

County of Mendocino



MENTAL HEALTH SERVICES ACT
COMMUNITY SERVICES AND SUPPORTS COMPONENT
PLAN UPDATE 2010-2011

FEBRUARY 17, 2011

HEALTH AND HUMAN SERVICE AGENCY
MENTAL HEALTH SERVICES BRANCH



2010/11 UPDATE

EXHIBIT A

COUNTY SUMMARY SHEET

This document is intended to be used by the County to provide a summary of the components included within this annual update or update. Additionally, it serves to provide the County with a listing of the exhibits pertaining to each component.

County:		MENDOCINO																Date: 1/27/2011							
			<i>Exhibits</i>																						
			A	B	C	C1	D	D1*	E	E1	E2	E3	E4	E5	F**	F1**	F2**	F3**	F4**	F5**	G***	H****			
For each annual update/update:			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>																
Component	Previously Approved	New ^{a/}																							
<input checked="" type="checkbox"/> CSS	\$ -	\$ 1,111,845				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/> WET	\$ -	0				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>									
<input type="checkbox"/> CF	\$ -	0						<input type="checkbox"/>				<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>								
<input type="checkbox"/> TN	\$ -	0						<input type="checkbox"/>				<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>							
<input type="checkbox"/> PEI	\$ -	\$ -				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>						
<input type="checkbox"/> INN	\$ -	0					<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>					
Total	\$ -	\$ 1,111,845																							
Dates of 30-day public review comment period:										January 5 through February 3, 2011															
Date of Public Hearing Meeting:										Public Meeting: Wednesday, January 19, 2011															
Date of submission of the Annual MHSA Revenue and Expenditure Report to DMH:										10/5/2010															

*Exhibit D1 is only required for program/project elimination.

**Exhibit F - F5 is only required for new programs/projects.

***Exhibit G is only required for assigning funds to the Local Prudent Reserve.

****Exhibit H is only required for assigning funds to the MHSA Housing Program.

a/ Due to contract obligations, the new program will be implemented in the final 5 months of the Fiscal Year (February through June 2011); as a result, the budget is estimated for 5 months only.

COUNTY CERTIFICATION

County: **MENDOCINO**

County Mental Health Director	Project Lead
Name: Stacey Cryer	Name: Jennifer Kennedy
Telephone Number: (707) 472-2799	Telephone Number: (707) 467-6016
E-mail: cryers@co.mendocino.ca.us	E-mail: kennedyj@co.mendocino.ca.us
Mailing Address: Mendocino County Health and Human Services Agency Mental Health Branch 860 N. Bush Street Ukiah, CA 95482	

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 2010/11 annual update was circulated for 30 days to stakeholders for review and comment and a public hearing was held by the local mental health board 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.~~

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 2010/11 update are true and correct.

Stacey Cryer
Mental Health Director/Designee (PRINT)

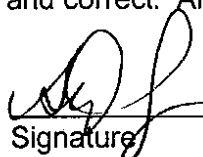

Signature _____ Date 02/17/11

EXHIBIT C

**COMMUNITY PROGRAM PLANNING
AND LOCAL REVIEW PROCESS**

County: MENDOCINO

Date: February 17, 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 update per title 9 of the California Code of Regulations, sections 3300 and 3315.

Community Program Planning
1. Briefly describe the Community Program Planning (CPP) Process for development of the FY 2010/11 update. Include the methods used to obtain stakeholder input.
<p>Mendocino County's approach to engaging all stakeholders in its process of developing its MHSA FY 10/11 Update has included the following:</p> <ol style="list-style-type: none">1. MHSA Stakeholder Committee Meeting2. Mental Health Board input through regularly scheduled meetings3. County Mental Health website information4. Public posting of the Update through the 30 day Local Review Process5. Mental Health Board Public Meeting on the Update <p>1. <u>MHSA Stakeholder Committee Meetings</u> The MHSA Stakeholder Committee meets as needed and provides input into the development of the MHSA 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 wellness and recovery into the broader Mental Health services provided by in County. In preparation for this Update, the Committee met December 1 and December 8, 2010. In addition, there was a joint Mental Health Board and MHSA Stakeholder Committee meeting on December 15, 2010.</p> <p>2. <u>MHSA Management Planning Group</u> This group is comprised of Health & Human Services Agency (HHS) staff who provide oversight to the delivery of MHSA services, the MHSA Coordinator, and fiscal staff. This group is responsible for budget administration, plan development and implementation, and ongoing evaluation of the delivery of MHSA services.</p> <p>3. <u>Mental Health Board /MHSA Stakeholder meetings</u> Management provided an ongoing dialogue on the progress of the Update and its inclusion of stakeholder input into the Plan development through special meetings, during scheduled meetings of the Mental Health Board and MSHA Stakeholder Committee. The Update was placed on the agenda of the Mental Health Board meeting on Wednesday, January 19, 2011.</p>

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 Meeting 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 Meeting information was posted to encourage public input.

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

Hard copies of the Update were available for public review at locations across the county, including key service delivery sites, mental health clinics, organizational providers, and wellness centers. The Update was posted for 30 days from January 5 through February 3, 2011.

6. Mental Health Board Public Meeting

Although the regulations do not require a Public Hearing for an Update, Mendocino County held a Public Meeting to obtain input from interested stakeholders. The Public Meeting was held during the Mental Health Board meeting on Wednesday, January 19, 2011 from 10:00 am to 1:00 pm at the following address:

Mendocino County Social Services
CalWORKS Job Services
Mendocino Conference Room
631 S. Orchard Street
Ukiah, CA 95482

2. Identify the stakeholder entities/individuals involved in the Community Program Planning (CPP) Process.

The following stakeholders have had ongoing input into 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
- Project Sanctuary
- 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 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. While MHSA services are being reorganized, all age groups will continue to be served. Some case management services for special populations (e.g. homeless, older adults) will be integrated into general mental health services. Stakeholders participated in the proposed reorganization through the public review and comment process.

Local Review Process

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

This MHSA FY 10/11 Update has been posted for a 30-day public review and comment period from January 5 through February 3, 2011. An electronic copy was posted on the County website with an announcement of the public review and comment period, as well as the Public Meeting 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, MHSA Executive Leadership Team, MHSA Stakeholder Committee, and staff. Hard copies of the Update were placed at locations across the county, including county mental health clinics, wellness centers, and organizational providers. The Update was available to clients and family members at all of these sites and on the County website.

A Public Meeting was held on Wednesday, January 19, 2011 from 10:00 am to 1:00 pm at the following address:

Mendocino County Social Services
CalWORKS Job Services
Mendocino Conference Room
631 S. Orchard Street
Ukiah, CA 95482

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 January 19, 2011. No substantive changes were made to the Update in response to these comments.

Stakeholder comments and concerns have been categorized below.

Comment/Concern 1:

Stakeholders expressed concern about the elimination of the Homeless Outreach Program Expansion (HOPE) staff positions located in the Social Services Branch but funded through the Mental Health Services Act. Stakeholders were also concerned about the on-going treatment of clients served by the HOPE team.

Response:

Central to the transformation of the mental health system is the focus on core mandated services and an integrated, single system of care. Mental health services provided by the Social Services Branch have been incorporated into the Mental Health Branch. The Mendocino County Board of Supervisors approved the layoff of six HOPE staff who served a total of 53 clients. Each client was evaluated and transitioned from the HOPE team based on level of care needed. 15 clients have been transferred to Mental Health Branch. 20 clients will be transferred to a local Federally Qualified Health Center (i.e. Mendocino Community Health Clinic at Hillside Health Center) or served by Social Services. 18 cases were closed due to the clients' achievement of stability or referral to other county- or community-based services.

Comment/Concern 2:

Stakeholders expressed concern about the elimination of the Older Adult System of Care (OASOC) staff positions located in the Social Services Branch but funded through the Mental Health Services Act. Stakeholders were also concerned about the on-going treatment of clients served by the OASOC team.

Response:

Central to the transformation of the mental health system is the focus on core mandated services and an integrated, single system of care. Mental health services provided by the Social Services Branch have been incorporated into the Mental Health Branch. The Mendocino County Board of Supervisors approved the layoff of two OASOC staff serving 59 clients. Each client was evaluated and transitioned from the OASOC based on level of care needed. 24 clients have been transferred to the Mental Health Branch. 13 clients will be served by Social Services. 22 cases have been closed due clients' achievement of stability and referral to other county- or community-based services.

Comment/Concern 3:

Stakeholders expressed concern about the elimination of supervision for Senior Peer Counseling program located in Social Services Branch but funded through the Mental Health Services Act.

Stakeholders were also concerned about the on-going treatment of clients served by senior peer counselors and the future of the senior peer counseling program.

Response:

Central to the transformation of the mental health system is the focus on core mandated services and an integrated, single system of care. Senior peer counseling is not currently a core mandated service for mental health. The Social Services Branch is evaluating the opportunity to transition Senior Peer Counselors into a Senior Companion program sponsored by the Senior Corps Program of the Corporation for National Community Service. There were a total of 9 seniors served by the Senior Peer Counseling program. Each client was evaluated and transitioned from the senior peer counseling program based on level of care needed. 2 clients have been referred to Social Services case management and 7 cases were closed due clients' achievement of stability and referral to other county- or community-based services.

Comment/Concern 4:

Stakeholders expressed concern about the Mental Health Branch's ability to provide culturally competent services and services to remote areas through the transformation of the mental health system. Stakeholders also expressed concern about the availability of training opportunities for Mental Health Branch staff to ensure MHSA values are integrated throughout the one system of care.

Response:

Mendocino County strives to provide culturally competent services. This Update continues to provide services for the diverse populations in Mendocino County and its remote areas. For example, bicultural and bilingual therapeutic counseling services are provided by Action Network in the remote area of the South Coast of Mendocino County. Consolidated Tribal Health continues to provide Native American Bicultural Clinical Services to reservations, rancherias and tribes affiliated with Consolidated Tribal Health Project. Consolidated Tribal Health also provides annual cross cultural training. Tapestry Family Services continues to provide bicultural and bilingual mental health services to the Latino population.

Mendocino County is developing its Cultural Competence Plan Requirements (CCPR) Modification in collaboration with the Cultural Competence Committee made up of community partners, consumers, and staff. The implementation of the CCPR will further the County's ability to provide culturally competent services.

Comment/Concern 5:

Two stakeholders expressed concerned about Mendocino County adhering to the MHSA regulations governing supplantation.

Response:

MHSA funding is not being used to supplant other funds. Base funding for mental health services (e.g. state sales tax, vehicle license fees, managed care funds) has significantly declined over the past several years, leaving the County unable to afford the provision of core mental health services. MHSA spending will be targeted to the maintenance of core mandated mental health services for priority populations. The County will continue to fully expend the base funding for mental health services before MHSA dollars are accessed.

Comment/Concern 6:

Stakeholders expressed concern that the transformation of the mental health system did not include peer operated programs.

Response:

This Update includes the continuation of wellness and recovery centers in Ukiah, Willits, Fort Bragg. This Update also provides for the continuation of funding for the much valued transition age youth drop-in center in Ukiah (Arbor on Main). The wellness and recovery centers provide peer-run programs and Mendocino County will continue to develop opportunities for volunteer peers at these wellness centers, whenever possible. When the County is able to grow its workforce, it plans to further expand this commitment to peer programs through the development and promotion of peer hiring practices.

Non-Substantive Comments/Concerns

The following comments and concerns were considered non-substantive but are included here as an effort to provide an appropriate response to the concerned stakeholders:

Comment/Concern: 7

Stakeholders expressed concern about the lack of detail in the Draft Update.

Response:

Mendocino County has traditionally provided stakeholders with a high level of detail beyond that which is required by State Department of Mental Health Annual Update and Update forms. This Update reflects a broader, more general explanation of the goals of the system transformation and how the County intends to achieve these goals. In response to the request for more information and detail, the County provided the stakeholders with a Summary of MHSA Services which addressed the majority of their programmatic questions and concerns.

Comment/Concern 8:

Implementation of Proposed Cuts and Reduction of Services before close of Public Comment Period

Response:

No MHSA programs are proposed for elimination. Mental health system transformation has included staff layoffs and contract terminations, which were conducted in accordance with applicable regulations.

Comment/Concern 9:

One stakeholder was concerned that the Beilenson Notice requirement was violated.

Response:

According to Mendocino County Counsel, California Health and Safety Code 1442.5 (Beilenson Notice) does not apply to mental health services or services for Alcohol and Other Drug Programs.

PREVIOUSLY APPROVED PROGRAM

County: MENDOCINO
Program Number/Name: CHILDREN AND FAMILY SERVICES
Date: February 17, 2011

Select one:

- ☒ **CSS**
☐ **WET**
☐ **PEI**
☐ **INN**

CSS										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1"> <thead> <tr> <th>FY 09/10 funding</th> <th>FY 10/11 funding</th> <th>Percent Change</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5.	For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity, and language spoken of the population to be served.									
Please refer to "Exhibit F1 – New Program" for a description of the consolidated System Transformation Program.										
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F1						
4.	Is the funding amount $\pm 15\%$ of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served), and c) Provide the rationale for consolidation.									

PREVIOUSLY APPROVED PROGRAM

County: MENDOCINO
Program Number/Name: TRANSITION AGE YOUTH SYSTEM OF CARE
Date: February 17, 2011

Select one:

- ☒ **CSS**
☐ **WET**
☐ **PEI**
☐ **INN**

CSS										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
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No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F1						
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PREVIOUSLY APPROVED PROGRAM

County: MENDOCINO
Program Number/Name: ADULT SYSTEM OF CARE
Date: February 17, 2011

Select one:

- ☒ **CSS**
☐ **WET**
☐ **PEI**
☐ **INN**

CSS										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
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PREVIOUSLY APPROVED PROGRAM

County: MENDOCINO
Program Number/Name: OLDER ADULT SYSTEM OF CARE
Date: February 17, 2011

Select one:

- ☒ **CSS**
☐ **WET**
☐ **PEI**
☐ **INN**

CSS										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
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3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F1						
4.	Is the funding amount $\pm 15\%$ of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	Description of Previously Approved Programs to be consolidated. Include in your description: d) The names of Previously Approved programs to be consolidated, b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served), and c) Provide the rationale for consolidation.									

CSS NEW PROGRAM DESCRIPTION

County: MENDOCINO

Program Number/Name: SYSTEM TRANSFORMATION PROGRAM

Date: February 17, 2011

CSS Only (5 month program)

Age Group	Number of Clients to be Served by funding category			Cost per Client for FSP by age group*
	Full Service Partnerships	General System Development	Outreach & Engagement	
CY	4	43	26	\$ 9,984
TAY	15	54	33	\$ 9,984
Adults	19	87	52	\$ 9,984
OA	7	33	19	\$ 9,984
Total	45	217	130	*Approximation only. 5 month program.
Total Number of Clients to be Served (all service categories) (5 month program):			392	

1. Provide narrative description of program.

Mendocino County is in the process of transforming the mental health system to ensure that accessible, quality, and efficient services are delivered to our SED/SMI populations to achieve optimal outcomes. This system transformation will comply with all standards of the MHSA and maintain the foundations and key components of the current mental health system. The system transformation will ensure equal access for all clients in a timely manner and strengthen services to meet the needs of children and youth with a Serious Emotional Disturbance (SED), and adults and older adults with a Serious Mental Illness (SMI). Services will be focused on helping these individuals achieve the following outcomes:

- At home, or stable living situation in the community, whenever possible
- In school or employed
- Substance use does not impact daily activities
- Out of trouble (avoid contacts with the law)
- Healthy (physical health and mental health, reduce hospitalizations)
- Social support network

Services will be delivered by both county mental health staff and contract organizational providers, in order to deliver appropriate services in a timely manner. A full array of services will be available to clients, based upon necessity. These services include, but are not limited to: assessments; individual and group therapy; case management; wraparound services; medication management; warm and welcoming drop-in centers for TAY, adults, and older adults; crisis response; inpatient services for acute conditions; linkages to community resources including primary care; residential services; and employment services.

Wellness centers will provide an important component of our service delivery system to help promote resiliency and recovery. Opportunities to develop volunteer and paid youth peer mentor and adult consumer advocate positions will be explored, when possible.. Clients will be encouraged to develop WRAP plans and advanced directives. Older adults will continue to receive services to help them remain living independently and develop a social support system to reduce the impact of their mental illness

Additional Full Service Partnership clients will be identified to promote independence and wellness. These FSP clients will have access to 24/7 support and linkage to services. Flex funds will be used to support FSP clients to access the services and supports that they need to meet their goals and achieve positive outcomes.

The system will continue to strive to deliver culturally-sensitive services to culturally-diverse clients and community populations, offering outreach and engagement services to diverse populations, including the local American Indian tribes; persons who are Latino; persons who are lesbian, gay, bisexual, transsexual, questioning and two-spirit (LGBTQ2-S); persons living in remote areas; and other cultures. The system is in the process of revising its Cultural Competence Plan and identifying opportunities for improving services to our diverse communities. The system will also rely on the expertise of our contract organizations to expand our capacity to meet the needs of monolingual clients and their families.

While the county has had significant budget deficits and has had to cut over 20 positions within the mental health system, this system transformation provides an opportunity to maximize our MHSA funds and other resources in a more cost-effective manner. The system transformation will support clients in the community; help them receive responsive services at home; promote a welcoming environment in our wellness centers; and train staff and organizational providers in delivering services that promote resiliency, wellness, and recovery. Through a comprehensive, coordinated, integrated system of care, clients will be better able 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 to provide Native American Bicultural Clinical Services to Native American reservations, rancherias and tribes affiliated with Consolidated Tribal Health Project. Consolidated Tribal Health 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.

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;
- 15 Full Service Partnerships and flex funding to achieve optimal outcomes.

Adult

- Manzanita Services to manage Ukiah- and Willits-based wellness and recovery centers;
- County to manage Red House wellness and recovery center in Fort Bragg;
- Barbara Ware to provide recovery and support Art Program.
- 19 Full Service Partnerships and flex funding to achieve optimal outcomes.

Older Adult

7 Full Service Partnerships and flex funding to achieve optimal outcomes

2. Explain how the new program is consistent with the priorities identified in the Community Planning Process.

The system transformation is consistent with the priorities identified in the community planning process. Stakeholders were very concerned about maintaining the wellness centers for adults at all three locations in the county: Ukiah, Willits, and Fort Bragg. Based on this input, and the values of the system transformation, there will be wellness centers located in all three areas for adults and older adults. In addition, the TAY Center (Arbor on Main) will continue to offer services to transition age youth, with an enhanced focus of activities and support to youth with a Serious Emotional Disturbance.

The community was also interested in promoting peer mentors and volunteers as paid staff. The system transformation will support this model and strive to expand these positions to promote wellness and recovery for youth, adults, and older adults.

The lack of availability of computers and internet access at the wellness centers was a concern. This issue will be considered with the system transformation. In addition, enhancement of transportation will be developed to help clients access services, whenever possible.

Stakeholders were also concerned that services for older adults would decline as a result of the system transformation. The reorganization will promote and support ongoing services for older adults with a Serious Mental Illness. FSP will also be available to high-need older adults, to help maintain in the community and access services to promote wellness and recovery.

3. Provide a description of how the proposed program relates to the General Standards of the MHSA (Cal. Code Regs., tit. 9, § 3320).

The System Transformation program will support the general standards of the MHSA by providing services that promote the following:

Community Collaboration

The system transformation will support and expand upon existing community collaboration efforts. With the new system, county and organizational providers will work closely together to best meet the needs of our highest need clients. Improved outcome measures and performance standards will identify the highest risk clients and ensure that services are delivered within a supportive, community-based, recovery-focused system to help clients achieve goals and positive outcomes. Clients and family members will be supported to be active partners in services.

Cultural Competence

As discussed above, the system transformation will promote the delivery of culturally-sensitive services to culturally-diverse clients and community populations. This strategy will begin with outreach and engagement services to diverse populations including the local American Indian tribes; persons who are Latino; persons who are lesbian, gay, bisexual, transsexual, questioning, and two-spirit (LGBTQ2-S); and persons living in remote areas. The county and organization provider staff will work together to identify opportunities for improving services to our diverse communities across the county. The county and organizational providers will be encouraged to increase the number of staff and volunteers who are bilingual and bicultural, to help improve access and ongoing services. Strategies include hiring qualified bilingual, bicultural administrative staff, case managers, clinicians, Peer Mentors, Client Advocates, and other support staff, whenever possible.

Client and Family Voice

The system transformation will support and enhance client voice and choice. Client and family voice are powerful components of successful mental health services, and a vital piece of the recovery model. It is critical that the staff listen to the client, giving the client power to gain hope and feel valued, respected, and heard. Staff will be trained to promote client and family voice, to understand the power of staff listening to clients.

Client voice also means giving clients the freedom to experience risk and make decisions that promote better recovery outcomes. Clients need support in making decisions that are in his/her best interest. Clients want to be involved in planning their treatment and respected as a partner alongside the service provider. Clients want to be asked about what they think would be helpful in their own recovery. The system transformation will promote person-centered care based on individual needs and choices that foster responsibility within recovery.

Promoting client and family voice and choice will require ongoing learning for county staff, organizational providers, clients, and family members. The system transformation will support this vision and promote recovery-based services.

Wellness, Recovery, and Resilience

The system transformation will support wellness, recovery, and resilience. Training will be offered to staff and organizational providers to promote the delivery of wellness, recovery, and resilience. William Anthony defined recovery as:

“...a deeply personal, unique process of changing one’s attitudes, values, feelings, goals, skills, and/or roles. It is a way of living a satisfying, hopeful, and contributing life even with limitations caused by illness.”

The system transformation will promote recovery on a system-wide level. This approach will require a change in the way that our organizations view mental illness and recovery, and require them to adopt a “recovery vision.” The system will support clients to understand that people with a mental illness can recover, which may mean that clients do not experience physical or emotional symptoms as much as they used to, or that they go away completely. It may also mean that relationships can improve and that clients can live on their own and be successfully employed.

Clients and staff will work together to give clients hope, find supportive relationships, manage symptoms, find meaningful activities, and understand that mental illness is only a part of their life. Clients will learn that they have choices in treatment, in defining their life, and will be supported in taking responsibility for their recovery. Clients will be empowered to be active participants in their treatment, services, and recovery to wellness.

Integrated Service Experiences for clients and their families

The system integration will promote county staff and organizational providers to deliver integrated services for clients and their families. For children and youth, this approach begins with involving families (whether biological, foster, adoptive) in assessment, planning, and treatment. For adults and older adults, clients will identify and involve significant support persons in their life, as desired. When possible, family members will be hired as Parent Partners to help families of children and youth to navigate services and be supported in engaging and remaining active participants of treatment. Youth Peer Mentor positions and Client Advocate/Coach positions will be developed to provide volunteer and employment opportunities in a supportive environment, to learn job skills and develop successful experiences in holding a job.

4. Describe the target population to be served and the services/strategies to be provided. This should include information about targeted age, gender, race/ethnicity and language spoken by the population to be served.

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.

5. Describe the County's capacity to serve the proposed number of children, youth, adults, and seniors (Welf. & Inst. Code § 5847).

The system transformation will serve all age groups through county and organizational provider services. This goal will require close collaboration and coordination of services to deliver services to the highest-need children, youth, adults, and older adults in our system. Services will be planned and organized to ensure that clients and families are supported in the community and focused on client goals to achieve positive outcomes. Individuals with medical necessity are high-need will be the highest priority. By developing and expanding our coordination and collaboration of services, we will have the capacity to serve the proposed number of children, youth, adults, and older adults in our system and support them in achieving positive outcomes.

6. For project-based housing expenditures using General System Development funding, include a brief description outlining the type of housing (e.g., temporary, respite, transitional, etc.), whether the expenditure will be for master leasing of units, acquisition/rehabilitation of an existing housing structure or construction of new housing and the number of units to be acquired.

Not applicable.

Mendocino County Health and Human Services
MHSA 2010/11 Update

EXHIBIT E

MHSA SUMMARY FUNDING REQUEST

County: **MENDOCINO** (Budget Period: February - June 2011)

Date: **1/27/2011**

	MHSA Funding					
	CSS	WET	CFTN	PEI	INN	Local Prudent Reserve
A. FY 2010/11 Planning Estimates						
1. Published Planning Estimate	\$2,055,600					
2. Transfers						
3. Adjusted Planning Estimates	\$2,055,600					
B. FY 2010/11 Funding Request						
1. Requested Funding in FY 2010/11 ^{c/}	\$1,111,845					
2. Requested Funding for CPP						
3. Net Available Unexpended Funds						
a. Unexpended FY 06/07 Funds						
b. Unexpended FY 2007/08 Funds ^{a/}						
c. Unexpended FY 2008/09 Funds						
d. Adjustment for FY 2009/2010						
e. Total Net Available Unexpended Funds	\$0	\$0	\$0	\$0	\$0	
4. Total FY 2010/11 Funding Request	\$1,111,845	\$0	\$0	\$0	\$0	
C. Funds Requested for FY 2010/11						
1. Previously Approved Programs/Projects						
a. Unapproved FY 06/07 Planning Estimates						
b. Unapproved FY 07/08 Planning Estimates ^{a/}						
c. Unapproved FY 08/09 Planning Estimates						
d. Unapproved FY 09/10 Planning Estimates						
e. Unapproved FY10/11 Planning Estimates						
Sub-total	\$0	\$0		\$0	\$0	
f. Local Prudent Reserve						
2. New Programs/Projects						
a. Unapproved FY 06/07 Planning Estimates						
b. Unapproved FY 07/08 Planning Estimates ^{a/}						
c. Unapproved FY 08/09 Planning Estimates						
d. Unapproved FY 09/10 Planning Estimates						
e. Unapproved FY10/11 Planning Estimates ^{d/}	\$1,111,845					
Sub-total	\$1,111,845	\$0	\$0	\$0	\$0	
f. Local Prudent Reserve						
3. FY 2010/11 Total Allocation ^{b/}	\$1,111,845	\$0	\$0	\$0	\$0	

^{a/}Only applies to CSS augmentation planning estimates released pursuant to DMH Info. Notice 07-21, as the FY 07/08 Planning Estimate for CSS is scheduled for reversion on June 30, 2010.

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

^{c/} Due to contract obligations, the new program will be implemented in the final 5 months of the Fiscal Year (February through June 2011); as a result, the budget is estimated for 5 months only.

^{d/} Funds requested for the new program are previously approved funds; they were approved via the County 10/11 Annual Update. This Update is to inform the State of the plan to transform the MHSA program in Mendocino County.

Mendocino County Health and Human Services
MHSA 2010/11 Update

CSS BUDGET SUMMARY

EXHIBIT E1

County: MENDOCINO

Date: 1/27/2011

(CSS Budget Period: February through June 2011 - 5 months)

CSS Programs			FY 10/11 MHSA Funding (Feb-Jun 2011)	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.											
2.											
3.											
4.											
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/}		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Percentage
17.	Plus up to 15% County Administration										#VALUE!
18.	Plus up to 10% Operating Reserve										#VALUE!
19.	Subtotal: Previously Approved Programs/County Admin./Operating Reserve		\$0								
New Programs											
1.	1	System Transformation Program	\$882,972	\$224,000	\$527,178	\$131,794		\$176,594	\$220,743	\$353,189	\$132,446
2.			\$0								
3.			\$0								
4.			\$0								
5.			\$0								
6.	Subtotal: Programs ^{a/}		\$882,972	\$224,000	\$527,178	\$131,794	\$0	\$176,594	\$220,743	\$353,189	\$132,446
7.	Plus up to 15% County Administration		\$132,446								15.0%
8.	Plus up to 10% Operating Reserve		\$96,427								9.5%
9.	Subtotal: New Programs/County Admin./Operating Reserve		\$1,111,845								
10.	Total MHSA Funds Requested for CSS		\$1,111,845								

Percentage
#VALUE!
#VALUE!

Percentage
15.0%
9.5%

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

25.40%

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 Mental Health Expenditures:	\$0	\$0	\$56,319	\$168,956	\$0	\$0	\$0	\$0	\$0	\$225,275
										51%

Mendocino County Health and Human Services
MHS 2010/11 Update

NEW PROGRAM/PROJECT BUDGET DETAIL/NARRATIVE

EXHIBIT F

County: Mendocino

Date: 1/31/2011

Program/Project Name and #: System Transformation Program

CSS Budget Period: February - June 2011				
	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES				
Community Services and Supports				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing	\$25,551			\$25,551
b. Other Supports	\$63,877			\$63,877
2. General System Development Housing				\$0
3. Personnel Expenditures	\$2,216,019			\$2,216,019
4. Operating Expenditures	\$1,363,698		\$205,100	\$1,568,798
5. Estimated Expenditures when service provider is not known				\$0
6. Non-recurring expenditures				\$0
7. Other Expenditures*				\$0
8. Total Proposed Expenditures	\$3,669,145	\$0	\$205,100	\$3,874,245
Workforce Education and Training				
1. Personnel Expenditures				\$0
2. Operating Expenditures				\$0
3. Training Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Residency Expenditures				\$0
6. Internship Expenditures				\$0
7. Mental Health Career Pathway Expenditures				\$0
8. Stipend Funds				\$0
9. Scholarship Funds				\$0
10. Loan Repayment Funds				\$0
11. Non-recurring Expenditures				\$0
12. Other Expenditures*				\$0
13. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Capital Facilities				
1. Pre-Development Costs				\$0
2. Building/Land Acquisition				\$0
3. Renovation				\$0
4. Construction				\$0
5. Repair/Replacement Reserve				\$0
6. Other Expenditures*				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Technological Needs				
1. Personnel				\$0
2. Hardware				\$0
3. Software				\$0
4. Contract Services				\$0
5. Other Expenditures*				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Prevention and Early Intervention (PEI)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Subcontracts/Professional Services				\$0
5. Other				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0

Mendocino County Health and Human Services
MHSA 2010/11 Update

EXHIBIT F

NEW PROGRAM/PROJECT BUDGET DETAIL/NARRATIVE

County: Mendocino

Date: 1/31/2011

Program/Project Name and #: System Transformation Program

CSS Budget Period: February - June 2011

Innovation (INN)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Work Plan Management				\$0
6. Other				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
B. REVENUES				
1. New Revenues				
a. Medi-Cal (FFP only)	\$1,095,531			\$1,095,531
b. State General Funds	270,810			\$270,810
c. Other Revenue	\$1,396,059			\$1,396,059
2. Total Revenues	\$2,762,400	\$0	\$0	\$2,762,400
C. TOTAL FUNDING REQUESTED				
	\$906,745	\$0	\$205,100	\$1,111,845

*Enter the justification for items that are requested under the "Other Expenditures" category.

Justification:

Please include your budget narrative on a separate page.

Prepared by:

Telephone Number:

System Transformation Program: Ages 0-60+

The following CSS Program Work plans and related budgets are being combined into one Program Work Plan:

1. Children and Family Services
2. Transition Age Youth System of Care
3. Adult System of Care
4. Older Adult System of Care

The newly combined Program Work plans and budget will now be referred to as the **System Transformation Program: Ages 0-60+**, and 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. This budget is applicable to the final five (5) months of FY 2010/11 (February through June 2011).

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	9.1%
Medi-Cal Managed Care	5.9%
Early and Periodic Screening, Diagnosis and Treatment (EPSDT)	7.5%
Federal Financial Participation (FFP)	22.8%
Federal Financial Participation Administration	7.5%
Mental Health Services Act Fund	23.7%
Patient Fees	.1%
All Other ¹	23.4%
Total	100.0%

¹All Other funding sources include reimbursements for services in jail and juvenile hall, public guardian reimbursements, administrative fees charged to community-based organizational providers, 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 MHSA planning meetings, stakeholder meetings, and assist in coordination activities with staff and organizational providers.

MHSA 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.

Psychiatrist (1.0 FTE) – This position provides psychiatric diagnostic and therapeutic service to all age groups, in the mental health clinics and in a jail setting. 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 (1.0 FTE) – This position provides triage and clinical assessment services to mental health clients; obtains accurate physical and mental health information from clients.

Clinical Supervisors (4.55 FTE) – These positions provide direct day-to-day supervision to the Children and Adult Services Team members and the satellite clinic programs.

MH Clinicians I and II (14.7 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 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 (8.8 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 (3.0 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 position provides data support to the IT Department Analyst. This individual provides technical application and program support related to the department's computer application system.

Account Specialist Supervisor (1.0 FTE) – This position is responsible for providing supervision to the Account Specialist and other administrative and managerial duties related to the support of county and organizational provider staff in delivering services.

Account Specialists II & III (4.8 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 provides transportation for clients; accompanies and monitors clients while waiting for appointments, hospital admittance, etc.; provides reception duties, pulls medical files, answers phones, etc. This individual serves as a source of information regarding mental health services and community resources. This position facilitates groups at day treatment and drop-in centers.

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

Support Staff (8.25 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 the 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.

B. Revenues

The budgeted revenues and expenditures are based on revised five (5) month county budget estimates for the mental health department restructure and System Transformation and Restructure. The total budgeted funds for the System Transformation are \$3,874,245. This amount is made up of MHSA-CSS funding in the amount of \$1,111,845 and 'Other Revenues, i.e. realignment/VLF/VLC, State General Funds, Managed Care, SAMHSA, client fees/insurance in the amount of \$2,762,400. Since this is a System Transformation restructure, the County is using existing FY 10/11 DMH approved MHSA-CSS funding and is not requesting additional FY10/11 CSS funding with this request.