcomes.

Medical Director (1.0 FTE) – This position manages and leads the medical functions of the Mental Health Services department. This position provides medical oversight; enforces health statutes and rules; and provides supervision of physicians and other health professionals. This position may also provide psychiatric diagnostic and therapeutic service to all age groups in the mental health clinics and in a jail setting.

Psychiatrist (0.5 FTE) – This position provides psychiatric diagnostic and therapeutic service to all age groups in the mental health clinics. This individual is responsible for the oversight of medication support services for mental health clients.

Correctional Psychiatric Registered Nurse (1.0 FTE) – This position provides professional psychiatric nursing care to clients in a jail setting.

Nurse Practitioner (0.8 FTE) – This position provides triage and clinical assessment services to mental health clients; obtains accurate physical and mental health information from clients.

Clinical Supervisors (4.58 FTE) – These positions provide direct day-to-day supervision to the Children and Adult Services Team members and the satellite clinic programs.

Clinical Managers (2.0 FTE) – These positions provide first level management oversight of Children and Adult clinics within the Mental Health branch. They plan, organize, direct, staff and control the operations and programs of the Children and Adult Services Team.

MH Clinicians I and II (16.7 FTE) – These positions will function as Clinicians responsible for ensuring that crisis and ongoing mental health services delivered to program participants are focused on individual needs. These positions will provide crisis and ongoing service contacts with program participants, family, significant others, and communities (school systems, probation, healthcare, and others). These positions will be advocates for clients and provide assistance to help

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

individuals gain access to needed services. These positions will help the service system to be sensitive to, respectful of, and responsive to the mental health needs of the program participants and promote wellness and recovery activities to help clients achieve positive outcomes.

Program Specialist (2.0 FTE) – These positions provides leadership and support of Mental Health activities and services, giving support to the MHSA Team and coordinates staff to deliver exemplary services. Wellness, recovery, and resiliency skills services are promoted for all clients and their family members/support system.

Mental Health Rehabilitation Specialists (11.75 FTE) – These positions will function as Case Managers and Personal Service Coordinators. These positions will be responsible for providing direct services in a manner that is consistent with the vision and goals of MHSA. In addition, these positions will be responsible for the implementation of outreach and engagement activities and individual and group services. These positions will be assigned to deliver community-based services in a manner that is integrated with existing activities. These positions will also ensure that services are delivered in a manner that embraces the recovery model and promotes client and family voice and choice.

Department Analysts (3.14 FTE) – These positions provide administrative support to Mental Health service activities, including enrolling clients to Full Service Partnership (FSP), submitting all MHSA required data and document to DMH, and tracking flex funds for FSP clients. These individuals also manage the fiscal components of Mental Health and help to account for and budget activities, DMH required cost reports and services.

Department IT Specialist (1.0 FTE) – This individual provides technical application and program support related to the department's computer application system.

Account Specialist Supervisor/Supervising Staff Assistant (2.0 FTE) – These positions are responsible for providing supervision to the Account Specialist and Staff Assistants and other administrative and managerial duties related to the support of county and organizational provider staff in delivering services.

Account Specialists II & III (5.0 FTE) – These positions support Mental Health activities through data entry, Medi-Cal billing activities, accounts payable, accounts receivable, and other administrative functions necessary to support the county and organizational provider staff to deliver services.

Human Services Worker (1.0 FTE) – This position supports the Quality Assurance unit including review of treatment authorization requests, data collection, data entry, and verification of insurance coverage and other duties as assigned.

Quality Assurance Program Administrator/Supervising Clinician/Clinician (2.5 FTE) – These positions provide day-to-day program administration, clinical supervision and services in the quality assurance unit.

Administrative Services Manager (1.0 FTE) – This position is responsible for managing support staff as they perform their administrative and clerical duties.

Support Staff (9.39 FTE) – These positions perform administrative and clinical reception for Mental Health and reconciliation of clinical staff's time reports and service records.

4. **MHSA Operating Expenditures** – Operating expenditures include professional services, translation and interpreter services, travel and transportation expenses, general office expenditures, rent, utilities, equipment, and medication and medication supports.

In addition, a portion of CSS funds has been allocated to contracts with several Community Mental Health Providers. These organizational providers will deliver services and supports in collaboration with the County Mental Health Department and in compliance with the principles of the MHSA, as outlined in

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

the Annual Update.

5. MHSA Estimated Expenditures when service provider is not known – No expenditures have been allocated to this line item.

6. MHSA Non-recurring Expenditures – No expenditures have been allocated to this line item.

7. MHSA Other Expenditures – No expenditures have been allocated to this line item.

2. If this is a consolidation of two or more programs, provide the following information:

- a) Names of the programs being consolidated.
- b) How existing populations and services to achieve the same outcomes as the previously approved programs.
- c) The rationale for the decision to consolidate programs.

N/A.

7. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.

N/A.

CSS FUNDING REQUEST

County: MendocinoDate: 24-May-11

CSS Programs			FY 11/12 Requested MHSA Funding	Estimated MHSA Funds by Service Category				Estimated MHSA Funds by Age Group			
	No.	Name		Full Service Partnerships (FSP)	General System Development	Outreach and Engagement	MHSA Housing Program	Children and Youth	Transition Age Youth	Adult	Older Adult
Previously Approved Programs											
1.	1	System Transformation Program: Ages 0 - 60+	\$1,982,400	\$501,547	\$1,183,493	\$297,360		\$396,480	\$495,600	\$792,960	\$297,360
2.			\$0								
3.			\$0								
4.			\$0								
5.			\$0								
6.			\$0								
7.			\$0								
8.			\$0								
9.			\$0								
10.			\$0								
11.			\$0								
12.			\$0								
13.			\$0								
14.			\$0								
15.			\$0								
16.	Subtotal: Programs ^{a/}		\$1,982,400	\$501,547	\$1,183,493	\$297,360	\$0	\$396,480	\$495,600	\$792,960	\$297,360
17.	Plus up to 15% Indirect Administrative Costs		\$297,360								
18.	Plus up to 10% Operating Reserve		\$198,240								
19.	Subtotal: Programs/Indirect Admin./Operating Reserve		\$2,478,000								
New Programs/Revised Previously Approved Programs											
1.			\$0								
2.			\$0								
3.			\$0								
4.			\$0								
5.			\$0								
6.	Subtotal: Programs ^{a/}		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
7.	Plus up to 15% Indirect Administrative Costs										
8.	Plus up to 10% Operating Reserve										
9.	Subtotal: Programs/Indirect Admin./Operating Reserve		\$0								
10.	Total MHSA Funds Requested for CSS		\$2,478,000								

Percentage
15%
8.7%

Percentage
#DIV/0!
#DIV/0!

a/ Majority of funds must be directed towards FSPs (Cal. Code Regs., tit. 9, § 3620, subd. (c)). Percent of Funds directed towards FSPs=

25.30%

Additional funding sources for FSP requirement:County must provide the majority of MHSA funding toward Full Service Partnerships (FSPs). If not, the county must list what additional funding sources and amount to be used for FSPs. [In addition, the funding amounts must match the Annual Cost Report.] Refer to DMH FAQs at http://www.dmh.ca.gov/Prop_63/MHSA/Community_Services_and_Supports/docs/FSP_FAQs_04-17-09.pdf**CSS Majority of Funding to FSPs****Other Funding Sources**

	CSS	State General Fund	Other State Funds	Medi-Cal FFP	Medicare	Other Federal Funds	Re- alignment	County Funds	Other Funds	Total	Total %
Total Mental Health Expenditures:	\$501,547	\$0	\$125,637	\$380,660	\$0	\$0	\$0	\$0	\$0	\$1,007,844	51%

**PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training**

County: Mendocino

☒ No funding is being requested for this program.

Program Number/Name: Workforce Education and Training Coordination and Support

Date: May 24, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ This program did not exist during FY 09/10.

1. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

The Workforce Education and Training (WET) component plan was approved by Department of Mental Health in August 2009. Due to a hiring freeze, the County was not able to begin implementation of the WET plan until February 2010. The first step in the implementation of the plan consisted of the recruitment and hiring of a WET Coordinator in the 4th quarter of Fiscal Year 2009/2010. For the remaining three months of Fiscal Year 2009/2010, the WET Coordinator was able to make the following progress on WET component plan objectives:

Staffing: WET Coordinator development and implementation of the recruitment plan for the WET Clerical Support including the development of the Staff Assistant III job description and scope of work; selection of interview panel, questions, and work sample exercise. The WET Staff Assistant III was successfully recruited at the close of Fiscal Year 2009/2010 and began employment at the start of Fiscal Year 2010/2011.

Work Group and Subcommittees: WET Coordinator convened monthly work group meetings with community stakeholders and parties interested in mental health workforce development. Coordinator assisted the work group in identifying training priorities. The work group established three subcommittees to carry out the each of the actions of the WET component plan. The subcommittees organized include:

- Training for Co-occurring Disorders: Subcommittee met to initiate the planning of trainings related to the identified priority of training for the treatment of co-occurring disorders.
- Scholarship and Loan Assistance: Tasks of this subcommittee were to develop application and interview scoring; develop marketing and outreach plan to priority population of clients/family members, persons of Latin/Native American descent, employees of public mental health system including community partners; recruit screening panel and finalize approval process. Subcommittee initiated these tasks in the last quarter of Fiscal Year 2009/2010.
- Electronic Resources: Tasks of this subcommittee were to evaluate existing effectiveness of the county's MHSA webpage; establish objectives for providing web-based WET information to clients, community partners and county staff; determine role of Trilogy's Network of Care as an informational hub for the community. Subcommittee initiated these tasks in the last quarter of Fiscal Year 2009/2010.

**PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training**

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Does the work detail or objective of the existing program(s) or activity(s) remain consistent with what was previously approved?	Yes <input type="checkbox"/> No <input type="checkbox"/>						
2) Do the activities and strategies remain consistent with what was previously approved?	Yes <input type="checkbox"/> No <input type="checkbox"/>						
3) a) Complete the table below: <table border="1" style="margin: 10px 0;"> <thead> <tr> <th>FY 10/11 funding</th> <th>FY 11/12 funding</th> <th>Percent Change</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, or , For Consolidated Programs, is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts? c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.	FY 10/11 funding	FY 11/12 funding	Percent Change				Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
FY 10/11 funding	FY 11/12 funding	Percent Change					
Since no funding is being requested for this program, only Section I of Exhibit D2 needs to be completed.							
NOTE: If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.							

A. Type of Funding by Category

WET Funding Category	Check the Box that Applies
Workforce Staffing Support	<input type="checkbox"/>
Training & Technical Assistance	<input type="checkbox"/>
Mental Health Career Pathway	<input type="checkbox"/>
Residency & Internship	<input type="checkbox"/>
Financial Incentive	<input type="checkbox"/>

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

B. Answer the following questions about this program.

1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.
N/A
2. If this is a consolidation of two or more previously approved programs, provide the following information: a) Name of the programs. b) The rationale for the decision to consolidate programs. c) How the objectives identified in the previously approved programs will be achieved.
N/A

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

County: Mendocino☒ No funding is being requested for this program.Program Number/Name: Workforce Education and Training Collaborative Partnership TrainingDate: May 24, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ This program did not exist during FY 09/10.

2. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

The progress on the objectives in this program have been limited in Fiscal Year 2009/2010 due to the hiring of the WET Coordinator in the last quarter. Prior to the close of the fiscal year, the WET Coordinator was able to convene the WET work group and establish a subcommittee in order to plan trainings related to the identified priority of training for the treatment of co-occurring disorders.

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

- 3) Does the work detail or objective of the existing program(s) or activity(s) remain consistent with what was previously approved?

Yes ☐ No ☐

- 4) Do the activities and strategies remain consistent with what was previously approved?

Yes ☐ No ☐

- 3) a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change

- b) Is the FY 11/12 funding requested outside the \pm 25% of the previously approved amount, **or**,

Yes ☐ No ☐

For Consolidated Programs, is the FY 11/12 funding requested outside the \pm 25% of the sum of the previously approved amounts?

Yes ☐ No ☐

- c) If you are requesting an exception to the \pm 25% criteria, please provide an explanation below.

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

Since no funding is being requested for this program, only Section I of Exhibit D2 needs to be completed.	
NOTE: If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.	

A. Type of Funding by Category

WET Funding Category	Check the Box that Applies
Workforce Staffing Support	<input type="checkbox"/>
Training & Technical Assistance	<input type="checkbox"/>
Mental Health Career Pathway	<input type="checkbox"/>
Residency & Internship	<input type="checkbox"/>
Financial Incentive	<input type="checkbox"/>

B. Answer the following questions about this program.

2. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.
3. If this is a consolidation of two or more previously approved programs, provide the following information: <ul style="list-style-type: none"> a) Name of the programs. b) The rationale for the decision to consolidate programs. c) How the objectives identified in the previously approved programs will be achieved.

**PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training**

County: Mendocino

☒ No funding is being requested for this program.

Program Number/Name: Scholarship and Loan Assistance in Support of Education Related to Public Mental Health

Date: May 24, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ This program did not exist during FY 09/10.

3. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

The Workforce Education and Training (WET) component plan was approved by Department of Mental Health in August 2009. Due to a hiring freeze, the County was not able to begin implementation of the WET plan until February 2010. The first step in the implementation of the plan consisted of the recruitment and hiring of a WET Coordinator in the 4th quarter of Fiscal Year 2009/2010. For the remaining three months of Fiscal Year 2009/2010, the WET Coordinator was able to make the following progress on WET component plan objectives:

Staffing: WET Coordinator development and implementation of the recruitment plan for the WET Clerical Support including the development of the Staff Assistant III job description and scope of work; selection of interview panel, questions, and work sample exercise. The WET Staff Assistant III was successfully recruited at the close of Fiscal Year 2009/2010 and began employment at the start of Fiscal Year 2010/2011.

Work Group and Subcommittees: WET Coordinator convened monthly work group meetings with community stakeholders and parties interested in mental health workforce development. Coordinator assisted the work group in identifying training priorities. The work group established three subcommittees to carry out the each of the actions of the WET component plan. The subcommittees organized include:

- Training for Co-occurring Disorders: Subcommittee met to initiate the planning of trainings related to the identified priority of training for the treatment of co-occurring disorders.
- Scholarship and Loan Assistance: Tasks of this subcommittee were to develop application and interview scoring; develop marketing and outreach plan to priority population of clients/family members, persons of Latin/Native American descent, employees of public mental health system including community partners; recruit screening panel and finalize approval process. Subcommittee initiated these tasks in the last quarter of Fiscal Year 2009/2010.
- Electronic Resources: Tasks of this subcommittee were to evaluate existing effectiveness of the county's MHSA webpage; establish objectives for providing web-based WET information to clients, community partners and county staff; determine role of Trilogy's Network of Care as an informational hub for the community. Subcommittee initiated these tasks in the last quarter of Fiscal Year 2009/2010.

**PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training**

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

5) Does the work detail or objective of the existing program(s) or activity(s) remain consistent with what was previously approved?	Yes <input type="checkbox"/> No <input type="checkbox"/>						
6) Do the activities and strategies remain consistent with what was previously approved?	Yes <input type="checkbox"/> No <input type="checkbox"/>						
3) a) Complete the table below: <table border="1" style="margin: 10px auto; width: 60%; border-collapse: collapse;"> <tr> <th style="text-align: center;">FY 10/11 funding</th> <th style="text-align: center;">FY 11/12 funding</th> <th style="text-align: center;">Percent Change</th> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table> b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, or , For Consolidated Programs, is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts?	FY 10/11 funding	FY 11/12 funding	Percent Change				<div style="margin-bottom: 20px;"> Yes <input type="checkbox"/> No <input type="checkbox"/> </div> <div> Yes <input type="checkbox"/> No <input type="checkbox"/> </div>
FY 10/11 funding	FY 11/12 funding	Percent Change					
c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.							
Since no funding is being requested for this program, only Section I of Exhibit D2 needs to be completed.							
NOTE: If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.							

A. Type of Funding by Category

WET Funding Category	Check the Box that Applies
Workforce Staffing Support	<input type="checkbox"/>
Training & Technical Assistance	<input type="checkbox"/>
Mental Health Career Pathway	<input type="checkbox"/>
Residency & Internship	<input type="checkbox"/>
Financial Incentive	<input type="checkbox"/>

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

B. Answer the following questions about this program.

3. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.
N/A
4. If this is a consolidation of two or more previously approved programs, provide the following information: a) Name of the programs. b) The rationale for the decision to consolidate programs. c) How the objectives identified in the previously approved programs will be achieved.
N/A

WET FUNDING REQUEST

County: Mendocino CountyDate: 24-May-11

Workforce Education and Training			FY 11/12 Requested MHSA Funding	Estimated MHSA Funds by Service Category				
	No.	Name		Workforce Staffing Support	Training and Technical Assistance	Mental Health Career Pathway	Residency and Internship	Financial Incentive
Previously Approved Programs								
1.	A	Workforce Staffing Support	\$0	\$0				
2.	B	Training and Technical Assistance	\$0		\$0			
3.	C	Mental Health Career Pathway Programs	\$0			\$0		
4.	D	Residency, Internship Programs	\$0				\$0	
5.	E	Financial Incentive Programs	\$0					\$0
6.			\$0					
7.			\$0					
8.			\$0					
9.			\$0					
10.			\$0					
11.			\$0					
12.			\$0					
13.			\$0					
14.			\$0					
15.			\$0					
16.	Subtotal: Programs ^{a/}		\$0	\$0	\$0	\$0	\$0	\$0
17.	Plus up to 15% Indirect Administrative Costs							
18.	Plus up to 10% Operating Reserve							
19.	Subtotal: Programs/Indirect Admin./Operating Reserve		\$0					
New Programs								
1.			\$0					
2.			\$0					
3.			\$0					
4.			\$0					
5.			\$0					
6.	Subtotal: WET New Programs ^{a/}		\$0	\$0	\$0	\$0	\$0	\$0
7.	Plus up to 15% Indirect Administrative Costs							
8.	Plus up to 10% Operating Reserve							
9.	Subtotal: New Programs/Indirect Admin./Operating Reserve		\$0					
10.	Total MHSA Funds Requested		\$0					

Note: Previously Approved programs to be expanded, reduced, eliminated and consolidated are considered New.

Revised 12/29/10

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

County: Mendocino

Program Number/Name: Education, Destigmatization, and Peer Support

Date: May 24, 2011

☐ Please check box if this program was selected for the local evaluation

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☒ Please check box if your county did not begin implementation of this PEI program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.

Mendocino County's PEI Three Year Program and Expenditure Plan was approved on February 25, 2010. While additional planning took place in the last quarter of Fiscal Year 2009/2010, implementation of this PEI program began in Fiscal Year 2010/2011.

P. List the number of individuals served by this program during FY 09/10, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)		White		English		LGBTQ	
Transition Age Youth (16-25)		African American		Spanish		Veteran	
Adult (18-59)		Asian		Vietnamese		Other	
Older Adult (60+)		Pacific Islander		Cantonese			
		Native American		Mandarin			
		Hispanic		Tagalog			
		Multi		Cambodian			
		Unknown		Hmong			
		Other		Russian			
				Farsi			
				Arabic			
				Other			

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

B. Please complete the following questions about this program during FY 09/10.

1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.
2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program ⁶ , please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to: a) A summary of available information about person/family-level and program/system-level outcomes from the PEI program b) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken c) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants d) Specific program strategies implemented to ensure appropriateness for diverse participants e) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes

⁶ Note that very small counties (population less than 100,000) are exempt from this requirement

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1. Is there a change in the Priority Population or the Community Mental Health Needs?

Yes ☐

No ☒

2. Is there a change in the type of PEI activities to be provided?

Yes ☐

No ☒

3. a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change
125,000	123,700	-1%

b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, **or**,

Yes ☐

No ☒

For Consolidated Programs, is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts?

Yes ☐

No ☐

c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.

A. Answer the following questions about this program.

1. Please include a description of any additional proposed changes to this PEI program, if applicable.

Not applicable.

2. If this is a consolidation of two or more previously approved programs, please provide the following information:

- Names of the programs being consolidated
- The rationale for consolidation
- Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s)

Not applicable.

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.		
	Prevention	Early Intervention
Total Individuals:	696	132
Total Families:	530	104

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

County: Mendocino

Program Number/Name: Early Onset, Early Intervention: TAY

Date: May 24, 2011

☐ Please check box if this program was selected for the local evaluation

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☒ Please check box if your county did not begin implementation of this PEI program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.

Mendocino County's PEI Three Year Program and Expenditure Plan was approved on February 25, 2010. While additional planning took place in the last quarter of Fiscal Year 2009/2010, implementation of this PEI program began in Fiscal Year 2010/2011.

Q. List the number of individuals served by this program during FY 09/10, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)		White		English		LGBTQ	
Transition Age Youth (16-25)		African American		Spanish		Veteran	
Adult (18-59)		Asian		Vietnamese		Other	
Older Adult (60+)		Pacific Islander		Cantonese			
		Native American		Mandarin			
		Hispanic		Tagalog			
		Multi		Cambodian			
		Unknown		Hmong			
		Other		Russian			
				Farsi			
				Arabic			
				Other			

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

B. Please complete the following questions about this program during FY 09/10.

<p>3. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.</p>
<p>N/A</p>
<p>4. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program⁷, please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to:</p> <ul style="list-style-type: none"> f) A summary of available information about person/family-level and program/system-level outcomes from the PEI program g) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken h) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants i) Specific program strategies implemented to ensure appropriateness for diverse participants j) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes
<p>N/A</p>

⁷ Note that very small counties (population less than 100,000) are exempt from this requirement

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1. Is there a change in the Priority Population or the Community Mental Health Needs?

Yes ☐

No ☒

2. Is there a change in the type of PEI activities to be provided?

Yes ☐

No ☒

3. a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change
457,980	528,406	+15%

b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, **or**,

Yes ☐

No ☒

For Consolidated Programs, is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts?

Yes ☐

No ☐

c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.

A. Answer the following questions about this program.

1. Please include a description of any additional proposed changes to this PEI program, if applicable.

This Early Onset/Early Intervention PEI Program remains intact from that which was approved in both the 3 Year Plan and the 2010/2011 Annual Update. The County would like to identify an implementation strategy that has emerged through discussions with stakeholders and through the community planning process.

This implementation strategy relates to the use of the new "best practice" screening instrument (see 3 Year Plan Form 3, P2 – 6 and P2 - 12). As discussed in the 3 Year Plan, this screening instrument will be utilized by care providers, school counselors, doctors and other service providers to identify prodromal symptoms and mental illness and suicide risk. One of the intended outcomes for this program is earlier referrals to the Mental Health Branch from schools, community health centers, physicians, private therapists, organizational providers and parents (see MHSA 2010/2011 Annual Update page 37). The use of the instrument by a Mental Health clinician, Rehabilitation Specialist or AOD Therapist who is running groups in middle or high schools will enable the County to better achieve this outcome.

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

2. If this is a consolidation of two or more previously approved programs, please provide the following information:

- d. Names of the programs being consolidated
- e. The rationale for consolidation
- f. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s)

B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.

	Prevention	Early Intervention
Total Individuals:	-	30 - 60
Total Families:	-	15 - 30

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

County: Mendocino

Program Number/Name: Prevention: Older Adults

Date: May 24, 2011

☐ Please check box if this program was selected for the local evaluation

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☒ Please check box if your county did not begin implementation of this PEI program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.

Mendocino County's PEI Three Year Program and Expenditure Plan was approved on February 25, 2010. While additional planning took place in the last quarter of Fiscal Year 2009/2010, implementation of this PEI program began in Fiscal Year 2010/2011.

R. List the number of individuals served by this program during FY 09/10, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)		White		English		LGBTQ	
Transition Age Youth (16-25)		African American		Spanish		Veteran	
Adult (18-59)		Asian		Vietnamese		Other	
Older Adult (60+)		Pacific Islander		Cantonese			
		Native American		Mandarin			
		Hispanic		Tagalog			
		Multi		Cambodian			
		Unknown		Hmong			
		Other		Russian			
				Farsi			
				Arabic			
				Other			

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

B. Please complete the following questions about this program during FY 09/10.

<p>5. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.</p>
<p>N/A</p>
<p>6. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program⁸, please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to:</p> <ul style="list-style-type: none"> k) A summary of available information about person/family-level and program/system-level outcomes from the PEI program l) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken m) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants n) Specific program strategies implemented to ensure appropriateness for diverse participants o) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes
<p>N/A</p>

⁸ Note that very small counties (population less than 100,000) are exempt from this requirement

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1. Is there a change in the Priority Population or the Community Mental Health Needs?

Yes ☐

No ☒

2. Is there a change in the type of PEI activities to be provided?

Yes ☐

No ☒

3. a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change
97,760	75,000	-23%

b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, **or**,

Yes ☐

No ☒

For Consolidated Programs, is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts?

Yes ☐

No ☐

c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.

A. Answer the following questions about this program.

1. Please include a description of any additional proposed changes to this PEI program, if applicable.

This Prevention: Older Adult PEI Program remains intact from that which was approved in both the 3 Year Plan and the 2010/2011 Annual Update. The County would like to identify an implementation strategy that has emerged through discussions with stakeholders and through the community planning process. The original proposal call for the implementation of the PEI program primarily through County Social Work Assistant with a subcontract for clinical supervision of senior peer counselors and of the Social Work Assistant. The County's revised implementation strategy includes a proposal to contract out all services including clinical supervision and program coordination and administration.

2. If this is a consolidation of two or more previously approved programs, please provide the following information:

- g. Names of the programs being consolidated
- h. The rationale for consolidation

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

i. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s)		
N/A		
B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.		
	Prevention	Early Intervention
Total Individuals:	120	-
Total Families:	-	-

PEI FUNDING REQUEST

County: Mendocino CountyDate: 6/29/2011

PEI Programs			FY 11/12 Requested MHSA Funding	Estimated MHSA Funds by Type of Intervention		Estimated MHSA Funds by Age Group			
	No.	Name		Prevention	Early Intervention	Children and Youth	Transition Age Youth	Adult	Older Adult
Previously Approved Programs									
1.	1	Education, Destigmatization & Peer Support	\$123,750	\$123,750		\$28,462	\$14,850	\$54,450	\$25,988
2.	2	Early Onset/Early Intervention--TAY	\$528,406		\$528,406		\$528,406		
3.	3	Prevention--Older Adults	\$75,000	\$75,000					\$75,000
4.	4	Prevention Collaboration--Children & Youth	\$149,292	\$149,292		\$149,292			
5.			\$0						
6.			\$0						
7.			\$0						
8.			\$0						
9.			\$0						
10.			\$0						
11.			\$0						
12.			\$0						
13.			\$0						
14.			\$0						
15.			\$0						
16.	Subtotal: Programs*		\$876,448	\$348,042	\$528,406	\$177,754	\$543,256	\$54,450	\$100,988
17.	Plus up to 15% Indirect Administrative Costs		\$65,412						
18.	Plus up to 10% Operating Reserve		\$16,165						
19.	Subtotal: Programs/Indirect Admin./Operating Reserve		\$958,025						
New/Revised Previously Approved Programs									
1.			\$0						
2.			\$0						
3.			\$0						
4.			\$0						
5.			\$0						
6.	Subtotal: Programs*		\$0	\$0	\$0	\$0	\$0	\$0	\$0
7.	Plus up to 15% Indirect Administrative Costs								
8.	Plus up to 10% Operating Reserve								
9.	Subtotal: Programs/Indirect Admin./Operating Reserve		\$0						
10.	Total MHSA Funds Requested for PEI		\$958,025						

Percentage
8%
1.7%

Percentage
#VALUE!
#VALUE!

Percentage

8%

1.7%

Percentage

#VALUE!

#VALUE!

*Majority of funds must be directed towards individuals under age 25. Percent of funds directed towards those under 25 year 82%

Note: Previously Approved Programs that propose changes to Key Community Health Needs, Priority Populations, Activities, and/or funding as described in the Information Notice are considered New.