EXHIBIT A

Final 1-11-06

El Dorado County
MHSA Three-Year
Program and Expenditure Plan
Fiscal Years 2005-06, 2006-07, 2007-08

Mental Health Services Act
Community Services and Supports

Table of Contents

EXECUTIVE SUMMARY 3

PART I: COUNTY/COMMUNITY PUBLIC PLANNING PROCESS AND PLAN REVIEW PROCESS...10

Section I: Planning Process...10
Section II: Plan Review 20

PART II: PROGRAM AND EXPENDITURE PLAN REQUIREMENTS..............................27
Overview: 27
Section I: Identifying Community Issues Related to Mental Illness and Resulting from Lack of Community Services and Supports......................27
Section II: Analyzing Mental Health Needs in the Community..................................46
Section III: Identifying Initial Populations for Full Service Partnerships 57
Section IV: Identifying Program Strategies 62
Section V: Assessing Capacity 62
Section VI: Developing Work Plans with Timeframes and Budgets/Staffing 66
Family Centered Services Program 66
Mental Health Court..77
Wellness Program 86
Project UPLIFT 99
Latino Engagement Initiative 110

PART III: REQUIRED EXHIBITS ………………………………………………………… 121
Exhibit 1: Program and Expenditure Plan Face Sheet………………………… 122

Exhibit 2: Program Work Plan Listing 123
FY 05-06..123
FY 06-07..124
FY 07-08..125

Exhibit 3: Full Service Partnerships Population – Overview 126

Exhibit 4: Work Plan Summary....127
Family Centered Services Program 127-128
Mental Health Court....129
The Wellness Program....130
Project UPLIFT.... 131-132
Latino Engagement Initiative 133-134

Exhibit 5: Budget and Staff Detail Section....135
Budget Narrative (One-time CSS funding) 135-136
Family Centered Services Program, Exhibit 5a/5b, FY 05-06 .. 137-142
Family Centered Services Program, Exhibit 5a/5b, FY 06-07 .. 143-148
Family Centered Services Program, Exhibit 5a/5b, FY 07-08 .. 149-154
Mental Health Court, Exhibit 5a/5b, FY 05-06 155-157
Mental Health Court, Exhibit 5a/5b, FY 06-07 158-160
Mental Health Court, Exhibit 5a/5b, FY 07-08 161-163
Wellness Program, Exhibit 5a/5b, FY 05-06.... 164-172
Wellness Program, Exhibit 5a/5b, FY 06-07.... 173-182
Wellness Program, Exhibit 5a/5b, FY 07-08.... 183-191
Project Uplift, Exhibit 5a/5b, FY 05-06.... 192-197
Project Uplift, Exhibit 5a/5b, FY 06-07.... 198-203
Project Uplift, Exhibit 5a/5b, FY 07-08.... 204-209
Latino Engagement Initiative, Exhibit 5a/5b, FY 05-06.... 210-215
Latino Engagement Initiative, Exhibit 5a/5b, FY 06-07.... 216-221
Latino Engagement Initiative, Exhibit 5a/5b, FY 07-08.... 222-227
CSS Administration, Exhibit 5a/5b, FY 05-06 228-229
CSS Administration, Exhibit 5a/5b, FY 06-07 230-231
CSS Administration, Exhibit 5a/5b, FY 07-08 232-233

Exhibit 6: Quarterly Progress Goals and Report 234
FCSP FY's 05-06, 06-07, 07-08 234-236
Mental Health Court FY's 05-06, 06-07, 07-08 237-239
Wellness Program FY's 05-06, 06-07, 07-08.... 240-242
Project UPLIFT FY's 05-06, 06-07, 07-08 243-245
Latino Engagement Initiative FY's 05-06, 06-07, 07-08.... 246-248

El Dorado County MHSA Community Services and Supports 3-Year Plan

EXECUTIVE SUMMARY

Background

In November 2004, California voters passed Proposition 63, the Mental Health Services Act (MHSA), to expand funding for a comprehensive, community-based mental health system for seriously mentally ill individuals. The MHSA requires that five elements are included in any plan submitted for funding:

- Community Collaboration
- Cultural Competence
- Client/Family Driven Services
- Wellness and Recovery Focus
- Integrated Services

This Community Services and Supports application describes and documents the Community Program Planning process that took place between February and October 2005, and it presents El Dorado County's 3-Year Plan for the first funded component of the MHSA – Community Supports and Services (CSS). El Dorado County is eligible for an initial annual allocation of $1,423,300. This 3-Year Plan will be updated annually.

Community Program Planning Process

An extensive community outreach and planning process took place between February and October 2005 to identify the priority unmet mental health needs in the community. In total, over 900 community members were consulted.

El Dorado County Mental Health conducted:

- 82 focus groups and MHSA trainings
- 23 interviews
- 5 written surveys resulting in 545 responses

In addition, 104 community representatives were involved in the workgroup planning process, including mental health consumers and their family members. In this comprehensive process, members representing a broad range of service providers were included in the workgroups and on the Advisory Committee, and updates were provided regularly to the Mental Health Commission.

Themes revealed through community outreach efforts

- A desire for community collaboration with the Mental Health Department.
- Safe and stable housing for transition age youth and adults who are mentally ill.
- Integrated services with substance abuse treatment facilities, schools, health facilities, and community agencies serving our target populations.
- Mental health treatment for the uninsured and underinsured, particularly children and older adults.
- Prevention of out-of-home placements for children and older adults.

- A need for case management.
- Access to concrete supports, such as housing, transportation, financial supports, employment and financial assistance that serve as barriers to service access.
- Improved outreach – particularly to the Latino community – to reduce stigma and discrimination that serve as barriers to accessing services.

Organizational Structure and Process
Community feedback, collaboration and planning were achieved in a variety of ways. Individual interviews, focus groups, MHSA trainings, and written surveys were used to inform community members and solicit feedback regarding the MHSA. Workgroups and writing teams reviewed the information and data and established recommendations for priority populations, model programs, and effective strategies. An Advisory Committee reviewed these proposals and, based on the community process, made recommendations to the Director of the County Mental Health Department.

Funding Decisions
The funding decisions reflected in this application were recommended by the Advisory Committee. Funds were allocated 1) by age group based on demographic information regarding the prevalence of mental illness and service utilization, 2) for Outreach and Engagement to serve three high risk groups that are significantly under-served in the county (the Latino population, mentally ill individuals with co-occurring substance abuse, and older adults), 3) for Peer Support and Family Education to assure client and family participation in all MHSA-funded activities (which includes the hiring of clients and family members to assist in the delivery of services), and 4) for Project Administration.

Program Proposals

The proposed target populations, program models, and program strategies mirror the needs identified by the community and apply effective practices consistent with the five concepts essential to the MHSA listed above.

Program #1
Family-Centered Services for uninsured youth at risk of out-of-home placement (Wraparound Program Model)

Community Issue: Out of home placement

Desired Outcomes: Safe and stable living environment/reduction in out-of-home placements

Unmet mental health needs: Uninsured/under-insured youth at risk of out-of-home placement

Estimate of need: There is an estimated 500 youth at risk of out-of-home placement in El Dorado County each year

Total annual program funds: $361,260 (based on FY 06-07 full year of funding)

Program description:

The Family-Centered Services Program will employ the Wraparound Model for use with uninsured and under-insured youth at risk of out-of-home placement who otherwise do not have access to this type of full-service partnership program. The Wraparound Model is a collaborative, team-based, family-driven service delivery model which includes clinical case management, an individualized service plan, and flexible supports and services. Case management and service delivery are implemented in a convenient and comfortable location for the family who also directs the use of family, community and system supports. This program is a full service participation program as defined by the Mental Health Services Act.

In the West Slope region this program will build upon El Dorado County's existing Wraparound Services Program by extending services to the uninsured or under-insured population of youth at risk of out-of-home placement**.** This focus on youth still at home is different than the existing Wraparound Program which serves youth already placed, or at risk of placement, in high level group homes. However, the treatment model will be the same.

In South Lake Tahoe there are no existing resources for Wraparound Services upon which to build. Therefore, funding will be made available to hire and train staff to operate a Family-Centered Services Program also based on the Wraparound model. The goal for the South Lake Tahoe Team is to first serve the MHSA target population and, once the Family-Centered Services Program is established, to leverage resources to serve the Medi-Cal population of children within the child welfare and probation systems who cannot be served by the MHSA Wraparound Program.

Funding will be awarded on a competitive basis to community providers. The County Mental Health Department will serve as an active partner by providing programmatic coordination, clinical oversight, and evaluation support.

Training in the Wraparound Model, and evidence-based practices such as the Incredible Years Parenting Program, Aggression Replacement Training (ART), and Functional Family Therapy will be provided for relevant clinical staff.

Program # 2
Mental Health Court for transitional age youth and adults in South Lake Tahoe

Community Issue: Incarceration which results from unmet mental health needs

Desired Outcomes: Fewer days in custody, fewer repeat offenders, and increased days spent in school, work, mental health treatment, or other meaningful community involvement.

Unmet mental health needs: Individuals who have been charged in the South Lake Tahoe courts due to untreated mental illness.

Estimate of need: At any given time 60 transitional age youth and adults with mental illness are involved in the South Lake Tahoe jail and/or probation systems.

Total annual program funds: $113,585 (based on FY 06-07 full year of funding)

Program Description:
The Mental Health Court will be established from MHSA System Development funds to contribute to a reduction in mentally ill criminal offenders and re-offenders as well as to engage mentally ill criminal offenders in a treatment program which can improve their quality of life. This intervention recognizes that mentally ill offenders often re-offend due to a lack of continued treatment after leaving custody and the abuse of drugs and alcohol to self-medicate. The Mental Health Court program is a strong community collaboration model which provides for system integration. Members from the judicial system, law enforcement, probation, and mental health systems will form the Mental Court Team; a case manager working for the Mental Health Court Team will implement an integrated, individualized service plan for each program participant.

MHSA funds will be used to hire a full-time mental health clinician to work with adults and a half time mental health clinician to work with transitional age youth as the Mental Health Court case managers. These positions will be part of the County Mental Health Department, in the South Lake Tahoe outpatient clinic. These individuals will provide the mental health assessments, as well. Outreach and family education will be provided through a partnership with the National Alliance for the Mentally Ill (NAMI), South Lake Tahoe Chapter. Training in Dialectical Behavior Therapy (DBT) and Motivation Interviewing, as evidence-based practice models, will be provided for mental health staff, as well.

Program # 3
Integrated Services Program for the mentally ill homeless (or at risk of homelessness) adults and transitional age youth in the West Slope region.

Community Issue: Homelessness

Desired Outcomes: Decreased days of homelessness, institutionalization, hospitalization, and incarceration. Safe and adequate housing.

Unmet mental health needs: Transition age youth (18-25) who have aged out of the foster care and/or probation systems and are at risk of homelessness, and adults who are homeless or at risk of homelessness, often dually diagnosed, leaving jail, on probation, or leaving substance abuse or treatment facilities. May also include those with a sudden lack of income or leaving a psychiatric hospital without established housing.

Estimate of need: 100 seriously mentally ill adults, 30 transitional age youth, and 200 Placerville families.

Total annual program funds: $536,426 (based on FY 06-07 full year of funding)

Program Description:
Housing needs for the seriously mentally ill were consistently identified as a priority by consumers, family members, substance abuse treatment staff, women's services, transitional age youth, and law enforcement. An Integrated Services Model was selected for implementation as it has demonstrated success with these populations state-wide and locally in the Mental Health Department's South Lake Tahoe's 2034 Program. The goal is to provide a full-service partnership program which offers a continuum of housing options, along with a comprehensive array of integrated services and supports and a collaborative case management team, within a psychosocial rehabilitation/recovery model framework. Services will be offered through a partnership between County Mental Health and community contract providers. The Mental Health Department will hire a Program Coordinator, Consumer Mental Health Aid, and a Mental Health Outreach Worker to provide some of the core services. MHSA funds will be made available through a competitive process to community contract providers for oversight of housing, case management, and the 24/7 response. Training in Dialectical Behavior Therapy (DBT) and Motivational Interviewing as evidence-based practice models will be provided for program staff, as well.

Program # 4
Mobile treatment for older adults

Community Issue: Isolation and inability to manage independence.

Desired Outcomes: Decrease in institutional care placements for older adults.

Unmet mental health needs: Undetected and untreated mental illness, particularly depression.

Estimate of need: 35-135 cases of undetected depression and 485 older adults with serious mental illness who are not receiving services.

Total program funds: $194,872 (based on FY 06-07 full year of funding)

Program Description:
MHSA funds will be used to 1) promote program development in the area of outreach and engagement, systems development, and peer support and, 2) to initiate the formal establishment of an Older Adult System of Care in El Dorado County. Specifically, El Dorado County will adopt three best practice models that have had demonstrated success in other communities. Two programs will be administered by the El Dorado County Mental Health Department. First, the "Gatekeeper Program", which has been in successful operation in Spokane, Washington since 1978, will be used to provide outreach and service engagement for this hard-to-reach population. In this program, non-traditional

referral sources (community members who, through their regular business activities, come into contact with seniors) are trained to identify and refer at-risk individuals to the senior services system. This is a cost-effective, community organization approach which serves to empower and engage the broader community and has been well-received and extremely effective. Second, The Mental Health Department will implement a mobile mental health team approach modeled after the award-winning "Genesis Program" in Los Angeles. The goal is to provide mobile and holistic mental health services to frail and isolated older adults in order to repair, enhance, and redefine their safety net thereby maintaining them in their homes and avoiding institutionalization. Finally, a Peer and Family Education and Support intervention will be funded by creating a Friendly Visitor Program coordinated by seniors and delivered to seniors in their homes, under the administration and supervision of the Area Agency on Aging.

Program # 5
Latino Engagement Initiative

Community Issue: Isolation and peer and family problems.

Desired Outcomes: Increased access to mental health services.

Unmet mental health needs: Disparate access to mental health services.

Estimate of need: Over 600 Latinos in the target population are unserved.

Total program funds: $129,220 (based on FY 06-07 full year of funding)*

*an additional amount of $9,656 is available in the Peer Support allocation which is being retained for Peer Training and Interpreter Training, per community feedback.

Program Description:
The goal of the El Dorado County Latino Engagement Initiative is to collaborate with existing agencies in the areas of outreach, engagement and provision of support services while adding the availability of bilingual and bicultural mental health services for the Latino community. Funds will be contracted out by means of a competitive process to provide services in the Western Slope region and separately in the South Lake Tahoe region with this expectation of community-wide collaboration and coordination of service provision. The Western Slope program will apply the Promotora Model to hire a Latino community member to provide peer education, outreach and engagement services in the homes and local community centers. This individual will provide mobile outreach services by using a van to carry supplies and information from site to site and to individuals' homes. This van will be scheduled to go to various town community centers on different days of the week in order to best serve this geographically dispersed community. In addition, a portion of the funds will be used to contract for bilingual/bicultural mental health services. In South Lake Tahoe, the funds will be used to pay for bilingual/bicultural services and to provide a depression group for Latina women. Each of these strategies is intended to build on the strengths and self-determination of the Latino community, families and individuals, to remove barriers to mental health service delivery, and are recognized as culturally competent service delivery practices.

Next Steps

The draft application is being made available to the public on-line at www.co.el-dorado.ca.us/mentalhealth. Consistent with the State Department of Mental Health requirements, the application will be posted for 30 days prior to the public hearing. The public is encouraged to review the draft and provide the Mental Health Department with feedback either by e-mail (MHSA@co.el-dorado.ca.us), postal mail (El Dorado County Mental Health Department, MHSA Project Management Team, 344 Placerville Drive, Suite 20, Placerville, CA 95667), or by attending the public meetings scheduled in December. A community meeting will be held in South Lake Tahoe on Wednesday, December 14th to review this draft Plan, and a Public Hearing will be conducted by the Mental Health Commission on Thursday, December 15, 2005 in Placerville. The Mental Health Department will document and consider all substantive feedback before finalizing the application.

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

Section I: Planning Process

Part I, Section I, 1

<u>Involvement of consumers and families as full partners in the local public planning process:</u>

El Dorado County formally began its public planning process in February 2005 when a series of Stakeholder Meetings were conducted. These hour long meetings were held at the noon hour and at 6 pm in both regions of the county to maximize access for community members, specifically those with traditional "8 to 5" jobs. A bilingual Spanish-speaking interpreter was available at each meeting. The County Mental Health Commission (of which most members are family members), the National Alliance for the Mentally Ill (NAMI) chapters and the Oasis program (a local mental health consumer-run support group), were invited and members from all groups did attend. Survey forms were distributed to gather feedback and names for the County's MHSA mailing list, and a sign-in sheet recorded individuals who acknowledged their status as a family member and/or consumer.

Both NAMI chapters, the Mental Health Commission, and consumer groups in both regions were given readiness trainings in April to insure informed participation, and a second survey was distributed and collected. In this survey we inquired about priority unmet mental health needs and populations. The proposed planning process consisting of surveys, focus groups, outreach, workgroups and an advisory committee was presented in these trainings for feedback and unanimous support was given. These groups were then invited to join the workgroups formed to provide the collaborative planning for service and support expansion. In addition, members from NAMI, the Mental Health Commission, and Oasis were asked to be represented on the Advisory Committee—all invitations were accepted. Monthly updates were provided in person and/or in writing to each of these key groups throughout the program planning process.

Other groups contacted for either a readiness training and/or focus group, in an effort to ensure comprehensive involvement of consumers and/or family members include:

- Transition Age Youth (TAY) Program, Mental Health Department
- TAY at Mt. Tallac School, South Lake Tahoe
- TAY girls group, Mental Health Department
- TAY at Juvenile Hall
- TAY at Independence High School
- TAY at “Town of Independence” CASA/ILP Program Event
- homeless mentally ill at the Upper Room Dining Hall
- homeless at the Nomadic Shelter
- homeless person with mental illness key informant
- homeless persons field outreach

- parents of children with serious emotional disturbance (SED), Foster Parent Association
- co-occurring disorders group, Sierra Recovery Center
- co-occurring disorders group, Progress House
- co-occurring disorders group, Gates Recovery Center
- Day Rehabilitation consumers, South Lake Tahoe
- Tahoe Opportunities Project (AB2034 program), South Lake Tahoe
- consumers at Tahoe Manor board and care Facility
- consumers at Galt board and care facility

Finally, the Oasis Program, a mental health consumer support program, established a monthly two hour meeting specifically to discuss MHSA planning. The MHSA project coordinator and/or facilitator attended each of these meetings and this forum served to provide updates, solicit feedback, and focus on planning relative to the consumer role.

The MHSA Outreach and Project Management Teams also expanded to include consumers, a family member and a transitional age youth member who, along with several Oasis consumers, took an active part in the MHSA Outreach process. Consumers served in consultant roles regarding important issues, such as homelessness, and became actively involved in supporting the MHSA Project Office (attending planning meetings, participating in outreach, providing art work, office support, and moral support). Consumers also attended various MHSA-related trainings (e.g., CIMH-sponsored MHSA Small Counties trainings, AB2034 Coop-sponsored recovery trainings) with the project staff and community members. Implementation of the Community Planning Process and debriefing and evaluation occurred in the final workgroup meetings and in the Advisory Committee meeting in October—family and consumers were represented in each of these settings.

Family members and consumers are represented in every component of the MHSA planning process, including:

- Surveys
- Stakeholder meetings
- Readiness trainings
- Focus Groups
- Key informant interviews
- Workgroups
- Writing Teams
- Advisory Committee
- Mental Health Commission
- Project Staff

In conclusion, consumer and family members were involved as full partners in meaningful ways in the planning, implementation, and evaluation of the Community Program Planning process.

Part I, Section I, 2

A comprehensive and representative planning process

The Setting

El Dorado County encompasses a large geographical area (1,711 square miles) with a relatively small population (an estimated 174,000 in 2005). The county seat, Placerville, is located in a region known as the Western Slope (WS), and is surrounded by small, rural communities and unincorporated areas. South Lake Tahoe (SLT) is the most densely populated area of the county and features a resort community, a sizable transient community, and is much more ethnically diverse than the Western Slope. These two regions are connected by a 60 mile mountainous stretch that can be a difficult and time-consuming ride, particularly during the winter months. Local communities and services have developed out of the distinct characteristics of each of these regions and have historically operated quite independently. Based on 2000 Census data, approximately 22.5% of the population lives in the South Lake Tahoe region and 77.5% lives outside of this region which is essentially the Western Slope region.

Chart A
Where do people in El Dorado County live?

	South Lake Tahoe Region Rate	Outside of SLT Region Rate	El Dorado County Total
Total Pop	22.5%	77.5%	100%
Youth (0-19)	22.1%	77.9%	100%
TAY (15-24)	29.7%	70.3%	100%
Adults (20-59)	24.7%	83.9%	100%
Older Adults (60+)	16.1%	83.9%	100%
White	16.9%	83.1%	100%
Latino	64.4%	35.6%	100%
Other	38%	62%	100%

Therefore, the county-wide, collaborative planning efforts for the MHSA programs involved striking a critical balance between respect for and acknowledgement of regional differences and a need to work as a county-wide community to most effectively and equitably address large needs with limited, but welcome additional funding. Since traveling between the two regions is sometimes dangerous or not feasible due to inclement weather, El Dorado County Mental Health leased additional space for the Project Management staff and activities, which included a conference room in the Western Slope. This previously unavailable space allowed for teleconferenced MHSA county-wide planning meetings. While this meeting design was awkward at times and, perhaps the most taxing on the smaller group at South Lake Tahoe who typically did not

have a facilitator present, the community can be commended for persisting in their efforts to implement county-wide planning. This has resulted in a productive community planning process in which funding and planning decisions were broken down both by age group and by region.

Various levels of participation

A key feature of ensuring comprehensive and representative participation was providing a range of avenues for input. Options for anonymous input included a local phone line with a voice mailbox, an -email address, and several written surveys. Outreach efforts included community meetings, readiness trainings, focus groups and key informant interviews which were intended to offer convenient one time opportunities to gain information about the MHSA and to offer feedback. The detailed planning occurred in the workgroups, writing teams, and advisory committee meetings which were arenas for ongoing involvement. A mailing list of 390 individuals was created as and over 500 survey questionnaires were completed.

Outreach

At the second series of community meetings in April 2005, the attendance had declined and upon investigation, we were consistently told two things:

- Many interested parties were already participating in the workgroups and therefore they did not feel the need to attend broader community meetings.
- The experience of previous community collaboration projects was that independent community meetings were generally not well-attended—it was much more effective to attend existing meetings of relevant agencies.

The MHSA Outreach Team was formed, therefore, to engage the community comprehensively in *their* setting. This Team was comprised of consumers, a family member, a community volunteer, the Mental Health Patient Rights Advocate, a Geriatric Mental Health Specialist, the Day Rehabilitation Coordinator, the MHSA Facilitator, and the MHSA Project Manager. In addition, several of the El Dorado County Mental Health Managers participated in conducting outreach -- including the Director. Written guidelines, forms, and training for outreach in the form of key informant interviews, focus groups, readiness trainings, and surveys were provided for all those participating in this effort.

In order to ensure participation from **un-served** individuals, particularly those representing groups that experience disparity in access, we conducted outreach to the following groups or individuals:

- ALTA California Regional Center
- Shingle Springs Tribal Health
- Latino Community Focus Group
- homeless individuals
- older adults at congregate meal sites
- community leaders in the Latino community, South Lake Tahoe and Placerville

- community leaders working with HIV/AIDS patients
- community organizations working with HIV/AIDS patients
- El Dorado County Homeless Initiative
- Latino public health and social services outreach workers

Planning

County-wide workgroups were formed in April 2005 and initially one group was formed to address children's issues and another for adult issues. The workgroups initially opted to meet as county-wide workgroups via the teleconferencing equipment. Initially, transitional age youth issues were discussed in both the children's and adult workgroups, and older adult issues were discussed in the adult workgroup.

The children and adult workgroups compiled and reviewed local data and survey feedback regarding populations with unmet mental health needs and based on their findings, proposed to the MHSA Advisory committee their recommendations for the MHSA Initial Populations. These recommendations were approved. The workgroups then proceeded to review program models, strategies and evidence-based practices appropriate to these initial populations. Once these recommendations were established and then approved by the Advisory Committee, subcommittees of the workgroups were established to serve as "Writing Teams" for each selected program. These teams worked intensely with the Project Manager and Facilitator to identify specifics that would be included in the three year plan and MHSA Community Services and Supports application.

Separate workgroups were also created to plan the most effective use of the Outreach and Engagement (10% of the full MHSA allocation) and Peer and Family Support (10% of the full MHSA allocation) set aside of MHSA funds proposed by the Advisory Committee. Per the Advisory Committee's recommendation, the intent was to apply these funds in a manner to support the programs being developed for each of the four age groups. This set aside of funds was also intended to support the critical value of outreach and engagement for un-served populations and the essential role of peer and family support and education in the recovery process. What resulted from this process was the creation of a fifth program or an initiative to address the unmet needs within the Latino community.

Written drafts of the program planning discussions were sent out to all workgroup members, the Advisory Committee, and the Mental Health Commission for comment and review prior to the dissemination of the final draft for the 30 day review. A total of 104 community members participated in the various workgroups and 31 of these individuals served on the subcommittees or Writing Teams.

Oversight

An 18 member Advisory Committee was formed and includes representation from the following areas:

- Sheriff's Department
- Probation Department
- Superintendent of Education
- Social Services
- Substance Abuse Treatment Provider
- Latino Family Resource Provider
- NAMI
- Consumer Support
- Foster Parent Association
- 1st Five Commission
- Public Health
- Community Health Clinic
- Mental Health Commission
- Mental Health Department
- Family Members

This group has met to review the progress in planning, to advise the mental health department, and to work as a community collaborative body to ensure the most effective use of MHSA funds and programs.

This committee was charged with identifying a funding distribution plan once the El Dorado County (EDC) allocation was known. Based on demographic and prevalence data presented by the Project Management staff, they recommended the following allocation:

10%	Project Administration
10%	Outreach and Engagement (to support proposed MHSA programs)
10%	Peer and Family Support (to support proposed MHSA programs)
22.5 %	Youth
15%	Transitional Age Youth
22.5%	Adults
10%	Older Adults

This group also developed guidelines for program proposals to <u>supplement</u> the MHSA criteria:

- Follow community needs
- County-wide accessibility
- Use flexible strategies that are evidence-based
- Leverage resources
- Services should be integrated and build on local initiatives
- Strive for long-term impacts and accountability

Results

El Dorado County's efforts to ensure a comprehensive and representative MHSA planning process included the following accomplishments:

- 82 focus groups and readiness trainings reaching 925 respondents
- 23 key informant interviews
- 5 written surveys with a total of 545 responses
- An MHSA mailing list of 390 individuals used to send out announcements, surveys, meeting notifications, and update.
- Local media (newspapers, cable television and radio) were used to announce community meetings and to inform the public of the MHSA planning activities and contact information.
- The development of an MHSA website providing the public with :
    - MHSA Facts Sheets
    - MHSA announcements
    - MHSA meetings schedule
    - Meeting minutes
    - Forms for consumers and families to request financial assistance for travel and childcare
    - Surveys
    - MHSA updates
    - Information regarding how to get involved, including a direct e-mail link
    - Contact information for the Project Management Team
    - A link to the DMH website

Part I, Section I, 3

MHSA Planning Responsibility, Functions, and Time

Resources to lead and facilitate a collaborative, county-wide planning process were obtained in a variety of ways:

- A core Project Management Team was created by designating 80% of the Quality Improvement Program Manager's time to function as a project manager, hiring a project facilitator and outreach coordinator, and increasing two part-time administrative support positions. Later, consultants were hired to assist with the application writing, data and cultural competency components. ***Under the supervision of the Director, the Project Manager had overall responsibility for developing and executing the planning process.***
- The 7 member Management Team provided ongoing consultation for the planning process and three of the Clinical Program Managers served as content experts in the workgroups and writing teams. The Managers and Director were also recruited to contribute to the county-wide outreach efforts.
- Extra help positions staffed by consumers and community members were used at various times to provide administrative support and to participate in the outreach efforts.
- Additional staff members participated in the workgroups and/or writing teams on an ongoing basis.
- Some staff members participated in the workgroups, on an as needed basis.
- Other staff members participated in aspects of the planning process, as needed.

Chart B

El Dorado County Mental Health MHSA Roles

Staff Member	***Role/Functions***	***Average time per week***
Barry Wasserman, LCSW	*Director/Project Leader*	*5 hours/12.5%*
Chris Kondo-Lister, LCSW	*QI Program Manager/Project Manager/Facilitator for Advisory and Writing Teams*	*32 hours/80%*
Fay Sady, MSW	*Project Facilitator/Outreach Coordinator*	*36 hours/100%*
Rendy Criddle	*Administrative Support*	*16 hours/50%*
Carolina Meyer	*Consultant, Cultural Competency and Data Management*	*32 hours/100%*
Debra Brown, MSW	*Outreach Social Worker*	*Extra help, 15 hours*
Kaiahmi Quasne	*Mental Health Aid/Outreach and Administrative Support*	*Extra help, 20 hours*
Kim Brehm	*Mental Health Worker/Outreach*	*Extra help, 8 hours*
Anita Wallace	*Parent Partner*	*Extra help, 2hours*
Gregory Shaffer	*Consultant*	*80 hours total*
Mike Wright	*Mental Health Aid/Administrative Support*	*Extra help, 10 hours*
Carl Bower	*Mental Health Aid/Committee Member and Outreach*	*Extra help, 4 hours*
Lise Wright	*Mental Health Aid/Committee Member and Outreach*	*Extra help, 2 hours*
Deanna Hokansen	*Mental Health Aid/Committee Member and Outreach*	*Extra help, 2 hours*
Nancy Harp	*Mental Health Aid/Committee Member and Outreach*	*Extra help, 2 hours*
John Prock, MFT	*WS Adult Services Program Manager/Workgroup and Writing Team Member*	*4 hours/10%*
Sharon Colombini, MFT	*WS Day Rehab Coordinator/Workgroup and Writing Team Member*	*4 hours/10%*
Jane Williamson	*WS Geriatric Specialist/Workgroup and Writing Team Member*	*4 hours/10%*

Chart B, continued

El Dorado County Mental Health MHSA Roles

Staff Member	***Role/Functions***	***Average time per week***
Darryl Keck, LCSW	*Children's Services Program Manager/Workgroup and Writing Team Member*	*4 hours/10%*
Cheree Haffner, LCSW	*WS Children's Services Coordinator/ Workgroup and Writing Team Member*	*4 hours/10%*
Sally Williams, LCSW	*SLT Children's Services Coordinator/ Workgroup and Writing Team Member*	*4 hours/10%*
Sandra Branton, Ph.D.	*SLT Adult Services Program Manager/ Workgroup and Writing Team Member*	*4 hours/10%*
Arlene Hayward	*SLT Day Rehab Coordinator and Geriatric Specialist/ Workgroup and Writing Team Member*	*4 hours/10%*
Matthew Le Pore	*Finance Director/Writing Team Financial Consultant, Budget Development*	*Varies*
Brian Long	*Administrative Support*	*Varies*
Yolanda McGillivray	*Administrative Support/Latino Outreach*	*Varies*
Cheryll Kent	*Administrative Support*	*Extra help/varies*
Kevin Wilson	*Information Technology Specialist*	*Varies*
Marlene Hensley	*Psychiatric Health Facility Program Manager/Outreach*	*Varies*
Terry White	*Day Rehab Clinician/workgroup member*	*Varies*
Bob Kamena	*Day Rehab case manager/workgroup member*	*Varies*
Rebecca Norris	*Adult services clinician/workgroup member*	*Varies*
Cathy Leonard	*Community Volunteer*	*1 hour*

Part I, I-4

Readiness training to ensure full participation of stakeholders and staff
An hour long training and slide show presentation was developed to educate the public and staff to ensure a fundamental understanding of the many key issues relevant to the MHSA transformational process, and to encourage and inspire informed and diverse involvement.

The training topics included:

- Definition of the Mental Health Services Act, including the intended population
- A description and elaboration of the five essential elements
- The various phases or components of the MHSA
- The program development and review process
- DMH and EDCMH contact information
- Education on the System of Care Model
- Education on the recovery and resiliency concepts
- Discussion of stigma
- Education regarding the Self Help Movement and consumer and family run services
- A definition of the requirements for culturally competent service delivery
- Examples of disparity in access to services
- An overview of the El Dorado County Mental Health Delivery System, including contract providers
- A definition of Specialty Mental Health and Medical Necessity
- A description of how systems change
- A description of the public hearing process
- An outline of next steps and an invitation to participate

Part I, Section II: Plan Review

Part I, II-1

Process for circulating the draft plan

At the beginning of the 30 day review period, the draft plan was placed on the El Dorado County Mental Health Services Act webpage for easy access. Fliers announcing a community meeting in South Lake Tahoe and the Public Hearing (both dated after the close of the 30 day review period) were posted in both English and Spanish. In the notification letter and fliers the public was given contact information and instructions regarding options by which to provide feedback (sending written comments via mail or e-mail and/or attending the community meeting in South Lake Tahoe and/or the Public Hearing in Placerville). In addition, the Executive Summary was translated into Spanish and posted on the website. E-mails with the URL announcing the draft's publication were sent to the County Mental Health staff, MHSA Workgroup members and the MHSA Advisory Team. E-mail notifications were also sent to DMH, CIMH, and the County Chief Administrator's Office. In addition, letters of announcement regarding the posting of the plan which also included fliers (in English and Spanish) were sent to everyone on the MHSA mailing list (390 individuals and agencies). Finally, the Mental Health Commission, MHSA Advisory Committee, MHSA Design Teams, and the Oasis Consumer Group were sent the letter of announcement, the fliers, and a copy of the CSS MHSA Plan Executive Summary. In each of the notifications sent out, recipients were informed that they could contact the MHSA project office for a complete copy of the plan, as well.

Complete hard copies of the draft plan and copies of the executive summary were available at the MHSA project office and distributed as requests came in.

Two agencies (another county mental health department and a legal services agency) that specifically requested copies of the draft plan were sent the full hard copy.

The two major local newspapers each ran stories about the community planning process, the plan publication and the public hearing.

During the 30 day review period, a presentation regarding the plan elements was given to the Make a Difference Coalition - a county-wide volunteerism group.

Part I, II-2

The Mental Health's Commission's Documentation of the Public Hearing

EL DORADO COUNTY

MENTAL HEALTH COMMISSION

Public Hearing for the
Mental Health Services Act Draft Plan
December 15, 2005

I. **Call to Order; Roll Call; Introductions**

Meeting called to order by new Chair, Marbri Carroll.

Members present –Clay Dawson, Ellie Dawson, Marbri Carroll

Mental Health Department Staff present – Barry Wasserman, John Prock, Fay Sady, Carolina Meyer

II. Community Members Present:

- Bill Cody, Retired Public Guardian
- Ray Van Asten, Retired
- Dorothy Van Asten, Retired
- Michael Brehm, NAMI
- Jan Escanilla, NAMI
- Steve Sheriden, NAMI
- Cathy Hartrum, NAMI
- Jane Williamson, EDC Mental Health
- Emi Johnson, El Dorado County Office of Education, SELPA
- Karen Heidebrecht, EDC Mental Health
- Rose Campbell, Shingle Springs Tribal Health Program
- Sonya Sorich, Mountain Democrat
- Marcia Rose, Bipolar Insights Support Group
- Ed Tygard, NAMI
- Ximena Ortiz Pearson, NAMI
- Doug Clough, Civil Grand Jury Member

III. **Presentation:** Mental Health Services Act Draft Community Services and Supports Plan

A presentation was given by Mental Health staff outlining the background and purpose of the Mental Health Services Act and the five proposed programs. Mental Health Interim Director, Barry Wasserman, and MHSA staff member, Fay Sady, responded to questions of clarification during and after the presentation.

IV. <u>Public Comment</u>

1. Bill Cody, Retired, former Public Guardian
    - Decriminalize mental health behaviors; provide programs that offer deterrence from jail sentences.
    - Upgrade legislation; improve upon LPS legislation.
    - Upgrade Board and Care facilities; have Social Workers routinely spend time with clients in Board and Care facilities.

2. Mike Brehm, NAMI
    - Supports the plan and advocated that NAMI be included in any community education efforts around mental health issues.

3. Ray Van Asten, Member, Grand Jury
    - Noted the reference to "400 youth at risk of out of home placement" in the CSS Plan and commented that 400 youth could not possibly be served by comprehensive, wraparound services, with the funding allocation of $383,000.

4. Marcia Rose, Bipolar Insights
    - Supports the plan and advocated that Mental Health provide more education and information to the community, including letting clients know about the Bipolar Insights support group.

5. Rose Campbell, Shingle Springs Tribal Health, Behavioral Health Director
    - Stated that suggestions she made in early workgroup meetings and in one meeting with Fay Sady were not represented in the plan.
    - Would like to see suggestions implemented and would like to see Native American representation on the Mental Health Commission and the MHSA Advisory Committee.

6. Doug Gradall, Senior Peer Counselor
    - Would like more clarity in the CSS plan regarding who will supervise the Friendly Visitor program.
    - Would like the plan to include $ allocation for transportation costs for Friendly Visitor volunteers.

In addition, one written public comment form was collected from Dee Lien, Public Health Nurse at the Shingle Springs Tribal Health Program. In summary, her comment included a request that Native Americans in El Dorado County be allocated funds to treat the alcohol and drug abuse, domestic violence, depression and other multiple mental health disorders which plague that population. She requested that the Native American population be represented on the MHSA Advisory Committee and the MH Commission.

Respectfully submitted,
Marbri Carroll
Chair, El Dorado Mental Health Commission

Part I, II-3

Summary and Analysis of Substantive Recommendations/Revisions

Comment: NAMI should be included in any community education efforts.

Response: Collaboration with NAMI is cited in the application draft and partnership with NAMI in community education has begun and will continue.NAMI has developed some excellent materials and has expertise in this area and is a valued partner in the MHSA venture.

Comment: Mental health education and information to the community needs to be increased, including dissemination of information about the Bipolar Insights Support Group.

Response: El Dorado County is submitting a request for One Time Funds to be used for an Anti-stigma Campaign in which Family and Community Mental Health Education will be provided. This proposal does include collaboration with NAMI, consumer groups, and any interested community member in both the planning, implementation, and evaluation phases of the anti-stigma campaign. Further, use of the educational materials will be incorporated into the Outreach programs for the Integrated Services Program, Older Adults Program, and the Latino Outreach and Engagement Initiative. Information regarding support groups, like the Bipolar Insights Support Group, will gladly be included.

Comment: Concern was expressed regarding the high cost per child and the limited benefit of just expanding an existing model (Wraparound) to uninsured and underinsured clients. Further, concern was expressed that the existing model is currently not very effective.

Response: Comprehensive services often are costly and use of the Wraparound Model (an evidence-based practice) is supported by both the MHSA vision and the local community decision-making process. The existing Wraparound program in El Dorado County is undergoing review for improvements and the MHSA expansion component will benefit from this process.

Comment: 400 youth at risk of out-of-home placement cannot be served by $383,000.

Response: It has been recognized throughout the Community Planning Process that the MHSA allocation will not meet all of the unmet mental health needs. In this process, counties were asked to identify/estimate the amount of un-served and underserved individuals. This was an extremely challenging task for all counties. As we reviewed our data, the figure of 400 youth at risk of out-of-home placement is an estimate provided by combining feedback from various community agencies but it does NOT specifically identify those children who are uninsured or underinsured. Further, this estimate should have been documented as 500 children—the proportion of those who

are uninsured or underinsured and therefore comprise the target population is not clear at this time.*

Comment: CPS runs a Child Assessment Team (CAT) weekly meeting to identify children at risk of out-of-home placement (just started in November 2005). Mental health, public health, and education staff are members. This group is a valuable resource that might be expanded.

Response: In January, a Program Development Team will be formed to address many of the details of implementation and they will be asked to look at this meeting to identify how the MHSA Wraparound process best interfaces with this valuable group.*

Comment: El Dorado County Mental Health might consider participating in a collaborative effort to fund and access referrals to a two day workshop in life skills and job readiness provided on a monthly or quarterly basis by the LTCC Welfare to Work Program.

Response: This new proposal will be pursued in the context of the Integrated Services Program Development process. This type of partnership and leveraging of resources is consistent with the MHSA vision.*

Comment: Sierra Recovery Center should be listed as a provider with available housing as part of the Latino Engagement Initiative.

Response: Sierra Recovery Center will be cited as a potential resource. The no-smoking requirement for their housing was an issue for the TOP program but not necessarily for the MHSA program. However, details of how this housing can be accessed is yet to be discussed.*

Comment: MHSA funds should be made available for those who are NOT severely mentally ill, as well.

Response: The requirements to use MHSA funding for “seriously mentally ill adults and severely emotionally disturbed youth” must be followed, however, EDCMH is aware of various community perspectives and confusion regarding what qualifies as a serious mental illness. To this end, outreach and community education is extremely important. In addition, it is hoped that as these programs are operationalized program eligibility definitions will become clear.

Comment: Employment supports should be included as part of the MHSA proposal.

Response: The use of employment supports are part of the existing plan and will be clarified in the final application.

Comment: Mental health priorities include the need to decriminalize mental health behaviors and provide programs that offer deterrence from jail sentences, the need to

improve LPS legislation, and the need to upgrade Board and Care facilities including use of social workers onsite.

Response: The goal of decriminalizing mental health and deterring inappropriate jail sentences is part of the Mental Health Court proposal and the Integrated Services Program, as well. The MHSA Community Services and Supports programs are intended for direct service delivery rather than advocacy for legislative changes. Improvement of Board and Care facilities was not identified by the community as a priority unmet need and therefore is not being proposed at this time.

Comment: The Older Adult Program proposal should heighten the emphasis on family education and support due to the dependence that older adults have on their family network. Family education is critical to address stigma and denial in order to address barriers to services for older adults. In addition, use of concrete services valued by family as a means to establishing a trusting relationship and credibility with the family was also recommended.

Response: The plan will be amended to cite family education and support for families of older adults as part of the services provided by the Mobile Treatment Team.*

Comment: Request for increased clarity regarding the supervision of the Friendly Visitor Program and a request for transportation funding for the program.

Response: Supervision of the Friendly Visitor program is provided by the Area Agency on Aging, the specific area of that department is yet to be determined. Transportation funds for volunteers is already part of the plan.

Comment: Recommend that partnerships with other agencies are mandated in the Latino Outreach and Engagement initiative in order to avoid isolation of this program.

Response: This expectation will be more clearly spelled out in the final draft.

Comment: Sierra Recovery Center will need to enhance their services by hiring a Latino service provider in order to fully serve the Latino community at South Lake Tahoe.

Response:
In the community planning process used to identify priority unmet mental health needs and the appropriate evidence-based program response, funds were not identified for specific community agencies. Rather, competitive bids will be solicited for community-based services. Therefore, resource needs for a specific agency (such as the Sierra Recovery Center) are not written into the plan, but all qualified agencies will be encouraged to compete for MHSA funding opportunities.

Comments:

- Concern that suggestions and participation of the Shingle Springs Tribal Health Program had been overlooked including a request for $50,000 of MHSA funds for their Behavioral Health Department to increase case management and outreach capacity to ensure improved access to services there.
- Position that because the American Indian population count was factored in to determine the amount of MHSA funding for El Dorado County, that Native American Indians should receive an equitable amount of the funding at treatment centers that they use (such as Shingle Springs Tribal Health).
- Claim that most county programs are unable to provide culturally relevant mental health services for this population and therefore the county should develop contracts, MOUs or carve-outs to Indian treatment facilities for these services.

Response:

- In the community planning process used to identify priority unmet mental health needs and the appropriate evidence-based program response, funds were not identified for specific community agencies. Rather, competitive bids will be solicited for community-based services. Therefore, resource needs for a specific agency (such as the Shingle Springs Tribal Health Center) are not written into the plan, but all qualified agencies will be encouraged to compete for MHSA funding opportunities.
- Native American community members may access four of the MHSA programs although none of the programs specifically target this population which comprises 1-1.5% of the county population and 0.7-3.0% of the target population.
- Collaboration with Shingle Springs Tribal Health does make sense in order to ensure cultural competence and integration of services—particularly in the areas of outreach and case management. This intention is described in the draft and details will be developed in the program development phase.

Comment: Include Native American Representation on the Mental Health Commission and the MHSA Advisory Committee.

Response: Representative of Native American interest on the MHSA Advisory Committee and Mental Health Commission will be pursued.*

Part I, II-4

Any Substantive Changes to the Draft Plan

Responses to comments that resulted in changes to the draft plan are indicated above with an asterisk (*). Please note that these changes are consistent with the draft plan and either add detail or clarification to the original intent.

PART II: PROGRAM AND EXPENDITURE PLAN REQUIREMENTS

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

Part II, Section I, 1
County/Community Issues Identified in the Public Planning Process:

Chart C - Community Issues Related to Mental Illness

Children/Youth	Transition Age Youth	Adults	Older Adults
Youth with co-occurring AOD/MH issues	Homeless or at risk of homelessness *	Adults with co-occurring AOD/MH issues	Older adults with co-occurring AOD/MH issues
Uninsured youth*	Aging out of foster care *	Homeless or at risk of homelessness *	Homeless or at risk of homelessness
Youth at risk of out-of-home placement*	Youth with co-occurring AOD/MH issues	Involved in or at risk of involvement in the criminal justice system *	At risk of institutionalization *
Undocumented and monolingual Spanish speaking youth	Youth with first episode of mental illness	Adults in inappropriate housing	Older adults in crisis
Youth 0-5, exposure to violence in the home		Adults in crisis	Older adults who are frail and isolated in their homes*

Part II, Section I, 2
Factors, criteria and prioritization for issues selected:
Key findings from the targeted outreach effort were analyzed in order to identify the initial populations, programs, and strategies. Written guidelines were established, as well. The key vehicles for information gathering were community surveys, workgroup discussions, and targeted focus groups and interviews. Through this extensive process we achieved community collaboration and the criteria and questions reinforced the MHSA principles of cultural competence, client/family-driven services, a wellness focus, and service integration.

MHSA Objective Criteria for selecting Focal Groups and Program Strategies

General: We must provide a rationale for our selection.
- Is there data that supports this selection?
- Is there community feedback that supports this selection?

MHSA requirements
- Does our choice reflect a community issue resulting from unmet mental health needs?
  - Children: Inability to be in a mainstream school environment, school failure, hospitalization, peer and family problems, out-of-home placement, multiple placements, involvement in child welfare or juvenile justice systems, homelessness.
  - Adults: Homelessness, frequent hospitalizations, frequent ER care, inability to work, inability to manage independence, isolation, involuntary care, institutionalization and incarceration.

- Are we addressing un-served or underserved populations?
- Is there a community outcome that can be measured?
  - Meaningful use of time and capabilities, including such things as employment, vocational training, education, and social, recreational, and community activities.
  - Safe and adequate housing, including safe living environments with family for children and youth; reduction in homelessness.
  - A network of supportive relationships.
  - Timely access to needed help, including times of crisis.
  - Reduction in incarceration in jails and juvenile halls.
  - Reduction in involuntary services including reduction in institutionalization and out of home placements.

The proposed plan:
- Does the design reflect evidence-based practices?
- Can we identify cultural competency needs and goals?
- Is the proposal a client and family-driven system?
- Are the services proposed integrated from the initial point to contact to the end of service delivery?
- Does the plan reflect community collaboration and the leveraging of existing resources?
- Does it employ Wellness model (recovery and resiliency) guidelines?
- Are we providing a comprehensive service plan for enrollees?
- Can we identify new or expanded services to address this population (strategy for system capacity changes)?
- Is the plan cost-effective?
- Is the plan effective—how do we know?

MHSA Surveys

These surveys were designed to solicit feedback specific to the MHSA categories of community issues resulting from unmet mental health needs, and relevant effective strategies. (Please note that with the exception of those interested in having mental health services at skilled nursing facilities, each of the issues raised is addressed within the five workplans proposed):

Survey #1

Most commonly selected **issue** by category from 119 respondents:

- General Need: Latino services
- Children: onsite services at the schools
- TAY: services for TAY in general
- Adults: parent training for mentally ill parents or parents involved w/CPS
- Older adults: services at skilled nursing facilities

Survey #2

Most commonly selected **indicator of unmet needs** by 193 respondents:

- Community issue resulting from unmet mental health need: homelessness
- Desired outcome: safe housing
- Children's priority unmet need: uninsured
- Transitional Age Youth priority unmet need: aging out of the system
- Adult priority unmet need: homeless or at risk of homelessness
- Older adult priority unmet need: at risk of institutionalization

Survey #3

Strategies most frequently selected by 207 respondents.

- Permanent or transitional housing for homeless mentally ill (including those who are homeless when they leave jails, hospitals, institutions, or the foster care system).
- Outreach and screening services at schools, primary care clinics, homes of the elderly, homeless communities, and community programs.
- Expanded crisis services.
- Integrated "one stop" centers where all essential services can be accessed.
- Coordinated treatment between mental health and substance use services.

Community Workgroup Discussion regarding Initial Populations:

Community workgroup discussions and research were facilitated to maintain focus on the MHSA five elements and focal group categories. The planning process pertaining to the selection of initial populations transpired as follows:

<u>Children/Youth</u>

- Focus groups held by the Sierra Health Foundation in 2004 indicated the mental health needs of youth in El Dorado County to be the top priority of youth serving agencies and individuals.
- Discussions surrounding children and youth in El Dorado County included workgroup members from school, juvenile justice, mental health, family and foster family members, Social Services, faith community, early childhood counseling and development, community based organizations serving children and families, and public health settings.
- Multiple issues affect our children and families' mental health, including poor access to services due to lack of income or insurance, the effects of family dynamics including violence and substance abuse on children, lack of adequate parenting, perinatal substance abuse, youth placed out of county in foster care placements who are not receiving adequate mental health services, children who are not citizens of the U.S. and therefore ineligible for certain services, children in multiple foster care placements, and children in crisis.

As the workgroups in South Lake Tahoe and the Western Slope explored these issues in weekly discussions from April through August 2005 and gathered local data to inform these discussions, they were able to begin narrowing their focus. The groups examined our Children's System of Care and determined that certain groups of children and youth were receiving some mental health services. Children in Child Protective Services (CPS), children in schools receiving mental health services as a function of their Individualized Education Plan (IEP), and youth in Juvenile Hall were found to receive mental health services through those systems. In CPS, 62% of the children received mental health services, over half the youth at Juvenile Hall receive in-house mental health services, and it is estimated that in 2005, 3,374 children will be attending special education classes. Further, youth with co-occurring substance abuse disorders are able to receive services through several community-based organizations. Though the above mentioned populations were determined to be underserved, that is, not receiving fully adequate services to treat their mental health issues, they were not determined to be un-served.

The populations determined to be un-served included those without insurance, or those underinsured leading to a lack of access to needed mental health services. Those populations include those children and youth identified as at risk of out of home placement due to a mental illness but not necessarily involved in CPS, Juvenile Justice, or 26.5 programs for mental health services. El Dorado County's Public Health Department estimates that 1,368 children ages 0-17 are uninsured and not eligible for Medi-Cal or Healthy Families insurance. Of those, approximately 120 children are estimated to have serious emotional disturbance (based on Department of Mental Health prevalence rate estimates, 2000).

Furthermore, children at risk for out of home placement include children in Differential Response programs identified by Child Protective Services (estimated to

be 200 at any given time), youth on probation (approximately 200) and youth in schools identified as emotionally disturbed yet not receiving 26.5 services. Furthermore, the local community youth shelter estimates an additional 100 community youth with serious emotional disturbance who are at risk of out-of-home placement, but not found in the CPS or probation systems, nor in special education designations in schools.

Further indications of unmet mental health needs were found in a sample of close to 400 children who were seen by a community-based counseling agency when they were seeking shelter services. When compared to foster care youth, these children consistently demonstrated <u>higher</u> rates of child abuse, family drug and alcohol abuse, experimentation with drugs, runaway behavior, suicide ideation/attempts, and depression. Therefore, these children who were not in the children's services systems demonstrated higher rates of risk factors.

The MHSA Survey findings were discussed as well as the feedback from the targeted outreach process. The following conditions were identified by workgroups as indicating possible risk of out-of-home placement:

- Abandonment by or incarceration of parents/caretakers
- Domestic violence
- Death of parent
- Mental illness (child or caretaker)
- Abuse/neglect as defined in WIC
- Disability (child or caretaker)
- Substance abuse (child or caretaker)
- Drug exposed infants
- Physical Illness (child or caretaker)
- Homelessness/Inadequate housing
- Relinquishment or termination of parental rights
- Infant of young child of teen in placement
- Beyond control of parents
- Delinquency (adjudicated)
- Danger to self, others, or community
- Child/youth returning home from placement or moving to less restrictive level of care

In all, it was determined from Child Protective Services, Probation, and community agency data that approximately 500 children and youth per year are at risk of out of home placement due to their serious emotional disturbance and that is the initial population selected for services through the Mental Health Services Act.

The decision to serve children ages 0-17 at risk of out of home placement who are uninsured or underinsured was made in the workgroups using a consensus process. The intended outcome is to "reduce out of home placements" for children and youth.

Transition Age Youth

- The transition age youth issues were discussed in weekly meetings between April and August 2005.
- Workgroup members included members from school, juvenile justice, mental health, family and foster family members, Social Services, faith community, early childhood counseling and development, community based organizations serving children and families, group home, and public health settings.
- Issues confronting our transition age youth include co-occurring substance abuse disorders, aging out of foster care and probation systems, those experiencing a first episode of mental illness, and those homeless or at risk of homelessness.
- Mental health needs experienced by TAY aged 16-17 were discussed and it was determined that those youth have some access to mental health services through social services (including CPS and Independent Living Programs, school, and community-based mental health systems). As well, this age group was not considered to be at risk of homelessness as they had access to foster care services if necessary. We have several agencies serving youth who provide substance abuse services for this age group with co-occurring disorders.

Our community discussions then began to focus on those TAY 18 and over, who are determined to be un-served. Though this population may still receive mental health services due to EPSDT/Medi-Cal eligibility, our community-based agencies began expressing concern that this population was at high risk for homelessness, and that many are indeed homeless. At the end of fiscal year 2004, there were 25 youth "aging out" of foster care, with 10 of those estimated to have serious mental illness. El Dorado County's Independent Living Program estimates that between 1 and 5 TAY per month are homeless or at risk of homelessness (12-60 per year). In addition, one Placerville school district alone reports over 200 families that are homeless as defined by the McKinney Vento legislation. Similarly, the South Lake Tahoe school district identifies 225 children as meeting the criteria for homelessness. This definition includes those families that are living in conditions that are inadequate due to overcrowding, non-permanence, "couch-surfing" between friend's houses, the use of shelters and other means of housing commonly employed by our transition age youth.

The MHSA Survey findings were discussed as well as the feedback from the targeted outreach process. The workgroup discussed the enormous employment, independent living, substance abuse, developmental and economic challenges facing Transition Age Youth and that "ensuring safe and stable housing" would be the most important first step to ensuring adequate mental health treatment. This decision was made by workgroups both in South Lake Tahoe and the Western Slope by consensus.

<u>Adults</u>

- Broadly representative workgroups were convened in South Lake Tahoe and the Western Slope to address the mental health needs of adults and older adults.
- Membership included representatives from consumer groups, NAMI, Public Health, alcohol and drug treatment services, criminal justice, Human Services, Mental Health, multiple community based agencies serving adults and older adults, the faith-based community, community volunteers, Senior Peer Counselors, homeless advocates, food banks, the Housing Authority, and employment services.
- Adults with serious mental illness were discussed in terms of the prevalence of co-occurring substance abuse disorders, homelessness, and criminal justice involvement in our population. In addition, those at risk of institutionalization or involuntary hospitalization were discussed.
- Data from community organizations was collected and discussed to assist workgroups in understanding the extent of unmet mental health needs for our adult and older adult populations.

We spoke at length about the prevalence (51%) of alcohol and drug use among mentally ill adults. El Dorado County's Alcohol and Drug programs administrator reports that up to 60% of Proposition 36 Drug Diversion programs need screening for mental health services. We had productive community discussions about how client outcomes could be improved by more closely integrating substance abuse and mental health services. This population was determined by the workgroups to be underserved in terms of integrated services.

Similarly, our criminal justice partners expressed a high need for improved mental health services for adults in jail or on probation. Sixteen percent of probation clients were estimated to need mental health services; only 4% currently receive those mental health services. Jail staff estimate that 21% of jail inmates receive mental health services and that 15% are seriously mentally ill. Clients in jail receive medication services and some counseling services in addition to triage services and tele-psychiatric services weekly. This population was determined to be underserved by the workgroups based on data shared.

With information shared by our homeless advocates, local law enforcement agencies, and substance abuse treatment providers, it was determined that there are approximately 100 homeless persons living on the Western Slope of El Dorado County at any given time. These representatives estimate that the incidence of mental illness among this group is 80-90%. As well, community partners discussed at length those populations "at risk" of homelessness. Those populations include those with mental illness leaving jail or probation and those leaving substance abuse residential treatment.

The MHSA Survey findings were discussed as well as the feedback from the targeted outreach process. As workgroups analyzed utilization data and community data, it was confirmed that homeless persons on the Western Slope are not seeking mental health services, nor do they have a shelter or other options for housing. The Western Slope workgroup decided, by strong consensus, that the homeless mentally ill population was un-served, and thus, was the initial population to select for full service partnership funding. As the Western Slope TAY group concurrently made this decision, the adult and TAY workgroups began meeting together to discuss solutions, and both groups identified “safe and stable housing” as the priority outcome for these populations.

The South Lake Tahoe workgroup concurrently discussed adult issues in their community. This community has an AB2034 program, the Tahoe Opportunities Project, which treats the homeless mentally ill with a comprehensive program of housing and mental health services and supports. This workgroup instead focused on the mentally ill in the criminal justice system and wanted to improve outcomes for our populations in that system. The workgroup initiated discussions with local law enforcement, probation, and judges to brainstorm unmet mental health needs in the criminal justice population. That community identified 72 persons in the probation caseload with unmet mental health needs and a similar number in the jail with unmet mental health needs. Their consensus was to use MHSA funds to serve TAY and Adults at risk of homelessness and involvement in the criminal justice system for purposes of “improved treatment outcomes and fewer days in jail” for the mentally ill population in South Lake Tahoe.

<u>Older Adults</u>

- Broadly representative workgroups were convened in South Lake Tahoe and the Western Slope to address the mental health needs of older adults.
- Membership included representatives from consumer groups, NAMI, Public Health, Human Services, Mental Health, multiple community based agencies serving older adults, the faith-based community, community volunteers, and Senior Peer Counselors.
- The growing El Dorado County population of older adults was discussed as well as the low utilization of mental health services by this population.
- Our demographic studies show that 18.4% of the El Dorado County population is 60 and older, with 16% of our older adults living in South Lake Tahoe and 84% of our older adults living on the Western Slope of El Dorado County.

There are a multitude of social services in El Dorado County for older adults, though they are not organized clearly within a system of care model and very few of these services address this population’s mental health needs. Our community level data regarding mental health needs and older adults is limited but our diverse community workgroup was able to share observations and anecdotal data regarding older adults whom they serve or come in contact with. A senior service agency, Partners in Care, estimates that 38.8% of their older adult clients have mental health issues, most

commonly depression. Other data reflects similarly that up to 27% of older adults are at risk for major depression due to sub-clinical depression and that suicide for older adult men are higher than for other age groups. Data shared by local criminal justice members and substance abuse treatment providers demonstrate a very small number of older adults in these populations. The MHSA Survey findings were discussed as well as the feedback from the targeted outreach process.

The workgroup also discussed the unfortunate pattern of delayed detection of isolated older adults in physical or mental distress. Due to the prevalence of older adults living alone, these individuals often come to the attention of health or social services only when conditions constitute a crisis. As the workgroups discovered that several sources of services exist but that they are not well coordinated, one outcome that was chosen was increased awareness of mental health issues among older adults in distress on the part of community members and improved coordination among existing service providers.

Another concern amongst older adults are those isolated in their homes with depression, or those with depression which co-occurs with physical health problems, loss of a caregiver, loss of income, or other major life changes. These risk factors may contribute to an older adult's premature institutionalization, and often these are the same older adults who are poor and lack adequate insurance for mental health needs. Mental health utilization data shows that less than 8% of older adults with serious mental illness receive services through our County Mental Health Department. In conclusion, the initial population identified for MHSA service expansion was the somewhat isolated and unidentified seniors suffering depression and therefore at risk of out-of-home placement. The intended outcome for these older adults is to remain in independent living while receiving adequate, coordinated mental health treatment and related supports for depression.

Targeted Focus Groups and Interviews

In our phase of targeted focus groups and interviews, we inquired about unmet mental health needs and recommended strategies, and included the following questions:

1. What specific mental health services and supports are needed for (children at risk of out of home placement, transition age youth who are homeless or at risk of homelessness, adults who are homeless or at risk of homelessness, older adults at risk of institutionalization?)
2. What are the barriers that keep (focal population) from getting the mental health services they need?
3. How could the mental health system be improved for (focal population)?
4. What are the most helpful and hopeful types of help we can give (focal population) with mental health problems?
5. What can we do in our community to combat the stigma around mental health issues?
6. How can we, as a community, better support family members of those with mental health problems?

7. What can we do to help those (young adults, adults, or older adults) who have both alcohol and drug and mental health issues?
8. What can we do to help (young adults, adults with mental illness) find safe and stable housing?
9. How can we help older adults with mental illness remain independent yet supported?
10. How can we help families of children with serious emotional disturbance?

Categories of respondents included:

- Consumers
- Homeless persons
- Older adults
- Parents
- Family members of consumers
- The medical community
- The faith community
- Alcohol and drug treatment service providers
- Transition age youth
- Latinos
- Native Americans
- Community collaborative groups
- Judicial and law enforcement groups
- Education providers, and
- Various community based organizations.

Specific outreach was done with typically un-served or underserved groups and individuals including:

- Persons suffering HIV/AIDS
- The homeless in the field and in local sheltering sites
- Low income persons utilizing free food programs
- Low income seniors utilizing congregate meal programs
- Transition age youth in alternative education programs or in juvenile hall
- Consumers in board and care facilities
- Participants of alcohol and drug treatment programs
- Members of high school Gay/Straight Alliance clubs
- Women suffering from domestic violence
- Parents and friends of Gay and Lesbians, and
- Latinos attending ESL classes.

<u>Themes revealed through community outreach efforts</u>

Overall, our targeted inquiry revealed themes regarding unmet mental health needs but also themes with systems development implications for community mental health services.

> "I am getting feedback in many areas that collaboration and consultation is a desire of our partners. We need to…help bridge the various struggles that our partners are having."
>
> A mental health outreach staff

Overall, developing or improving partnerships between mental health and other agencies and community based organizations was an expressed desire by many respondents. Correspondingly, comprehensive, integrated services such as Wraparound services and integrated substance abuse and mental health services were often mentioned as desirable systems changes. Case management was often cited by community providers as a primary need for our mentally ill clients who are also engaged in other health, welfare, and social systems in the community.

Timely access to mental health services, including crisis and psychiatric services, was often cited as a concern in the community. Improved outreach regarding available mental health services was a comment received by multiple informants and target populations.

Concrete supports such as housing, transportation, financial supports, and assistance with independent living skills were featured across all target populations. Employment supports were mentioned as unmet needs for transition age youth and adult populations. Parents of children with serious emotional disturbance indicated the need for in-home support services and respite; community agencies serving youth and families indicated the importance of help for parents who are mentally ill and support and services for the entire family when a child is seriously emotionally disturbed.

Outreach and improved services to the Latino community were often mentioned in surveys, focus groups, and key interviews. The essential need for bilingual, bicultural services was emphasized as well as specialized outreach in order to understand and provide culturally appropriate services to this population. As families acculturate, distinct problems manifest for individuals within families which have implications for mental health services. Additional targeted outreach to learn more about mental health issues in our Latino families is needed. Improved outreach was mentioned by our Native American informants as an important tool to improving access to mental health services.

Outreach to individuals who are gay, lesbian, or bisexual and their family members reveal the likely effects of discrimination and stigma which can lead to depression and trauma-like symptoms. Again, more targeted outreach will be required to more fully understand these populations and was recommended by our informants as an important strategy.

Regional differences between our South Lake Tahoe and Western Slope communities were not significant, with a few exceptions. Consumers in South Lake Tahoe were more likely to desire increased community integration and involvement and to view their services as embedded in a culture of recovery and wellness. Latino community members and service providers in South Lake Tahoe are more likely to request an increase in the availability of mental health services, whereas the same population on

the Western Slope is seeking additional outreach and engagement of Latino populations to better understand mental health issues. The communities have in common a desire to find more appropriate housing situations for their consumers in board and care facilities.

A final, important theme gleaned from community outreach is reduction of stigma and discrimination for those suffering from mental illnesses. Education, starting in schools and broadening to the general community, was frequently mentioned as a strategy to combat stigma. Outreach and public awareness campaigns were additional tools identified in reducing stigma.

Priority responses for each category of respondent are reported below in order of the most frequent to least frequent responses:

Consumers

> "The consumer movement is important in all aspects of education and outreach."
> "We need to create a movement to combat stigma!"

1. Appropriate housing
2. Access to recreational and social activities, including sports and fitness, field trips
3. Help with independent living skills: financial management, shopping, cooking
4. Help with employment or a consumer-run business
5. Access to health care, medication management, and symptom management
6. Meaningful roles in the community

Homeless

1. A shelter facility
2. Appropriate medications and mental health services after leaving jail
3. Outreach to assist homeless in applying for aid
4. A range of housing options

Family Members of persons with mental illness

1. Housing for TAY
2. Collaborative efforts between agencies
3. Integrated substance abuse and mental health services
4. Education and public awareness to reduce stigma
5. Help with employment for consumers

Participants in Alcohol and Drug Treatment

> "We need a comprehensive mental health/alcohol and drug assessment and a comprehensive treatment plan".

1. Better integrated alcohol and drug and mental health services
2. More timely access to mental health and psychiatric services
3. Vocational training
4. Psychiatric evaluation for medications at AOD treatment sites

5. Transitional housing
6. Bilingual/bicultural staff

Women's Issues

"Ask…'have you been sad lately?' instead of 'have you ever been diagnosed with depression?' Talk about our symptoms, not disorder."

1. Safe housing
2. Transportation
3. Spanish-speaking staff
4. Timely access to mental health services
5. More services for the not-so-severely mentally ill
6. Outreach to local agencies re: mental health services and how to access

Transition Age Youth

"Give me a place to live; help me get a job."
"Do emotional problems interfere with success? Yes."

1. Housing
2. Employment
3. Financial support
4. Classes in school that teach kids how to live on their own and how to manage their lives.
5. Emotional support from friends, teachers, peers, counselor
6. A place to go with physical, recreational activities and peer support

Education

"Mental health should invest in the whole family, not just children OR parents, but both."

1. Collaboration between mental health and educational programs that work with emotionally disturbed children and their families.
2. Parents with mental health problems have problems with parent education
3. Need bilingual, bicultural staff
4. Do outreach at school sites, especially at Healthy Start sites

Parents of seriously emotionally disturbed (SED) children

1. More wraparound services and treatment, in-home services
2. Transportation supports for parents
3. Respite care for parents
4. Timely access to mental health services
5. Supported employment for TAY
6. A Parent Partner to act as family liaison, could provide education re: mental health issues and symptoms

Medical/Health community

1. Linkages between community systems and mental health
2. Timely access to mental health services
3. Direct link between MH psychiatrist, community medical providers
4. Link adults with substance abuse treatment facilities
5. Many whose health fails become depressed, anxious, become isolated

Faith Community

1. Many have human services programs need linkage to mental health services
2. Many issues involve out of control youth and parents who don't know what to do

Law Enforcement

1. Need better crisis services and advice to families during crisis
2. Mentally ill persons deserve more "wraparound" services
3. Housing is needed
4. Many homeless are alcohol and drug users
5. Homeless need help getting jobs
6. Kids need a place to go in crisis

Older Adults

"Seniors are invisible."
"Older people often don't recognize mental health issues as 'real problems'."

1. Linkage and program development with other senior services
2. Transportation assistance
3. Depression is a big problem among seniors
4. Isolation has many causes, all lead to possible depression
5. Older adults are suffering multiple losses
6. There is a stigma about seeking services

Latino Targeted outreach and survey

1. Need bilingual/bicultural staff to provide mental health services and supports
2. Must develop relationships with Latino community members to gain their trust
3. Undocumented Latinos cannot access services, no MediCal benefits
4. There is stigma and shame surrounding issues of mental health
5. Family members can be isolated, depressed, using substances, or victims of DV.
6. Children have problems with identity issues due to immigration, culture change, and families struggle with these changes in identity

Recovery and Wellness Surveys

Recovery surveys were administered to staff and clients in October 2005. Overall, staff and consumers were in agreement regarding the penetration of wellness and recovery concepts in our services, with SLT consumers perceiving somewhat more recovery concepts in practice there. Areas for improvement include ensuring that consumers' individual needs and preferences determine service opportunities and that consumers are involved in their own recovery plans.

DEFINITIONS

For the purposes of this application-

Target Population (for MHSA Community Services and Supports funding consideration): El Dorado County youth with serious emotional disturbance and adults with serious mental illness who are below 200% of the Federal Poverty Level (FPL).

Utilization Rate:
Measures the percent of specialty mental health services that are being accessed by the **target population**.

Part II, Section I, 3
Racial and ethnic and gender disparities within the selected community issues

Overview
Among the population served by public mental health systems, multiple social and economic mental health stressors and barriers exist for ethnic groups and these negatively impact access to services.

Overall, disparity in access for the Latino population is a consistent concern, as evidenced by the fact the Latino population has the lowest Medi-Cal penetration rate (1.82%) of any ethnic group. Attention to the needs of this population is critical as the three barriers to health care access (lack of citizenship, language barriers, and low income) are clearly issues for this population in El Dorado County. Further, the Latino population is expected to increase by 41% by year 2015.

In the Native American community of 2,332 (1.3% of the county population), approximately 10% receives mental health services from the Shingle Springs Tribal Health Program. 50% of Native American youth live in poverty and only 31% of the Native American target population received specialty mental health services in FY 03-04. It is unclear at this time specifically this population's unmet mental health needs lie, and locally, this group is expected to increase by 91% by the year 2015. Collaboration with ethnic service providers in identifying unmet mental health needs and the most effective manner by which to improve the system of care for this community is critical. Specifically, collaboration in outreach and case management will be pursued with the Shingle Springs Tribal Health Program.

The Lesbian, Gay, Bisexual, and Transgender (LGBT) representation in El Dorado County was difficult to assess. A statistically unstable rate of 2.1% of the respondents to the 2003 CHIS Survey indicated that they were bisexual (approximately 1,000 individuals) and an estimate of under 500 individuals in the homosexual category. A rural, conservative and predominantly Caucasian (83%) community, El Dorado County has few support resources for the LGBT community (the Human Rights Roundtable, the Parents, Friends, and Families of Lesbians and Gays (PFLAG) support group, and high

school Gay/Straight Alliance clubs). Community outreach results indicated that outreach and education (anti-stigma campaign), support for individuals coming out, and mental health services for elevated drug and alcohol use, depression and suicide (particularly for gay youth) are needed.

Uninsured youth at risk of out-of-home placement
Latino youth experience multiple barriers to mental health service access rendering them at risk.

- Lack of insurance--In El Dorado County, 40% (3,951) of youth (0-17) under 200% of the Federal Poverty Level (FPL) are uninsured—Latino children comprise 30% of this group or two times the rate of youth who are not Latino.
- Language barriers—5% of students in El Dorado County School Districts were identified as English Learners. 91% of this group are Latino.
- Lack of a high school diploma—El Dorado County Latino students are almost twice as likely to drop out of school compared to their Caucasian peers. Further, national data indicates that 25% of school drop outs are foreign born students and locally 84% of the Latino community is foreign born (70% of whom may not have citizenship).
- Lack of health care access—locally, Latino students are under-represented (5%) in Special Education classrooms that offer comprehensive mental health services.

As a result, community collaboration to provide outreach to this community in a culturally competent fashion in order to identify and engage appropriate families in MHSA programs is essential. Interventions that are wellness and client-focused, while integrating efforts to address a comprehensive range of needs must be pursued.

Transitional Age Youth aging out of foster care and/or those who are homeless or at risk of homelessness
Minimal local data was available regarding the gender and ethnic differences among TAY who are at risk of homelessness and criminal justice involvement. However, the community feedback related to this population indicated the following needs:

- Housing
- Integrated substance abuse and mental health services
- Help with employment needs
- Financial and emotional support
- Help with learning life skills

In El Dorado County, Latino TAY represented 14% of the TAY target population but were disproportionately underserved (8%) and therefore efforts to engage and serve this population is critical.

Relevant research and national trends can serve to inform us regarding some of the possible issues and potentially highlight areas where, in contrast to national data, the local services are lacking.
Mental Health Issues

Research on TAY females indicates that they experience more trauma, frequency of depression and suicide attempts, and are more vulnerable to the effects of addictions. Further, they have less access to mental health services. However, locally, the predominance of males with schizophrenia led to the creation of a TAY day treatment intervention strategy targeting first break clients. There is no other existing TAY mental health program at this time in our county. Attention to the mental health needs of female TAY has not resulted in new program development.

Suicide is the 3rd leading cause of death among 15-24 year olds and among this group, Native American youth have the highest rate. There is also an increased risk of suicide among gay teenagers. Yet, locally these populations have not been targeted for services to date.

Criminal Justice Issues

Among the transitional age youth population, nationally there is a trend of increased involvement in the criminal justice system by young minority women. In addition, a higher rate of victimization among the Native American Indian population has been noted (not gender specific). However, locally, in 2002, males represented 75% of the misdemeanor arrests and females only 25%.

Homelessness

The extent of young adult homelessness in this community is not clear at this time. However, we do know that 5% of urban homeless are youth and among this population, depression and post traumatic stress occurs at three times the rate relative to a non-homeless youth population. Young adult homeless women are more likely to be un-employed or under-employed compared to males. Multiple studies have indicated that foster youth are at high risk to experience homelessness.

Aging out of foster care and probation

These vulnerable populations are at high risk for homelessness, criminal justice involvement and serious mental illness. Locally, it is estimated that 40% of individuals who age out of the foster care system have a serious mental illness. State figures indicate 23% of the individuals aging out of the foster care system are unemployed. 5% of Caucasian youth and 6% of Latino youth who aged out of foster care and 18% of Caucasian and 42% of Latino males who aged out of the probation system entered the state prison system within 7 years of emancipation.

In contrast, locally in this age group, the mental health utilization rates of the Latino target population (33%) and the Asian Pacific Islander target population (12%) are among the lowest.

These findings again emphasize the need for outreach and engagement services that are culturally competent to female and minority TAY populations and for quality assessments, and client-centered, integrated mental health services and employment training services for TAY in general.

Adults who are homeless or at risk of homelessness and/or involved in or at risk of involvement in the criminal justice system
Local data regarding disparities among the homeless was not available. Therefore, we looked at the following related issues both locally and more broadly:

Unemployed, disabled, or uninsured
Nationally, while unemployment rates have decreased among the Latino population, it remains high in comparison to the Caucasian population and the mean household income is $34,000 for Latinos compared to $50,000 for whites. Statewide, the uninsured rate for Latinos is quite high (32.1%) compared to the Caucasian community (9.8%).

There are some local indicators of disparity in levels of poverty and thereby risk of homelessness. Among the Latino population, in South Lake Tahoe, 29% report that they do not have health coverage and 26% report unstable housing. In the Western Slope Region, 41% of the Latino community report that they lack health coverage and 39% report unstable housing.

In regard to disability, according to the 2000 Census, 17.3% (25,535) of county residents were disabled and these individuals experience a disproportionately higher rate of poverty. Nationally, Latinos experience a slightly higher (20.9%) disability rate than Caucasians (18.3%). While the prevalence for disability (under age 65) is higher among males, women who are disabled experience a lower rate of referral for vocational rehabilitation services and thereby experience greater barriers to service and increased likelihood of poverty and potentially homelessness.

Involved in the criminal justice system
While the combined Latino adult and older community comprise 8.9% of the county population, 15% of the jail population is Latino.

Dually diagnosed
56% of the dually diagnosed population is female versus 44% male. Similarly, among alcohol dependent women, 65% have co-occurring mental illness compared to just 44% of their male counterparts.

Therefore, national data regarding homelessness risk factors suggest that that the Latino population is at high risk. In addition, women have a increased rate of dual diagnosis and disabled women are under-referred for vocational rehabilitation. These adult populations warrant additional outreach and culturally competent, client-centered, integrated services to ensure that their needs are addressed.

Older Adults who are frail and isolated in their own homes and/or at risk of institutionalization
In El Dorado County, 1 in 3 individuals age 65+ lives alone and nearly 1 in 4 is disabled. Older adults account for a disproportionate number of suicides. Depression is one of the most common conditions associated with suicide among older adults. Rates of

depression among older women of various ethnic groups do not vary but the detection rate is lower among ethnic minorities. In addition, in this age group women have an increased rate of mental health problems compared to men. In El Dorado County, 19,334 individuals age 65+ live with a disability—of which 8% or 1,495 have a mental disability.

Among the older adult population, 84% reside on the Western Slope and 16% live in South Lake Tahoe. Anecdotally, SLT service providers report that the relatively small older adult population is either very healthy, functional and independent, or extremely isolated and not visible to the public systems until a crisis occurs. In this age group alone, the Caucasian rate of mental health service utilization does not exceed the older adult group average (it's essentially the same rate) and there are other ethnic groups that have higher rates of access. In addition, the rate of poverty among Caucasian older adults is commensurate with the proportion of the county population that they represent. It would appear that some of the advantages experienced by the Caucasian group in this county disappear for older adults suggesting greater risk factors.

Therefore, outreach and engagement of ethnic minorities and women who are isolated and at risk of institutionalization is critical. Further, there may be a small but extremely high risk/invisible older adult population in South Lake Tahoe.

Part II, Section I, 4
NA, each issues selected was identified in Direction section.

Section II: Analyzing Mental Health Needs in the Community

Part II, Section II, 1

The Un-served
In FY 03-04, county-funded specialty mental health services were provided for 1,706 Medi-Cal eligible individuals and an additional 789 individuals for a total of 2,495 unique individuals served. If we assume that the 789 non-Medi-Cal eligible individuals have incomes less than 200% of the FPL, then specialty mental health services were provided for 2,495 individuals within the "target population". However, the prevalence of SED/SMI below 200% FPL (target population) in El Dorado County is represented by a total of 4,057 individuals. In this analysis, the mental health ***utilization rate*** for this group is 61.5% and there is an unmet need of 38.5% for the ***target population*** of SED/SMI below 200% FPL. This analysis is applied below to each age group for purposes of discussing un-served populations.

Chart D

MH Utilization Rate of the Target Populations
(prevalence of SED/SMI at <200% FPL)

	Youth	TAY	Adults	Older Adults
TOTAL	79%	53%	65%	21%
African American	556%	81%	160%	0%
Asian Pacific Islander	35%	12%	44%	35%
Latino	21%	33%	20%	32%
Native American	70%	48%	68%	16%
White	106%	58%	74%	20%
Other	92%	61%	50%	26%

Limitations of Data:
Some of the rates may be skewed rendering the rates statistically insignificant, such as, the very small raw numbers of African Americans in both the youth and adult categories. Further, because the county population is predominantly Caucasian and 26.5 youth services are not means-tested, the utilization rate of Caucasian youth (106%) likely does NOT mean that all of the target population was served.

Ethnicity
Among Medi-Cal eligibles, the Latino population (20% of the Medi-Cal population) was the only ethnic group to demonstrate disproportionately low service utilization (4%) compared to the other ethnic groups.

Mental Health Utilization Rates

- ***Among Youth, TAY and Adults***, only the Latino and Asian utilization rates were lower than the group average.
- The high African American utilization rates among Youth and Adults may reflect the very low numbers of this population in the county.
- ***Among Older Adults***, within the context of a very low overall group utilization rate (21%), the disparities between ethnic groups seen in the other age groups change and are minimized.

Community feedback regarding un-served ethnic populations:

- Latino individuals who need culturally competent outreach and bilingual/bicultural services.
- Undocumented and un-insured Latinos.
- Latino individuals suffering isolation, depression, substance abuse, and domestic violence.
- Latino children and their families struggling with identify issues due to immigration and culture change.
- Native American individuals who need culturally competent outreach and case management.
- In addition, LGBT individuals and their families who need outreach, support, education, and services to address depression and trauma.

Comprehensive county-wide feedback

The community level data used to identify un-served individuals came from a range of sources, including the 82 focus groups and readiness trainings reaching 925 respondents, 23 key informant interviews, and 5 written surveys with a total of 545 responses. In addition, 104 community members were involved in the workgroup planning process. Community members represented the following agencies and groups:

- ALTA California Regional Center
- Shingle Springs Tribal Health
- Latino Community Focus Group
- homeless individuals
- older adults at congregate meal sites
- community leaders in the Latino community, South Lake Tahoe and Placerville
- community leaders working with HIV/AIDS patients
- community organizations working with HIV/AIDS patients
- Sheriff's Department
- Probation Department
- Education providers
- Social Services
- Substance Abuse Treatment Providers
- Latino Family Resource Provider
- NAMI

- Consumer Support Groups
- Foster Parent Association
- 1st Five Commission
- Public Health
- Community Health Clinics
- Mental Health Commission
- Mental Health Department
- Public Guardian
- Senior Peer Counseling
- Senior Community Providers
- Hospitals
- AIDS Foundation
- Adult Protective Services
- Homeless Service Providers
- Food Closet Providers
- Faith-based providers
- Church members
- Advocates (Coalition for Change, Human Rights Council)
- Department of Rehabilitation
- Medical Clinics
- City Police
- One Stop Career Center
- Child Service Providers
- Family Resource Center
- Early Care and Education Planning Council
- Transition Age Youth
- Transition Age Youth Service Providers
- Lake Tahoe Community Collaborative
- HIV/AIDS Counselor
- Parents and Families of Lesbian and Gay Individuals
- Domestic Violence Coordinating Council
- Women's Centers
- Shingle Springs Tribal Health
- Court Appointed Special Advocates (CASA)
- Big Brothers Big Sisters
- El Dorado Community Foundation
- Adelante Project Health Subcommittee (focused on service access to the Latino population—through the EDC Community Foundation
- Veteran Services

Un-served Youth and Families

The group ***utilization rate*** for Youth is 79% and therefore there is an estimated un-served rate of 21% of the Youth ***target population***. Un-served youth and families appear to be those who need bilingual/bicultural services in the Latino community and

those who need to be served in the home rather than in the clinic setting (in-home support and respite care). Mentally ill parents and parents with "out-of-control" youth were also identified as un-served and in need of parent education.

Un-served Transitional Age Youth (TAY)

The group ***utilization rate*** for TAY is 53% and therefore there is an estimated un-served rate of 47% of the TAY ***target population***. Despite the lack of local data, the indicators of un-served young adults with mental health needs are apparent. Youth with a history of and/or behaviors related to mental health problems are aging out of foster care, the probation system, and are seen in high numbers in the local substance abuse treatment programs. The local schools report a high level of "couch surfing" beginning in high school among students who do not appear stable. There is no comprehensive mental health services program designed to meet the full range of services required by this population. Specifically, the unmet needs identified for this population include concrete supports such as employment assistance, housing, transportation and financial assistance.

Un-served Adults

The group ***utilization rate*** for Adults is 65% and therefore there is an estimated un-served rate of 35% of the Adult ***target population***. Despite the paucity of quantifiable data regarding homelessness in El Dorado County, the community consistently identified this population as un-served and problems with lack of affordable housing as a community priority related to unmet mental health needs. Homeless adults with a dual diagnosis (mental illness and substance abuse and/or medical problems) were frequently identified as un-served. The lack of integrated services for the dually diagnosed was frequently cited as a barrier and as a practice that is not client-centered.

Un-served Older Adults

The group ***utilization rate*** for Older Adults is 21% and therefore there is an estimated un-served rate of 79% of the Older Adult ***target population***. In a community comprised of a large and growing older adult population, the relatively low mental health utilization rate raises significant concern. If just 1-2% of the older adult population suffers from major depression (NIMH 2000), then a minimum of 100-200 individuals should be identified and treated. In contrast, of the 128 older adults served, only 64 were diagnosed with major depression. There is likely a large number of un-served individuals in this group and seniors suffering from depression, isolation, and multiple losses were frequently cited by the community as un-served. Further, due to varying views and the challenges relevant to the proper diagnosis of dementia, community input suggested that there are many older adults who meet the criteria for specialty mental health services who have been previously been overlooked.

Part II, Section II, 2

Chart E: Service Utilization by Race/Ethnicity - YOUTH

CHILDREN AND YOUTH	Fully Served		Underserved/ Inappropriately Served		Total Served		County Poverty Population		County Population	
	Male	Female	Male	Female	Number	%	Number	%	Number	%
TOTAL	62	33	350	277	722	100.0	10,384	100.0	41,239	100.0
African American	0	1	7	4	12	1.7	26	0.2	358	0.9
Asian Pacific Islander	0	1	6	2	9	1.2	319	3.1	1,098	2.7
Latino	3	2	30	24	59	8.2	3,114	30.0	6,465	15.7
Native American	0	0	5	14	19	2.6	312	3.0	623	1.5
White	59	29	282	221	591	81.9	6,366	61.3	31,337	76.0
Other	0	0	20	12	32	4.4	398	3.8	1,358	3.2

*County Poverty Population based on the U.S. Bureau, Census 2000, 200% of Federal Poverty Level and applied to the projections for 2005 by the State of California, Department of Finance, Race/Ethnic with Age and Sex Detail, 2000-2050
*County Population data is based on projections for 2005 that are benchmarked to Census 2000: State of California, Department of Finance, Race/Ethnic with Age and Sex Detail, 2000-2050
*The age groups are not mutually exclusive and thus do not add up to 100% of the total
*Because of the manner in which the estimates were calculated, estimates do not add up to 100% or the column totals
*Fully served youth include individuals in the Wraparound Program and those receiving comprehensive mental health services as a result of their 26.5 designation or IEP. Six of the youth receiving Wraparound Services also received TBS
*TAY, Adults and Older Adults who were fully served were either enrolled in the AB2034 program or Day Rehabilitation/Full Day Programs
*Individuals who were underserved/inappropriately served are the remaining individuals served when the fully served counts are removed. The underserved group includes 52 youth, 74 TAY, 185 Adults, and 29 Older Adults (total of 267—TAY overlap with youth and adults) who only received crisis services and thereby could be considered “un-served”

Chart F: Service Utilization by Race/Ethnicity – TRANSITIONAL AGE YOUTH

TRANSITION AGE YOUTH	Fully Served		Underserved/ Inappropriately Served		Total Served		County Poverty Population		County Population	
	Male	Female	Male	Female	Number	%	Number	%	Number	%
TOTAL	28	20	264	247	505	100.0	8,340	100.0	22,695	100.0
African American	0	2	4	1	7	1	76	0.9	207	0.9
Asian Pacific Islander	0	0	0	3	3	1	224	2.7	609	2.7
Latino	1	3	18	20	42	8	1,129	13.5	3,071	13.5
Native American	0	0	0	7	7	1	129	1.5	351	1.5
White	27	15	231	211	430	85	6,554	78.6	17,833	78.6
Other	0	0	11	5	16	3	229	2.7	624	2.8

*County Poverty Population based on the U.S. Bureau, Census 2000, 200% of Federal Poverty Level and applied to the projections for 2005 by the State of California, Department of Finance, Race/Ethnic with Age and Sex Detail, 2000-2050
*County Population data is based on projections for 2005 that are benchmarked to Census 2000: State of California, Department of Finance, Race/Ethnic with Age and Sex Detail, 2000-2050
*The age groups are not mutually exclusive and thus do not add up to 100% of the total
*Because of the manner in which the estimates were calculated, estimates do not add up to 100% or the column totals
*Fully served youth include individuals in the Wraparound Program and those receiving comprehensive mental health services as a result of their 26.5 designation or IEP. Six of the youth receiving Wraparound Services also received TBS
*TAY, Adults and Older Adults who were fully served were either enrolled in the AB2034 program or Day Rehabilitation/Full Day Programs
*Individuals who were underserved/inappropriately served are the remaining individuals served when the fully served counts are removed. The underserved group includes 52 youth, 74 TAY, 185 Adults, and 29 Older Adults (total of 267—TAY overlap with youth and adults) who only received crisis services and thereby could be considered "un-served"

The county poverty and prevalence rates are the blended rates for the 18-20 group and the 21-24 group.
The population projections are based on the 16-24 age group.

Chart G: Service Utilization by Race/Ethnicity - ADULTS

ADULT	Fully Served		Underserved/ Inappropriately Served		Total Served		County Poverty Population		County Population	
	Male	Female	Male	Female	Number	%	Number	%	Number	%
TOTAL	59	8	672	906	1,640	100.0	27,982	100.0	101,311	100.0
African American	4	2	14	2	22	1	237	0.4	643	0.6
Asian Pacific Islander	1	1	10	11	23	1	823	2.1	3,073	3.0
Latino	9	3	28	48	88	5	5,336	9.7	10,574	10.4
Native American	3	0	4	14	21	1	609	0.7	1,383	1.4
White	42	2	594	817	1,455	89	20,886	85.8	84,050	83.0
Other	0	0	22	14	35	2	687	1.8	1,588	1.6

*County Poverty Population based on the U.S. Bureau, Census 2000, 200% of Federal Poverty Level and applied to the projections for 2005 by the State of California, Department of Finance, Race/Ethnic with Age and Sex Detail, 2000-2050
*County Population data is based on projections for 2005 that are benchmarked to Census 2000: State of California, Department of Finance, Race/Ethnic with Age and Sex Detail, 2000-2050
*The age groups are not mutually exclusive and thus do not add up to 100% of the total
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*Fully served youth include individuals in the Wraparound Program and those receiving comprehensive mental health services as a result of their 26.5 designation or IEP. Six of the youth receiving Wraparound Services also received TBS
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*Individuals who were underserved/inappropriately served are the remaining individuals served when the fully served counts are removed. The underserved group includes 52 youth, 74 TAY, 185 Adults, and 29 Older Adults (total of 267—TAY overlap with youth and adults) who only received crisis services and thereby could be considered “un-served”

Chart H: Service Utilization by Race/Ethnicity – OLDER ADULTS

OLDER ADULT	Fully Served		Underserved/ Inappropriately Served		Total Served		County Poverty Population		County Population	
	Male	Female	Male	Female	Number	%	Number	%	Number	%
TOTAL	7	6	36	79	128	100.0	10,252	100.0	31,517	100.0
African American	0	0	0	0	0	0	40	0.4	123	0.4
Asian Pacific Islander	0	0	1	4	5	4	237	2.3	728	2.3
Latino	0	1	2	5	8	6	413	4.0	1,270	4.0
Native American	0	0	1	0	1	1	106	1.0	326	1.0
White	6	5	32	69	112	88	9,327	91.0	28,673	91.0
Other	1	0	0	1	2	2	129	1.3	397	1.3

*County Poverty Population based on the U.S. Bureau, Census 2000, 200% of Federal Poverty Level and applied to the projections for 2005 by the State of California, Department of Finance, Race/Ethnic with Age and Sex Detail, 2000-2050
*County Population data is based on projections for 2005 that are benchmarked to Census 2000: State of California, Department of Finance, Race/Ethnic with Age and Sex Detail, 2000-2050
*The age groups are not mutually exclusive and thus do not add up to 100% of the total
*Because of the manner in which the estimates were calculated, estimates do not add up to 100% or the column totals
*Fully served youth include individuals in the Wraparound Program and those receiving comprehensive mental health services as a result of their 26.5 designation or IEP. Six of the youth receiving Wraparound Services also received TBS
*TAY, Adults and Older Adults who were fully served were either enrolled in the AB2034 program or Day Rehabilitation/Full Day Programs
*Individuals who were underserved/inappropriately served are the remaining individuals served when the fully served counts are removed. The underserved group includes 52 youth, 74 TAY, 185 Adults, and 29 Older Adults (total of 267—TAY overlap with youth and adults) who only received crisis services and thereby could be considered “un-served”

The county poverty rate and the prevalence rate are the rates for the 65+ group
The population projections are based on the 60+ age group

Part II, Section II, 3
Ethnic disparities in the fully served and underserved

Fully served

- Of those served, males were consistently fully served at a higher rate than females ***across all age groups***. In the ***adult*** category, men were fully served over 7 times as often as women. Close to two times as many males were fully served compared to females among the ***youth*** population.
- Of the population that did receive mental health services, those that were fully served are a small percentage (youth at 13%, TAY at 9.5%, adults at 4% and older adults at 10.2%). The noticeably lower rate seen in the adult population may be a reflection of the volume of individuals in this age group, indicating the large quantity of services required to meet the needs of the adult population.
- ***Native American*** youth, TAY and older adults, ***Asian*** TAY and older adults, and African American Older Adults were not fully served at all.

These findings suggest the need provide culturally competent full service partnership programs for females and ethnic groups. Effective use of these programs will require effective outreach, engagement and identification of those in need of these services. In addition, planning to ensure adequate capacity of full service partnership programs for adults is warranted.

Underserved/Inappropriately Served

- Of those older adults served, females in all ethnic groups, except the African American and Native American group, were at least twice as likely as males to be in the under-served category.
- In the Adult and Older Adult groups, females are under-served or inappropriately served at significantly higher rates than males. Within these age groups, this trend is consistent among Latinos and Caucasians, as well.
- In the Youth and TAY groups, Native American females are under-served or inappropriately served more frequently than their male counter parts. This trend stands in contrast to the opposite trend among the other ethnic groups and the age groups as a whole.

These findings suggest that among Adult and Older Adults currently being served, improved identification of the full-service partnership needs for females and the development of corresponding programs is needed—particularly for the Caucasian and Latino ethnic groups. Similarly, for Native American Youth and TAY currently being served, improved identification of the full-service partnership needs for females and the development of the corresponding programs is needed.

Part II, Section II, 4
Objectives for cultural competent service delivery

Collaborate with diverse community members and representatives to launch an outreach and education/anti-stigma campaign.
In all of the un-served populations, stigma and lack of information served as primary barriers to service access. *The revised cultural competency strategic plan will outline a collaborative process that will involve the MHSA outreach staff (Wellness Program, Older Adults and Latino Initiative) and community partners in a county-wide effort to:*

- *Inform the community of the MHSA programs*
- *Provide education regarding mental illness and the wellness model of recovery*
- *Learn further about the access and engagement needs of the Latino, Native American, LGBT, and older adult populations.*

Further, a comprehensive training program addressing cultural competency needs in the areas of ethnicity, culture, sexual orientation and gender differences will be provided for all EDCMH staff and MHSA staff. Finally, targeted collaboration will be pursued with Latino and Native American ethnic service agencies, the Human Rights Roundtable, State Vocational Rehabilitation, and the Area Agency on Aging to provide integrated services.

Latino Service Utilization
The data and community feedback overwhelmingly support the need for additional efforts to engage this population. In FY 03-04, 155 of the 751 Latino individuals in the target population received specialty mental health services (21%). *Beyond the Latino Engagement Program, our goal is to serve an additional 40 Latino individuals which represents a 25% increase over the FY 03-04 figures by the end of the second year of operation.* Use of outreach, the Promotora model, co-located services, the hiring of bilingual/bicultural clinicians, and the use of written marketing and education materials in Spanish will help us in this endeavor. As a threshold language, MHSA funds have been requested for interpreter training in Spanish and for translation of all MHSA forms and marketing materials.

Youth
Full service partnerships with uninsured or under-insured families within their home or community will increase by six families in the first year of operation and then by 12 families by the second year of operation. Increased collaboration with the school, substance abuse treatment facilities, and community counseling centers will be used to ensure identification of at risk families—including those with mentally ill parents. Services within the home and use of respite care, as appropriate, will be options considered from a client and family-driven Wraparound model. Use of bilingual/bicultural staff and outreach will be a priority to ensure access to the Latino community.

TAY and Adults
Outreach and engagement services that include assessments, in addition to cross-fertilization training between the MHSA mental health providers and substance abuse treatment staff with the goal of developing a streamlined screening and referral process for services. Evidence-based practice models for dual diagnosis will be the emphasis of training and collaboration with housing and vocational service providers will be a priority, as well. Issues related to service access for ethnic groups and females will be addressed to decrease disparities.

Older Adults
Home-based screening for depression will increase with the goal of 30 assessments in the Year 2 of operation and 45 in Year 3. Training will be provided to ensure culturally competent approaches for ethnic minorities and women. During this time, an Older Adult System of Care structure will be established by which to assess and determine the full service partnership needs for the population for future funding consideration.

Section III: Identifying Initial Populations for Full Service Partnerships

Part II, Section III, 1

Initial populations to be fully served in the first three years:

Chart I – Initial populations for full service partnerships

Community Issue	Desired Outcome	Initial Population	# to be served 05-06	06-07	07-08
Uninsured youth with serious emotional disturbance (SED) who are at risk of out-of-home placement	Reduce out of home placement	Uninsured **Youth (0-17)**, at risk of out of home placement.	2	12	24*
TAY aging out of foster care placement with serious mental illness (SMI) and/or homeless or at risk of homelessness	Ensure safe and stable housing.	**TAY (18-25)** aging out of the foster-care system	1	7	12
Seriously mentally ill (SMI) adults who are homeless or at risk of homelessness and/or involved in or at risk of involvement in the criminal justice system	Ensure safe and stable housing.	**Adults (18-59)** who are homeless or at risk of homelessness	1	14	23

*In Year 3 the SLT Wraparound Team will serve 6 Medi-Cal clients and 18 MHSA clients for a total of 24.

The older adult population is not being proposed for full service partnership programming at this time.

This decision was based on the following factors:

- There is an insufficient understanding of the needs of this group relative to full service partnership program development. Upon implementing the proposed enhancement of the system of care (outreach, integrated home-based services, and home-based peer support) we expect to learn a great deal about the mental health needs and the needed interventions. Hence, by Year 4 of MHSA CSS programming full-service program planning for Older Adults should be part of the El Dorado County CSS Plan.
- The allocation of funds is limited and based on the proportion of the unmet SMI population that this age group currently represents. Future changes in the size of the population and improved collaboration will offer opportunities to pursue additional funding.
- The full-service partnership program proposed for the adult population may serve individuals over 60, as appropriate, and thereby will be a resource to the older adult population.

Part II, Section III, 2
Factors considered in the selection of the initial populations:

Youth
Lack of insurance:

- The population determined to be un-served is without insurance or underinsured leading to a lack of access to needed mental health services. This population includes those children and youth identified as at risk of out-of-home placement due to a mental illness but not necessarily involved in CPS, Juvenile Justice, or 26.5 programs for mental health services.
- 17.4% or 7,870 (ages 0-17) El Dorado County children have no health insurance and 41% of children at less that 200% of the federal poverty level are uninsured (Children Now, California County Data Book, 2003).
- El Dorado County's Public Health Department estimates that 1,368 children ages 0-17 are uninsured and not eligible for Medi-Cal or Healthy Families insurance. Of those, approximately 120 children are estimated to have serious emotional disturbance (based on Department of Mental Health prevalence rate estimates, 2000).
- 26.7% of El Dorado County CHIS survey participants reported that their health insurance does not cover mental health services (The Nicholas O. Petris Center on Healthcare Markets and Consumer Welfare, Measuring Mental Health in California Counties: What can we learn? University of California, Berkeley, School of Public Health, 2005).

Risks to out of home placement:

- Those children at risk for out-of-home placement include children in Differential Response programs identified by Child Protective Services (estimated to be 200 at any given time), youth on probation (approximately 200) and youth identified as emotionally disturbed yet not receiving 26.5 services. Furthermore, the local community youth shelter estimates an additional 100 community youth with serious emotional disturbance who are at risk of out-of-home placement, but not found in the CPS or probation systems, nor in special education designations in schools.
- Rates of child abuse in EDC have increased or have not met the national benchmark (El Dorado County First 5 Strategic Plan, 2002).
- 104 children entered foster care in El Dorado County in 2003—a 70.5% increase from the previous year and the highest rate for the county in the past five years (El Dorado County Economic and Demographic Profile, 2005).
- Community workgroup selection of uninsured or under-insured youth at risk of out-of-home placement as a priority un-served group.
- Community survey feedback (1st choice selected for this age group from among the populations identified as consistent with MHSA and DMH priorities)
- Outreach findings

- In all, it was determined from Child Protective Services, Probation, and community agency data that approximately 500 children and youth per year are at risk of out of home placement due to their serious emotional disturbance.

TAY

Aging out of foster care/ At risk of homelessness/homeless

- A recent MHSA survey indicated that the greatest concern for transitional age youth was for those aging out of the public systems.
- Nationally, 12% of transitional age youth who have aged out of the foster care system have been homeless at least once (Foster Youth Transition to Adulthood: A Longitudinal View of Youth Leaving Care, Child Welfare League of America, 2001).
- A study of TAY who have aged out in California found that they were disproportionately under-employed with earnings below the poverty level and they progressed more slowly than other youth in the labor market (Employment Outcomes for Youth Aging Out of Foster Care Final Report, Center for Social Services Research, University of California Berkeley, March, 2002).
- 52% of youth aging out of foster care do not graduate from high school. When we consider that 49% of the welfare population does not have a high school diploma, it is clear that the risk for this population to be both indigent and homeless is extremely high.
- In July 2004, 32 foster care youth between the ages of 16-20 are in placement—72% are placed within the county. These individuals are considered high risk for homelessness.
- 10.3% of the individuals served by the local substance abuse treatment facilities are between the ages of 18-20 (California Alcohol and Drug Data System, County level report, July 1, 2003-June 30, 2004).
- At the end of fiscal year 2004, there were 25 youth "aging out" of foster care, with 10 of those estimated to have serious mental illness. El Dorado County's Independent Living Program (ILP) estimates that between 1 and 5 TAY per month are homeless or at risk of homelessness (12-60 per year).
- The ILP program serves 134 youth per year and approximately 80% of this population need mental health services.
- The lack of any existing full service delivery mechanism for this population who are poorly prepared for independent living resulting in disproportionately high negative outcomes later in life (homelessness, incarceration, and institutionalization for mental illness and substance abuse).
- Community workgroup selection of this un-served population.
- Outreach findings.

Adults

Homelessness or at risk of homelessness, particularly involved in or at risk of involvement in the criminal justice system

- Nationally, approximately 1/3 of the seriously mentally ill become homeless (Community-based Care Increases for People with Serious Mental Illness, GAO Report.).
- 26% of Mental Health Consumers are unemployed (US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Statistics, 2002).
- Nationally, approximately 50% of the seriously mentally ill have concurrent alcohol and/or drug problems (Community-based Care Increases for People with Serious Mental Illness, GAO Report.).
- 16% of persons in state and local jails have a severe mental illness (Council of State Governments, Criminal Justice/Mental Health Consensus Project, 2002).
- While the Council of State Governments, Criminal Justice/Mental Health Consensus Project, 2002 reports that 16% of persons in state and local jails have a severe mental illness, a number of studies have confirmed that mentally ill persons who receive mental health treatment upon release are far less likely to commit crimes (Mentally Ill Offender Crime Reduction (MIOCR) Grant.).
- In Placerville, the City Police Department has contact with approximately 100 homeless individuals and estimate that 80-90% of these individuals have serious mental health problems.
- The veterans service office reports that there is a large homeless veteran community camping out in the hills--the vast majority of whom suffer from both Post Traumatic Stress Disorder and addictions.
- Among individuals seen at the local substance abuse treatment facilities, 64.5% are involved with the criminal justice system, 4.5% have a mental illness disability, 10.2% self-report a dual problem with mental illness, and 8.4% are homeless (California Alcohol and Drug Data System, County level report, July 1, 2003-June 30, 2004).
- Data from the Sheriff's office indicates that over the past 3 years, 16% or 155 individuals received psychotropic medications while in jail.
- Selection by the community workgroup of this un-served population.
- Community survey feedback (1st choice for an initial population in this age group)
- Outreach findings
- Estimated high rate of prevalence of SMI within this population.
- Disenfranchised population—the lack of stable housing is seen as a key barrier to receiving mental health services.

Part II, Section III, 3

<u>Decreasing ethnic disparities through MHSA program development</u>

<u>Anti-stigma campaign</u>

Staff training in cultural competency and community outreach and education regarding mental illness, the MHSA programs and use of the recovery model, will assist in removing barriers to mental health service access—particularly for un-served populations such as ethnic minorities, women, older adults and LGBT individuals.

Isolated Latino individuals who lack information and access to mental health services
Community collaboration, outreach, engagement, support groups, and bicultural/bilingual community-based mental health services are needed for all age groups in this community. Use of a Promotora model will further assist in engagement. Based on the available data and community feedback regarding the needs of this population, Latino individuals will be eligible for the four other programs, as well. This Initiative will serve to decrease ethnic disparities in mental health service utilization by engaging and referring appropriate parties for any range of mental health services.

Youth at risk of out-of-home placement (uninsured/under-insured)
Our findings suggest that disparities experienced by the Latino population and by female youth will be addressed by this intervention strategy. From another perspective, unmet mental health needs among the parents may also get identified, including within the Latino population. Use of a client and family-driven and wellness focused model will assist in engaging hard to reach youth and families.

Transitional Age Youth (aging out, homeless, involved with criminal justice)
Multiple high risk populations with disparity in access fall into this group—females, Latinos, Native American and gay teenagers with higher rates of suicide. Use of an integrated full service program will allow us to provide the many support services that have been identified as needed by this population.

Adults (homeless, dually diagnosed, involved with criminal justice)
By providing outreach and serving the Latino population and women, we will address disparities in service access. Integrated services (mental health and substance abuse, mental health and the criminal justice system) with supports related to housing and employment have been identified as key areas of need.

Older Adults (isolated, depression, at risk of displacement)
By providing outreach and culturally competent home-based services, we serve will women, women of ethnic groups, and the Latino population and decrease disparity in service access.

Section IV: Identifying Program Strategies

Part II, Section IV, 1

All of the strategies are consistent with the principles and goals of the MHSA. Please see Exhibit 4 (pages 126-133) for a list of the identified strategies for each of the five programs proposed.

Section V: Assessing Capacity

Part II, Section V, 1

Assessment of capacity to meet the needs of racially and ethnically diverse populations
Through the community program planning process, it became evident that there are various levels of culturally competent service delivery that we need to address. As a strength, we have collaborative relationships with various community-based service providers who provide bilingual/bicultural human services. Our goal is to build upon this foundation in part by adding the mental health specialty component, as well as some of the related support services, to create an integrated delivery system. In South Lake Tahoe, there is a Family Resource Center that serves the Latino community and in the Western Slope, there is the Shingle Springs Tribal Health Center that serves the Native American population. Collaboration based on outreach, assessment, and coordinated case management will be further developed with both of these agencies.

An additional resource that recently mobilized a county-wide effort to better identify the unmet needs of the Latino community is a recent collaboration led by the El Dorado County Community Foundation, Latino Affairs Commission (South Lake Tahoe), and the Latino Community Focus Group (Western Slope)—the Adelante Project. Over a two year period, 680 community surveys were collected, a daylong community forum was held (nearly 100 in attendance), and subcommittees were formed in six issue areas (education, child development, health care, social services, employment, and legal services and community life). The MHSA project staff has joined the health care subcommittee to be poised to integrate efforts and lessons learned in order to operationalize culturally competent strategies.

El Dorado County Mental Health has an active Cultural Competency Plan and Subcommittee of the Quality Improvement Committee that meets quarterly to ensure progress on the ambitious workplan. Yet, we do have several limitations that will be addressed as part of the MHSA program expansion process. We need to ensure annual training, create a more detailed plan to increase the penetration rate for the Latino community, and to develop clear standards and an improved practice for certifying bilingual staff and for acquiring translated written materials. Bilingual staff proficiency varies and therefore funding for interpreter training is included as part of the CSS plan. Finally, we need to identify successful ways to recruit and hire bilingual/bicultural Latino staff for both regions of the county. Spanish in the only county threshold language at this time and we lack certified bilingual/bicultural mental health clinicians within the county mental health department. Our contract service providers

struggle similarly with the lack of sufficient language capacity. Indirect service staff and/or mental health workers have served to provide interpretation, but this staffing pattern serves as a barrier to service access. Our consultant for strategic planning for culturally competent service delivery has had previous success in reaching bilingual/bicultural mental health professionals by doing creative outreach: contacting Spanish media for contacts, use of mental health professional organizations, publishing requests in mental health list serves, and recruitment through Latino-specific job search engines. We will pursue all avenues.

Part II, Section V, 2

Chart J

Mental health direct service staff capacity by ethnicity and language relative to the El Dorado County population composition.

Ethnicity or **Language**	Staff Rate	Medi-Cal eligible rate	Medi-cal eligibles served rate	Rate of current population served	Rate of 200% FPL who should be served
African American	4.0%	0.8%	0.8%	0.9%	0.5%
Asian	2.0%	1.3%	0.7%	2.3%	1.8%
Native American	0.6%	0.8%	.9%	1.4%	1.6%
Latino	4.5%	19.9%	4.0%	6.8%	16.3%
Spanish Language	6.7%				13%

Despite the small proportion of staff who are African American and Asian, the rates are comparable to the target population—including those we are not serving at this time.

The difference between the proportion of staff who are Native American relative to the proportion of clients who are currently being served and could be served is relatively small and questionable given the small numbers.

The rate of Latino staff (4.5%) is significantly smaller than the proportion of Latino clients served and those that should be served. The rate of Spanish-language bilingual capacity (6.7%) is comparable to the population currently served but insufficient in relationship to the total target population (16.3%)—many of whom are currently un-served. Further, the language capacity needed is almost twice the existing capacity based on the rate of Latinos in El Dorado County who are foreign born (80%). Our findings in outreach suggest strongly that language does serve as a significant barrier to health care access.

It is important to note that there are no contract providers currently in the South Lake Tahoe Region and 94% of the staff Spanish-speaking capacity is among the contract providers all of whom are located in the Western Slope Region. Among the staff at the South Lake Tahoe office 1.7% are Spanish-speaking and the 64% of the Latino community live in this area. Therefore, the disparity in bilingual services is greater in this region.

Part II, Section V, 3

<u>Barriers and Solutions to Program Implementation</u>

Recruitment and hiring has been extremely challenging in this community in part due to staff shortages in human resources, non-competitive wages, and the lack of ethnically diverse individuals in this rural community. Further, employment of consumers and family members has traditionally been on a part-time basis—primarily at the individuals' preferences due to financial and family issues. We believe that our programs will be strengthened, particularly in improving client/family-driven and wellness focus practicewhen we are able to hire consumers and family members as full-time employees, as well.

Training for both staff and the community in recovery/wellness/resiliency and cultural competence has not occurred on a regular basis and is necessary to make this transformation a success. Training in these areas will occur as a first step in launching the CSS expansion programs. Integrated training (County Mental Health staff, contract providers and community members) will be used in the interest of further promoting integrated service delivery, as well. Further, we need to access outside expertise, a commitment of funds, and a commitment of staff time to consistently participate in training and then to apply the knowledge and skills acquired. Leadership provided by the MHSA Project staff will be used to ensure that training and hiring practices are a visible priority for the Department as key mechanisms for system transformation. Training topics should include:

- Multi-cultural beliefs and practices
- Strategies for outreach and engagement of diverse communities
- Developing a multi-ethnic workforce
- Developing collaborative agreements with internal and external groups/agencies
- Engagement of faith-based organizations
- Developing culture-specific and relevant marketing strategies.

As a result of the MHSA community planning process, a commitment of resources has been made to hire a consultant to develop a Cultural Competency Strategic Plan that addresses each aspect of the MHSA Community Services and Supports Plan. Some details of this charge are listed as three year goals in the Latino Engagement Initiative.

There are a few key strategies that will be considered:

- We need to bring in training on culturally competent practices for the broader community to both raise awareness, education and skill sets in this area. This training includes issues related to ethnicity, language, gender, sexual identify and age differences.

- We need to create staff roles that can be filled by bilingual/bicultural staff and who can engage the Latino community (Promotora Model, for example).
- We need to network as a community to create strategies by which the precious bilingual/bicultural staff resources can be most effectively accessed.
- We need to network as a community to create strategies to recruit bilingual/bicultural staff.
- We must collaborate on co-located models to best use existing bilingual/bicultural staff.

Full Service Partnership/System Development

Family-Centered Services Program -
Wraparound Program
for uninsured and under-insured youth at risk of out-of-home placement

Part II, Section VI,
Summary information on Programs to be Developed or Expanded

Part II, Section VI, I-1

- Please see Exhibit 2 for information regarding funds requested for each program
- Please see Exhibit 3 for information regarding populations to be served each year, by age, race, and gender
- Please see Exhibit 4 for information regarding strategies to be used by funding category and age

Part II, Section VI, I-2

66% of the El Dorado County 3-year MHSA allocation will be spent as Full Service Partnership funds. In addition, in the Family-Centered Services Program 100% of the System Development and Outreach and Engagement funds are for Full Service Partnership participants.

Part II, Section VI, I-3

- The estimated number of youth to receive services funded by System Development funds in Year 1 is 2 and those expected to have Full Service Partnerships is 2.
- The estimated number of youth to receive services funded by System Development funds in Year 2 is 12 and those expected to have Full Service Partnerships is 12.
- The estimated number of youth to receive services funded by System Development funds in Year 3 is 18 and those expected to have Full Service Partnerships is 18.

Part II, Section VI, I-4

Outreach and Engagement strategies are not specifically funded for this program. It is anticipated that referrals will readily be available through the access and placement process already in place for the existing Wraparound Program and the existing networks between mental health, human services, probation and education. In addition, a newly formed Child Assessment Team (CAT), facilitated by CPS and including mental health staff membership, currently identifies children at risk of out-of-home placement and will be used as a referral source.

Part II, Section VI, I-5

El Dorado County has an existing Wraparound program for youth and families that essentially serves one region, the Western Slope. As an effective model that embraces the MHSA elements of community collaboration, cultural competence, client/family-driven and integrated services within a wellness focus, the community has selected to expand this program to serve a broader population—uninsured and underinsured youth at risk of out-of-home placement.

Part II, Section VI, II-1a (please see Exhibit 4 on pages 127-128)

Program Summary
The Family-Centered Services Program will employ the Wraparound Model for use with uninsured and under-insured youth at risk of out-of-home placement who otherwise do not have access to this type of full-service partnership program. The Wraparound Model is a collaborative, team-based, family-driven service delivery model which includes clinical case management, an individualized service plan, and flexible supports and services. Case management and service delivery are implemented in a convenient and comfortable location for the family who also directs the use of family, community and system supports. This program is a full service participation program as defined by the Mental Health Services Act.

In the West Slope region this program will build upon El Dorado County's existing Wraparound Services Program by extending services to the uninsured or under-insured population of youth at risk of out-of-home placement. This focus on youth still at home is different than the existing Wraparound Program which serves youth already placed, or at risk of placement in high level group homes. However, the treatment model is the same.

In South Lake Tahoe there are no existing resources for Wraparound Services upon which to build. Therefore, funding will be made available to hire and train staff to operate a Family-Centered Services Program based on the Wraparound model. The goal for the South Lake Tahoe Team is to first serve the MHSA target population and, once the Family-Centered Services Program is established, to leverage resources to serve the Medi-Cal population of children within the child welfare and probation systems who cannot be served by the MHSA Wraparound Program.

Funding will be awarded on a competitive basis to community providers. The County Mental Health Department will serve as an active partner by providing programmatic coordination, clinical oversight, and evaluation support.

Training in the Wraparound Model, and evidence-based practices such as the Incredible Years Parenting Program, Aggression Replacement Training (ART), and Functional Family Therapy will be provided for relevant clinical staff.

Part II, Section VI, II-1b

Age and situation characteristics of the priority population

Children (and their families), 0-17, at risk of out of home placement, with no insurance or under-insured for the needed mental health services.

Criteria:

1. SED (Serious Emotional Disturbance or 0-3 Crosswalk Tool) **AND**
2. Uninsured or NO MH coverage **AND**
3. At risk of out of home placement due to at least one of the following:
   a) Abandonment by or incarceration of parents/caretakers
   b) Domestic Violence
   c) Death of parent
   d) Mental Illness (child or caretaker)
   e) Abuse/neglect as defined in WIC
   f) Disability (child or caretaker)
   g) Substance abuse (child or caretaker)
   h) Drug exposed infants
   i) Physical Illness (child or caretaker)
   j) Homelessness/Inadequate housing
   k) Relinquishment or termination of parental rights
   l) Infant of young child of teen in placement
   m) Beyond control of parents
   n) Delinquency (adjudicated)
   o) Danger to self, others, or community
   p) Child/youth returning home from placement or moving to less restrictive level of care

4. **OR** Underinsured (has some insurance but insurance does not cover the depth, breadth of services required to prevent out of home placement)

There is an estimated 500 youth who are at risk of out-of-home placement in the county.

Part II, Section VI, II-1c

Strategies

- Youth involvement in planning and service development
- Services and supports provided at school, in the community, and in the home.
- Infrastructure for the Children's System of Care
- Family preservation services
- Crisis response 24/7
- Education for children/youth/families re: mental illness and medications.
- Values-driven, evidence-based practices integrated with overall service planning and which support youth/family selected goals.
- Childcare
- Transportation

- Use of evidence-based practices, such as the Incredible Years Parenting Program, Aggression Replacement Therapy (ART), and Functional Family Therapy and referral for Parent-Child Interactive Therapy (PCIT) and Dialectical Behavior Therapy (DBT).

Part II, Section VI, II-1d

Funding types and age group
MHSA Full Service Partnership funds (22.5% of the allocation was earmarked for youth ages 0-17) and System Development Funds (Peer and Family Education and Support funds to hire Parent Partners) will be used to serve eligible youth (0-17) and their families. In addition, Medi-Cal funding will be accessed, to leverage the investment of MHSA funds in creating a new Wraparound Services team in South Lake Tahoe, thereby allowing the team to serve Medi-Cal beneficiaries, as well.

Part II, Section VI, II-2

Program Description and Advancement of the MHSA Goals
Use of the Wraparound services program model ensures the delivery of services within a system-of-care with philosophies, values and standards consistent with the MHSA mission. Individualized plans are client and family-driven and strengths-based. Use of the Wraparound Team model supports community collaboration and integrated service delivery. Cultural competence is a critical goal addressed individually with each family to ensure respectful, ethnic-specific, and age/gender-appropriate services.

This vision of this program is to support children, their caretakers, and the community by keeping children healthy and safe at home, in school and out of trouble. Program characteristics will include flexible hours and community-based services. Each regional MHSA Wraparound Program, once fully established, will serve six MHSA children at a time (these will be full service partnership enrollments) for a county-wide total of twelve. In addition, the South Lake Tahoe Wraparound Program will have the capacity to enroll six Medi-Cal children once fully operational. It is anticipated that once established and at full capacity, the South Lake Tahoe Wraparound Team will be able to serve an average of 24 clients per year with a caseload of 12 families at any given time (6 MHSA and 6 Medi-Cal) and the expanded capacity in the Western Slope will serve 6 MHSA clients at an given time for an average of 12 clients per year. There is an estimated annual pool of 500 youth who are at risk of out-of-home placement.

El Dorado County Mental Health will provide clinical oversight of both teams and evaluation support. Funds will be contracted out on a competitive basis for the following South Lake Tahoe Team positions and the Western Slope Team expansion positions. Based on FY 06-07 funding levels (the first full year of operation), MHSA funds for this project will be applied as follows:

South Lake Tahoe Wraparound Team: $175,665

WS Wraparound Team Expansion: $125,192

Clinical Oversight and Evaluation: $60,403

Total Wraparound budget: $361,260

These programs will follow the 10 principles of the wraparound process and the practices outlined by the National Wraparound Initiative Advisory Group (October 1, 2004). Services and supports will be delivered in a fashion that is strengths-based andfamily-driven within a single individualized services and supports plan and with the support of a Wrap Coordinator. As a full-service partnership program, support will be available on a 24/7 basis and a flex fund will be used to access resources needed by the family to successfully fulfill their individualized plan and keep the family intact.

The EDCMH Department will serve as the lead public agency and will provide clinical oversight through the Children's Services Clinical Coordinators. EDCMH will contract with community agencies to staff the MHSA Wrap team positions, to administer the flex funds, and to provide the 24/7 response. The program will be implemented collaboratively.

An existing Interagency Advisory Council is in place and is comprised of the Directors of Social Services, Mental Health, Public Health, Probation, and the Department of Education. This group will also serve as an oversight body for this MHSA project. The existing Wraparound Program MOU will be expanded to include this program. The existing Cross-System Operations Team (CSOT) will provide programmatic oversight and includes the EDCMH Children's Services Program Manager, Clinical Coordinators, Family Coordinators and Parent Partners. An evaluator will be funded at .5 FTE to support this program and will provide regular reports to both of these interagency teams, as will the EDCMH fiscal team. Finally, in the Western Slope, a Placement Committee for the existing WRAP teams will expand to serve as an authorizing body for the MHSA WRAP enrollments. SLT will create an ACCESS team to serve a similar function.

Each Wraparound Team will be staffed by a Facilitator (introduces the family to the model, sets up, coordinates, and facilitates meetings), Parent Partner (advocates, educates, and develops community resources), and Family Coordinator or WRAP worker (therapeutic behavioral aide providing family support activities, mentoring and coaching, and assisting with community resource access), in addition to the family and other members selected by the family.

Training on the model, principles, phases of service, and roles and responsibilities will be provided prior to program implementation. Family orientation is provided to each family on an individual basis upon beginning the program.

EDCMH will conduct the evaluation activities. Each family will be assisted in identifying their measurable treatment goals. The following State-recommended tools may be used to capture the data, pending further planning. The Parent Partners will be used to collect the data to ensure family-focused input. Data will be collected when the family enters the program and each six months thereafter. The Evaluator will report the findings to the CSOT, Advisory Committee and to the Wraparound Teams every 6 months.

Evaluation data may be captured using the following tools:

- Child Behavior Checklist (CBCL) – (Achenbach, 1991)
- Parent Satisfaction Survey – (Attkinson & Larsen, 1989, 1990)
- Family-Centered Behavior Scale – (Petr & Allen, 1995)
- Social Skills Rating System (SSRS) – (Gresham & Elliot, 1990)
- Walter Problem Behavior Identification Checklist – (Walker, 1970)
- Child and Adolescent Functional Assessment Scale (CAFAS) – Hodges, Bickman & Kirtz, 1991)
- Youth Self Report (YSR) – (Achenbach, 1991)
- Client Satisfaction Quest (CSQ-8) – (Attkinson & Larsen, 1990)
- Short Form – 36 Health Survey (SF-36) – (Medical Outcome Trust,. 1993)

Program effectiveness will be examined in the following functional areas:

- Days of psychiatric hospitalization
- Days in shelters
- Days of arrests
- Type of school placement
- School attendance
- Academic performance
- Days in out of home placement
- Child care stability

Referrals may come from families themselves, schools, the emergency youth shelter, youth serving agencies, mental health, including inpatient hospital and crisis services, human services (CPS), Child Assessment Team (CAT), medical care settings, , and probation. Furthermore, collaborative outreach with the MHSA Latino Outreach and Engagement Initiative and the Shingle Springs Tribal Health Program will be used to ensure access for the Latino and Native American populations.

Part II, Section VI, II-3

Housing and/or employment services--NA
Referrals to appropriate agencies will be made for families in need of these resources. In case of family emergencies, the Flex Funds account may be used to temporarily provide housing stability or support to a family in crisis.

Part II, Section VI, II-4

Average cost for each Full Service Partnership participant
The average cost for each full-service partnership participant will be $15,805 based on FY 07-08 funding levels (the first full year of operation).

Part II, Section VI, II-5

Recovery and Resilience
Wellness concepts for family and youth are embedded in the Wraparound program. Client and family strengths are defined from the initial conversation with the family and drive the determination of intervention strategies. Adults are encouraged to establish goals consistent with ensuring meaningful roles for themselves in addition to their role as parent. With the Team, youth and families are continuously encouraged to identify, reflect on and acknowledge each step of growth, effective coping strategies, and success which demonstrates youth resiliency. The family is also encouraged to draw on natural supports and community supports in their individual plan which serves as a Wellness Recovery Action Plan (WRAP) for the family unit.

Part II, Section VI, II-6

Program Expansion
The Western Slope of El Dorado County began providing SB 163 Wraparound services in 2002. With that funding (six SB 163 slots) 20 SB163 children and their families were served over a 3 year period. However, in FY 03-04, a total of 32 children were served by this team as Medi-Cal funds were leveraged. Based on this past experience, we have projected the capacity for our MHSA Wraparound extension in Western Slope and South Lake Tahoe. Use of the existing organizational structure and design will provide an efficient means of supporting this expansion. Expansion of these services by use of our community-based organizations in partnership with the county will enrich this component of the service delivery system. We do not anticipate that this expanded component will interfere in any way with the existing services being provided to families involved in Wraparound services.

Part II, Section VI, II-7

Services and supports to be provided by clients and/or family members
The Parent Partner will serve as support and advocate for each WRAP family. Family members will not run the service but as part of the service team, their role will be to:

- Participate on all family treatment teams,
- Provide mentoring/support for parents and consumer,
- Assist facilitator in finding appropriate community resources,
- Plan celebrations,
- Advocate for family by teaching parents how to navigate the various systems
- Orient parent to Wraparound model.
- Co-facilitate Incredible Years model parenting class
- Increase families' knowledge re: services and supports available

Part II, Section VI, II-8

Collaboration strategies:
The Wraparound program on the Western Slope currently has partnerships in place with Human Services, Sierra Family Services, Summitview Child Treatment Center, County Office of Education, and Probation Department. Additional partners will include Family Connections, New Morning Youth and Family Services, Early Childhood Counseling Center, the Family Resource Center, and the Shingle Springs Tribal Health Program. These partners will be used to refer families for Wraparound services, to participate on individualized teams, and to provide a range of services and supports as directed by the individualized family plans. Community mental health agencies serve as resources for evidence-based practices such as the Parent-Child Interactive Therapy (PCIT) model and Dialectical Behavior Therapy (DBT).

The Cross-Systems Operation Team meets quarterly and includes program managers from the Office of Education and Departments of Probation, Human Services, Mental Health, and Public Health. The team also includes a Parent Partner. The team assists in applying best practices, developing interagency procedures, and addressing family complaints and grievances. The team is responsible for collecting data and overseeing performance outcomes.

Partnerships with ethnic and faith-based community organizations, such as the Family Resource Center (Latino community) and Shingle Springs Tribal Health Program will need to be established to ensure access to the Wraparound Team and culturally competent practice.

All of these partnerships serve to ensure strengths-based, client-centered practice, cultural competence, service access, and integrated service delivery all of which improve the service delivery system and client outcomes.

Part II, Section VI, II-9

Cultural Competence and Ethnic Disparities
This comprehensive model is designed to improve access to mental health services, improve accuracy of diagnosis, improve use of appropriate and individualized service planning and delivery, use of effective integration of client families into services, and use of community and external resources—all goals of culturally competent service delivery.

The Wraparound program will provide culturally competent services tailored to family culture, values, norms, strengths, and preferences. The Wraparound team will consist of the appropriate membership per the request of the family. Families will be encouraged to communicate and share their cultural perspective and needs. During each of the phases, the role of culture and belief systems will be raised for family input. The team will also seek to find ways to celebrate successes within the cultural framework of the family.

Further, these specific practices will be incorporated to provide culturally competent services to youth and families:

1) The Wraparound Team will collaborate with the MHSA Latino Outreach Program to inform the community of their services and to get referrals. The bilingual/bicultural peer outreach worker will be available to program participants and staff for interpretation assistance.
2) Collaborative outreach and case management will occur with the Shingle Springs Tribal Health Program to effectively serve the Native American population.
3) All team members will also participate in the intensive training that will be created for all MHSA program staff regarding cultural competent practice skills.
4) The Wraparound staff will establish a policy outlining the values, principles and practices addressing culturally competent practice that this program will adopt.
5) An assessment of cultural issues and language needs will be included in the individual planning process.
6) Data regarding client culture and language will be collected and evaluated.
7) Interpretation services are available and all program literature will be available in both English and Spanish.
8) Forms and brochures will be available in English and Spanish.
9) Every effort will be made to have a bilingual/bicultural Spanish–speaking staff member on the Wraparound Team.

The high rate of poverty and lack of insurance in the Latino family community and poverty among local Native American families suggests that outreach and engagement to these groups is critical. Use of the Promotora model and bilingual/bicultural services in the home will be needed to identify and engage Latino families in need. Collaboration with the local ethnic-services agency for Native American families will be the first step to better address the needs of this population. Risk factors reported among LGBT youth and the stigma barrier will be addressed as part of the anti-stigma campaign to improve community education, service access, and timely identification of youth in need.

Part II, Section VI, II-10

Sexual orientation, gender and the different psychologies of men, women, boys and girls

Training regarding service delivery that is sensitive to issues surrounding sexual orientation, gender differences, and the varying psychologies based on gender, developmental stages, and generational issues will be provided for all team members. The assessment and treatment phases of the program will explore issues of sexuality and gender-related issues. Ensuring an awareness of the mental health stressors associated with sexual orientation issues, the increased barriers associated with gender differences, and the varying manifestations of issues of gender and sexuality at different developmental stages are critical to the delivery of culturally competent and client-centered service delivery that celebrates individual strengths and diversity. The complexity of these issues increases when dealing with the family unit—family members themselves will have varying perspectives and different issues along the lines of sexuality and gender—including generational differences.

Part II, Section VI, II-11

Out of county residents
This program will serve only clients who reside in the county.

Part II, Section VI, II-12

Strategies not listed in Section IV
All of the strategies are consistent with those listed in Section IV and the MHSA goals.

Part II, Section VI, II-13

Timeline and Critical Implementation Dates

Critical Implementation Date: January 2006-March 2006
Milestones:
- Finalization of program design
- Host a community meeting to discuss final draft
- Create training modules (MHSA overview and requirements, cultural competency, Wraparound model, and basic information on the evidence-based practices that will be accessed by the teams).

Critical Implementation Date: April 2006-June 2006
Milestones:
- Pending approval of MHSA application, let RFP and establish contracts with winning bidders and hire MHSA staff.
- Creation of draft MOU's for Wraparound Team
- Hold a team retreat that will include orientation to MHSA, the Treatment Model, and issues around cultural competency.
- Program outreach
- Begin accepting client referrals

Critical Implementation Date: July 2006-September 2006
Milestones:
- Creation of policies and procedures for WRAP Team
- Create data collection tools, reports and databases.
- Create collaborative outreach processes, including the Latino Outreach and Engagement Program, the Family Resource Center, and Shingle Springs Tribal Health Program.

Critical Implementation Date: October 2006-December 2006
Milestones:
- Attend Incredible Years Training.

Critical Implementation Date: April 2007-June 2007
Milestones:
- Attend Aggression Replacement Therapy Training.

Critical Implementation Date: July 2007-September 2007
Milestones:

- Complete and present year end report to the Advisory Committee.
- Present findings in a community meeting.
- Modify and submit MHSA three year plan update.
- SLT will begin to serve Medi-Cal clients.

Critical Implementation Date: October 2007-December 2007
Milestones:

- Begin Functional Family Therapy training process

Critical Implementation Date: January 2008-March 2008

- Review and revise policies and procedures, as appropriate.

Milestones:

- Annual cultural competency training.

System Development Program

Mental Health Court
for Transitional Age Youth and Adults

Part II, Section VI,
Summary information on Programs to be Developed or Expanded

Part II, Section VI, I-1

- Please see Exhibit 2 for information regarding funds requested for each program
- Please see Exhibit 3 for information regarding populations to be served each year, by age, race, and gender
- Please see Exhibit 4 for information regarding strategies to be used by funding category and age

Part II, Section VI, I-2

This program does not include Full Service Partnerships services.

Part II, Section VI, I-3

- The estimated number of transitional age youth (1) and adults (1) to receive services funded by System Development funds in Year 1 is 2 and those expected to have Full Service Partnerships is 0.
- The estimated number of transitional age youth (3) and adults (7) to receive services funded by System Development funds in Year 2 is 10 and those expected to have Full Service Partnerships funded by this program is 0.
- The estimated number of transitional age youth (7) and adults (13) to receive services funded by System Development funds in Year 3 is 20 and those expected to have Full Service Partnerships funded by this program is 0.

Part II, Section VI, I-4

Outreach and Engagement strategies are not specifically funded for this program. Offenders who come into custody and are in the South Lake Tahoe courts can be referred by the jail staff and the District Attorney, Public Defender, Probation or Mental Health Departments. A private attorney may refer offenders prior to case disposition. Outreach and education to families of persons with mental illness will be provided by NAMI in order to encourage them to report the mental health condition to custody staff so that individuals with SMI can access this program. Outreach to the Latino Community will take place in collaboration with the Tahoe Opportunity Project and the Family Resource Center and the MHSA Latino Outreach and Engagement Initiative.

Part II, Section VI, I-5

El Dorado County has an existing Wraparound program for youth and families that essentially serves one region, the Western Slope. As an effective model that embraces the MHSA elements of community collaboration, cultural competence, client/family-

driven and integrated services within a wellness focus, the community has selected to expand this program to serve a broader population—uninsured and underinsured youth at risk of out-of-home placement.

Part II, Section VI, II-1a (please see Exhibit 4 on page 129)

<u>Program Summary</u>
Strong community interest and support was the impetus for this program selection. As part of the MHSA Community Program Planning process, an interagency focus group discussed the challenges that they all faced in dealing with the mentally ill population as they engaged with the criminal justice system. From this conversation, the dire need for a unique form of collaboration was mutually identified.

The Mental Health Court was identified as an effective model by which to contribute to a reduction in mentally ill criminal offenders and re-offenders as well as to engage mentally ill criminal offenders in a treatment program which can improve their quality of life. This intervention recognizes that mentally ill offenders often re-offend due to a lack of continued treatment after leaving custody and the abuse of drugs and alcohol to self-medicate.

The program integrates the judicial, law enforcement, probation, and mental health treatment systems in providing intensive case management for eligible clients. MHSA System Development funds will be used to create 1.5 FTE (1.0 from the Adult MHSA funding allocation and .5 from the Transitional Age Youth MHSA funding allocation) in the South Lake Tahoe County Mental Health Clinic to provide clinical assessment and integrated case management for adults and transitional age youth who participate in the Mental Health Court. The South Lake Tahoe NAMI chapter will provide outreach and family education and support regarding this resource and $200 will be funded by MHSA for NAMI to develop informational brochures.

Part II, Section VI, II-1b

<u>Initial Population:</u>
The Mental Health Court will serve Adults (18-59) and Transition Age Youth (16-25) with a serious mental illness as defined in Welfare and Institutions Code 5600.3 who have been charged in the South Lake Tahoe courts with a criminal offense and are at risk of re-offending due to untreated or under-treated mental illness.

The Sheriff's department estimates that approximately 30 jail inmates per month are eligible for the Mental Health Court program in South Lake Tahoe. El Dorado County Probation Department estimates that a similar number of probationers would also be eligible. The program will maintain a caseload of 20 cases at any given time once in full operation. Eligible individuals will be determined to have a mental illness that is the primary motivating factor in the criminal activity, suitable and amenable to treatment, eligible for probation, and a resident of El Dorado County.

Part II, Section VI, II-1c

Strategies
- Seamless linkage between youth and adult system
- Cross agency and cross disciplinary training
- Integrated service teams
- Integrated county/community level planning
- Youth and family run services (mentoring and education)
- Education for youth and families regarding medications
- Partnerships with ethnic-specific community providers and programs
- Self-directed self-sufficiency plan
- Transportation assistance
- Integrated services with law enforcement, probation, and courts
- Client advocacy on criminal justice issues

Part II, Section VI, II-1d

MHSA System Development Funds will be used from both the Adult allocation ($75,688) and the Transitional Age Youth allocation ($37,897) to fund this program. These figures are based on FY 06-07 funding levels which will be the first full year of operation.

Part II, Section VI, II-2

Program description and the Advancement of MHSA Goals
The El Dorado County Mental Health Court is an intensive program designed to evaluate, treat, and monitor participants while providing coordinated and comprehensive mental health treatment and ancillary services. The MH Court program is a strong community collaboration model which provides for system integration. The judicial system, law enforcement, probation, and mental health systems will form the Mental Health Court Team and a clinical mental health manager will work closely with each participant to successfully implement an integrated, individualized service plan that is strengths-based and culturally competent. The Mental Health Court Team draws on the expertise and mutual commitment of its members and represents a problem-solving approach to address unmet mental health needs. This model, therefore, clearly advances the goals of the MHSA.

This program addresses the community issue of incarceration and recidivism that results from unmet mental health needs.

The desired community outcomes are:
- Fewer days in custody
- Fewer repeat offenders
- Increase in days spent in school, work, workability, mental health psycho-educational groups or other meaningful community involvement

The effectiveness of this model has been demonstrated extensively and guidance for the El Dorado County model has been readily available from the extensive Guide to Mental Health Court Implementation, prepared by the Council of State Governments for the Bureau of Justice Assistance, and consultation with the Nevada and San Francisco County Mental Health Courts.

This independent arena to address criminal offenses of mentally ill individuals will take into account the need for individualized and strength-based services. Reports from the various successful programs indicate that this type of effort produces transformational results. Family and community involvement in the individualized plan will be pursued whenever possible. An important goal is healthy, productive and stable community reintegration and establishment of meaningful roles—use of community and family are central to this achievement. Ethnic and faith-based agencies and resources will be accessed on a case by case basis to ensure cultural competence in service delivery. Treatment for the participant may include psychosocial rehabilitation, medication management, psychiatric services, substance abuse treatment services, supportive housing and employment, and supports for food and transportation, much of which will be acquired as a function of program collaboration with the Tahoe Opportunity Project (TOP).

Offenders who come into custody and are in the Tahoe courts can be referred by the jail staff and the District Attorney, Public Defender, Probation or Mental Health Departments. A private attorney may refer offenders prior to case disposition. Outreach and education to families of persons with mental illness will be provided by NAMI in order to encourage them to report the mental health condition to custody staff so that individuals with SMI can access this program. Outreach to the Latino Community will take place in collaboration with the Tahoe Opportunity Project, theFamily Resource Center, and the MHSA Latino Outreach and Engagement Program. Outreach to the Native American community will occur in collaboration with the Shingle Springs Tribal Health Program.

The Mental Health Court Team will work together to create resolutions to the case which ultimately results in a therapeutic plan that can be adopted as the sentence and probation requirements. Thereafter, supervision of the plan and client occurs jointly by the Mental Health Clinical Case Manager and Probation. Services will be provided through existing resources as brokered by the case manager, recommended by the Mental Health Court Team, and then directed by the Court. Use of incentives and sanctions will be applied in a strengths-based, creative and individualized fashion throughout the process of supervision.

The Mental Health Court components include:

- Use of a Participant Agreement
- Use of an orientation process to the Mental Health Court Model
- An Individualized Treatment Plan which will incorporate WRAP features.

Mental Health Court process/phases all include:

- Judicial oversight
- Probation supervision
- Individualized treatment requirements
- Individualized rewards and sanctions
- Clearly identified benchmarks needed to progress to the next phase

Graduation Requirements include successful attainment of court benchmarks in the areas of:

- Court appearances
- Program participation/cooperation
- Appropriate use of medications, as prescribed
- Self-reliance/self-awareness
- Establishment of a means to address basic life needs
- Reliability
- Financial and/or community service responsibility
- The establishment of a viable aftercare plan

Key to the ongoing success of this program will be the extensive staff training in Motivational Interviewing skills and the use of Dialectical Behavior Therapy (DBT) as evidence-based practices, a key initiative in the MHSA system transformation plan.

The Mental Health Court Team is comprised of the presiding judge, the District Attorney, the Public Defender or client attorney, a representative from the Sheriff and Probation Departments, the Mental Health Clinical Case Manager, and the client. The Clinical Case Managers provide the initial client assessment, set up team meetings, broker services, work closely with the client to implement that treatment plan, and supervise and accompany the client to various appointments and activities that are part of the Mental Health Court plan.

Part II, Section VI, II-3

Housing and/or employment services

The Mental Health department has an existing AB2034 Program, the Tahoe Opportunities Project (TOP), which provides housing and comprehensive services for mentally ill adults and transitional age youth. TOP will be available to provide housing for eligible Mental Health Court program participants. The TOP program includes a supportive employment component which will also be available to eligible Mental Health Court program participants. Housing provided by Sierra Recovery Center will also be explored as options for appropriate clients.

Part II, Section VI, II-4

NA.

Part II, Section VI, II-5

Recovery and Resilience
The Mental Health Court is a strengths-based model committed to incorporating participant's self-directed recovery and goals of self-sufficiency within the context of the legal requirements. Use of a behavioral and progressive model stressing incremental progress toward the successful attainment of benchmarks, in conjunction with skills training and the provision of services and supports, will further the establishment of a recovery process and the capacity for resilience. Whenever possible and as directed by the participant, family and community supports will be accessed. Co-enrollment in the Tahoe Opportunity Program (TOP) will further allow clients to participate in a recovery model program.

Part II, Section VI, II-6

Program Expansion
This is a new program but we anticipate that there will be mutual benefits to this program and the TOP AB2034 program as they complement and support the success of individuals who participate in both programs.

Part II, Section VI, II-7

Services and supports to be provided by clients and/or family members
A volunteer peer support program will be available to Mental Health Court participants. Initially, volunteers will be recruited from current TOP program participants, graduates of substance abuse treatment programs, and current consumer groups. As the Mental Health Court progresses, it is anticipated that a "graduate" of the court will be in the best position to provide peer support to others going through the court system. This is an important goal of this program. In addition, NAMI has played a key role in the identification and planning of this innovative program. This organization will assist by providing family and community education about this resource and in evaluating the effectiveness of this program. Therefore, consumers and families will participate in the Mental Health Court program as important team members although they will not run the service.

Part II, Section VI, II-8

Collaboration Strategies
The MH Court program is a strong community collaboration model which provides for system integration to improve outcomes and quality of life for mentally ill individuals. The judicial system, law enforcement, probation, and National Alliance for the Mentally Ill are contributing in-kind services by serving as members on the team. The existing AB2034 Homeless Program administered by EDCMH will provide important services and supports for eligible Mental Health Court participants. This program offers integrated services, housing options, a personal services coordinator and individualized self-sufficiency and community integration planning. Further, substance abuse treatment funds are also available for program participants, as appropriate. It is anticipated that Mental Health Court participants may benefit immensely from the opportunity to engage in treatment offered by this extensive continuum of care.

Collaboration in providing outreach and engagement services will be created with ethnic service providers, as well.

Part II, Section VI, II-9

Cultural Competence
This innovative model is designed to improve access to mental health services, improve accuracy of diagnosis, improve use of appropriate and individualized service planning and delivery, use of effective integration of client families into services, and use of community and external resources—all goals of culturally competent service delivery.

Further, these specific practices will be incorporated to provide culturally competent services and reduce ethnic disparities:

1) The team will work closely with the Family Resource Center and the MHSA Latino Outreach Program to ensure that the community is aware of this resource and to coordinate service delivery and interpretation services, as needed.
2) All team members will also participate in the intensive training that will be created for all MHSA program staff regarding cultural competent practice skills.
3) The Mental Health Court will establish a policy outlining the values, principles and practices addressing culturally competent practice that this program will adopt.
4) An assessment of cultural issues and language needs will be included in the bio-psychosocial assessment tool.
5) Data regarding client culture and language will be collected and evaluated.
6) Interpretation services are available and all program literature will be available in both English and Spanish.
7) Outreach to the jails is provided by the bilingual/bicultural personal services coordinator for the TOP program. Clients identified by this outreach effort and in need of the Mental Health Court will be referred.
8) Partnership with Native American community providers will be pursued.
9) Partnership with the local substance abuse treatment providers will continue.

Part II, Section VI, II-10

Sexual orientation, gender and the different psychologies of men, women, boys and girls
Training regarding service delivery that is sensitive to issues surrounding sexual orientation, gender differences, and the varying psychologies based on gender, developmental stages, and generational issues will be provided for all team members. The assessment and treatment phases of the program will explore issues of sexuality and any gender-related issues. Ensuring an awareness of the mental health stressors associated with sexual orientation issues, the increased barriers associated with gender differences, and the varying manifestations of issues of gender and sexuality at different developmental stages are critical to the delivery of culturally competent and client-centered service delivery that celebrates individual strengths and diversity.

Part II, Section VI, II-11

Out of county residents

This program will only serve clients who reside in the county.

Part II, Section VI, II-12

All strategies identified are consistent with those listed in Section IV and the MHSA goals.

Part II, Section VI, II-13

Timeline and Critical Implementation Dates

Critical Implementation Date: January-March 2006
Milestones:

- Conduct a local community meeting to present the detailed model for feedback and discussion.
- Develop the Mental Health Court MOU based on final model.

Critical Implementation Date: April-June 2006
Milestones:

- Pending approval of the MHSA funding, hire 1.5 FTE case managers
- Team visits to the Nevada and San Francisco Mental Health Courts or others selected
- Finalize the El Dorado County Mental Health Court Policies and Procedures
- Implement Mental Health Court and begin serving clients

Critical Implementation Date: July-September 2006
Milestones:

- Hold the interagency training forum and cover the following critical areas:
    - Interagency cross training
    - MHSA fundamentals and requirements
    - Cultural Competency
    - Mental Health Court Model
    - A system of care/wellness approach relevant to the population characteristics and needs
    - Transitional Age Youth Issues relevant to the Mental Health Court Model
- Network with Transitional Age Youth resources and set up mechanisms for effective collaboration
- Establish referral mechanisms
- Provide community and family outreach
- Motivational Interviewing Skills Training

Critical Implementation Date: July-September 2007
Milestones:

- Produce the first year-end report which will include a summary of accomplishments, challenges, corrective action, and outcome data.
- Submit feedback for MHSA three year plan update.

Critical Implementation Date: October-December 2007
Milestones:

- Hold another local community meeting to present findings and to discuss future plans.

Critical Implementation Date: January-March 2008
Milestones:

- Review the program Policies and Procedures Manual in light of 1st year's experience, report and the community feedback. Make changes, as appropriate.
- Update training, as appropriate.

Critical Implementation Date: April-June 2007
Milestones:

- Assess for program expansion needs.

Full Service Partnership/System Development/Outreach and Engagement

The Wellness Program
Western Slope Integrated Services Program for Seriously Mentally Ill Homeless Transitional Age Youth and Adults

Part II, Section VI, Summary information on Programs to be Developed or Expanded

Part II, Section VI, I-1

- Please see Exhibit 2 for information regarding funds requested for each program
- Please see Exhibit 3 for information regarding populations to be served each year, by age, race, and gender
- Please see Exhibit 4 for information regarding strategies to be used by funding category and age

Part II, Section VI, I-2

66% of the El Dorado County 3-year MHSA allocation will be spent as Full Service Partnership funds. In addition, in the Integrated Services Program 77% of the System Development and Outreach and Engagement funds are for Full Service Partnership participants.

Part II, Section VI, I-3

- The estimated number of transitional age youth (0) and adults (2) to receive services funded by System Development funds in Year 1 is 2 and those expected to have Full Service Partnerships is 0.
- The estimated number of transitional age youth (7) and adults (14) to receive services funded by System Development funds in Year 2 is 21 and those expected to have Full Service Partnerships is 21.
- The estimated number of transitional age youth (12) and adults (23) to receive services funded by System Development funds in Year 3 is 35 and those expected to have Full Service Partnerships is 35.

Part II, Section VI, I-4

- Funded by this program, the estimated unduplicated count of transitional age youth and adults to be reached through Outreach and Engagement funds in Year 1 is 10 and those expected to have Full Service Partnerships is 0.
- Funded by this program, the estimated unduplicated count of transitional age youth (10) and adults (25) to be reached through Outreach and Engagement funds in Year 2 is 35 and those expected to have Full Service Partnerships is 15.
- Funded by this program, the estimated unduplicated count of transitional age youth (15) and adults (30) to be reached through Outreach and Engagement funds in Year 3 is 45 and those expected to have Full Service Partnerships is 20.

Part II, Section VI, I-5

El Dorado County has an existing Wraparound program for youth and families that essentially serves one region, the Western Slope. As an effective model that embraces the MHSA elements of community collaboration, cultural competence, client/family-driven and integrated services within a wellness focus, the community has selected to expand this program to serve a broader population—uninsured and underinsured youth at risk of out-of-home placement.

Part II, Section VI, II-1a (please see Exhibit 4 on page 130)

Program Summary
Through the El Dorado County MHSA community planning process, homelessness for transitional age youth and adults was identified as a priority community issue that results from unmet mental health needs. Safe housing was identified as a desired outcome. During the targeted outreach process, housing needs for the seriously mentally ill were consistently identified as a priority by consumers, family members, substance abuse treatment staff, women's services, transitional age youth, and law enforcement. The model used by the Integrated Services Agency at The Village in Long Beach was selected for implementation as it has demonstrated success with these populations state-wide and locally in South Lake Tahoe. The Western Slope region does not have this resource and therefore, while this plan entails an expansion of the model to the county, practically speaking, the Western Slope Region will be developing a new component to address the local needs.

The desired outcomes include:

- Decrease in institutional care placements for transitional age youth and adults.
- Increase in access to mental health services.
- Improved accuracy of diagnoses.
- Increased use of peer support resources.
- Decreased days of homelessness, institutionalization, hospitalization and incarceration.
- Increase in acquiring meaningful roles in society.

SURVEYS
Use of MHSA funds to provide integrated services for the seriously mentally ill, including housing, is consistent with the community survey feedback:

- Homelessness was the most frequent choice as the community issue which results from unmet mental health needs.
- Safe housing was the most frequent choice as the desired outcome.
- For transitional age youth, the greatest concern was voiced for those aging out of the system followed closely by those who are homeless or at risk of homelessness.
- For the adult population, the greatest concern was voiced for the homeless population followed closed by those who are incarcerated.

Part II, Section VI, II-1b

Initial Population:
The following initial populations were identified as priorities by the majority of respondents in recent MHSA survey questionnaires and in the workgroup planning process:

Transitional Age Youth (TAY, 18-25)
- Initial Population: Aging out of child & youth MH and/or juvenile justice system and homeless or at risk of homelessness.
- Desired Outcome: Safety and adequate housing.

Adult (18-59)
- Initial Population: Homelessness or at risk of homeless (many will be dually diagnosed with both psychiatric and substance abuse problems). At risk of homelessness priority populations include clients leaving jail, on probation, or leaving substance abuse treatment facilities. Additional at risk populations may include those with a sudden lack of income, or those leaving a psychiatric hospital without established housing.
- Desired Outcome: Safe and adequate housing.

There are an estimated 100 seriously mentally ill adults, 30 transitional age youth, and 200 families in Placerville that are homeless in this region.

Part II, Section VI, II-1c

Strategies
- Outreach (including collaboration with ethnic services organizations)
- Peer Support Program-intensive services peer counselor
- Peer Support Program-house managers
- Integrated Substance Abuse and Psychiatric treatment-EBP
- Cross agency and cross discipline training
- Integrated service teams
- Supportive housing
- Self-directed self-sufficiency plan
- Life skills classes
- 24/7 crisis response services
- Education for client and family regarding medications
- Transportation assistance
- Recreation and social activities
- Collaboration with faith-based providers
- Personal Services Coordinators
- Linkage to vocational services

Part II, Section VI, II-1d

Program Funding Sources and Age Groups:
In El Dorado County, funding for Transitional Age Youth was identified as 15% of the MHSA allocation and for the Adults 22.5% was allocated. From these allocations, funds have been designated for the South Lake Tahoe Mental Health Court—the remainder of these funds will be used for the Western Slope Integrated Services Full Service Partnership program.

Additional MHSA funds will be used from the 10% set aside for Outreach to fund a .5 FTE Mental Health Outreach Worker and from the 10% set aside for Peer and Family Support to fund a 1.0 FTE Mental Health Aid/Peer Counselor and to subsidize room and board for five peer house managers .

Medi-Cal billing for mental health services will occur whenever appropriate and Medi-Cal Administrative Activities funding will be accessed as a function of the Outreach Activities performed, as well.

A continuum of integrated services will be offered via a partnership between El Dorado County Mental Health and community contract providers. MHSA funds will be used to establish a collaborative case management team which will include county mental health employees and personal services coordinators employed by contract providers. Funds will be made available through a competitive process for community agency providers to provide case management, housing oversight, and 24/7 response for transitional age youth (18-25) who are homeless or at risk of homelessness, and for adults (18+) who are homeless or at risk of homelessness.

Based on FY 06-07 funding levels (the first full year of operation), MHSA funds for this project will be applied as follows:

Clinical Services: $296,354

Housing costs: $182,280

Support Services: $57,792

Total: $536,426

Part II, Section VI, II-2

Program Description and the Advancement of MHSA Goals:
The program goal is to provide a full-service partnership program which offers a continuum of housing options along with a comprehensive array of integrated services and supports and a collaborative case management team within a psychosocial rehabilitation/recovery model framework. The Western Slope Program will apply this highly successful approach used by many programs funded under AB2034 to provide full service partnership services, outreach and engagement services, and use of peer support. MHSA goals will be advanced as the “Wellness Program” emphasizes

principles of recovery, client-centered planning, and the use of community collaboration to ensure an integrated and comprehensive service delivery system. At the heart of quality service delivery will be the use of culturally competent and evidence-based practices, as well.

This proposal for a full-service partnership integrated services program for the homeless advances the goal of expanding mental health services to TAY and adults who are not obtaining mental health services through the existing system or may not be able to access services through existing funds thereby resulting in the condition of homelessness. These individuals may be under-served or previously un-served.

Systems Development Funding
The transformation of the public mental health system will occur through the application of psychosocial rehabilitation/recovery principles, use of a collaborative case management team, and the increasing role that consumers and families will play in this particular program.

Key to the ongoing success of these programs will be the extensive staff training in the Psychosocial Rehabilitation and Recovery Principles, Motivational Interviewing skills, and the use of Dialectical Behavior Therapy (DBT) as evidence-based practices, a key initiative in the MHSA system transformation plan.

The recovery process will be greatly enhanced by use of peer education and support in two ways. First, funding for 1.0 FTE position of a peer counselor/mental health aid will provide support for the integrated services program. This 1.0 FTE position can be filled on a part-time basis by several consumers who typically prefer part-time employment. Second, members who take on a leadership role in their houses will be compensated with free room and board in return for functioning as a house manager. Training and supervision will be provided by the personal services coordinators.

Outreach and Engagement
A Mental Health Worker II position will be 50% funded with the set aside allocation for outreach funds in order to ensure that outreach to the dually diagnosed population occurs as part of this program. The outreach workgroup identified a need to ensure the linkage between mental health, the jail system, probation, substance abuse treatment programs, and the local homeless programs to improve the timely access of services through improved screening and coordinated case management. This position will provide those services.

Similar to the program at South Lake Tahoe, an Outreach Program component will be offered as an option to consumers. Participants in this program will not be considered enrolled and, other than referrals to the local community shelter or possible emergency motel vouchers, will not be provided housing. Services such as food, clothing, bus tokens, and groups and activities will be made available. Importantly, an engagement process will be initiated with these individuals in order to establish relationship, assess needs and identify appropriate services.

Full Service Partnership (FSP) Program
The program model selected by the Western Slope community is similar to that employed in South Lake Tahoe. A hybrid model or partnership between the County Mental Health Department and community-based providers will be employed to provide the integrated delivery of services. Members or consumers in this program are considered enrolled and will be provided with a Personal Services Coordinator, who will work with each member to develop their individualized self-sufficiency and community integration plan. Members will have access to 24/7 support, and supportive housing options.

Progress on the individualized plans will be reviewed every 90 days by the collaborative case management team and member. An annual review will take place to re-contract for services for the second year, pending demonstrated progress and viable treatment goals for year two. Due to the high rate of co-occurring substance abuse and mental health problems in this population, there will be integrated mental health/substance abuse treatment interventions. Further, funds for residential substance abuse treatment are budgeted for members who may benefit from a period of specialized services. Finally, staff development plans include extensive cross training amongst the multi-disciplinary/experiential team members and training in evidence-based practices for work with the dually diagnosed population.

Integrated services will have an emphasis on community integration. Therefore, many of the program activities will take place in the community. In addition, in-house groups and skills-training activities will be offered, such as community meetings, relapse prevention, dual diagnosis groups, coping skills training, job preparation, activities planning, harm reduction, and an outreach group. Activities and structure will be key for the transition age group (18-25) members. Specialized training for staff will be obtained in order to meet the unique needs of this population.

With the available MHSA budget and some anticipated leveraged funds, we plan to have the capacity to enroll 35 members once at full operational capacity. Based on the experience of the South Lake Tahoe program, we anticipate having 6-10 individuals participating in our outreach component at any given time.

The EDCMH Department will provide the space for the Integrated Services Office and day program. This approach is economical and practical as there is currently under-utilized space in the existing Day Rehabilitation Facility. The responsibility for the Housing Component, Personal Services Coordinators, and 24/7 response services will be contracted out through a competitive process.

Part II, Section VI, II-3

Housing and/or employment services
Emergency housing in local motels will be available on a limited basis. Supportive housing for enrolled clients will be provided in the form of 1) a supervised wellness center in combination with intensive services and 2) shared, leased transitional housing

managed by a contract provider. The wellness center will be a purchased or rehabilitated property that will be supervised for up to 12 hours a day from evening to morning. The facility will be able to serve both male and female in both the TAY and adults age groups as there will be night supervision. This site will be able to provide up to 12 enrolled clients with housing. Each transitional house will have an identified consumer house manager who is supervised by a case manager. The house manager will not incur any costs for his/her rent or utilities. Intermittent onsite check-ins will be provided by the collaborative case management team, as well. Houses will be same sex and separate houses will be developed for TAY and for adults. We have budgeted to lease two 4 bedroom homes for transitional age youth (to serve a total of 8 individuals) and three 3 bedroom homes for adults (to serve a total of 15 individuals). Other than the house managers, as members acquire a source of income, a third of their income will be required as a contribution toward rent and utilities. As program development progresses, the goal is to provide subsidized rental assistance to assist members in transitioning out successfully to independent housing options.

Similarly, we will seek to develop a range of employment and training options. Efforts are underway to ensure that the intensive treatment program will collaborate with the State Department of Rehabilitation to establish a Coop Program similar to that employed by the Village and our South Lake Tahoe program. Through this formalized partnership, we anticipate being able to improve access to resources to further expand the program and to provide improved integrated service delivery to consumers. Further, we will seek support from the One Stop Career Center to offer job development and placement strategies, as appropriate. A job club and pre-job-seeking support and preparation will be provided as part of the intensive treatment program. Money management and assistance to apply for disability income, as appropriate, will be provided by the team. As noted, collaboration with agencies such as the social security administration and community agencies needing volunteers will be further developed in order to ensure a wide range of options for our diverse members. Further partnership with the Calworks LLTC program and other agencies to fund a life skills training series is also under review. Finally, funding options for incentive work therapy and compensated work therapy will be explored as a key component of the treatment program and Consumer Mental Health Aids and Peer Mentors will play an important role in the program by supporting the transition process as consumers graduate from the program.

Part II, Section VI, II-4

Based on FY 07-08 funding levels, the average cost for each full-service partnership participant will be $16,093.

Part II, Section VI, II-5

Recovery and Resilience

Recovery and Resilience as ongoing treatment goals will be included in the client plan. On an individualized basis, the personal services coordinator will work with the client to determine how they define meaningful participation in their community and how to gradually and successful pursue those roles. Further, as part of the strengths-based

assessment (both of the individual and their community and resources) qualities and assets that will assist the client in rebounding from their difficulties will be identified. The W.R.A.P. (Wellness Recovery Action Plan) model will be used to create a treatment plan with the client. The client will be responsible for the treatment plan but will have support from the case manager, team, and natural supports in the client's world. The plan includes strategies for daily maintenance, triggers, early warning signs, and crisis planning. A Weekly Recovery Theme, facilitated by the peer-run Oasis Program, will be provided for members, as well. The Oasis Program will also engage program participants in sharing their stories of recovery for a locally published consumer newsletter.

Part II, Section VI, II-6

Impact of expansion of an existing program or strategy
While a similar program exists in another region of the county, the MHSA funds will be used to develop an extension of this program in the Western Slope. The El Dorado County Mental Health oversight will be provided by the Adult Services Program Manager in the Western Slope (while the Tahoe Opportunity Project is under the oversight of the Adult Program Manager in South Lake Tahoe). Given the regional divide, we do not anticipate any specific impact on the existing program—both programs will operate fairly independently.

Part II, Section VI, II-7

Services and supports to be provided by clients and/or family members
Clients will provide leadership in the homeless program in two ways: 1.0 FTE of MHSA funding will fund part-time positions for clients to be hired as Consumer Mental Health Aids to work in the integrated services program, and enrolled clients will serve as house managers in exchange for free room and board. In addition, the integrated services program will be co-located in a facility where the current mental health consumer program (Oasis) utilizes a couple of rooms (one for an office and drop in, another for a thrift shop) and thereby it is anticipated that there be will frequent access to peer mentorship through this program. For example, a recovery group will be facilitated by an Oasis member. Strong partnership with consumers and family members will be pursued in the context of the outreach and anti-stigma efforts. Therefore, while consumers and family members will not run any of the mentioned programs, they will serve as active participants.

Part II, Section VI, II-8

Through partnership with community agencies, the goal is to expand and diversify the Integrated Services team. We plan to develop partnerships and MOUs to meet the needs in education, vocational training, employment assistance, volunteer opportunities, social and recreational activities, income assistance, health care, social services, probation, and the sheriff's department. Further, involvement from the self-help and 12-step community, ethnic and faith-based organizations, and various service organizations will be pursued as an invaluable means of creating daily opportunities to enhance community integration activities for members.

Collaboration strategies include:

- Collaboration will occur at many levels, including use of a hybrid model in which EDCMH will partner with a community agency—the former providing the mental health services and oversight for the integrated services program and the latter providing housing oversight, personal services coordination, and 24/7 response.
- Collaboration will also occur on an outreach basis between EDCMH and the jails, probation, substance abuse treatment facilities, and homeless agencies (United Outreach Nomadic Sheltering Program, Upper Room Dining Hall, and the Food Bank) to provide screening, linkage, and access to the wellness program.
- Collaboration with the Affordable Housing Coalition, who as a result of MHSA planning participation has agreed to lead and facilitate a "Continuum of Care" planning process in El Dorado County to ensure adequate housing for the homeless and disabled.
- Collaboration with local government entities regarding housing issues of importance to our citizens.
- Collaboration with the local Housing Authority for grant assistance and for support in finding our clients transitional housing when exiting the program.
- Collaboration with the local transit authority to procure bus passes for our clients in need of transportation assistance.
- Collaboration with the local substance abuse treatment service providers will be enhanced to provide staff cross training regarding the dually diagnosed population.
- Collaboration between EDCMH and MH consumers established by means of the 1.0 FTE funded for a Consumer MH Aid and the co-location of the Integrated Services Program and the local Oasis Mental Health Consumer Program.
- Collaboration between the wellness program and employment and educational resources will be established to ensure avenues for vocational rehabilitation.
- Collaboration with the 12 step and other support groups will be fostered in order to ensure that the participants will have information and access to a wide range of community support groups.
- Collaboration with ethnic and faith-based organizations will be pursued to ensure opportunities for individualized support based on cultural and spiritual issues, including the MHSA Latino Outreach Program and the Shingle Springs Tribal Health Program.
- Collaboration will occur with a wide range of social and recreational resources to ensure that the program participants will have information and access to social and recreational resources.
- Collaboration will take place with various clubs and organizations listed with the Chamber of Commerce to ensure opportunities for volunteer work, mentoring, and community involvement for all participants.
- Collaboration will occur with public health, the local medical center, and the community health clinic to ensure options and access to healthcare for program participants.

Use of these strategies will improve service delivery by increasing coordination of services, collaboration of efforts, and by enhancing resources in a wide range of areas critical to the successful transition to self-sufficiency and community integration for seriously mentally ill transitional age youth and adults.

Part II, Section VI, II-9

Cultural Competence and Ethnic Disparities
This comprehensive model is designed to improve access to mental health services, improve accuracy of diagnosis, and to provide for use of appropriate and individualized service planning and delivery, use of effective integration of client families into services, and use of community and external resources—all goals of culturally competent service delivery.

Further, these specific practices will be incorporated to provide culturally competent services to transitional age youth and adults:

1) The homeless outreach worker will collaborate with the Latino Outreach Program. The bilingual/bicultural peer outreach worker, funded as a part of the Latino Outreach Program, will be available to program participants and staff for interpretation and delivery of services.
2) All team members will also participate in the intensive training that will be created for all MHSA program staff regarding cultural competent practice skills.
3) The Wellness Program staff will establish a policy outlining the values, principles and practices addressing culturally competent practice that this program will adopt.
4) An assessment of cultural issues and language needs will be included in the bio-psychosocial assessment tool.
5) Data regarding client culture and language will be collected and evaluated.
6) Interpretation services are available and all program literature will be available in both English and Spanish.
7) Every effort will be made to have a bilingual/bicultural Spanish–speaking staff member on the Integrated Services Team and that staffing patterns are reflective of the ethnic, cultural, gender, and sexual orientation trends in our population served.
8) Use of Motivational Interviewing and Dialectical Behavior Therapy (DBT) training and skills will assist in dealing effectively with the transition age youth and dually diagnosed populations who experience multiple barriers to service utilization.
9) We will network with the Women's Center to address disparities in access for women.
10) We will network with the Shingle Springs Tribal Health Program and Native American TANF program to identify Native Americans in need of integrated services addressing homeless issues.
11) Outreach and networking with schools, PFLAG, and the Human Rights Roundtable will serve to increase access and identification of homosexual individuals in need of services.
12) Collaboration with the Outreach worker for the MHSA Older Adult Program will be important to ensure access to this program for eligible older adults.

Part II, Section VI, II-10

Sensitivity to sexual orientation, gender and the different psychologies of men, women, boys and girls:
Training regarding service delivery that is sensitive to issues surrounding sexual orientation, gender differences, and the varying psychologies based on gender, developmental stages, and generational issues will be provided for all team members. The assessment and treatment phases of the program will explore issues of sexuality and gender-related issues. Ensuring an awareness of the mental health stressors associated with sexual orientation issues, the increased barriers associated with gender differences, and the varying manifestations of issues of gender and sexuality at different developmental stages are critical to the delivery of culturally competent and client-centered service delivery that celebrates individual strengths and diversity. Education and awareness will occur hand in hand with ongoing collaboration, outreach and networking with a diverse group of community-based or specialized agencies working with individuals who may be faced with the barriers of stigma and discrimination related to sexual orientation or gender-bias.

Part II, Section VI, II-11

Out of county residents
This program will serve only clients who reside in the county.

Part II, Section VI, II-12

Strategies not listed in Section IV
All of the strategies are consistent with those listed in Section IV and the MHSA goals.

Part II, Section VI, II-13

Timeline and Critical Implementation Dates

Critical Implementation Date January 2006-March 2006
Milestones:

- Finalization of program design and begin search for the wellness center property.
- Develop job descriptions.
- Creation of RFP for contract services
- Hold a community meeting to present the program and get feedback.
- Development of training modules:
    - MHSA program expectations
    - Cultural competency training
    - Program operations
    - Recovery and wellness principles
    - Cross training: mental health and substance abuse
- Create data collection tool, database, and reports.
- Continue to collaborate to develop a Continuum of Care Network.
- Pursue collaboration to leverage and apply for housing funds.

Critical Implementation Date April 2006-June 2006
Milestones:
- Creation of policies and procedures, pending feedback from the community.
- Pending approval of MHSA 3 year plan, hire Program Coordinator and outreach staff and conduct orientation to MHSA, Treatment Model, and cultural competency, and let RFP.
- Hold team training regarding MHSA, cultural competency, program operations, recovery and wellness principles.
- Set up infrastructure system for program operations (offices, data collection, internal and collaborative meetings, etc.
- Begin outreach component of the Homeless Program.

Critical Implementation Date July 2006-September 2006
Milestones:
- Finalize contract with selected contractor(s).
- Motivational Interviewing Skills Training

Critical Implementation Date October 2006-December 2006
Milestones:
- Attend immersion training at The Village.
- Create the design and interventions for the Integrated Services Component.
- Housing search begins and begin creating partnerships and resources for integrated services options.

Critical Implementation Date January 2007-March 2007
Milestones:
- Open and begin operations in Wellness Center.
- Begin the integrated services for outreach clients.
- Create and establish rules and procedures for house.
- Provide training for house manager.

Critical Implementation Date April 2007-June 2007
Milestones:
- Wellness Center is at full capacity.

Critical Implementation Date July 2007-September 2007
Milestones:
- Produce Year End Report and modify MHSA three year plan accordingly.
- Hold a community meeting to report findings and get feedback.
- Create and establish rules and procedures for house.
- Provide training for house manager.
- DBT training begins.

Critical Implementation Date October 2007-December 2007
Milestones:

- Attend DBT training.
- Secure a lease for at least one additional transition house.
- Create and establish rules and procedures for house.
- Provide training for house manager.

Critical Implementation Date January 2008-March 2008
Milestones:

- Secure a lease for at least one additional transition house.
- Create and establish rules and procedures for house.
- Provide training for house manager.

Outreach and Engagement/Systems Development/Peer and Family Support

Project "UPLIFT"
Mobile Treatment Team Services and the
Establishment of an Older Adult System of Care

Part II, Section VI,
Summary information on Programs to be Developed or Expanded

Part II, Section VI, I-1

- Please see Exhibit 2 for information regarding funds requested for each program
- Please see Exhibit 3 for information regarding populations to be served each year, by age, race, and gender
- Please see Exhibit 4 for information regarding strategies to be used by funding category and age

Part II, Section VI, I-2

This program does not include full service partnership services.

Part II, Section VI, I-3

- The estimated number of older adults to receive services funded by System Development funds in Year 1 is 10 and those expected to have Full Service Partnerships is 0.
- The estimated number of older adults to receive services funded by System Development funds in Year 2 is 37 and those expected to have Full Service Partnerships is 0.
- The estimated number of youth to receive services funded by System Development funds in Year 3 is 74 and those expected to have Full Service Partnerships is 0.

Part II, Section VI, 1-4

- Funded by this program, the estimated unduplicated count of older adults to reached through Outreach and Engagement funds in Year 1 is 10 and those expected to have Full Service Partnerships is 0.
- Funded by this program, the estimated unduplicated count of older adults to reached through Outreach and Engagement funds in Year 2 is 17 and those expected to have Full Service Partnerships is 0.
- Funded by this program, the estimated unduplicated count of older adults to reached through Outreach and Engagement funds in Year 3 is 40 and those expected to have Full Service Partnerships is 0.

Part II, Section VI, I-5

El Dorado County has an existing Wraparound program for youth and families that essentially serves one region, the Western Slope. As an effective model that embraces

the MHSA elements of community collaboration, cultural competence, client/family-driven and integrated services within a wellness focus, the community has selected to expand this program to serve a broader population—uninsured and underinsured youth at risk of out-of-home placement.

Part II, Section VI, II-1a (please see Exhibit 4 on page 131-132)

Program Summary
MHSA funds will be used to: 1) promote program development in the area of outreach and engagement, systems development, and peer support and; 2) to initiate the formal establishment of an Older Adult System of Care in El Dorado County. Specifically, El Dorado County will adopt three best practice models that have had demonstrated success in other communities. Two programs will be administered by the El Dorado County Mental Health Department. First, the "Gatekeeper Program", which has been in successful operation in Spokane, Washington since 1978, will be used to provide outreach and service engagement for this hard-to-reach population. Similar to El Dorado County, this county has rural areas and this model has worked successfully in those settings. In this program, non-traditional referral sources (community members who, through their regular business activities come into contact with seniors) are trained to identify and refer at-risk individuals to the senior services system. This is a cost-effective, community organization approach which serves to empower and engage the broader community and has been well-received and extremely effective. Second, EDCMH will implement a mobile mental health team approach modeled after the award-winning "Genesis Program" which is a cooperative program in Los Angeles sponsored by the Mental Health Department and the Area Agency on Aging. The goal is to provide mobile and holistic mental health services to frail and isolated older adults in order to repair, enhance, and redefine their safety net thereby maintaining them in their homes and avoiding institutionalization. Finally, a Peer and Family Education and Support intervention will be funded by creating a Friendly Visitor Program coordinated by seniors and delivered to seniors in their homes, under the administration of the Area Agency on Aging (AAA).

Part II, Section VI, II-1b

Age and situation characteristics of the priority population
El Dorado County has identified older adults (age 60+) who are isolated, suffering from depression and at risk of institutionalization as the initial MHSA older adult population. This population may include Medi-Cal, Medicare, and uninsured individuals who are under 200% of the Federal Poverty Level. The corresponding community issues of isolation and the inability to manage independence that result from unmet mental health were the identified priorities in this age group. Community feedback indicated that stigma, transportation, and isolation all exacerbated the high prevalence of unmet need among older adult suffering from depression. Further, linkage with existing senior programs was seen as a critical part of the solution.

In El Dorado County there is an estimated 35-135 cases of undetected depression and 485 older adults with serious mental illness who are not receiving services.

Part II, Section VI, II-1c

Strategies

- Outreach and Community Education
- Friendly Visitor Peer Support Program
- Multidisciplinary Triage
- Integrated Assessment Teams
- Integrated Service Teams
- Joint Service Planning
- Mental Health Services
- Self-directed care plan
- Onsite collaborative services with primary care and health care
- Mobile services to client homes
- Education for client and family regarding medications
- Education for primary care providers and other health care providers
- Education for human service and community agency providers

Part II, Section VI, II-1d

Program Funding Sources and Age Group:

MHSA System Development and Outreach and Engagement funds will be used to serve the older adult population (60+). Medi-Cal will be billed, as appropriate and Medi-Cal Administration funds will be accessed as appropriate by the outreach worker.

10% of the MHSA CSS allocation was identified as the initial funding amount for the older adult population. These funds will be applied as System Development funds to create the following positions within the Adult Services Division of the El Dorado County Mental Health Department:

- 1.0 FTE Coordinator (county-wide responsibility),
- 0.5 FTE Mental health worker (WS), and
- 0.5 FTE Mental health clinician (SLT).

In addition, due to the low utilization rate of county mental health services (21%) for of the target population, a 0.5 FTE county mental health outreach worker will be funded out of the set aside allocation for MHSA Outreach and Engagement (county-wide position).

Peer and Family Support funds will be used to create two part-time positions to establish and coordinate a Senior Friendly Visitor Program, under the administration of the Area Agency on Aging (AAA).

Based on FY 06-07 funding levels (the first full year of operation), MHSA funds for this project will be applied as follows:

El Dorado County Mental Health direct service positions: $175,738
Area Agency on Aging: $19,134
Subtotal (ongoing funding stream): $194,872

Tobacco settlement flex fund (one time usage): $45,000

Part II, Section VI, II-2

<u>Program description and Advancement of the MHSA Goals:</u>
The proposal for older adult services advances the goal of expanding mental health services to older adults who are un-served and at the risk of institutionalization. The use of community-based services and a personal services plan ensure that services are client and family-centered. The interagency triage process ensures community collaboration in the delivery of services. The goal of maintaining older adults and in their community roles derives from a wellness focus that aimed at supporting clients' resilience. Cultural competence relative to age, gender, ethnicity, and spiritual and social frameworks will be critical to remove barriers to service utilization. Strategies to engage and educate family and the extended natural support system and community will also be critical to address stigma, remove barriers, and effectively maintain older adults in the community.

Background:
Through recent community planning meetings, it has become clear that there are many agencies in El Dorado County that provide a wide range of outreach, screening and referral services. Further, many of these agencies provide brief and somewhat limited case management with the goal of linkage to the appropriate long-term services.

Many of these agencies have identified the following unmet needs or issues related to mental health services:
1) Lack of understanding regarding how mental health services may or may not be accessed for the issues seen in the older adult population (e.g., dementia, hording behavior, etc.).
2) Lack of access to a mental health professional for assessment purposes—particularly for home or community or onsite assessments.
3) Lack of coordination and collaboration with other agencies that are in the homes and/or are contacted regarding needs in the older adult population.
4) Lack of understanding regarding what the unmet mental health needs are, where the individuals with these needs can be found, and the extent of the need.
5) Older adults at risk of institutionalization, nursing home care, hospitalization or the need for emergency room services were identified as a priority.
6) Outreach and screening services at primary care clinics, homes of the elderly and community programs was identified as a needed intervention strategy by the community.
7) Lack of timely identification and coordinated intervention with depressed seniors in order to curtail excessive decline and potentially the need for institutionalization.

Based on these local findings, an approach in which mental health services are integrated with existing services in the community, educates the community about mental health needs and services, and allows for home-based assessment of mental health has been identified to address unmet mental health needs among seniors.

The collaborative community planning team has identified a beginning framework for an El Dorado County Older Adult System of Care in which the various outreach, screening, and referring agencies can refer individuals who may need mental health services to an Interagency Triage Team comprised of key representatives from the county departments of Human Services, Public Health, and Mental Health. The purpose of this body would be to assign a lead agency and case manager. This individual would be responsible for conducting a thorough bio-psychosocial assessment. In some cases in which a mental health need is suspected, a collaborative initial assessment between health and mental health may be warranted due to the complexities of the interface between physical health and mental health issues in this population. The Public Health Department and the Community Health Center are contributing partners in this venture. Importantly, education regarding medications will be provided for clients and families as one example of an intervention used to help older adults maintain in their home.

System Development
The selected model for System Development is an outreach, assessment, case management, and service linkage design called the Genesis Program with demonstrated success in Los Angeles. A Mental Health Clinical Coordinator ("Coordinator") will provide immediate oversight for the Older Adult System of Care Services and will report to the Adult Services Program Manager in the Western Slope. The Coordinator will be a member of the Western Slope interagency triage team and go out to the clients' home to conduct the assessment. This team will be comprised of representatives from Public Health, Human Services, the Community Health Center (Western Slope only), and the Area Agency on Aging (Western Slope only). A personal services plan will be developed with the client linkage to ongoing services as the goal. Generally, the period of time for this process may take up to six months, based on the experience of the model program. These services are NOT intended to be long-term or indefinite. A Mental Health Worker will assist with the case management functions on a part-time basis (.5 FTE).

In addition, the Mobile Mental Health Treatment Team staff will provide on-site assessment at primary care clinics and health care service sites as means of providing integrated service planning and outreach. Further, collaboration with ethnic services agencies and faith-based organizations will also serve to help this team engage with un-served older adults.

In South Lake Tahoe, given the significantly smaller older adult population, a .5 FTE Mental Health Clinician will provide the assessment and case management services.

County-wide, program staff will be trained in and will use the IMPACT evidence-based treatment model which specifically addressed depression among older adults.

Outreach and Engagement
The Western Slope Mental Health Worker, on a .5 FTE basis, will implement the mental health outreach component modeled after the highly successful Gatekeeper program. In this model, an hour long community education module will be developed and brought

to a very wide range of community audiences (including PG & E workers, Meals on Wheels, and churches) in an effort to: 1) broaden awareness regarding the mental health issues faced by the growing older adult population; 2) target individuals who may come in contact with seniors in their homes and thereby may be the first to witness signs of distress and a need for assistance; and 3) empower community members to take action by calling the existing Senior Services Information and Assistance phone line when they come in contact with a senior in need.

Based on our community assessment process, an added component to this program will include outreach and education to public safety, primary care, health care, human services, and community agency providers to increase knowledge about mental health issues, mental health services, and to ultimately increase the coordination and integration of services.

Peer Support
El Dorado County is fortunate to have an active Senior Peer Counseling Program in the Western Slope which operates under the auspices of the Area Agency on Aging (AAA) –El Dorado County Mental Health provides in-kind clinical supervision. We will be expanding this partnership by using MHSA funds to hire two seniors to work part-time in order to coordinate a Friendly Visitor Program. This program will recruit volunteers to provide in-home companionship to older adults as a peer support intervention to address issues of isolation and depression. The highly successful model used in Contra Costa County will be used to help us launch this program. Upon assessment, the Mental Health Mobile Treatment Team may refer appropriate clients to this resource. These peers can also provide important support, knowledge and advocacy to assist clients in effectively using mental health services. This program will also increase opportunities for volunteerism in a growing retirement community, and will address one of the barriers to service linkage—stigma associated with “counseling” or mental health services.

Part II, Section VI, II-3

Housing and/or employment services--NA

Part II, Section VI, II-4

Average cost for each Full Service Partnership participant--NA

Part II, Section VI, II-5

Recovery and Resilience
The establishment of an older adult system of care (OASOC) in El Dorado County will be based on a recovery model that promotes the belief that healthy aging is a viable option for every older adult. The over-arching goal for the older adult programs is to prevent early institutionalization of seniors living independently in the community. Special focus will be given to those senior who have severe depression. A client-driven, individualized service plan will be created with involvement of the client, family, relevant community members, and mindful of the need to use natural, community-based

supports in order to identify services needed for continued independent living. The expansion of the Senior Peer Counseling Program to include a Friendly Visitor Program will empower mentors to serve fragile, isolated older adults in the community.

Part II, Section VI, II-6

If an expansion, a description of the existing program and how that will change under this proposal—NA.

Part II, Section VI, II-7

Services and supports provided by clients and/or family members
Client, family and community members will be engaged in each client's personal services plan as directed by the client. The use of natural and community-based services and supports is highly valued as an effective way of maintaining independent living, autonomy, and ongoing stabilization. MHSA funds will be used to fund multiple peer support programs that may be accessed by the older adult population—the Senior Friend Visitor Program, Outreach to the Homeless and dually diagnosed, and the Latino Engagement Initiative. In these programs, consumers will be hiring to be part of the teams but will not run the overall program.

Part II, Section VI, II-8

Collaboration strategies employed include:

- Collaboration occurs at many levels in the MHSA service expansion proposal for older adults. First, existing agencies that are already serving this population will be given information about the Community Education and Outreach Program and the Mobile Mental Health Treatment Team. They will be encouraged to refer clients and agencies, as appropriate, to these new resources.
- Specifically, rather than duplicate efforts in outreach, screening, referral, case management, and linkage, the MHSA resources will be used to focus on assessment and case management of those clients identified with a serious mental health problem as the Interagency Triage Team provides an effective mechanism for coordination, collaboration, and review of clients referred.
- The Community Education and Outreach Program is also designed to collaborate and leverage community resources to help raise awareness and identification of older adults with mental health problems.
- Funding will be leveraged from the tobacco settlement funds to create a flex fund to purchase support items, from Medi-Cal Administrative Activities funding for outreach services, as well as Medi-Cal, as appropriate.
- Resources will be leveraged by means of collaborative outreach and home visits with Public Health nursing and the Community Health Center.
- The Human Services Information and Assistance team and phone line serve as partners for access, referrals, and linkage.

Use of this proposed approach will improve service delivery and client outcomes by increasing coordination of services, by increasing collaboration of efforts, and by

enhancing resources in the critical areas of home-based services, outreach and peer support.

Part II, Section VI, II-9

Cultural Competence and Ethnic Disparities

This collaborative outreach and mobile treatment model is designed to: 1) improve access, improve accuracy of diagnosis; 2) use appropriate and individualized service planning and delivery; 3) create effective integration of client services; and 4) access community and external resources—all goals of culturally competent service delivery.

Further, these specific practices will be incorporated to provide culturally competent services to older adults:

1) This older adult expansion program will provide collaborative outreach to the Latino and Native American communities in the county and will work very closely with the Latino Outreach Program being developed with MHSA funds. Through the collaboration with the Shingle Springs Tribal Health Program and the Public Health Department and Community Health Center, access to the Native American and Latino populations will improve.
2) The team members will also participate in the intensive training that will be created for all MHSA program staff regarding culturally competent practice skills.
3) The Interagency Triage Team and the Mobile Mental Health Treatment Team will establish a policy outlining the values, principles and culturally competent practices that this program will adopt.
4) An assessment of cultural issues and language needs will be included in the bio-psychosocial assessment tool.
5) Data regarding client culture and language will be collected and evaluated.
6) Ethnic and faith-based groups in the community will be accessed the based on individual needs.
7) Program literature will be made available in English and Spanish, and available in large print and on audio cassette tape.
8) Interpretation is available either by department staff or use of the AT & T language line.
9) Collaboration with the Women's Center will be central to ensuring access to female older adult. Barriers to service access for this population is critical in order to address disparities among older adults.
10) Targeted outreach to disabled older adults will be conducted.

Part II, Section VI, II-10

Sensitivity to sexual orientation, gender and the different psychologies of men, women, boys and girls.

Services provided by the Older Adult System of Care will be sensitive to gender issues, sexual orientation, and traditional belief systems of older adults. A consumer-driven program aimed at promoting independence must have empowerment as an integral aspect of the program. For example, an understanding of cultural beliefs is critical to understanding and treating depression. Further, knowledge of generation-specific beliefs is essential to working with older adults. For example, the value of

independence may prevent individuals from asking for help. Relevant training will be provided for involved staff. Driven by the individualized plan, collaboration with community-based organizations relevant to issues surrounding sexual identification and gender will be pursued.

Part II, Section VI, II-11

Out of county residents
This program will serve only clients who reside in the county.

Part II, Section VI, II-12

Strategies not listed in Section IV
All of the strategies are consistent with those listed in Section IV and the MHSA goals.

Part II, Section VI, II-13

Timeline and Critical Implementation Dates

Critical Implementation Dates: January 2006-March 2006
Milestones:

- Initiate the establishment of a formalized Older Adult System of Care (OASOC)—hold a community meeting to discuss issues and get feedback.
- Map out organizational structure and stakeholders
- Begin recruitment for positions for Mobile Treatment Team positions
- Development of training modules:
    - MHSA program expectations
    - Wellness and Recovery
    - Cultural Competency Training
    - Program operations
- Create data collection tool, database, and reports for Mobile Team.

Critical Implementation Dates: April 2006-June 2006
Milestones:

- Creation of policies and procedures for Mobile Treatment Team
- Pending approval of MHSA 3 year plan, hire Mobile Treatment Team staff and conduct orientation to MHSA, Treatment Model, and cultural competency.
- Ensure training of service providers in the Wellness Model and cultural competency standards (including the world views and beliefs and their role with older adults, family and caring giving expectations, etc).

Critical Implementation Dates: July 2006-September 2006
Milestones:

- Creation of MOU's for Interagency Triage Committee.
- Education and coordination with primary care, health care and community providers.
- Establish collaboration with ethnic services agencies and faith-based providers

- IMPACT training.
- Develop and adopt brief depression screening tools and bio-psychosocial assessment tools
- Develop self-directed care plans based on the Wellness Recovery Model

Critical Implementation Dates: October 2006-December 2006
Milestones:

- Create a workgroup to address transition issues between adult and older adult services
- Create the Integrated Assessment Team with Public Health and Human Services, Community Health Clinic, and Senior Peer Counseling
- Begin Interagency Triage Team meetings and in-home assessments of clients referred.
    - Services will include short-term case management, joint service planning, linkage to ongoing services, transportation assistance, and education regarding medications for clients and family members.

Critical Implementation Dates: January 2007-March 2007
Milestones:

- Implement Mobile Team assessments in primary care.
- Prepare Outreach Training Module for the "Gatekeeper" program.
- Create the data collection tool and database for the Outreach program.
- Hire and train the Friendly Visitor Program Coordinators (MHSA requirements/expectations, Older Adult System of Care Model, and Cultural Competency).
- Create program design and policies and procedures for the Friendly Visitor Program.
- Create data collection tool and database for the Friendly Visitor Program.
- Begin recruitment and training of Friendly Visitor Program volunteers.
- Implement Friendly Visitor Program visits.

Critical Implementation Dates: April 2007-June 2007
Milestones:

- Implement collaboration with faith-based and ethnic organizations for referrals.
- Establish collaborative arrangements with the MHSA Latino Engagement Program, Public Health and the Community Health Center regarding outreach to the Latino community.
- Establish collaboration with Native American Health Centers regarding outreach to the Native American Community.

Critical Implementation Dates: July 2007-September 2007
Milestones:

- Publish the Year End Report and update the MHSA three year plan accordingly.
- Hold a community meeting to review the findings of the first Year End Report.

- Launch the training module for the Gatekeeper Program at this community meeting.
- Create schedule of outreach events for the remainder of the year.
- Begin recruitment for the Coordinators of the Friendly Visitor Program.

Critical Implementation Dates: October 2007-December 2007
Milestones:
- Create data gathering plan to determine full service partnership needs for older adults.

Critical Implementation Dates: January 2008-March 2008
Milestones:
- Implement data gathering plan to determine full service partnership needs for older adults.

Critical Implementation Dates: April 2008-June 2008
Milestones:
- Create plan for full service partnership component for older adults.

Outreach and Engagement/Peer and Family Support

Latino Engagement Initiative

Part II, Section VI
Summary information on Programs to be Developed or Expanded

Part II, Section VI, I-1

- Please see Exhibit 2 for information regarding funds requested for each program
- Please see Exhibit 3 for information regarding populations to be served each year, by age, race, and gender
- Please see Exhibit 4 for information regarding strategies to be used by funding category and age

Part II, Section VI, I-2
This program does not include full service partnership services.

Part II, Section VI, I,-3

- The estimated number of Latino individuals to receive services funded by System Development funds in Year 1 is 5 and those expected to have Full Service Partnerships is 0.
- The estimated number of Latino individuals to receive services funded by System Development funds in Year 2 is 60 and those expected to have Full Service Partnerships is 0.
- The estimated number of youth to receive services funded by System Development funds in Year 3 is 80 and those expected to have Full Service Partnerships is 0.

Part II, Section VI, I-4

- Funded by this program, the estimated unduplicated count of Latino individuals to reached through Outreach and Engagement funds in Year 1 is 10 and those expected to have Full Service Partnerships is 0.
- Funded by this program, the estimated unduplicated count of Latino individuals to reached through Outreach and Engagement funds in Year 2 is 35 and those expected to have Full Service Partnerships is 0.
- Funded by this program, the estimated unduplicated count of Latino individuals to reached through Outreach and Engagement funds in Year 3 is 50 and those expected to have Full Service Partnerships is 0.

Part II, Section VI, I-5
El Dorado County has an existing Wraparound program for youth and families that essentially serves one region, the Western Slope. As an effective model that embraces the MHSA elements of community collaboration, cultural competence, client/family-driven and integrated services within a wellness focus, the community has selected to expand this program to serve a broader population—uninsured and underinsured youth at risk of out-of-home placement.

Part II, Section VI, II-1a (please see Exhibit 4 on page 133-134)

Program Summary
The goal of the El Dorado County Latino Engagement Program is to collaborate with existing agencies in the areas of outreach, engagement and provision of support services while adding the availability of bilingual and bicultural mental health services for the Latino community. Funds will be contracted out by means of a competitive process to provide services in the Western Slope region and separately in the South Lake Tahoe region.

The Western Slope program will apply the Promotora Model to hire a Latino community member to provide peer education, outreach and engagement services in the homes and local community centers. In addition, a portion of the funds will be used to contract for bilingual/bicultural mental health services.

In South Lake Tahoe, the funds will be used to pay for bilingual/bicultural services and to hire a peer counselor to co-lead a depression group for Latina women. Each of these strategies is intended to build on the strengths and self-determination of the Latino community, families and individuals.

Part II, Section VI, II-1b

Age and situation characteristics of the priority population
MHSA funds will address isolation in the adult population and peer and family problems in the youth population as community issues resulting from unmet mental health needs by contributing to system of care designed to engage Latino families and provide greater access to culturally competent mental health services. The initial population is un-served Latino community members of all ages. Isolation and depression were cited as issues for men, women and teenagers while related issues of domestic violence and substance abuse were also identified as common concerns. In this program, all age groups will be served.

Part II, Section VI, II-1c

Strategies

- Establishment of values, principles, and practices policy
- Creation of a strategic plan for cultural competency
- Accountability system for reporting
- Ethnic Services Coordinator membership on community Latino committees
- Mobile services to homes of families
- Integrated service delivery
- Family support, education, and consultation services
- Hiring of Latino clients and/or families to serve the Latino community as peers-Promotora model
- Collaborative development of a comprehensive outreach plan in the Western Slope
- Partnership with ethnic-based community groups outside of mental health

- Collaboration with health provider partners
- Client leadership training will be provided for Latino peer support counselors
- Family education regarding mental health issues, diagnosis and treatment
- Co-location of mental health services with primary care
- Services located in racial ethnic communities
- Ethnic-specific outreach strategies—engaging the Latino community
- Use of translated forms, brochures, signage and the creation of a master list of locally available interpreters.
- Public service announcements in Spanish on Latino radio stations.

Part II, Section VI, II-1d

MHSA funding sources and age groups:

The MHSA Latino Program will be funded by two categories of MHSA funds and made available by competitive bid to community-based agencies (FY 06-07 funding levels):

1) Outreach and Engagement (Outreach and Engagement funding)

   Western Slope Supports and Mental Health Services
   36% of the Latino outreach allocation as 36% of the EDC Latino population resides there.
   Subtotal: $32,906

   South Lake Tahoe Mental Health Services (including a group co-led by a peer)
   64% of the Latino outreach allocation as 64% of the EDC Latino population resides there.
   Subtotal: $58,499

2) Peer and Family Support (System Development funding)
   Promotora Model: $37,815

   WS Total: $70,721
   SLT Total: $58,499

3) Peer Counselor training and interpretation training/services for all programs: $9,656

   County-wide total: $138,876

Part II, Section VI, II-2

Program Description and Advancement of MHSA Goals

As a county, the community has identified the need for MHSA program expansion efforts to:

1) Collaborate with existing outreach, engagement and community support activities.
2) Augment the service delivery system with bicultural/bilingual Spanish-speaking mental health clinicians.

3) Gather further information from the local Latino community regarding their unmet mental health needs by means of bicultural/bilingual familiar individuals (Promotora model).
4) Research evidence-based or best practice models of mental health service delivery to the Latino community.
5) Recognize that there is a continuum of engagement, that services for each point in this continuum are critical, and that the Western Slope region and the South Lake Tahoe region have different assets and needs vis-à-vis this continuum of service engagement.

Western Slope
While the Western Slope region of El Dorado County has a lower proportion and fewer numbers of the Latino population compared to South Lake Tahoe, due to the spread out geography of the region, there is increased isolation and great challenges to transportation and, thereby, access to services.

The WS community has expressed a need for the following services:
- Community-based outreach (going to individuals' homes and to the various townships)
- Peer outreach and support
- Supports that are valued by the Latino population (immediate needs for transportation, items needed by children, etc.)
- A centralized site, providing multiple services and supports (One Stop Shop) which is welcoming to the Latino population (staffed with bicultural/bilingual individuals).
- Mental Health services provided by bilingual/bicultural individuals.

While there was particular interest in the creation of a One Stop Shop, the lack of adequate funding availability, the need for multiple partners to contribute, and the challenge of addressing the decentralized community indicated that further community planning was needed. Therefore, as a first step, an allocation for peer outreach and support services and for bilingual/bicultural mental health services will be made available for competitive bid. A van for the outreach function will also be requested from the one time MHSA CSS allocation. As an interim measure, the community is interested in providing mobile outreach services using a van to carry supplies and information from site to site and to individuals' homes. This van would be scheduled to be at the various town community centers on different days of the week and thereby this geographically spread community would be better served.

South Lake Tahoe
The South Lake Tahoe community primarily voiced a need for funding to pay for bilingual/bicultural mental health services. This community is geographically concentrated and has an existing ethnic family resource center located in the heart of the Latino residential community. Funds for Peer Outreach, therefore, are not being provided, but MHSA Outreach dollars will be provided for this region and will be used for mental health services based on a competitive process.

MHSA goals
Use of the Promotora model and bilingual/bicultural community-based mental health services are consistent with the MHSA goal of cultural competence and client and family-driven services. This initiative also furthers the goals of community collaboration and service integration by means of establishing these services through community service providers. Finally, the wellness focus will be promoted as peers role model strengths and focus on community empowerment as a means to increase service access.

Part II, Section VI, II-3
Housing and/or employment services--NA

Part II, Section VI, II-4
Average cost for each Full Service Partnership participant--NA

Part II, Section VI, II-5
Recovery and Resilience
The ability to live and participate fully and in a meaningful fashion in the community will be addressed on a continuous basis by providing services designed to engage individuals, families and the Latino community. The community issues of isolation, peer and family problems have been identified as the undesirable outcomes resulting from unmet mental health needs that must be addressed within a wellness model. Community and home-based peer outreach and education, information and referral, and support groups are strategies all aimed at enhancing individual and community strengths. The ability to rebound from difficulties (resilience) is addressed through the building and enhancement of skills and the creation of supports and resources. Use of the Promotora model in providing outreach and support groups serves to offer hope, empowerment and mentoring within a culturally appropriate framework.

Part II, Section VI, II-6
If an expansion, a description of the existing program and how that will change under this proposal—NA.

Part II, Section VI, II-7
Services and supports to be provided by clients and/or family members
The funds from the 10% set aside for Peer and Family Support have been allocated to hire a Latino community member in the Western Slope region to serve as a "Promotora". Outreach and Engagement funds shall be used to fund another "Promotora" to serve as a co-facilitator for a depression group for Latina women in South Lake Tahoe. These individuals will fill critical roles but will not run the Latino Outreach Program.

Part II, Section VI, II-8
Collaboration strategies

Adelante Project-county-wide
The community desire to address the needs of the Latino community is evidenced by a recent collaboration led by the El Dorado County Community Foundation, Latino Affairs Commission (South Lake Tahoe), and the Latino Community Focus Group (Western Slope)—the Adelante Project. Over a two year period, 680 community surveys were collected, a daylong community forum was held (nearly 100 in attendance), and subcommittees were formed in six issue areas (education, child development, health care, social services, employment, and legal services and community life).

At this time, the work of the project is coming to a close and steps to insure sustainability are being formulated. While the details are yet to be formulated, it is clear that there is momentum to address the Latino community needs. The MHSA Project Management Team is now be at the table to participate in future endeavors.

Latino Focus Group-Western Slope
The Latino Community Focus Group was formed in 1997 by service providers on the Western Slope. The group meets monthly, recognizing the need for collaboration and coordination of those serving the Latino residents in the local community. Membership currently includes 40 members of community organizations including Marshall Medical, El Dorado County Public Health, EDC Mental Health, EDC Human Services, El Dorado County Community Health Center, EDC Public Library, and community based organizations such as the Early Childhood Counseling Center, Family Connections and Asociacion Guadalupana. As a result of this collaboration, Spanish speaking residents of El Dorado County have been able to connect with a Spanish speaker in member agencies and obtain services which are culturally appropriate. The organization also raises community awareness regarding the needs of the Latino population.

Other Western Slope agencies:
As part of the contractual requirements, collaboration with the following existing services will be required:

- Community Health Center – Latino Peer Counselors serve as Community Health Workers
- Marshall Hospital – Health Promotions Department Spanish Medical interpretation and translation program and the Health Library's training to increase bilingual healthcare interpreters.
- Public Health – Home visitation health and wellness assessments and education for children, pregnant women, new mothers, and children with special needs.
- EC3 – Professional psychotherapy and specialized services for families with children 0-6 years, assessment of infant/toddler mental health, parent education.
- Healthy Start-School-based health services at El Dorado High School as well as support services for parents.
- Family Connections – Family Resource Center, Latino Family support and advocacy, home visitation,
- Women's Center –Domestic violence and sexual assault housing, education, counseling, and legal assistance.

- EDCMH – for linkage to existing mental health services and MHSA expansion service programs.
- WIC Program
- Asociacion Guadalupana – ESL classes are provided
- El Dorado Union High School District English Learner Liaison Program
- Louisiana Schnell School Family Literacy Project

.
Latino Affairs Commission—South Lake Tahoe
The Latino Affairs Commission is concerned with improving living conditions and access to services for the Latino community in South Lake Tahoe. The group meets monthly to discuss issues of concern to the community and twice yearly holds a resource fair for Latino residents. Members include Lake Tahoe Community College, the Family Resource Center, the City of South Lake Tahoe Police and Housing departments, Public Health, and community members

Other South Lake Tahoe agencies:
In addition to collaboration with Barton Hospital, Barton Clinic, and the Family Resource Center, the South Lake Tahoe Latino Program will be required to collaborate with the local WIC Program, Boys and Girls Club of Lake Tahoe, the Women's Center, and the Legal Center of Northern California who have all received El Dorado County Community Foundation grants to serve the Latino community and will serve as important partners in this region. Finally, close collaboration with the major service providers such as the school district, probation, sheriff department, and social services will be central to the success of this program.

Collaborative intervention strategies:
El Dorado County Mental Health will provide training for our partners regarding signs and symptoms of mental illness and information on how to link clients with mental health services. This training will include the use of a simple screening tool for mental health problems. In addition, a quarterly meeting for partners in this initiative will be proposed to ensure coordination and ongoing planning.

Part II, Section VI, II-9
Cultural Competence and Ethnic Disparities
The strategies already listed under Part II, Section VI, II-2 were specifically identified as culturally competent practices designed to improve access, improve accuracy of diagnosis, use of appropriate and individualized service planning and delivery, use of effective integration of client families into services, and use of community and natural resources. Upon achieving these goals, the disparities in mental health service access, unmet needs, and the resulting community issues should decline. Further, an enriched system of care for Latino service engagement and significantly improved relations with the Latino community and their providers should be result, as well.

Part II, Section VI, II-10
Sensitivity to sexual orientation, gender and the different psychologies of men, women, boys and girls.

Training regarding service delivery that is sensitive to issues surrounding sexual orientation, gender differences, and the varying psychologies based on gender, developmental stages, and generational issues will be provided for all contract providers. The assessment and treatment phases of the program will explore issues of sexuality and gender-related issues. Ensuring an awareness of the mental health stressors associated with sexual orientation issues, the increased barriers associated with gender differences, and the varying manifestations of issues of gender and sexuality at different developmental stages are critical to the delivery of culturally competent and client-centered service delivery that celebrates individual strengths and diversity. Education and awareness will occur hand in hand with ongoing collaboration, outreach and networking with a diverse group of community-based or specialized agencies working with individuals who may be faced with the barriers of stigma and discrimination related to sexual orientation or gender-bias. Further investigation into the issues as they relate to the Latino community will also be conducted as part of the new Cultural Competency Plan and further staff development.

Part II, Section VI, II-11
Out of county residents
This program will serve only clients who reside in the county.

Part II, Section VI, II-12
Strategies not listed in Section IV
All of the strategies are consistent with those listed in Section IV and the MHSA goals.

Part II, Section VI, II-13
Timeline and Critical Implementation Dates

Critical Implementation Dates: July 2006-June 2008
Milestones for the Three Year Plan:

- Financial efficiencies-cost avoidance/effectiveness—Use proactive (outreach) interventions in conjunction with a wellness focus to engage the Latino community in order to explore and address the community issues and costs that result from unmet mental health needs.
- Provide services sensitive to sexual orientation, gender and different psychologies and needs of women, men, boys and girls by providing training in this area for all Department and MHSA contract providers, including issues specific to the Latino community.
- Fill in the gaps in the service engagement continuum for the Latino community in the Western Slope by hiring and training a “Promotora” Peer Outreach Worker who will collaborate with other community outreach workers by providing home and community–based outreach visits, information and referral, family education, and the establishment of a mobile Latino outreach van, and linkage to bilingual/bicultural mental health services.
- Fill the need for bilingual/bicultural mental health services in South Lake Tahoe by using MHSA funds to pay for bilingual/bicultural mental health clinical services.

- Continual assessment of the Latino Community needs by use of data collection regarding contacts, clients served, identified needs, and feedback from the community.

  Phase I: Hire a cultural competence program consultant to develop an improved Cultural Competency Strategic Plan effective the next fiscal year with a particular focus on supporting the program development for this and other MHSA programs.

Critical Implementation Dates: January-June 2006
Milestones:

- Create an organizational cultural competence plan which addresses the various levels at which planning, implementation, accountability and communication must take place in order to effect change.
- Conduct an annual needs and self-assessment related to cultural competence for the MHSA Latino Outreach Program.
- Develop updated written mission, vision, and values statements in regard to cultural competence.
- Develop updated written policy and procedures for the implementation of culturally competent practices.
- Update the Mental Health Department strategic plan in regard to cultural competence to include MHSA Community Services and Supports.
- Create ongoing forums in which programs can meet both internally and with the community to address issues of mental health service delivery to the Latino community.
- Update a written plan by which to address language needs of the Latino community to promote access to mental health services.
- Conduct community meetings to present detailed model prior to putting it out to bid, ensuring the involvement of ethnic-based community groups outside of mental health, (SLT Family Resource Center, the Latino Focus Group, and the Latino Affairs Commission), collaboration with health providers (Community Health Center, County Public Health, Healthy Start, and the local hospitals and primary care clinics) and collaboration with non-mental health groups that serve the Latino community (Collaboration with EDC Community Foundation, EC3, Family Connections). Discuss and establish ongoing mechanisms for communication, feedback, and collaborative planning.
- Develop a Request for Proposals for the MHSA Latino Engagement Program in the Western Slope and for South Lake Tahoe.
- Develop a simple screening/data collection tool for the outreach program.

Critical Implementation Dates: April 2006-June 2006
Milestones:

- Select contractors for the Western Slope and South Lake Tahoe Latino Engagement Programs.

- Conduct staff training—both for the contract providers regarding MHSA expectations, EDCMH-How it works?, the Recovery Model, the Promotora Model, and the cultural competency module including issues surrounding gender and sexuality.

  Phase II: Form the Western Slope Mobile Van Outreach Plan and Schedule and Hire a bilingual/bicultural clinician for South Lake Tahoe.

Critical Implementation Dates: July 2006-September 2006
Milestones:

- Develop a flow of services design, a screening tool, and resource list for WS outreach.
- Network and establish a mobile van appointment schedule for the Western Slope program.
- Create a detailed outreach plan for WS identifying priority categories of contact for the course of the year.
- Network and establish a community access plan for the bilingual/bicultural mental health clinician at South Lake Tahoe.
- Create brochures for each program in Spanish and English.
- Create intake and logsheet documents to track contacts for purposes of programmatic data collection.
- Clarify streamlined and user friendly referral processes for mental health services.
- Outreach via local radio stations.
- Hire a bilingual/bicultural mental health clinician as part of the WS Latino Engagement Contract.

Critical Implementation Dates: October 2006-December 2006
Milestones:

- Improve access by implementing services—Peer Counselor outreach in WS and bilingual/bicultural mental health services in SLT.
- Provide culturally competent services by providing accuracy of diagnosis and individualized and client-centered mental health services with the new clinician.
- Provide culturally competent services by integrating participation of family and natural community supports in treatment planning.
- Ensure a wellness focus by identify individual, family and community strengths as key components of treatment planning.
- Establish viable plan for use of trained interpreters.

Critical Implementation Dates: January 2007-March 2007
Milestones:

- The SLT contract provider will reduce disparity in Latino client participation by hiring a part-time peer counselor to co-lead a depression group for women with the bicultural/bilingual therapist.

- Begin recruitment for bilingual/bicultural mental health services for WS based on the initial needs assessment done.

Critical Implementation Dates: March 2007-June 2007
Milestones:

- The WS contract provider will reduce disparity in Latino client participation in mental health services by creating a peer leadership training module for the Latino community.
- The Peer Outreach Worker will be trained to serve as a trainer of this module.

Phase IV: Community Cultural Competency Training and Review of Accomplishments

Critical Implementation Dates: July 2007-September 2007
Milestones:

- Create year-end report for the program.
  - Present findings in community meetings.
  - Solicit community feedback for specific Year 2 goals.
  - Submit updates for the MHSA three year plan.
- In the second year of operation, EDCMH will lead Mental Health System Transformation efforts to ensure increased culturally responsive mental health services by hosting another cultural competency annual training for the community and including the SLT and WS MHSA Latino Engagement staff as trainers.
- During this training, the community will participate in further identifying the mental health issues, ethnic disparities and resources related to the Latino population today, and further plans to increase access and mental health utilization.

Critical Implementation Dates: October 2007-December 2007
Milestones:

- Efficient use of community feedback and data to inform program improvement and development will be achieved by created a centralized database of screening and assessment data (EDCMH Evaluator).

Phase V: Use of feedback and data for further program development.

Critical Implementation Dates: January 2008-March 2008
Milestones:

- Collaboration with community partners regarding pursuit of additional funding streams

Critical Implementation Dates: April 2008-June 2008
Milestones:

- Implementation of Peer Mental Health Training Program to create a small pool of volunteer peer counselors or family advocates in WS.
- Analysis of Year Two data, annual report, establishment of Year Three goals.

Part III

Required

Exhibits

EXHIBIT 1: Program and Expenditure Plan Face Sheet

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

County: El Dorado Date: ____________

County Mental Health Director:

Barry Wasserman, LCSW
Printed Name

____
Signature

Date: ____________

Mailing Address: 344 Placerville Drive, Suite 20
Placerville, CA 95667

Phone Number: (530) 621-6220 Fax: (530) 621-622-3278

E-mail: BWasserman@co.el-dorado.ca.us

Contact Person: Christine Kondo-Lister, LCSW
Phone: (530) 621-7583
Fax: (530) 295-2713
E-mail: Christine.Kondo-Lister@co.el-dorado.ca.us

Exhibit 2: COMMUNITY SERVICES AND SUPPORTS PROGRAM WORKPLAN LISTING									
	Fiscal Year : 2005-06								
County: El Dorado		TOTAL FUNDS REQUESTED By Fund Type				FUNDS REQUESTED By Age Group			
#	Program Work Plan Name	Full Service Partnerships	System Development	Outreach & Engage ment	Total Request	Children, Youth, Families	Transition Age Youth	Adult	Older Adult
1	**Family Centered Services Program**	**$ 80,060**	**$ 5,954**		**$ 86,014**	**$ 86,014**			
2	**Mental Health Court**		**$ 27,044**		**$ 27,044**		**$ 9,023**	**$ 18,021**	
3	**Wellness Program**	**$ 119,271**	**$ 5,320**	**$ 3,130**	**$ 127,721**	**$ -**	**$ 53,243**	**$ 74,478**	**$ -**
4	**Project Uplift**		**$ 43,268**	**$ 3,130**	**$ 46,398**				**$ 46,398**
5	**Latino Engagement Initiative**		**$ 10,003**	**$ 23,063**	**$ 33,066**	**$ 8,267**	**$ 8,266**	**$ 8,267**	**$ 8,266**
6	**Administration**	**$ 22,148**	**$ 10,177**	**$ 3,258**	**$ 35,583**	**$ 10,476**	**$ 7,837**	**$ 11,196**	**$ 6,074**
					$ -				
					$ -				
					$ -				
					$ -				
					$ -				
					$ -				
					$ -				
					$ -				
					$ -				
					$ -				
		$ 221,479	**$ 101,766**	**$ 32,581**	**$ 355,826**	**$ 104,757**	**$ 78,369**	**$ 111,962**	**$ 60,738**

Exhibit 2: COMMUNITY SERVICES AND SUPPORTS PROGRAM WORKPLAN LISTING

Fiscal Year : 2006-07

County :	El Dorado	TOTAL FUNDS REQUESTED By Fund Type				FUNDS REQUESTED By Age Group			
#	Program Work Plan Name	Full Service Partnerships	System Development	Outreach & Engagement	Total Request	Children, Youth, Families	Transition Age Youth	Adult	Older Adult
1	**Family Center Services Program**	$ 336,254	$ 25,006		$ 361,260	$ 361,260			
2	**Mental Health Court**		$ 113,585		$ 113,585		$ 37,897	$ 75,688	
3	**Wellness Program**	$ 500,936	$ 22,345	$ 13,145	$ 536,426	$ -	$ 223,620	$ 312,806	$ -
4	**Project Uplift**		$ 181,727	$ 13,145	$ 194,872				$ 194,872
5	**Latino Engagement Initiative**		$ 42,011	$ 96,865	$ 138,876	$ 34,719	$ 34,719	$ 34,719	$ 34,719
6	**Administration**	$ 93,021	$ 42,742	$ 13,684	$ 149,447	$ 43,998	$ 32,915	$ 47,024	$ 25,510
					$ -				
					$ -				
					$ -				
					$ -				
					$ -				
					$ -				
					$ -				
					$ -				
					$ -				
					$ -				
					$ -				
		$ 930,211	$ 427,416	$ 136,839	$ 1,494,466	$ 439,977	$ 329,151	$ 470,237	$ 255,101

Exhibit 2: COMMUNITY SERVICES AND SUPPORTS PROGRAM WORKPLAN LISTING

Fiscal Year : 2007-08

County: El Dorado

#	Program Work Plan Name	TOTAL FUNDS REQUESTED By Fund Type: Full Service Partnerships	System Development	Outreach & Engagement	Total Request	FUNDS REQUESTED By Age Group: Children, Youth, Families	Transition Age Youth	Adult	Older Adult
1	Family Centered Services Program	$ 353,066	$ 26,257		$ 379,323	$ 379,323			
2	Mental Health Court		$ 119,264		$ 119,264		$ 39,792	$ 79,472	
3	Wellness Program	$ 525,982	$ 23,462	$ 13,803	$ 563,247	$ -	$ 234,801	$ 328,446	$ -
4	Project Uplift		$ 190,813	$ 13,803	$ 204,616				$ 204,616
5	Latino Engagement Initiative		$ 44,112	$ 101,708	$ 145,820	$ 36,455	$ 36,455	$ 36,455	$ 36,455
6	Administration	$ 97,672	$ 44,879	$ 14,368	$ 156,919	$ 46,197	$ 34,561	$ 49,375	$ 26,786
					$ -				
					$ -				
					$ -				
					$ -				
					$ -				
					$ -				
					$ -				
					$ -				
		$ 976,720	$ 448,787	$ 143,682	$ 1,569,189	$ 461,975	$ 345,609	$ 493,748	$ 267,857

EXHIBIT 3: FULL SERVICE PARTNERSHIP POPULATION – OVERVIEW

Number of individuals to be fully served:
FY 2005-06: Children and Youth:___2__ Transition Age Youth:__1__ Adult:__1__ Older Adult:__0__ TOTAL:__4__
FY 2006-07: Children and Youth:__12__ Transition Age Youth:__7__ Adult:__14_ Older Adult:__0__ TOTAL:__33__
FY 2007-08: Children and Youth:_18__ Transition Age Youth:_12__ Adult:__23__ Older Adult:___0_ TOTAL:_53___

PERCENT OF INDIVIDUALS TO BE FULLY SERVED

	% Unserved				%Underserved				
	%Male		%Female		%Male		%Female		
Race/Ethnicity	%Total	%Non-English Speaking	%Total	%Non-English Speaking	% Total	%Non-English Speaking	%Total	%Non-English Speaking	%TOTAL
2005/06									
% African American	25								25
% Asian Pacific Islander	25								25
% Latino	25	25							25
% Native American	25								25
% White									
% Other									
Total Population	100	25							100
2006/07									
% African American			3		3				6
% Asian Pacific Islander	3		3						6
% Latino	12	12	15	15					27
% Native American			3		3				6
% White	17		32		3		3		55
% Other									
Total Population	32	12	56	15	9		3		100
2007/08									
% African American			5		5				10
% Asian Pacific Islander	5		5						10
% Latino	10	10	12	12					22
% Native American	5		5						10
% White	15		23		5		5		48
% Other									
Total Population	35	10	50	12	10		5		100

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY	
County: El Dorado	Program Work Plan Name: Family Centered Services Program, page 1 of 2
Program Work Plan #: 1	Estimated Start Date: July 1, 2006
Description of Program: *Describe how this program will help advance the goals of the Mental Health Services Act*	Wraparound Services is a collaborative, team-based, family-driven service delivery model which includes clinical case management, an individualized service plan, and flexible supports and services. Case management and service delivery are implemented in a convenient and comfortable location for the family who also directs the use of family, community and system supports. An important goal is to help individuals achieve their goals by meeting unmet needs while remaining in their homes and communities. Use of the Wraparound services program model ensures the delivery of services within a system-of-care with philosophies, values and standards consistent with the MHSA mission. Individualized plans are client and family-driven and strengths-based. Use of the Wraparound Team model supports community collaboration and integrated service delivery. Cultural competence is a critical goal addressed individually with each family to ensure respectful, ethnic-specific, and age/gender-appropriate services. This vision of this program is to support children, their caretakers, and the community by keeping children healthy and safe at home, in school and out of trouble. Program characteristics will include flexible hours and community-based services. Each regional MHSA Wraparound Program, once fully established, will serve six MHSA children at a time (these will be full service partnership enrollments). In addition, the South Lake Tahoe Wraparound Program will have the capacity to enroll six Medi-Cal children once fully operational. It is anticipated that once established and at full capacity, the South Lake Tahoe Wraparound Team will be able to serve an average of 24 clients per year with a caseload of 12 families at any given time (6 MHSA and 6 Medi-Cal) and the expanded capacity in the Western Slope will serve 6 MHSA clients at an given time for an average of 12 clients per year. There is an estimated annual need of 500 eligible youth and families for this program.

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY	
County: El Dorado	Program Work Plan Name: Family Centered Services, page 2 of 2
Priority Population: *Describe the situational characteristics of the priority population*	Children, 0-17, at risk of out of home placement, with no insurance or under-insured.

	Fund Type			Age Group			
Describe strategies to be used, Funding Types requested (check all that apply), Age Groups to be served (check all that apply)	FSP	Sys Dev	OE	CY	TAY	A	OA
Youth involvement in planning and service development	X	X	☐	X	☐	☐	☐
Services and supports provided at school, in the community, and in the home.	X	X	☐	X	☐	☐	☐
Infrastructure for the Children's System of Care	X	X	☐	X	☐	☐	☐
Family preservation services	X	X	☐	X	☐	☐	☐
Crisis response 24/7	X	X	☐	X	☐	☐	☐
Education for children/youth/families re: mental illness and medications.	X	X	☐	X	☐	☐	☐
Values-driven, evidence-based practices integrated with overall service planning and which support youth/family selected goals.	X	X	☐	X	☐	☐	☐
Childcare	X	X	☐	X	☐	☐	☐
Transportation	X	X	☐	X	☐	☐	☐

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY

County: El Dorado	Program Work Plan Name: Mental Health Court
Program Work Plan #: 2	Estimated Start Date: July 1, 2006
Description of Program: *Describe how this program will help advance the goals of the Mental Health Services Act*	The El Dorado County Mental Health Court is an intensive program designed to evaluate, treat, and monitor participants while providing coordinated and comprehensive mental health treatment and ancillary services. The MH Court program is a strong community collaboration model which provides for system integration. The judicial system, law enforcement, probation, and mental health systems will form the Mental Health Court Team and a clinical mental health manager will work closely with each participant to successfully implement an integrated, individualized service plan that is strengths-based and culturally competent. The Mental Health Court Team draws on the expertise and mutual commitment of its members and represents a problem-solving approach to address unmet mental health needs.
Priority Population: *Describe the situational characteristics of the priority population*	Transitional Age Youth (TAY, 18-25)--Initial Population: Youth who are involved in the criminal justice system prior to sentencing. Adult (18-59)--Initial Population: Adults who are involved in the criminal justice system prior to sentencing.

Describe strategies to be used, Funding Types requested (check all that apply), Age Groups to be served (check all that apply)	Fund Type			Age Group			
	FSP	Sys Dev	OE	CY	TAY	A	OA
Seamless linkage between youth and adult system	❑	X	❑	❑	X	X	❑
Cross agency and cross disciplinary training	❑	X	❑	❑	X	X	❑
Integrated service teams	❑	X	❑	❑	X	X	❑
Integrated county/community level planning	❑	X	❑	❑	X	X	❑
Youth and family run services (mentoring and education)	❑	X	❑	❑	X	X	❑
Education for youth and families regarding medications	❑	X	❑	❑	X	X	❑
Partnerships with ethnic-specific community providers and programs	❑	X	❑	❑	X	X	❑
Self-directed self-sufficiency plan	❑	X	❑	❑	X	X	❑
Transportation assistance	❑	X	❑	❑	X	X	❑
Integrated services with law enforcement, probation, and courts	❑	X	❑	❑	X	X	❑
Client advocacy on criminal justice issues	❑	X	❑	❑	X	X	❑

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY

County: El Dorado	Program Work Plan Name: The Wellness Program
Program Work Plan #: 3	Estimated Start Date: July 1, 2006
Description of Program: *Describe how this program will help advance the goals of the Mental Health Services Act*	The program goal is to provide a full-service partnership program which offers a continuum of housing options along with a comprehensive array of integrated services and supports and a collaborative case management team within a psychosocial rehabilitation/recovery model framework. The Western Slope Program will apply this highly successful approach used by many programs funded under AB2034 to provide full service partnership services, outreach and engagement services, and use of peer support. MHSA goals will be advanced as the "Wellness Program" emphasizes principles of recovery, client-centered planning, and the use of community collaboration to ensure an integrated and comprehensive service delivery system. At the heart of quality service delivery will be the use of culturally competent and evidence-based practices, as well.
Priority Population: *Describe the situational characteristics of the priority population*	Transitional Age Youth (TAY, 18-25)--Initial Population: Aging out of child & youth MH &/or juvenile justice system and homeless or at risk of homelessness. Adult (18-59)--Initial Population: Homelessness or at risk of homeless (many will be dually diagnosed with both psychiatric and substance abuse problems).

Describe strategies to be used, Funding Types requested (check all that apply), Age Groups to be served (check all that apply)	Fund Type			Age Group			
	FSP	Sys Dev	OE	CY	TAY	A	OA
Outreach	❑	❑	X	❑	X	X	❑
Peer Support Program-intensive services peer counselor	❑	X	❑	❑	X	X	❑
Peer Support Program-house managers	❑	X	❑	❑	X	X	❑
Integrated Substance Abuse and Psychiatric treatment-EBP	❑	X	❑	❑	X	X	❑
Cross agency and cross discipline training	❑	X	❑	❑	X	X	❑
Integrated service teams	X	❑	❑	❑	X	X	❑
Supportive housing	X	❑	❑	❑	X	X	❑
Self-directed self-sufficiency plan	X	❑	❑	❑	X	X	❑
Life skills classes and Linkage to vocational services	X	❑	❑	❑	X	X	❑
24/7 crisis response services	X	❑	❑	❑	X	X	❑
Education for client and family regarding medications	X	❑	❑	❑	X	X	❑
Transportation assistance	X	❑	❑	❑	X	X	❑
Recreation and social activities	X	❑	❑	❑	X	X	❑
Collaboration with faith-based providers	❑	X	❑	❑	X	X	❑
Personal Services Coordinators	X	❑	❑	❑	X	X	❑

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY	
County: El Dorado	Program Work Plan Name: Project UPLIFT, page 1 of 2
Program Work Plan #: 4	Estimated Start Date: July 1, 2006
Description of Program: *Describe how this program will help advance the goals of the Mental Health Services Act*	El Dorado County has chosen to focus on depression among older adults and the community issues of isolation and the inability to manage independence that result from unmet mental health needs. The goal is to reduce institutionalization or out of home placement. MHSA funds will be used to: 1) promote program development in the area of outreach and engagement, systems development, and peer support and; 2) to initiate the formal establishment of an Older Adult System of Care in El Dorado County. Specifically, El Dorado County will adopt three best practice models that have had demonstrated success in other communities. Two programs will be administered by the El Dorado County Mental Health Department. First, the “Gatekeeper Program”, which has been in successful operation in Spokane, Washington since 1978, will be used to provide outreach and service engagement for this hard-to-reach population. Similar to El Dorado County, this county has rural areas and this model has worked successfully in those settings. In this program, non-traditional referral sources (community members who, through their regular business activities come into contact with seniors) are trained to identify and refer at-risk individuals to the senior services system. This is a cost-effective, community organization approach which serves to empower and engage the broader community and has been well-received and extremely effective. Second, EDCMH will implement a mobile mental health team approach modeled after the award-winning “Genesis Program” which is a cooperative program in Los Angeles sponsored by the Mental Health Department and the Area Agency on Aging. The goal is to provide mobile and holistic mental health services to frail and isolated older adults in order to repair, enhance, and redefine their safety net thereby maintaining them in their homes and avoiding institutionalization. Finally, a Peer and Family Education and Support intervention will be funded by creating a Friendly Visitor Program coordinated by seniors and delivered to seniors in their homes, under the administration of the Area Agency on Aging (AAA).

	The proposal for older adult services advances the goal of expanding mental health services to older adults who are un-served and at the risk of institutionalization. The use of community-based services and a personal services plan ensure that services are client and family-centered. The interagency triage process ensures community collaboration in the delivery of services. The goal of maintaining older adults and in their community roles derives from a wellness focus aimed at supporting clients' resilience. Cultural competence relative to age, gender, ethnicity, and spiritual and social frameworks will be critical to remove barriers to service utilization. Strategies to educate and engage family and the extended natural support system and community will also be critical to effectively maintain older adults in the community.
Priority Population: *Describe the situational characteristics of the priority population*	Older adults (age 60+) who are at risk of being placed out of their personal home due, in part, to unmet mental health needs, with an emphasis on the diagnostic category of depression. This population may include Medi-Cal, Medicare, and uninsured individuals.

	Fund Type			Age Group			
Describe strategies to be used, Funding Types requested (check all that apply), Age Groups to be served (check all that apply)	FSP	Sys Dev	OE	CY	TAY	A	OA
Outreach and Community Education	❑	❑	X	❑	❑	❑	X
Friendly Visitor Peer Support Program	❑	X	❑	❑	❑	❑	X
Multidisciplinary Triage	❑	X	❑	❑	❑	❑	X
Integrated Assessment Teams	❑	X	❑	❑	❑	❑	X
Integrated Service Teams	❑	X	❑	❑	❑	❑	X
Joint Service Planning	❑	X	❑	❑	❑	❑	X
Mental Health Services	X	❑	❑	❑	❑	❑	X
Self-directed care plan	X	X	❑	❑	❑	❑	X
Onsite collaborative services with primary care and health care	❑	X	❑	❑	❑	❑	X
Mobile services to client homes	❑	X	❑	❑	❑	❑	X
Education for client and family regarding medications	❑	X	❑	❑	❑	❑	X
Education for primary care providers and other health care providers	❑	❑	X	❑	❑	❑	X
Education for human service and community agency providers	❑	❑	X	❑	❑	❑	X

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY	
County: El Dorado	Program Work Plan Name: Latino Engagement Initiative, 1 of 2
Program Work Plan #: 5	Estimated Start Date: July 1, 2006
Description of Program: *Describe how this program will help advance the goals of the Mental Health Services Act*	The goal of the El Dorado County Latino Engagement Program is to collaborate with existing agencies in the areas of outreach, engagement and provision of support services while adding the availability of bilingual and bicultural mental health services for the Latino community. Funds will be contracted out by means of a competitive process to provide services in the Western Slope region and separately in the South Lake Tahoe region. The Western Slope program will apply the Promotora Model to hire a Latino community member to provide peer education, outreach and engagement services in the homes and local community centers. In addition, a portion of the funds will be used to contract for bilingual/bicultural mental health services. In South Lake Tahoe, the funds will be used to pay for bilingual/bicultural services and to use a peer counselor to co-lead a depression group for Latina women. Each of these strategies is intended to build on the strengths and self-determination of the Latino community, families and individuals. Use of the Promotora model and bilingual/bicultural community-based mental health services are consistent with the MHSA goal of cultural competence and client and family-driven services. This initiative also furthers the goals of community collaboration and service integration by means of establishing these services through community service providers. Finally, the wellness focus will be promoted as peers role model strengths and focus on community empowerment as a means to increase service access.
Priority Population: *Describe the situational characteristics of the priority population*	Latino population of all ages who are isolated and at risk of having unmet mental health needs and thereby at risk of out of home placement and institutionalization at various levels.

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY

County: El Dorado	Program Work Plan Name: Latino Engagement Initiative, 2 of 2
Program Work Plan #: 5	Estimated Start Date: July 1, 2006

	Fund Type			Age Group			
Describe strategies to be used, Funding Types requested (check all that apply), Age Groups to be served (check all that apply)	FSP	Sys Dev	OE	CY	TAY	A	OA
Establishment of values, principles, and practices policy	❑	X	❑	X	X	X	X
Creation of a strategic plan for cultural competency	❑	X	❑	X	X	X	X
Accountability system for reporting	❑	X	❑	X	X	X	X
Ethnic Services Coordinator membership on community Latino committees	❑	X	❑	X	X	X	X
Mobile services to homes of families	❑	X	❑	X	X	X	X
Integrated service delivery	❑	X	❑	X	X	X	X
Family support, education, and consultation services	❑	X	❑	X	X	X	X
Hiring of Latino clients and/or families to serve the Latino community as peers-Promotora model	❑	X	❑	X	X	X	X
Collaborative development of a comprehensive outreach plan in the Western Slope	❑	❑	X	X	X	X	X
Partnership with ethnic-based community groups outside of mental health	❑	X	❑	X	X	X	X
Collaboration with health provider partners	❑	X	❑	X	X	X	X
Client leadership training will be provided for Latino peer support counselors	❑	X	❑	X	X	X	X
Family education regarding mental health issues, diagnosis and treatment	❑	❑	X	X	X	X	X
Co-location of mental health services with primary care	❑	X	❑	X	X	X	X
Services located in racial ethnic communities	❑	X	❑	X	X	X	X
Ethnic-specific outreach strategies—engaging the Latino community	❑	❑	X	X	X	X	X

Exhibit 5 Budget Narrative

One-time CSS Funding

El Dorado County is requesting $1,067,475 in one-time MHSA funds. Of this total, $130,124 will be used for CPP extension and system improvements. The remaining $937,351 will be used to start-up, monitor and evaluate our Community Services and Supports programs. The County plans to spend these one-time funds as follows:

$96,324 – To be used for CPP extension – These funds will be requested under separate cover.

$33,800 – To be used for system improvements – These funds will be requested under separate cover.

$500,000 - To convert the basement of its PHF into a 12-bed, overnight shelter in support of the Wellness Program. This amount is based upon a two-year old professional architectural firm's cost analysis, adjusted for cost increases in the construction industry.

$127,668 – To improve the functionality of the County Mental Health Department's information technology systems. The Department's current systems do not adequately allow for the collection of data needed to properly monitor and evaluate the effectiveness of the CSS programs.

$116,383 – To employ a half-time project manager to provide oversight to all of the CSS programs.

$32,000 – To purchase two sedans for use in the Wraparound Program.

$32,000 – To purchase two sedans for use in the Project Uplift Program

$26,500 – To purchase a 15-passenger van for use in the Wellness Program.

$22,500 – To purchase a 7-passenger van for use in the Latino Outreach Program.

$30,000 – To provide Functional Family Therapy training to a group of eight staff members in support of the Wraparound Program.

Exhibit 5 Budget Narrative

One-time CSS Funding, continued.

$4,000 – To provide Aggression Replacement Therapy training to a group of four staff members in support of the Wraparound Program.

$3,600 – To provide Incredible Years training to a group of four staff members in support of the Wraparound Program.

$1,900 – To provide Wraparound Model training to the staff members that work in support of the Wraparound Program.

$20,000 – To provide DBT training to a group of ten staff members in support of the Wellness Program.

$9,300 – To fund Immersion training for five staff members at The Villages in Long Beach, CA, in support of the Wellness Program.

$1,500 – To fund Motivational Interviewing training for ten staff members in support of the Mental Health Court and Wellness Programs.

$5,000 – To provide Cultural Competency training in support of the Latino Outreach Program.

$5,000 – To produce marketing materials in both English and Spanish in support of all of the MHSA Program.

Exhibit 5 Budget Narrative

Wraparound Program – Full Service Partnership – Fiscal Year 2005-06

Expenditures and revenues for the Wraparound Program are based upon the Department's experience as the agency contracted by the County's Social Services Division to run the Social Service's Wraparound program.

A. Expenditures
2.b. – See exhibit 5b. Department staff will only be used to coordinate and supervise the program.
3.c. – Department staff will travel to and from team meetings.
5. – The Department plans to contract out for all of the services under this program. The contractors will provide facilitators and case workers to work with each enrolled child. The contractors will provide individual, group and family therapy for the enrollees and will administer flexible funding to pay for goods and services needed to help stabilize the enrollee and his/her family.

C. One-time CSS Funding

- The Department will be spending $1,900 in the 3rd quarter to provide Wraparound Model training to staff.
- The Department will also be spending $12,111during the 4th quarter on a Project Manager. $2,422 of this amount is attributed to this program.

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

Final 1-11-06

County(ies): El Dorado

Fiscal Year: 2005/06

Program Workplan # 1

Date: 11/9/05

Program Workplan Name Wraparound Program

Page ____ of ____

Type of Funding 1. Full Service Partnership

Months of Operation 3

Proposed Total Client Capacity of Program/Service: 2

New Program/Service or Expansion New

Existing Client Capacity of Program/Service: 0

Prepared by: Matthew Le Pore

Client Capacity of Program/Service Expanded through MHSA: 2

Telephone Number: (530)621-6202

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total	
A. Expenditures					
1. Client, Family Member and Caregiver Support Expenditures					
a. Clothing, Food and Hygiene				$0	
b. Travel and Transportation				$0	
c. Housing					
i. Master Leases				$0	
ii. Subsidies				$0	
iii. Vouchers				$0	
iv. Other Housing				$0	
d. Employment and Education Supports				$0	
e. Other Support Expenditures (provide description in budget narrative)				$0	
f. Total Support Expenditures	$0	$0	$0	$0	
2. Personnel Expenditures					Match Staffing Detail
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0	Yes
b. New Additional Personnel Expenditures (from Staffing Detail)	$14,082			$14,082	Yes
c. Employee Benefits				$0	
d. Total Personnel Expenditures	$14,082	$0	$0	$14,082	
3. Operating Expenditures					
a. Professional Services				$0	
b. Translation and Interpreter Services				$0	
c. Travel and Transportation	$300			$300	
d. General Office Expenditures				$0	
e. Rent, Utilities and Equipment					
f. Medication and Medical Supports				$0	
g. Other Operating Expenses (provide description in budget narrative)				$0	
h. Total Operating Expenditures	$300	$0	$0	$300	
4. Program Management					
a. Existing Program Management				$0	
b. New Program Management				$0	
c. Total Program Management		$0	$0	$0	
5. Estimated Total Expenditures when service provider is not known	$65,678			$65,678	
6. Total Proposed Program Budget	**$80,060**	**$0**	**$0**	**$80,060**	
B. Revenues					
1. Existing Revenues					
a. Medi-Cal (FFP only)				$0	
b. Medicare/Patient Fees/Patient Insurance				$0	
c. Realignment				$0	
d. State General Funds				$0	
e. County Funds				$0	
f. Grants					
g. Other Revenue				$0	
h. Total Existing Revenues	$0	$0	$0	$0	
2. New Revenues					
a. Medi-Cal (FFP only)				$0	
b. Medicare/Patient Fees/Patient Insurance				$0	
c. State General Funds				$0	
d. Other Revenue				$0	
e. Total New Revenue	$0	$0	$0	$0	
3. Total Revenues	$0	$0	$0	$0	
C. One-Time CSS Funding Expenditures	**$4,322**			**$4,322**	
D. Total Funding Requirements	**$84,382**	**$0**	**$0**	**$84,382**	
E. Percent of Total Funding Requirements for Full Service Partnerships					

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

County(ies): El Dorado | Fiscal Year: 2005-06

Program Workplan # 1 | Date: 11/9/05

Program Workplan Name Wraparound Program | Page ____ of ____

Type of Funding 1. Full Service Partnership | Months of Operation 3

Proposed Total Client Capacity of Program/Service: 2 | New Program/Service or Expansion New

Existing Client Capacity of Program/Service: 0 | Prepared by: Matthew Le Pore

Client Capacity of Program/Service Expanded through MHSA: 2 | Telephone Number: (530)621-6202

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
Manager of MH Programs	Program Evaluator		0.25	$24,221	$6,055
Coordinator of MH Programs	Program Coordinator for the West Slope		0.15	$19,785	$2,968
Coordinator of MH Programs	Program Coordinator for the SLT Basin		0.25	$20,235	$5,059
Facilitator	Team Facilitator for the SLT Basin		1.00		$0
MH Worker II	Wraparound Worker for the SLT Basin		2.00		$0
Facilitator	Team Facilitator for the West Slope		0.25		$0
MH Worker II	Wraparound Worker for the West Slope		1.00		$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	0.00	4.90		$14,082
C. Total Program Positions		0.00	4.90		$14,082

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

Exhibit 5 Budget Narrative

Wraparound Program – System Development – Fiscal Year 2005-06

Expenditures and revenues for the Wraparound Program are based upon the Department's experience as the agency contracted by the County's Social Services Division to run the Social Services Division's Wraparound program.

A. Expenditures
5. – The Department plans to contract out for all of the services under this program. The contractors will provide parent partners to assist families of children enrolled in this program.

Final 1-11-06

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

County(ies): El Dorado | Fiscal Year: 2005-06

Program Workplan # 1 | Date: 11/9/05

Program Workplan Name Wraparound Program | Page ____ of ____

Type of Funding 2. System Development | Months of Operation 3

Proposed Total Client Capacity of Program/Service: 2 | New Program/Service or Expansion New

Existing Client Capacity of Program/Service: 0 | Prepared by: Matthew Le Pore

Client Capacity of Program/Service Expanded through MHSA: 2 | Telephone Number: (530)621-6202

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total	
A. Expenditures					
1. Client, Family Member and Caregiver Support Expenditures					
a. Clothing, Food and Hygiene				$0	
b. Travel and Transportation				$0	
c. Housing					
i. Master Leases				$0	
ii. Subsidies				$0	
iii. Vouchers				$0	
iv. Other Housing				$0	
d. Employment and Education Supports				$0	
e. Other Support Expenditures (provide description in budget narrative)				$0	
f. Total Support Expenditures	$0	$0	$0	$0	
2. Personnel Expenditures					Match Staffing Detail
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0	Yes
b. New Additional Personnel Expenditures (from Staffing Detail)				$0	Yes
c. Employee Benefits				$0	
d. Total Personnel Expenditures	$0	$0	$0	$0	
3. Operating Expenditures					
a. Professional Services				$0	
b. Translation and Interpreter Services				$0	
c. Travel and Transportation				$0	
d. General Office Expenditures				$0	
e. Rent, Utilities and Equipment					
f. Medication and Medical Supports				$0	
g. Other Operating Expenses (provide description in budget narrative)				$0	
h. Total Operating Expenditures	$0	$0	$0	$0	
4. Program Management					
a. Existing Program Management				$0	
b. New Program Management				$0	
c. Total Program Management		$0	$0	$0	
5. Estimated Total Expenditures when service provider is not known	$5,954			$5,954	
6. Total Proposed Program Budget	**$5,954**	**$0**	**$0**	**$5,954**	
B. Revenues					
1. Existing Revenues					
a. Medi-Cal (FFP only)				$0	
b. Medicare/Patient Fees/Patient Insurance				$0	
c. Realignment				$0	
d. State General Funds				$0	
e. County Funds				$0	
f. Grants					
g. Other Revenue				$0	
h. Total Existing Revenues	$0	$0	$0	$0	
2. New Revenues					
a. Medi-Cal (FFP only)				$0	
b. Medicare/Patient Fees/Patient Insurance				$0	
c. State General Funds				$0	
d. Other Revenue				$0	
e. Total New Revenue	$0	$0	$0	$0	
3. Total Revenues	$0	$0	$0	$0	
C. One-Time CSS Funding Expenditures				**$0**	
D. Total Funding Requirements	**$5,954**	**$0**	**$0**	**$5,954**	
E. Percent of Total Funding Requirements for Full Service Partnerships					

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

Final 1-11-06

County(ies): El Dorado

Fiscal Year: 2005-06

Program Workplan # 1

Date: 11/9/05

Program Workplan Name Wraparound Program

Page ____ of ____

Type of Funding 2. System Development

Months of Operation 3

Proposed Total Client Capacity of Program/Service: 2

New Program/Service or Expansion New

Existing Client Capacity of Program/Service: 0

Prepared by: Matthew Le Pore

Client Capacity of Program/Service Expanded through MHSA: 2

Telephone Number: (530)621-6202

Classification	Function	Client, FM & CG FTEs[a]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
MH Aide	Parent Partner for the SLT Basin	1.00	1.00		$0
MH Aide	Parent Partner for the West Slope	0.50	0.50		$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	1.50	1.50		$0
C. Total Program Positions		1.50	1.50		$0

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

Exhibit 5 Budget Narrative

Wraparound Program – Full Service Partnership – Fiscal Year 2006-07

Expenditures and revenues for the Wraparound Program are based upon the Department's experience as the agency contracted by the County's Social Services Division to run the Social Service's Wraparound program. Budgeted amounts are set at 5% above the prior fiscal year's budgeted amounts.

A. Expenditures
2.b. – See exhibit 5b. Department staff will only be used to coordinate and supervise the program.
3.c. – Department staff will travel to and from team meetings.
5. – The Department plans to contract out for all of the services under this program. The contractors will provide facilitators and case workers to work with each enrolled child. The contractors will provide individual, group and family therapy for the enrollees and will administer flexible funding to pay for goods and services needed to help stabilize the enrollee and his/her family.

C. One-time CSS Funding

- The Department plans to spend $32,000 in the 1st quarter to purchase two 4-door sedans to be used for the program.
- The Department will be spending $3,600 in the 2nd quarter to provide Incredible Years training to a group of four staff members.
- The Department will be spending $4,000 in the 4th quarter to provide Aggression Replacement Therapy training to four staff members.
- The Department plans to spend $50,864 throughout the year on a Project Manager. $10,172 of this amount is attributed to this program.
- The Department plans to spend $5,000 in the 1st quarter for marketing materials. $1,000 of this amount is attributed to this program.

Final 1-11-06

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

County(ies): El Dorado | Fiscal Year: 2006-07

Program Workplan #: 1 | Date: 11/9/05

Program Workplan Name: Wraparound Program | Page ____ of ____

Type of Funding: 1. Full Service Partnership | Months of Operation: 12

Proposed Total Client Capacity of Program/Service: 12 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: Matthew Le Pore

Client Capacity of Program/Service Expanded through MHSA: 12 | Telephone Number: (530)621-6202

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total	
A. Expenditures					
1. Client, Family Member and Caregiver Support Expenditures					
a. Clothing, Food and Hygiene				$0	
b. Travel and Transportation				$0	
c. Housing					
i. Master Leases				$0	
ii. Subsidies				$0	
iii. Vouchers				$0	
iv. Other Housing				$0	
d. Employment and Education Supports				$0	
e. Other Support Expenditures (provide description in budget narrative)				$0	
f. Total Support Expenditures	$0	$0	$0	$0	
2. Personnel Expenditures					Match Staffing Detail
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0	Yes
b. New Additional Personnel Expenditures (from Staffing Detail)	$59,143			$59,143	Yes
c. Employee Benefits				$0	
d. Total Personnel Expenditures	$59,143	$0	$0	$59,143	
3. Operating Expenditures					
a. Professional Services				$0	
b. Translation and Interpreter Services				$0	
c. Travel and Transportation	$1,260			$1,260	
d. General Office Expenditures				$0	
e. Rent, Utilities and Equipment					
f. Medication and Medical Supports				$0	
g. Other Operating Expenses (provide description in budget narrative)				$0	
h. Total Operating Expenditures	$1,260	$0	$0	$1,260	
4. Program Management					
a. Existing Program Management				$0	
b. New Program Management				$0	
c. Total Program Management		$0	$0	$0	
5. Estimated Total Expenditures when service provider is not known	$275,851			$275,851	
6. Total Proposed Program Budget	**$336,254**	**$0**	**$0**	**$336,254**	
B. Revenues					
1. Existing Revenues					
a. Medi-Cal (FFP only)				$0	
b. Medicare/Patient Fees/Patient Insurance				$0	
c. Realignment				$0	
d. State General Funds				$0	
e. County Funds				$0	
f. Grants					
g. Other Revenue				$0	
h. Total Existing Revenues	$0	$0	$0	$0	
2. New Revenues					
a. Medi-Cal (FFP only)				$0	
b. Medicare/Patient Fees/Patient Insurance				$0	
c. State General Funds				$0	
d. Other Revenue				$0	
e. Total New Revenue	$0	$0	$0	$0	
3. Total Revenues	$0	$0	$0	$0	
C. One-Time CSS Funding Expenditures	**$50,772**			**$50,772**	
D. Total Funding Requirements	**$387,026**	**$0**	**$0**	**$387,026**	
E. Percent of Total Funding Requirements for Full Service Partnerships					

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

County(ies): El Dorado | Fiscal Year: 2006-07

Program Workplan # 1 | Date: 11/9/05

Program Workplan Name Wraparound Program | Page ____ of ____

Type of Funding 1. Full Service Partnership | Months of Operation 12

Proposed Total Client Capacity of Program/Service: 12 | New Program/Service or Expansion New

Existing Client Capacity of Program/Service: 0 | Prepared by: Matthew Le Pore

Client Capacity of Program/Service Expanded through MHSA: 12 | Telephone Number: (530)621-6202

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
Manager of MH Programs	Program Evaluator		0.25	$101,728	$25,432
Coordinator of MH Programs	Program Coordinator for the West Slope		0.15	$83,093	$12,464
Coordinator of MH Programs	Program Coordinator for the SLT Basin		0.25	$84,988	$21,247
Facilitator	Team Facilitator for the SLT Basin		1.00		$0
MH Worker II	Wraparound Worker for the SLT Basin		2.00		$0
Facilitator	Team Facilitator for the West Slope		0.25		$0
MH Worker II	Wraparound Worker for the West Slope		1.00		$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	0.00	4.90		$59,143
C. Total Program Positions		0.00	4.90		$59,143

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

Exhibit 5 Budget Narrative

Wraparound Program – System Development – Fiscal Year 2006-07

Expenditures and revenues for the Wraparound Program are based upon the Department's experience as the agency contracted by the County's Social Services Division to run the Social Services Division's Wraparound program.

A. Expenditures
5. – The Department plans to contract out for all of the services under this program. The contractors will provide parent partners to assist families of children enrolled in this program.

Final 1-11-06

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

County(ies): El Dorado | Fiscal Year: 2006-07

Program Workplan # 1 | Date: 11/9/05

Program Workplan Name Wraparound Program | Page ____ of ____

Type of Funding 2. System Development | Months of Operation 12

Proposed Total Client Capacity of Program/Service: 12 | New Program/Service or Expansion New

Existing Client Capacity of Program/Service: 0 | Prepared by: Matthew Le Pore

Client Capacity of Program/Service Expanded through MHSA: 12 | Telephone Number: (530)621-6202

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total	
A. Expenditures					
1. Client, Family Member and Caregiver Support Expenditures					
a. Clothing, Food and Hygiene				$0	
b. Travel and Transportation				$0	
c. Housing					
i. Master Leases				$0	
ii. Subsidies				$0	
iii. Vouchers				$0	
iv. Other Housing				$0	
d. Employment and Education Supports				$0	
e. Other Support Expenditures (provide description in budget narrative)				$0	
f. Total Support Expenditures	$0	$0	$0	$0	
2. Personnel Expenditures					Match Staffing Detail
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0	Yes
b. New Additional Personnel Expenditures (from Staffing Detail)				$0	Yes
c. Employee Benefits				$0	
d. Total Personnel Expenditures	$0	$0	$0	$0	
3. Operating Expenditures					
a. Professional Services				$0	
b. Translation and Interpreter Services				$0	
c. Travel and Transportation				$0	
d. General Office Expenditures				$0	
e. Rent, Utilities and Equipment					
f. Medication and Medical Supports				$0	
g. Other Operating Expenses (provide description in budget narrative)				$0	
h. Total Operating Expenditures	$0	$0	$0	$0	
4. Program Management					
a. Existing Program Management				$0	
b. New Program Management				$0	
c. Total Program Management		$0	$0	$0	
5. Estimated Total Expenditures when service provider is not known	$25,006			$25,006	
6. Total Proposed Program Budget	**$25,006**	**$0**	**$0**	**$25,006**	
B. Revenues					
1. Existing Revenues					
a. Medi-Cal (FFP only)				$0	
b. Medicare/Patient Fees/Patient Insurance				$0	
c. Realignment				$0	
d. State General Funds				$0	
e. County Funds				$0	
f. Grants					
g. Other Revenue				$0	
h. Total Existing Revenues	$0	$0	$0	$0	
2. New Revenues					
a. Medi-Cal (FFP only)				$0	
b. Medicare/Patient Fees/Patient Insurance				$0	
c. State General Funds				$0	
d. Other Revenue				$0	
e. Total New Revenue	$0	$0	$0	$0	
3. Total Revenues	$0	$0	$0	$0	
C. One-Time CSS Funding Expenditures				**$0**	
D. Total Funding Requirements	**$25,006**	**$0**	**$0**	**$25,006**	
E. Percent of Total Funding Requirements for Full Service Partnerships					

Final 1-11-06

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

County(ies): El Dorado | Fiscal Year: 2006-07

Program Workplan # 1 | Date: 11/9/05

Program Workplan Name Wraparound Program | Page ____ of ____

Type of Funding 2. System Development | Months of Operation 12

Proposed Total Client Capacity of Program/Service: 12 | New Program/Service or Expansion New

Existing Client Capacity of Program/Service: 0 | Prepared by: Matthew Le Pore

Client Capacity of Program/Service Expanded through MHSA: 12 | Telephone Number: (530)621-6202

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
MH Aide	Parent Partner for the SLT Basin	1.00	1.00		$0
MH Aide	Parent Partner for the West Slope	0.50	0.50		$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	1.50	1.50		$0
C. Total Program Positions		1.50	1.50		$0

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

Exhibit 5 Budget Narrative

Wraparound Program – Full Service Partnership – Fiscal Year 2007-08

Expenditures and revenues for the Wraparound Program are based upon the Department's experience as the agency contracted by the County's Social Services Division to run the Social Service's Wraparound program. Budgeted amounts are set at 5% above the prior fiscal year's budgeted amounts.

A. Expenditures
2.b. – See exhibit 5b. Department staff will only be used to coordinate and supervise the program.
3.c. – Department staff will travel to and from team meetings.
5. – The Department plans to contract out for all of the services under this program. The contractors will provide facilitators and case workers to work with each enrolled child. The contractors will provide individual, group and family therapy for the enrollees and will administer flexible funding to pay for goods and services needed to help stabilize the enrollee and his/her family.

B. Revenues
2.a. – The Department will bill Medi-Cal for billable services.
2.c. – The Department will bill EPSDT for billable services to TAY.

C. One-time CSS Funding
- The Department plans to spend $53,408 throughout the year on a Project Manager. $10,684 of this amount is attributed to this program.
- The Department will be spending $30,000 in the 2nd quarter to provide Functional Family Therapy training to eight staff members.
- The Department plans to spend $127,668 in the 1st quarter to improve the functionality of its IT systems. $25,534 of this amount is attributed to this program. The Department's current systems do not adequately allow for the collection of data needed to properly monitor and evaluate the effectiveness of the CSS programs.

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

County(ies): El Dorado
Fiscal Year: 2007-08
Program Workplan # 1
Date: 11/9/05
Program Workplan Name Wraparound Program
Page ____ of ____
Type of Funding 1. Full Service Partnership
Months of Operation 12
Proposed Total Client Capacity of Program/Service: 30
New Program/Service or Expansion New
Existing Client Capacity of Program/Service: 0
Prepared by: Matthew Le Pore
Client Capacity of Program/Service Expanded through MHSA: 30
Telephone Number: (530)621-6202

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total	
A. Expenditures					
1. Client, Family Member and Caregiver Support Expenditures					
a. Clothing, Food and Hygiene				$0	
b. Travel and Transportation				$0	
c. Housing					
i. Master Leases				$0	
ii. Subsidies				$0	
iii. Vouchers				$0	
iv. Other Housing				$0	
d. Employment and Education Supports				$0	
e. Other Support Expenditures (provide description in budget narrative)				$0	
f. Total Support Expenditures	$0	$0	$0	$0	
2. Personnel Expenditures					Match Staffing Detail
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0	Yes
b. New Additional Personnel Expenditures (from Staffing Detail)	$62,100			$62,100	Yes
c. Employee Benefits				$0	
d. Total Personnel Expenditures	$62,100	$0	$0	$62,100	
3. Operating Expenditures					
a. Professional Services				$0	
b. Translation and Interpreter Services				$0	
c. Travel and Transportation	$1,323			$1,323	
d. General Office Expenditures				$0	
e. Rent, Utilities and Equipment					
f. Medication and Medical Supports				$0	
g. Other Operating Expenses (provide description in budget narrative)				$0	
h. Total Operating Expenditures	$1,323	$0	$0	$1,323	
4. Program Management					
a. Existing Program Management				$0	
b. New Program Management				$0	
c. Total Program Management		$0	$0	$0	
5. Estimated Total Expenditures when service provider is not known	$334,294			$334,294	
6. Total Proposed Program Budget	**$397,717**	**$0**	**$0**	**$397,717**	
B. Revenues					
1. Existing Revenues					
a. Medi-Cal (FFP only)				$0	
b. Medicare/Patient Fees/Patient Insurance				$0	
c. Realignment				$0	
d. State General Funds				$0	
e. County Funds				$0	
f. Grants					
g. Other Revenue				$0	
h. Total Existing Revenues	$0	$0	$0	$0	
2. New Revenues					
a. Medi-Cal (FFP only)	$24,806			$24,806	
b. Medicare/Patient Fees/Patient Insurance				$0	
c. State General Funds	$19,845			$19,845	
d. Other Revenue				$0	
e. Total New Revenue	$44,651	$0	$0	$44,651	
3. Total Revenues	$44,651	$0	$0	$44,651	
C. One-Time CSS Funding Expenditures	**$66,218**			**$66,218**	
D. Total Funding Requirements	**$419,284**	**$0**	**$0**	**$419,284**	
E. Percent of Total Funding Requirements for Full Service Partnerships					

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

County(ies): El Dorado
Fiscal Year: 2007-08
Program Workplan # 1
Date: 11/9/05
Program Workplan Name Wraparound Program
Page ____ of ____
Type of Funding 1. Full Service Partnership
Months of Operation 12
Proposed Total Client Capacity of Program/Service: 30
New Program/Service or Expansion New
Existing Client Capacity of Program/Service: 0
Prepared by: Matthew Le Pore
Client Capacity of Program/Service Expanded through MHSA: 30
Telephone Number: (530)621-6202

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
Manager of MH Programs	Program Evaluator		0.25	$106,814	$26,704
Coordinator of MH Programs	Program Coordinator for the West Slope		0.15	$87,248	$13,087
Coordinator of MH Programs	Program Coordinator for the SLT Basin		0.25	$89,237	$22,309
Facilitator	Team Facilitator for the SLT Basin		1.00		$0
MH Worker II	Wraparound Worker for the SLT Basin		2.00		$0
Facilitator	Team Facilitator for the West Slope		0.25		$0
MH Worker II	Wraparound Worker for the West Slope		1.00		$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	0.00	4.90		$62,100
C. Total Program Positions		0.00	4.90		$62,100

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

Exhibit 5 Budget Narrative

Wraparound Program – System Development – Fiscal Year 2007-08

Expenditures and revenues for the Wraparound Program are based upon the Department's experience as the agency contracted by the County's Social Services Division to run the Social Services Division's Wraparound program.

A. Expenditures
5. – The Department plans to contract out for all of the services under this program. The contractors will provide parent partners to assist families of children enrolled in this program.

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

County(ies): El Dorado
Fiscal Year: 2007-08
Program Workplan # 1
Date: 11/9/05
Program Workplan Name Wraparound Program
Page ____ of ____
Type of Funding 2. System Development
Months of Operation 12
Proposed Total Client Capacity of Program/Service: 30
New Program/Service or Expansion New
Existing Client Capacity of Program/Service: 0
Prepared by: Matthew Le Pore
Client Capacity of Program/Service Expanded through MHSA: 30
Telephone Number: (530)621-6202

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total	
A. Expenditures					
1. Client, Family Member and Caregiver Support Expenditures					
a. Clothing, Food and Hygiene				$0	
b. Travel and Transportation				$0	
c. Housing					
i. Master Leases				$0	
ii. Subsidies				$0	
iii. Vouchers				$0	
iv. Other Housing				$0	
d. Employment and Education Supports				$0	
e. Other Support Expenditures (provide description in budget narrative)				$0	
f. Total Support Expenditures	$0	$0	$0	$0	
2. Personnel Expenditures					Match Staffing Detail
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0	Yes
b. New Additional Personnel Expenditures (from Staffing Detail)				$0	Yes
c. Employee Benefits				$0	
d. Total Personnel Expenditures	$0	$0	$0	$0	
3. Operating Expenditures					
a. Professional Services				$0	
b. Translation and Interpreter Services				$0	
c. Travel and Transportation				$0	
d. General Office Expenditures				$0	
e. Rent, Utilities and Equipment					
f. Medication and Medical Supports				$0	
g. Other Operating Expenses (provide description in budget narrative)				$0	
h. Total Operating Expenditures	$0	$0	$0	$0	
4. Program Management					
a. Existing Program Management				$0	
b. New Program Management				$0	
c. Total Program Management		$0	$0	$0	
5. Estimated Total Expenditures when service provider is not known	$26,257			$26,257	
6. Total Proposed Program Budget	**$26,257**	**$0**	**$0**	**$26,257**	
B. Revenues					
1. Existing Revenues					
a. Medi-Cal (FFP only)				$0	
b. Medicare/Patient Fees/Patient Insurance				$0	
c. Realignment				$0	
d. State General Funds				$0	
e. County Funds				$0	
f. Grants					
g. Other Revenue				$0	
h. Total Existing Revenues	$0	$0	$0	$0	
2. New Revenues					
a. Medi-Cal (FFP only)				$0	
b. Medicare/Patient Fees/Patient Insurance				$0	
c. State General Funds				$0	
d. Other Revenue				$0	
e. Total New Revenue	$0	$0	$0	$0	
3. Total Revenues	$0	$0	$0	$0	
C. One-Time CSS Funding Expenditures				**$0**	
D. Total Funding Requirements	**$26,257**	**$0**	**$0**	**$26,257**	
E. Percent of Total Funding Requirements for Full Service Partnerships					

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

County(ies): El Dorado

Fiscal Year: 2007-08

Program Workplan # 1

Date: 11/9/05

Program Workplan Name Wraparound Program

Page ____ of ____

Type of Funding 2. System Development

Months of Operation 12

Proposed Total Client Capacity of Program/Service: 30

New Program/Service or Expansion New

Existing Client Capacity of Program/Service: 0

Prepared by: Matthew Le Pore

Client Capacity of Program/Service Expanded through MHSA: 30

Telephone Number: (530)621-6202

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
MH Aide	Parent Partner for the SLT Basin	1.00	1.00		$0
MH Aide	Parent Partner for the West Slope	0.50	0.50		$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	1.50	1.50		$0
C. Total Program Positions		1.50	1.50		$0

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

Exhibit 5 Budget Narrative

Mental Health Court – System Development – Fiscal Year 2005-06

Expenditures for the Mental Health Court program are based upon staffing estimates and the County's current-year salary schedule.

A. Expenditures
2.b. – See exhibit 5b.
3.g. – The Department will produce marketing materials in support of the Mental Health Court program.

C. One-time CSS Funding

- The Department will also be spending $12,111 in the 4th quarter on a Project Manager. $2,422 of this amount is attributed to this program.

Final 1-11-06

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

County(ies): El Dorado
Fiscal Year: 2005-06
Program Workplan #: 2
Date: 11/9/05
Program Workplan Name: MH Court
Page ____ of ____
Type of Funding: 2. System Development
Months of Operation: 3
Proposed Total Client Capacity of Program/Service: 2
New Program/Service or Expansion: New
Existing Client Capacity of Program/Service: 0
Prepared by: Matthew Le Pore
Client Capacity of Program/Service Expanded through MHSA: 2
Telephone Number: (530) 621-6202

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total	
A. Expenditures					
1. Client, Family Member and Caregiver Support Expenditures					
a. Clothing, Food and Hygiene				$0	
b. Travel and Transportation				$0	
c. Housing					
i. Master Leases				$0	
ii. Subsidies				$0	
iii. Vouchers				$0	
iv. Other Housing				$0	
d. Employment and Education Supports				$0	
e. Other Support Expenditures (provide description in budget narrative)				$0	
f. Total Support Expenditures	$0	$0	$0	$0	
2. Personnel Expenditures					Match Staffing Detail
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0	Yes
b. New Additional Personnel Expenditures (from Staffing Detail)	$26,994			$26,994	Yes
c. Employee Benefits				$0	
d. Total Personnel Expenditures	$26,994	$0	$0	$26,994	
3. Operating Expenditures					
a. Professional Services				$0	
b. Translation and Interpreter Services				$0	
c. Travel and Transportation				$0	
d. General Office Expenditures				$0	
e. Rent, Utilities and Equipment					
f. Medication and Medical Supports				$0	
g. Other Operating Expenses (provide description in budget narrative)	$50			$50	
h. Total Operating Expenditures	$50	$0	$0	$50	
4. Program Management					
a. Existing Program Management				$0	
b. New Program Management				$0	
c. Total Program Management		$0	$0	$0	
5. Estimated Total Expenditures when service provider is not known				$0	
6. Total Proposed Program Budget	**$27,044**	**$0**	**$0**	**$27,044**	
B. Revenues					
1. Existing Revenues					
a. Medi-Cal (FFP only)				$0	
b. Medicare/Patient Fees/Patient Insurance				$0	
c. Realignment				$0	
d. State General Funds				$0	
e. County Funds				$0	
f. Grants					
g. Other Revenue				$0	
h. Total Existing Revenues	$0	$0	$0	$0	
2. New Revenues					
a. Medi-Cal (FFP only)				$0	
b. Medicare/Patient Fees/Patient Insurance				$0	
c. State General Funds				$0	
d. Other Revenue				$0	
e. Total New Revenue	$0	$0	$0	$0	
3. Total Revenues	$0	$0	$0	$0	
C. One-Time CSS Funding Expenditures	**$2,422**			**$2,422**	
D. Total Funding Requirements	**$29,466**	**$0**	**$0**	**$29,466**	
E. Percent of Total Funding Requirements for Full Service Partnerships					

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

County(ies): El Dorado
Fiscal Year: 2005-06
Program Workplan # 2
Date: 11/9/05
Program Workplan Name MH Court
Page ____ of ____
Type of Funding 2. System Development
Months of Operation 3
Proposed Total Client Capacity of Program/Service: 2
New Program/Service or Expansion New
Existing Client Capacity of Program/Service: 0
Prepared by: Matthew Le Pore
Client Capacity of Program/Service Expanded through MHSA: 2
Telephone Number: (530) 621-6202

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
MH Clinician IB	Adult Clinician		1.00	$17,996	$17,996
MH Clinician IB	Transitional Age Youth Clinician		0.50	$17,996	$8,998
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	0.00	1.50		$26,994
C. Total Program Positions		0.00	1.50		$26,994

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

Exhibit 5 Budget Narrative

Mental Health Court – System Development – Fiscal Year 2006-07

Expenditures for the Mental Health Court program are based upon staffing estimates and the County's FY 2005-06 salary schedule with an annual 5% increase.

A. Expenditures
2.b. – See exhibit 5b.
3.g. – The Department will produce marketing materials in support of the Mental Health Court program.

C. One-time CSS Funding

- The Department plans to spend $50,864 throughout the year on a Project Manager. $10,172 of this amount is attributed to this program.
- The Department will be spending $1,500 in the 1st quarter to provide Motivational Interviewing training to a group of ten staff members in support of the Wellness and MH Court programs. $300 of this amount is attributed to the MH Court program.
- The Department plans to spend $5,000 in the 1st quarter for marketing materials. $1,000 of this amount is attributed to this program.

Final 1-11-06

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

County(ies): El Dorado | Fiscal Year: 2006-07

Program Workplan # 2 | Date: 11/9/05

Program Workplan Name MH Court | Page ____ of ____

Type of Funding 2. System Development | Months of Operation 12

Proposed Total Client Capacity of Program/Service: 10 | New Program/Service or Expansion New

Existing Client Capacity of Program/Service: 0 | Prepared by: Matthew Le Pore

Client Capacity of Program/Service Expanded through MHSA: 10 | Telephone Number: (530) 621-6202

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total	
A. Expenditures					
1. Client, Family Member and Caregiver Support Expenditures					
a. Clothing, Food and Hygiene				$0	
b. Travel and Transportation				$0	
c. Housing					
i. Master Leases				$0	
ii. Subsidies				$0	
iii. Vouchers				$0	
iv. Other Housing				$0	
d. Employment and Education Supports				$0	
e. Other Support Expenditures (provide description in budget narrative)				$0	
f. Total Support Expenditures	$0	$0	$0	$0	
2. Personnel Expenditures					Match Staffing Detail
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0	Yes
b. New Additional Personnel Expenditures (from Staffing Detail)	$113,375			$113,375	Yes
c. Employee Benefits				$0	
d. Total Personnel Expenditures	$113,375	$0	$0	$113,375	
3. Operating Expenditures					
a. Professional Services				$0	
b. Translation and Interpreter Services				$0	
c. Travel and Transportation				$0	
d. General Office Expenditures				$0	
e. Rent, Utilities and Equipment					
f. Medication and Medical Supports				$0	
g. Other Operating Expenses (provide description in budget narrative)	$210			$210	
h. Total Operating Expenditures	$210	$0	$0	$210	
4. Program Management					
a. Existing Program Management				$0	
b. New Program Management				$0	
c. Total Program Management		$0	$0	$0	
5. Estimated Total Expenditures when service provider is not known				$0	
6. Total Proposed Program Budget	**$113,585**	**$0**	**$0**	**$113,585**	
B. Revenues					
1. Existing Revenues					
a. Medi-Cal (FFP only)				$0	
b. Medicare/Patient Fees/Patient Insurance				$0	
c. Realignment				$0	
d. State General Funds				$0	
e. County Funds				$0	
f. Grants					
g. Other Revenue				$0	
h. Total Existing Revenues	$0	$0	$0	$0	
2. New Revenues					
a. Medi-Cal (FFP only)				$0	
b. Medicare/Patient Fees/Patient Insurance				$0	
c. State General Funds				$0	
d. Other Revenue				$0	
e. Total New Revenue	$0	$0	$0	$0	
3. Total Revenues	$0	$0	$0	$0	
C. One-Time CSS Funding Expenditures	**$11,472**			**$11,472**	
D. Total Funding Requirements	**$125,057**	**$0**	**$0**	**$125,057**	
E. Percent of Total Funding Requirements for Full Service Partnerships					

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

County(ies): El Dorado
Fiscal Year: 2006-07
Program Workplan # 2
Date: 11/9/05
Program Workplan Name MH Court
Page ____ of ____
Type of Funding 2. System Development
Months of Operation 12
Proposed Total Client Capacity of Program/Service: 10
New Program/Service or Expansion New
Existing Client Capacity of Program/Service: 0
Prepared by: Matthew Le Pore
Client Capacity of Program/Service Expanded through MHSA: 10
Telephone Number: (530) 621-6202

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
MH Clinician IB	Adult Clinician		1.00	$75,583	$75,583
MH Clinician IB	Transitional Age Youth Clinician		0.50	$75,583	$37,792
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	0.00	1.50		$113,375
C. Total Program Positions		0.00	1.50		$113,375

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

Exhibit 5 Budget Narrative

Mental Health Court – System Development – Fiscal Year 2007-08

Expenditures for the Mental Health Court program are based upon staffing estimates and the County's FY 2005-06 salary schedule with an annual 5% increase.

A. Expenditures
2.b. – See exhibit 5b.
3.g. – The Department will produce marketing materials in support of the Mental Health Court program.

C. One-time CSS Funding
- The Department plans to spend $53,408 throughout the year on a Project Manager. $10,680 of this amount is attributed to this program.
- The Department plans to spend $127,668 in the 1st quarter to improve the functionality of its IT systems. $25,533 of this amount is attributed to this program. The Department's current systems do not adequately allow for the collection of data needed to properly monitor and evaluate the effectiveness of the CSS programs.

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Final 1-11-06

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

County(ies): El Dorado | Fiscal Year: 2007-08

Program Workplan # 2 | Date: 11/9/05

Program Workplan Name MH Court | Page ____ of ____

Type of Funding 2. System Development | Months of Operation 12

Proposed Total Client Capacity of Program/Service: 20 | New Program/Service or Expansion New

Existing Client Capacity of Program/Service: 0 | Prepared by: Matthew Le Pore

Client Capacity of Program/Service Expanded through MHSA: 20 | Telephone Number: (530) 621-6202

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total	
A. Expenditures					
1. Client, Family Member and Caregiver Support Expenditures					
a. Clothing, Food and Hygiene				$0	
b. Travel and Transportation				$0	
c. Housing					
i. Master Leases				$0	
ii. Subsidies				$0	
iii. Vouchers				$0	
iv. Other Housing				$0	
d. Employment and Education Supports				$0	
e. Other Support Expenditures (provide description in budget narrative)				$0	
f. Total Support Expenditures	$0	$0	$0	$0	
2. Personnel Expenditures					Match Staffing Detail
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0	Yes
b. New Additional Personnel Expenditures (from Staffing Detail)	$119,044			$119,044	Yes
c. Employee Benefits				$0	
d. Total Personnel Expenditures	$119,044	$0	$0	$119,044	
3. Operating Expenditures					
a. Professional Services				$0	
b. Translation and Interpreter Services				$0	
c. Travel and Transportation				$0	
d. General Office Expenditures				$0	
e. Rent, Utilities and Equipment					
f. Medication and Medical Supports				$0	
g. Other Operating Expenses (provide description in budget narrative)	$220			$220	
h. Total Operating Expenditures	$220	$0	$0	$220	
4. Program Management					
a. Existing Program Management				$0	
b. New Program Management				$0	
c. Total Program Management		$0	$0	$0	
5. Estimated Total Expenditures when service provider is not known				$0	
6. Total Proposed Program Budget	**$119,264**	**$0**	**$0**	**$119,264**	
B. Revenues					
1. Existing Revenues					
a. Medi-Cal (FFP only)				$0	
b. Medicare/Patient Fees/Patient Insurance				$0	
c. Realignment				$0	
d. State General Funds				$0	
e. County Funds				$0	
f. Grants					
g. Other Revenue				$0	
h. Total Existing Revenues	$0	$0	$0	$0	
2. New Revenues					
a. Medi-Cal (FFP only)				$0	
b. Medicare/Patient Fees/Patient Insurance				$0	
c. State General Funds				$0	
d. Other Revenue				$0	
e. Total New Revenue	$0	$0	$0	$0	
3. Total Revenues	$0	$0	$0	$0	
C. One-Time CSS Funding Expenditures	**$36,213**			**$36,213**	
D. Total Funding Requirements	**$155,477**	**$0**	**$0**	**$155,477**	
E. Percent of Total Funding Requirements for Full Service Partnerships					

Final 1-11-06

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

County(ies): El Dorado
Fiscal Year: 2007-08
Program Workplan # 2
Date: 11/9/05
Program Workplan Name MH Court
Page ____ of ____
Type of Funding 2. System Development
Months of Operation 12
Proposed Total Client Capacity of Program/Service: 20
New Program/Service or Expansion New
Existing Client Capacity of Program/Service: 0
Prepared by: Matthew Le Pore
Client Capacity of Program/Service Expanded through MHSA: 20
Telephone Number: (530) 621-6202

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
MH Clinician IB	Adult Clinician		1.00	$79,363	$79,363
MH Clinician IB	Transitional Age Youth Clinician		0.50	$79,363	$39,681
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	0.00	1.50		$119,044
C. Total Program Positions		0.00	1.50		$119,044

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

Exhibit 5 Budget Narrative

Wellness Program – Full Service Partnership – Fiscal Year 2005-06

Expenditures and revenues for the Wellness Program are based upon the Department's experience in operating its AB 2034 homeless program in the South Lake Tahoe Basin

A. Expenditures
1.a. – The Department will be providing food and hygiene products and services for the program's enrollees.
1.b. – The Department will be providing transit passes/tickets for the program's enrollees.
1.c.i. – The Department will be leasing two 4-bedroom houses and three 3-bedroom houses to house the program's enrollees. In addition to the lease costs, the department will be paying for other household expenditures, such as utilities. The budgeted amount is based upon the experience of the County's Housing Authority.
1.e. – The Department will use some flexible funds to pay for client activities designed to move clients to self-sufficiency.
2.b. – See exhibit 5b
3.c. – In addition to public transportation, Department staff will also transport enrollees.
5. – The Department plans to contract out for one Personal Services Coordinator and two Substance Abuse Specialists. The Department will also contract out for residential detoxification services. The Department estimates that it will use 180 bed days per year.

B. Revenues
2.a. – The Department will bill Medi-Cal for billable services.
2.c. – The Department will bill EPSDT for billable services to TAY.

C. One-time CSS Funding –

- The Department plans to convert the basement of its PHF into a 12-bed overnight shelter in the 3rd quarter of this year. The cost of this conversion is estimated to be $500,000. This amount is based upon a two-year old professional architectural firm's cost analysis, adjusted for cost increases in the construction industry.
- The Department will also be spending $12,111during the 4th quarter on a Project Manager. $2,423 of this amount is attributed to this program.

Final 1-11-06

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

County(ies): El Dorado | Fiscal Year: 2005-06

Program Workplan # 3 | Date: 11/9/05

Program Workplan Name Wellness Program | Page ____ of ____

Type of Funding 1. Full Service Partnership | Months of Operation 3

Proposed Total Client Capacity of Program/Service: 2 | New Program/Service or Expansion New

Existing Client Capacity of Program/Service: 0 | Prepared by: Matthew Le Pore

Client Capacity of Program/Service Expanded through MHSA: 2 | Telephone Number: (530)621-6202

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total	
A. Expenditures					
1. Client, Family Member and Caregiver Support Expenditures					
a. Clothing, Food and Hygiene	$8,725			$8,725	
b. Travel and Transportation	$2,500			$2,500	
c. Housing					
i. Master Leases	$43,400			$43,400	
ii. Subsidies				$0	
iii. Vouchers				$0	
iv. Other Housing				$0	
d. Employment and Education Supports				$0	
e. Other Support Expenditures (provide description in budget narrative)	$2,536			$2,536	
f. Total Support Expenditures	$57,161	$0	$0	$57,161	
2. Personnel Expenditures					Match Staffing Detail
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0	Yes
b. New Additional Personnel Expenditures (from Staffing Detail)	$55,520			$55,520	Yes
c. Employee Benefits				$0	
d. Total Personnel Expenditures	$55,520	$0	$0	$55,520	
3. Operating Expenditures					
a. Professional Services				$0	
b. Translation and Interpreter Services				$0	
c. Travel and Transportation	$2,700			$2,700	
d. General Office Expenditures				$0	
e. Rent, Utilities and Equipment					
f. Medication and Medical Supports				$0	
g. Other Operating Expenses (provide description in budget narrative)				$0	
h. Total Operating Expenditures	$2,700	$0	$0	$2,700	
4. Program Management					
a. Existing Program Management				$0	
b. New Program Management				$0	
c. Total Program Management		$0	$0	$0	
5. Estimated Total Expenditures when service provider is not known	$38,155			$38,155	
6. Total Proposed Program Budget	**$153,536**	**$0**	**$0**	**$153,536**	
B. Revenues					
1. Existing Revenues					
a. Medi-Cal (FFP only)				$0	
b. Medicare/Patient Fees/Patient Insurance				$0	
c. Realignment				$0	
d. State General Funds				$0	
e. County Funds				$0	
f. Grants					
g. Other Revenue				$0	
h. Total Existing Revenues	$0	$0	$0	$0	
2. New Revenues					
a. Medi-Cal (FFP only)	$26,365			$26,365	
b. Medicare/Patient Fees/Patient Insurance				$0	
c. State General Funds	$7,900			$7,900	
d. Other Revenue				$0	
e. Total New Revenue	$34,265	$0	$0	$34,265	
3. Total Revenues	$34,265	$0	$0	$34,265	
C. One-Time CSS Funding Expenditures	**$502,423**			**$502,423**	
D. Total Funding Requirements	**$621,694**	**$0**	**$0**	**$621,694**	
E. Percent of Total Funding Requirements for Full Service Partnerships					

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

County(ies): El Dorado | Fiscal Year: 2005-06

Program Workplan # 3 | Date: 11/9/05

Program Workplan Name Wellness Program | Page ____ of ____

Type of Funding 1. Full Service Partnership | Months of Operation 3

Proposed Total Client Capacity of Program/Service: 2 | New Program/Service or Expansion New

Existing Client Capacity of Program/Service: 0 | Prepared by: Matthew Le Pore

Client Capacity of Program/Service Expanded through MHSA: 2 | Telephone Number: (530)621-6202

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
Coordinator of MH Programs	Coordinator		1.00	$19,635	$19,635
MH Worker II	MH Worker		1.50	$12,519	$18,779
Psychiatric Technician	Psychiatric Technician		0.25	$17,315	$4,329
Psychiatrist	Psychiatrist		0.13	$53,772	$6,722
Manager of MH Programs	Evaluator		0.25	$24,221	$6,055
Personal Services Coordinator	Personal Services Coordinator		1.00		$0
Substance Abuse Specialist	Substance Abuse Specialist		2.00		$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	0.00	6.13		$55,520
C. Total Program Positions		0.00	6.13		$55,520

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

Exhibit 5 Budget Narrative

Wellness Program – Systems Development – Fiscal Year 2005-06

A. Expenditures
2.b. – See exhibit 5b. – Salaries are based upon the County's current-year salary schedule.

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

County(ies): El Dorado | Fiscal Year: 2005-06

Program Workplan # 3 | Date: 11/9/05

Program Workplan Name Wellness Program | Page ____ of ____

Type of Funding 2. System Development | Months of Operation 3

Proposed Total Client Capacity of Program/Service: 2 | New Program/Service or Expansion New

Existing Client Capacity of Program/Service: 0 | Prepared by: Matthew Le Pore

Client Capacity of Program/Service Expanded through MHSA: 2 | Telephone Number: (530)621-6202

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total	
A. Expenditures					
1. Client, Family Member and Caregiver Support Expenditures					
a. Clothing, Food and Hygiene				$0	
b. Travel and Transportation				$0	
c. Housing					
i. Master Leases				$0	
ii. Subsidies				$0	
iii. Vouchers				$0	
iv. Other Housing				$0	
d. Employment and Education Supports				$0	
e. Other Support Expenditures (provide description in budget narrative)				$0	
f. Total Support Expenditures	$0	$0	$0	$0	
2. Personnel Expenditures					Match Staffing Detail
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0	Yes
b. New Additional Personnel Expenditures (from Staffing Detail)	$5,320			$5,320	Yes
c. Employee Benefits				$0	
d. Total Personnel Expenditures	$5,320	$0	$0	$5,320	
3. Operating Expenditures					
a. Professional Services				$0	
b. Translation and Interpreter Services				$0	
c. Travel and Transportation				$0	
d. General Office Expenditures				$0	
e. Rent, Utilities and Equipment					
f. Medication and Medical Supports				$0	
g. Other Operating Expenses (provide description in budget narrative)				$0	
h. Total Operating Expenditures	$0	$0	$0	$0	
4. Program Management					
a. Existing Program Management				$0	
b. New Program Management				$0	
c. Total Program Management		$0	$0	$0	
5. Estimated Total Expenditures when service provider is not known				$0	
6. Total Proposed Program Budget	**$5,320**	**$0**	**$0**	**$5,320**	
B. Revenues					
1. Existing Revenues					
a. Medi-Cal (FFP only)				$0	
b. Medicare/Patient Fees/Patient Insurance				$0	
c. Realignment				$0	
d. State General Funds				$0	
e. County Funds				$0	
f. Grants					
g. Other Revenue				$0	
h. Total Existing Revenues	$0	$0	$0	$0	
2. New Revenues					
a. Medi-Cal (FFP only)				$0	
b. Medicare/Patient Fees/Patient Insurance				$0	
c. State General Funds				$0	
d. Other Revenue				$0	
e. Total New Revenue	$0	$0	$0	$0	
3. Total Revenues	$0	$0	$0	$0	
C. One-Time CSS Funding Expenditures				**$0**	
D. Total Funding Requirements	**$5,320**	**$0**	**$0**	**$5,320**	
E. Percent of Total Funding Requirements for Full Service Partnerships					

Final 1-11-06

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

County(ies): El Dorado
Fiscal Year: 2005-06
Program Workplan # 3
Date: 11/9/05
Program Workplan Name Wellness Program
Page ____ of ____
Type of Funding 2. System Development
Months of Operation 3
Proposed Total Client Capacity of Program/Service: 2
New Program/Service or Expansion New
Existing Client Capacity of Program/Service: 0
Prepared by: Matthew Le Pore
Client Capacity of Program/Service Expanded through MHSA: 2
Telephone Number: (530)621-6202

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
MH Driver	Peer Support Driver	0.50	0.50	$5,154	$2,577
MH Aide	Peer Support Aide	0.50	0.50	$5,486	$2,743
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	1.00	1.00		$5,320
C. Total Program Positions		1.00	1.00		$5,320

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

Exhibit 5 Budget Narrative

Wellness Program – Outreach and Engagement – Fiscal Year 2005-06

A. Expenditures
2.b. – See exhibit 5b. – Salaries are based upon the County's current year salary schedule.

B. Revenues
2.a. – The Department plans to bill for its MAA expenditures.

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

County(ies): El Dorado | Fiscal Year: 2005-06
Program Workplan # 3 | Date: 11/9/05
Program Workplan Name Wellness Progam | Page ____ of ____
Type of Funding 3. Outreach and Engagement | Months of Operation 3
Proposed Total Client Capacity of Program/Service: 20 | New Program/Service or Expansion New
Existing Client Capacity of Program/Service: 0 | Prepared by: Matthew Le Pore
Client Capacity of Program/Service Expanded through MHSA: 20 | Telephone Number: (530)621-6202

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total	
A. Expenditures					
1. Client, Family Member and Caregiver Support Expenditures					
a. Clothing, Food and Hygiene				$0	
b. Travel and Transportation				$0	
c. Housing					
i. Master Leases				$0	
ii. Subsidies				$0	
iii. Vouchers				$0	
iv. Other Housing				$0	
d. Employment and Education Supports				$0	
e. Other Support Expenditures (provide description in budget narrative)				$0	
f. Total Support Expenditures	$0	$0	$0	$0	
2. Personnel Expenditures					Match Staffing Detail
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0	Yes
b. New Additional Personnel Expenditures (from Staffing Detail)	$6,260			$6,260	Yes
c. Employee Benefits				$0	
d. Total Personnel Expenditures	$6,260	$0	$0	$6,260	
3. Operating Expenditures					
a. Professional Services				$0	
b. Translation and Interpreter Services				$0	
c. Travel and Transportation				$0	
d. General Office Expenditures				$0	
e. Rent, Utilities and Equipment					
f. Medication and Medical Supports				$0	
g. Other Operating Expenses (provide description in budget narrative)				$0	
h. Total Operating Expenditures	$0	$0	$0	$0	
4. Program Management					
a. Existing Program Management				$0	
b. New Program Management				$0	
c. Total Program Management		$0	$0	$0	
5. Estimated Total Expenditures when service provider is not known				$0	
6. Total Proposed Program Budget	**$6,260**	**$0**	**$0**	**$6,260**	
B. Revenues					
1. Existing Revenues					
a. Medi-Cal (FFP only)				$0	
b. Medicare/Patient Fees/Patient Insurance				$0	
c. Realignment				$0	
d. State General Funds				$0	
e. County Funds				$0	
f. Grants					
g. Other Revenue				$0	
h. Total Existing Revenues	$0	$0	$0	$0	
2. New Revenues					
a. Medi-Cal (FFP only)	$3,130			$3,130	
b. Medicare/Patient Fees/Patient Insurance				$0	
c. State General Funds				$0	
d. Other Revenue				$0	
e. Total New Revenue	$3,130	$0	$0	$3,130	
3. Total Revenues	$3,130	$0	$0	$3,130	
C. One-Time CSS Funding Expenditures				**$0**	
D. Total Funding Requirements	**$3,130**	**$0**	**$0**	**$3,130**	
E. Percent of Total Funding Requirements for Full Service Partnerships					

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

County(ies): El Dorado | Fiscal Year: 2005-06

Program Workplan # 3 | Date: 11/9/05

Program Workplan Name Wellness Progam | Page ____ of ____

Type of Funding 3. Outreach and Engagement | Months of Operation 3

Proposed Total Client Capacity of Program/Service: 2 | New Program/Service or Expansion New

Existing Client Capacity of Program/Service: 0 | Prepared by: Matthew Le Pore

Client Capacity of Program/Service Expanded through MHSA: 20 | Telephone Number: (530)621-6202

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
MH Worker II	Outreach Screener		0.50	$12,519	$6,260
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	0.00	0.50		$6,260
C. Total Program Positions		0.00	0.50		$6,260

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

Exhibit 5 Budget Narrative

Wellness Program – Full Service Partnership – Fiscal Year 2006-07

Expenditures and revenues for the Wellness Program are based upon the Department's experience in operating its AB 2034 homeless program in the South Lake Tahoe Basin. Budgeted amounts are set at 5% above the prior fiscal year's budgeted amounts.

A. Expenditures
1.a. – The Department will be providing food and hygiene products and services for the program's enrollees.
1.b. – The Department will be providing transit passes/tickets for the program's enrollees.
1.c.i. – The Department will be leasing two 4-bedroom houses and three 3-bedroom houses to house the program's enrollees. In addition to the lease costs, the department will be paying for other household expenditures, such as utilities. The budgeted amount is based upon the experience of the County's Housing Authority.
1.e. – The Department will use some flexible funds to pay for client activities designed to move clients to self-sufficiency.
2.b. – See exhibit 5b
3.c. – In addition to public transportation, Department staff will also transport enrollees.
5. – The Department plans to contract out for one Personal Services Coordinator and two Substance Abuse Specialists. The Department will also contract out for residential detoxification services. The Department estimates that it will use 180 bed days per year.

B. Revenues
2.a. – The Department will bill Medi-Cal for billable services.
2.c. – The Department will bill EPSDT for billable services to TAY.

C. One-time CSS Funding –

- The Department plans to purchase a $26,500 15-passenger van in the 1st quarter of this year. This vehicle will be used to transport enrollees.
- The Department will be spending $1,500 in the 1st quarter to provide Motivational Interviewing training to a group of ten staff members in support of the Wellness and MH Court programs. $1,200 of this amount is attributed to the Wellness program.
- The Department will be spending $9,300 in the 2nd quarter to provide Immersion training at The Villages in Long Beach to five staff members.
- The Department plans to spend $50,864 throughout the year on a Project Manager. $10,176 of this amount is attributed to this program.

- The Department plans to spend $5,000 in the 1st quarter for marketing materials. $1,000 of this amount is attributed to this program.

Final 1-11-06

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

County(ies): El Dorado | Fiscal Year: 2006-07

Program Workplan # 3 | Date: 11/9/05

Program Workplan Name: Wellness Program | Page ____ of ____

Type of Funding: 1. Full Service Partnership | Months of Operation: 12

Proposed Total Client Capacity of Program/Service: 21 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: Matthew Le Pore

Client Capacity of Program/Service Expanded through MHSA: 21 | Telephone Number: (530)621-6202

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total	
A. Expenditures					
1. Client, Family Member and Caregiver Support Expenditures					
a. Clothing, Food and Hygiene	$36,645			$36,645	
b. Travel and Transportation	$10,500			$10,500	
c. Housing					
i. Master Leases	$182,280			$182,280	
ii. Subsidies				$0	
iii. Vouchers				$0	
iv. Other Housing				$0	
d. Employment and Education Supports				$0	
e. Other Support Expenditures (provide description in budget narrative)	$10,647			$10,647	
f. Total Support Expenditures	$240,072	$0	$0	$240,072	
2. Personnel Expenditures					Match Staffing Detail
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0	Yes
b. New Additional Personnel Expenditures (from Staffing Detail)	$233,184			$233,184	Yes
c. Employee Benefits				$0	
d. Total Personnel Expenditures	$233,184	$0	$0	$233,184	
3. Operating Expenditures					
a. Professional Services				$0	
b. Translation and Interpreter Services	$11,340			$11,340	
c. Travel and Transportation				$0	
d. General Office Expenditures				$0	
e. Rent, Utilities and Equipment					
f. Medication and Medical Supports				$0	
g. Other Operating Expenses (provide description in budget narrative)				$0	
h. Total Operating Expenditures	$11,340	$0	$0	$11,340	
4. Program Management					
a. Existing Program Management				$0	
b. New Program Management				$0	
c. Total Program Management		$0	$0	$0	
5. Estimated Total Expenditures when service provider is not known	$160,251			$160,251	
6. Total Proposed Program Budget	**$644,847**	**$0**	**$0**	**$644,847**	
B. Revenues					
1. Existing Revenues					
a. Medi-Cal (FFP only)				$0	
b. Medicare/Patient Fees/Patient Insurance				$0	
c. Realignment				$0	
d. State General Funds				$0	
e. County Funds				$0	
f. Grants					
g. Other Revenue				$0	
h. Total Existing Revenues	$0	$0	$0	$0	
2. New Revenues					
a. Medi-Cal (FFP only)	$110,731			$110,731	
b. Medicare/Patient Fees/Patient Insurance				$0	
c. State General Funds	$33,180			$33,180	
d. Other Revenue				$0	
e. Total New Revenue	$143,911	$0	$0	$143,911	
3. Total Revenues	$143,911	$0	$0	$143,911	
C. One-Time CSS Funding Expenditures	**$48,176**			**$48,176**	
D. Total Funding Requirements	**$549,112**	**$0**	**$0**	**$549,112**	
E. Percent of Total Funding Requirements for Full Service Partnerships					

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

County(ies): El Dorado

Fiscal Year: 2006-07

Program Workplan # 3

Date: 11/9/05

Program Workplan Name Wellness Program

Page ____ of ____

Type of Funding 1. Full Service Partnership

Months of Operation 12

Proposed Total Client Capacity of Program/Service: 21

New Program/Service or Expansion New

Existing Client Capacity of Program/Service: 0

Prepared by: Matthew Le Pore

Client Capacity of Program/Service Expanded through MHSA: 21

Telephone Number: (530)621-6202

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
Coordinator of MH Programs	Coordinator		1.00	$82,468	$82,468
MH Worker II	MH Worker		1.50	$52,582	$78,873
Psychiatric Technician	Psychiatric Technician		0.25	$72,724	$18,181
Psychiatrist	Psychiatrist		0.13	$225,840	$28,230
Manager of MH Programs	Evaluator		0.25	$101,728	$25,432
Personal Services Coordinator	Personal Services Coordinator		1.00		$0
Substance Abuse Specialist	Substance Abuse Specialist		2.00		$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	0.00	6.13		$233,184
C. Total Program Positions		0.00	6.13		$233,184

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

Exhibit 5 Budget Narrative

Wellness Program – Systems Development – Fiscal Year 2006-07

A. Expenditures
2.b. – See exhibit 5b. – Salaries are based upon the County's FY 2005-06 salary schedule with an annual 5% increase.

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

County(ies): El Dorado | Fiscal Year: 2006-07

Program Workplan # 3 | Date: 11/9/05

Program Workplan Name Wellness Program | Page ____ of ____

Type of Funding 2. System Development | Months of Operation 12

Proposed Total Client Capacity of Program/Service: 21 | New Program/Service or Expansion New

Existing Client Capacity of Program/Service: 0 | Prepared by: Matthew Le Pore

Client Capacity of Program/Service Expanded through MHSA: 21 | Telephone Number: (530)621-6202

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total	
A. Expenditures					
1. Client, Family Member and Caregiver Support Expenditures					
a. Clothing, Food and Hygiene				$0	
b. Travel and Transportation				$0	
c. Housing					
i. Master Leases				$0	
ii. Subsidies				$0	
iii. Vouchers				$0	
iv. Other Housing				$0	
d. Employment and Education Supports				$0	
e. Other Support Expenditures (provide description in budget narrative)				$0	
f. Total Support Expenditures	$0	$0	$0	$0	
2. Personnel Expenditures					Match Staffing Detail
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0	Yes
b. New Additional Personnel Expenditures (from Staffing Detail)	$22,345			$22,345	Yes
c. Employee Benefits				$0	
d. Total Personnel Expenditures	$22,345	$0	$0	$22,345	
3. Operating Expenditures					
a. Professional Services				$0	
b. Translation and Interpreter Services				$0	
c. Travel and Transportation				$0	
d. General Office Expenditures				$0	
e. Rent, Utilities and Equipment					
f. Medication and Medical Supports				$0	
g. Other Operating Expenses (provide description in budget narrative)				$0	
h. Total Operating Expenditures	$0	$0	$0	$0	
4. Program Management					
a. Existing Program Management				$0	
b. New Program Management				$0	
c. Total Program Management		$0	$0	$0	
5. Estimated Total Expenditures when service provider is not known				$0	
6. Total Proposed Program Budget	**$22,345**	**$0**	**$0**	**$22,345**	
B. Revenues					
1. Existing Revenues					
a. Medi-Cal (FFP only)				$0	
b. Medicare/Patient Fees/Patient Insurance				$0	
c. Realignment				$0	
d. State General Funds				$0	
e. County Funds				$0	
f. Grants					
g. Other Revenue				$0	
h. Total Existing Revenues	$0	$0	$0	$0	
2. New Revenues					
a. Medi-Cal (FFP only)				$0	
b. Medicare/Patient Fees/Patient Insurance				$0	
c. State General Funds				$0	
d. Other Revenue				$0	
e. Total New Revenue	$0	$0	$0	$0	
3. Total Revenues	$0	$0	$0	$0	
C. One-Time CSS Funding Expenditures				**$0**	
D. Total Funding Requirements	**$22,345**	**$0**	**$0**	**$22,345**	
E. Percent of Total Funding Requirements for Full Service Partnerships					

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

County(ies): El Dorado | Fiscal Year: 2006-07

Program Workplan # 3 | Date: 11/9/05

Program Workplan Name Wellness Program | Page ____ of ____

Type of Funding 2. System Development | Months of Operation 12

Proposed Total Client Capacity of Program/Service: 21 | New Program/Service or Expansion New

Existing Client Capacity of Program/Service: 0 | Prepared by: Matthew Le Pore

Client Capacity of Program/Service Expanded through MHSA: 21 | Telephone Number: (530)621-6202

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
MH Driver	Peer Support Driver		0.50	$21,646	$10,823
MH Aide	Peer Support Aide		0.50	$23,044	$11,522
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	0.00	1.00		$22,345
C. Total Program Positions		0.00	1.00		$22,345

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

Exhibit 5 Budget Narrative

Wellness Program – Outreach and Engagement – Fiscal Year 2006-07

A. Expenditures
2.b. – See exhibit 5b. – Salaries are based upon the County's FY 2005-06 salary schedule with an annual 5% increase.

B. Revenues
2.a. – The Department plans to bill for its MAA expenditures.

Final 1-11-06

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

County(ies): El Dorado | Fiscal Year: 2006-07
Program Workplan # 3 | Date: 11/9/05
Program Workplan Name Wellness Program | Page ____ of ____
Type of Funding 3. Outreach and Engagement | Months of Operation 12
Proposed Total Client Capacity of Program/Service: 25 | New Program/Service or Expansion New
Existing Client Capacity of Program/Service: 0 | Prepared by: Matthew Le Pore
Client Capacity of Program/Service Expanded through MHSA: 25 | Telephone Number: (530)621-6202

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total	
A. Expenditures					
1. Client, Family Member and Caregiver Support Expenditures					
a. Clothing, Food and Hygiene				$0	
b. Travel and Transportation				$0	
c. Housing					
i. Master Leases				$0	
ii. Subsidies				$0	
iii. Vouchers				$0	
iv. Other Housing				$0	
d. Employment and Education Supports				$0	
e. Other Support Expenditures (provide description in budget narrative)				$0	
f. Total Support Expenditures	$0	$0	$0	$0	
2. Personnel Expenditures					Match Staffing Detail
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0	Yes
b. New Additional Personnel Expenditures (from Staffing Detail)	$26,291			$26,291	Yes
c. Employee Benefits				$0	
d. Total Personnel Expenditures	$26,291	$0	$0	$26,291	
3. Operating Expenditures					
a. Professional Services				$0	
b. Translation and Interpreter Services				$0	
c. Travel and Transportation				$0	
d. General Office Expenditures				$0	
e. Rent, Utilities and Equipment					
f. Medication and Medical Supports				$0	
g. Other Operating Expenses (provide description in budget narrative)				$0	
h. Total Operating Expenditures	$0	$0	$0	$0	
4. Program Management					
a. Existing Program Management				$0	
b. New Program Management				$0	
c. Total Program Management		$0	$0	$0	
5. Estimated Total Expenditures when service provider is not known				$0	
6. Total Proposed Program Budget	**$26,291**	**$0**	**$0**	**$26,291**	
B. Revenues					
1. Existing Revenues					
a. Medi-Cal (FFP only)				$0	
b. Medicare/Patient Fees/Patient Insurance				$0	
c. Realignment				$0	
d. State General Funds				$0	
e. County Funds				$0	
f. Grants					
g. Other Revenue				$0	
h. Total Existing Revenues	$0	$0	$0	$0	
2. New Revenues					
a. Medi-Cal (FFP only)	$13,146			$13,146	
b. Medicare/Patient Fees/Patient Insurance				$0	
c. State General Funds				$0	
d. Other Revenue				$0	
e. Total New Revenue	$13,146	$0	$0	$13,146	
3. Total Revenues	$13,146	$0	$0	$13,146	
C. One-Time CSS Funding Expenditures				**$0**	
D. Total Funding Requirements	**$13,145**	**$0**	**$0**	**$13,145**	
E. Percent of Total Funding Requirements for Full Service Partnerships					

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

County(ies): El Dorado | Fiscal Year: 2006-07

Program Workplan # 3 | Date: 11/9/05

Program Workplan Name Wellness Program | Page ____ of ____

Type of Funding 3. Outreach and Engagement | Months of Operation 12

Proposed Total Client Capacity of Program/Service: 25 | New Program/Service or Expansion New

Existing Client Capacity of Program/Service: 0 | Prepared by: Matthew Le Pore

Client Capacity of Program/Service Expanded through MHSA: 25 | Telephone Number: (530)621-6202

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
MH Worker II	Outreach Screener		0.50	$52,582	$26,291
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	0.00	0.50		$26,291
C. Total Program Positions		0.00	0.50		$26,291

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

Exhibit 5 Budget Narrative

Wellness Program – Full Service Partnership – Fiscal Year 2007-08

Expenditures and revenues for the Wellness Program are based upon the Department's experience in operating its AB 2034 homeless program in the South Lake Tahoe Basin. Budgeted amounts are set at 5% above the prior fiscal year's budgeted amounts.

A. Expenditures
1.a. – The Department will be providing food and hygiene products and services for the program's enrollees.
1.b. – The Department will be providing transit passes/tickets for the program's enrollees.
1.c.i. – The Department will be leasing two 4-bedroom houses and three 3-bedroom houses to house the program's enrollees. In addition to the lease costs, the department will be paying for other household expenditures, such as utilities. The budgeted amount is based upon the experience of the County's Housing Authority.
1.e. – The Department will use some flexible funds to pay for client activities designed to move clients to self-sufficiency.
2.b. – See exhibit 5b
3.c. – In addition to public transportation, Department staff will also transport enrollees.
5. – The Department plans to contract out for one Personal Services Coordinator and two Substance Abuse Specialists. The Department will also contract out for residential detoxification services. The Department estimates that it will use 180 bed days per year.

B. Revenues
2.a. – The Department will bill Medi-Cal for billable services.
2.c. – The Department will bill EPSDT for billable services to TAY.

C. One-time CSS Funding –
- The Department plans to spend $53,408 throughout the year on a Project Manager. $10,684 of this amount is attributed to this program.
- The Department will be spending $20,000 in the 1st quarter to provide DBT training to a group of ten staff members.
- The Department plans to spend $127,668 in the 1st quarter to improve the functionality of its IT systems. $25,534 of this amount is attributed to this program. The Department's current systems do not adequately allow for the collection of data needed to properly monitor and evaluate the effectiveness of the CSS programs.

Final 1-11-06

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

County(ies): El Dorado
Program Workplan # 3
Program Workplan Name Wellness Program
Type of Funding 1. Full Service Partnership
Proposed Total Client Capacity of Program/Service: 35
Existing Client Capacity of Program/Service: 0
Client Capacity of Program/Service Expanded through MHSA: 35

Fiscal Year: 2007-08
Date: 11/9/05
Page ____ of ____
Months of Operation 12
New Program/Service or Expansion New
Prepared by: Matthew Le Pore
Telephone Number: (530)621-6202

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total	
A. Expenditures					
1. Client, Family Member and Caregiver Support Expenditures					
a. Clothing, Food and Hygiene	$38,477			$38,477	
b. Travel and Transportation	$11,025			$11,025	
c. Housing					
i. Master Leases	$191,394			$191,394	
ii. Subsidies				$0	
iii. Vouchers				$0	
iv. Other Housing				$0	
d. Employment and Education Supports				$0	
e. Other Support Expenditures (provide description in budget narrative)	$11,180			$11,180	
f. Total Support Expenditures	$252,076	$0	$0	$252,076	
2. Personnel Expenditures					Match Staffing Detail
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0	Yes
b. New Additional Personnel Expenditures (from Staffing Detail)	$244,843			$244,843	Yes
c. Employee Benefits				$0	
d. Total Personnel Expenditures	$244,843	$0	$0	$244,843	
3. Operating Expenditures					
a. Professional Services				$0	
b. Translation and Interpreter Services				$0	
c. Travel and Transportation	$11,906			$11,906	
d. General Office Expenditures				$0	
e. Rent, Utilities and Equipment					
f. Medication and Medical Supports				$0	
g. Other Operating Expenses (provide description in budget narrative)				$0	
h. Total Operating Expenditures	$11,906	$0	$0	$11,906	
4. Program Management					
a. Existing Program Management				$0	
b. New Program Management				$0	
c. Total Program Management		$0	$0	$0	
5. Estimated Total Expenditures when service provider is not known	$168,264			$168,264	
6. Total Proposed Program Budget	**$677,089**	**$0**	**$0**	**$677,089**	
B. Revenues					
1. Existing Revenues					
a. Medi-Cal (FFP only)				$0	
b. Medicare/Patient Fees/Patient Insurance				$0	
c. Realignment				$0	
d. State General Funds				$0	
e. County Funds				$0	
f. Grants					
g. Other Revenue				$0	
h. Total Existing Revenues	$0	$0	$0	$0	
2. New Revenues					
a. Medi-Cal (FFP only)	$116,268			$116,268	
b. Medicare/Patient Fees/Patient Insurance				$0	
c. State General Funds	$34,839			$34,839	
d. Other Revenue				$0	
e. Total New Revenue	$151,107	$0	$0	$151,107	
3. Total Revenues	$151,107	$0	$0	$151,107	
C. One-Time CSS Funding Expenditures	**$56,218**			**$56,218**	
D. Total Funding Requirements	**$582,200**	**$0**	**$0**	**$582,200**	
E. Percent of Total Funding Requirements for Full Service Partnerships					

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

County(ies): El Dorado | Fiscal Year: 2007-08

Program Workplan # 3 | Date: 11/9/05

Program Workplan Name Wellness Program | Page ____ of ____

Type of Funding 1. Full Service Partnership | Months of Operation 12

Proposed Total Client Capacity of Program/Service: 35 | New Program/Service or Expansion New

Existing Client Capacity of Program/Service: 0 | Prepared by: Matthew Le Pore

Client Capacity of Program/Service Expanded through MHSA: 35 | Telephone Number: (530)621-6202

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
Coordinator of MH Programs	Coordinator		1.00	$86,590	$86,590
MH Worker II	MH Worker		1.50	$55,211	$82,817
Psychiatric Technician	Psychiatric Technician		0.25	$76,360	$19,090
Psychiatrist	Psychiatrist		0.13	$237,132	$29,642
Manager of MH Programs	Evaluator		0.25	$106,814	$26,704
Personal Services Coordinator	Personal Services Coordinator		1.00		$0
Substance Abuse Specialist	Substance Abuse Specialist		2.00		$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	0.00	6.13		$244,843
C. Total Program Positions		0.00	6.13		$244,843

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

Exhibit 5 Budget Narrative

Wellness Program – Systems Development – Fiscal Year 2007-08

A. Expenditures
2.b. – See exhibit 5b. – Salaries are based upon the County's FY 2005-06 salary schedule with an annual 5% increase.

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

County(ies): El Dorado — Fiscal Year: 2007-08

Program Workplan # 3 — Date: 11/9/05

Program Workplan Name: Wellness Program — Page ____ of ____

Type of Funding: 2. System Development — Months of Operation: 12

Proposed Total Client Capacity of Program/Service: 35 — New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 — Prepared by: Matthew Le Pore

Client Capacity of Program/Service Expanded through MHSA: 35 — Telephone Number: (530)621-6202

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total	
A. Expenditures					
1. Client, Family Member and Caregiver Support Expenditures					
a. Clothing, Food and Hygiene				$0	
b. Travel and Transportation				$0	
c. Housing					
i. Master Leases				$0	
ii. Subsidies				$0	
iii. Vouchers				$0	
iv. Other Housing				$0	
d. Employment and Education Supports				$0	
e. Other Support Expenditures (provide description in budget narrative)				$0	
f. Total Support Expenditures	$0	$0	$0	$0	
2. Personnel Expenditures					Match Staffing Detail
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0	Yes
b. New Additional Personnel Expenditures (from Staffing Detail)	$23,462			$23,462	Yes
c. Employee Benefits				$0	
d. Total Personnel Expenditures	$23,462	$0	$0	$23,462	
3. Operating Expenditures					
a. Professional Services				$0	
b. Translation and Interpreter Services				$0	
c. Travel and Transportation				$0	
d. General Office Expenditures				$0	
e. Rent, Utilities and Equipment					
f. Medication and Medical Supports				$0	
g. Other Operating Expenses (provide description in budget narrative)				$0	
h. Total Operating Expenditures	$0	$0	$0	$0	
4. Program Management					
a. Existing Program Management				$0	
b. New Program Management				$0	
c. Total Program Management		$0	$0	$0	
5. Estimated Total Expenditures when service provider is not known				$0	
6. Total Proposed Program Budget	**$23,462**	**$0**	**$0**	**$23,462**	
B. Revenues					
1. Existing Revenues					
a. Medi-Cal (FFP only)				$0	
b. Medicare/Patient Fees/Patient Insurance				$0	
c. Realignment				$0	
d. State General Funds				$0	
e. County Funds				$0	
f. Grants					
g. Other Revenue				$0	
h. Total Existing Revenues	$0	$0	$0	$0	
2. New Revenues					
a. Medi-Cal (FFP only)				$0	
b. Medicare/Patient Fees/Patient Insurance				$0	
c. State General Funds				$0	
d. Other Revenue				$0	
e. Total New Revenue	$0	$0	$0	$0	
3. Total Revenues	$0	$0	$0	$0	
C. One-Time CSS Funding Expenditures				**$0**	
D. Total Funding Requirements	**$23,462**	**$0**	**$0**	**$23,462**	
E. Percent of Total Funding Requirements for Full Service Partnerships					

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

County(ies): El Dorado — Fiscal Year: 2007-08

Program Workplan # 3 — Date: 11/9/05

Program Workplan Name Wellness Program — Page ____ of ____

Type of Funding 2. System Development — Months of Operation 12

Proposed Total Client Capacity of Program/Service: 35 — New Program/Service or Expansion New

Existing Client Capacity of Program/Service: 0 — Prepared by: Matthew Le Pore

Client Capacity of Program/Service Expanded through MHSA: 35 — Telephone Number: (530)621-6202

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
MH Driver	Peer Support Driver		0.50	$22,728	$11,364
MH Aide	Peer Support Aide		0.50	$24,196	$12,098
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	0.00	1.00		$23,462
C. Total Program Positions		0.00	1.00		$23,462

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

Exhibit 5 Budget Narrative

Wellness Program – Outreach and Engagement – Fiscal Year 2007-08

A. Expenditures
2.b. – See exhibit 5b. – Salaries are based upon the County's FY 2005-06 salary schedule with an annual 5% increase.

B. Revenues
2.a. – The Department plans to bill for its MAA expenditures.

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

County(ies): El Dorado | Fiscal Year: 2007-08
Program Workplan # 3 | Date: 11/9/05
Program Workplan Name Wellness Program | Page ____ of ____
Type of Funding 3. Outreach and Engagement | Months of Operation 12
Proposed Total Client Capacity of Program/Service: 45 | New Program/Service or Expansion New
Existing Client Capacity of Program/Service: 0 | Prepared by: Matthew Le Pore
Client Capacity of Program/Service Expanded through MHSA: 45 | Telephone Number: (530)621-6202

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total	
A. Expenditures					
1. Client, Family Member and Caregiver Support Expenditures					
a. Clothing, Food and Hygiene				$0	
b. Travel and Transportation				$0	
c. Housing					
i. Master Leases				$0	
ii. Subsidies				$0	
iii. Vouchers				$0	
iv. Other Housing				$0	
d. Employment and Education Supports				$0	
e. Other Support Expenditures (provide description in budget narrative)				$0	
f. Total Support Expenditures	$0	$0	$0	$0	
2. Personnel Expenditures					Match Staffing Detail
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0	Yes
b. New Additional Personnel Expenditures (from Staffing Detail)	$27,606			$27,606	Yes
c. Employee Benefits				$0	
d. Total Personnel Expenditures	$27,606	$0	$0	$27,606	
3. Operating Expenditures					
a. Professional Services				$0	
b. Translation and Interpreter Services				$0	
c. Travel and Transportation				$0	
d. General Office Expenditures				$0	
e. Rent, Utilities and Equipment					
f. Medication and Medical Supports				$0	
g. Other Operating Expenses (provide description in budget narrative)				$0	
h. Total Operating Expenditures	$0	$0	$0	$0	
4. Program Management					
a. Existing Program Management				$0	
b. New Program Management				$0	
c. Total Program Management		$0	$0	$0	
5. Estimated Total Expenditures when service provider is not known				$0	
6. Total Proposed Program Budget	**$27,606**	**$0**	**$0**	**$27,606**	
B. Revenues					
1. Existing Revenues					
a. Medi-Cal (FFP only)				$0	
b. Medicare/Patient Fees/Patient Insurance				$0	
c. Realignment				$0	
d. State General Funds				$0	
e. County Funds				$0	
f. Grants					
g. Other Revenue				$0	
h. Total Existing Revenues	$0	$0	$0	$0	
2. New Revenues					
a. Medi-Cal (FFP only)	$13,803			$13,803	
b. Medicare/Patient Fees/Patient Insurance				$0	
c. State General Funds				$0	
d. Other Revenue				$0	
e. Total New Revenue	$13,803	$0	$0	$13,803	
3. Total Revenues	$13,803	$0	$0	$13,803	
C. One-Time CSS Funding Expenditures				**$0**	
D. Total Funding Requirements	**$13,803**	**$0**	**$0**	**$13,803**	
E. Percent of Total Funding Requirements for Full Service Partnerships					

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

County(ies): El Dorado | Fiscal Year: 2007-08

Program Workplan # 3 | Date: 11/9/05

Program Workplan Name Wellness Program | Page ____ of ____

Type of Funding 3. Outreach and Engagement | Months of Operation 12

Proposed Total Client Capacity of Program/Service: 45 | New Program/Service or Expansion New

Existing Client Capacity of Program/Service: 0 | Prepared by: Matthew Le Pore

Client Capacity of Program/Service Expanded through MHSA: 45 | Telephone Number: (530)621-6202

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
MH Worker II	Outreach Screener		0.50	$55,211	$27,606
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	0.00	0.50		$27,606
C. Total Program Positions		0.00	0.50		$27,606

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

Exhibit 5 Budget Narrative

Project Uplift – Systems Development – Fiscal Year 2005-06

Expenditures and revenues for Project Uplift are based upon the County's experience in operating its geriatric programs.

A. Expenditures
1.e. – The Department will use some flexible funds to assist its older adult clients in this program.
2.b. – See exhibit 5b. Salaries are based upon the County's current-year salary schedule.
3.c. – Department staff will travel about the county in support of this program.
5. – The Department plans to contract out for one half-time Friendly Visitor Aide.

B. Revenues
2.d. – The Department will be receiving some Tobacco Settlement funds from the County's Public Health Department to fund the flexible spending costs under this program (see Expenditure A.1.e).

C. One-time CSS Funding
- The Department will also be spending $12,111 in the 4th quarter on a Project Manager. $2,422 of this amount is attributed to this program.

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

County(ies): El Dorado | Fiscal Year: 2005-06

Program Workplan # 4 | Date: 11/9/05

Program Workplan Name Project Uplift | Page ____ of ____

Type of Funding 2. System Development | Months of Operation 3

Proposed Total Client Capacity of Program/Service: 10 | New Program/Service or Expansion New

Existing Client Capacity of Program/Service: 0 | Prepared by: Matthew Le Pore

Client Capacity of Program/Service Expanded through MHSA: 10 | Telephone Number: (530) 621-6202

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total	
A. Expenditures					
1. Client, Family Member and Caregiver Support Expenditures					
a. Clothing, Food and Hygiene				$0	
b. Travel and Transportation				$0	
c. Housing					
i. Master Leases				$0	
ii. Subsidies				$0	
iii. Vouchers				$0	
iv. Other Housing				$0	
d. Employment and Education Supports				$0	
e. Other Support Expenditures (provide description in budget narrative)	$22,657			$22,657	
f. Total Support Expenditures	$22,657	$0	$0	$22,657	
2. Personnel Expenditures					Match Staffing Detail
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0	Yes
b. New Additional Personnel Expenditures (from Staffing Detail)	$34,893			$34,893	Yes
c. Employee Benefits				$0	
d. Total Personnel Expenditures	$34,893	$0	$0	$34,893	
3. Operating Expenditures					
a. Professional Services				$0	
b. Translation and Interpreter Services				$0	
c. Travel and Transportation	$1,162			$1,162	
d. General Office Expenditures				$0	
e. Rent, Utilities and Equipment					
f. Medication and Medical Supports				$0	
g. Other Operating Expenses (provide description in budget narrative)				$0	
h. Total Operating Expenditures	$1,162	$0	$0	$1,162	
4. Program Management					
a. Existing Program Management				$0	
b. New Program Management				$0	
c. Total Program Management		$0	$0	$0	
5. Estimated Total Expenditures when service provider is not known	$4,556			$4,556	
6. Total Proposed Program Budget	**$63,268**	**$0**	**$0**	**$63,268**	
B. Revenues					
1. Existing Revenues					
a. Medi-Cal (FFP only)				$0	
b. Medicare/Patient Fees/Patient Insurance				$0	
c. Realignment				$0	
d. State General Funds				$0	
e. County Funds				$0	
f. Grants					
g. Other Revenue				$0	
h. Total Existing Revenues	$0	$0	$0	$0	
2. New Revenues					
a. Medi-Cal (FFP only)				$0	
b. Medicare/Patient Fees/Patient Insurance				$0	
c. State General Funds				$0	
d. Other Revenue	$20,000			$20,000	
e. Total New Revenue	$20,000	$0	$0	$20,000	
3. Total Revenues	$20,000	$0	$0	$20,000	
C. One-Time CSS Funding Expenditures	**$2,422**			**$2,422**	
D. Total Funding Requirements	**$45,690**	**$0**	**$0**	**$45,690**	
E. Percent of Total Funding Requirements for Full Service Partnerships					

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

County(ies): El Dorado | Fiscal Year: 2005-06

Program Workplan # 4 | Date: 11/9/05

Program Workplan Name Project Uplift | Page ____ of ____

Type of Funding 2. System Development | Months of Operation 3

Proposed Total Client Capacity of Program/Service: 10 | New Program/Service or Expansion New

Existing Client Capacity of Program/Service: 0 | Prepared by: Matthew Le Pore

Client Capacity of Program/Service Expanded through MHSA: 10 | Telephone Number: (530) 621-6202

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
Coordinator of MH Programs	Program Coordinator		1.00	19635	$19,635
MH Worker II	MH Worker		0.50	12520	$6,260
MH Clinician IB	MH Clinician		0.50	17996	$8,998
MH Aide	Friendly Visitor Aide	0.50	0.50		$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	0.50	2.50		$34,893
C. Total Program Positions		0.50	2.50		$34,893

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

Exhibit 5 Budget Narrative

Project Uplift – Outreach and Engagement – Fiscal Year 2005-06

Expenditures and revenues for Project Uplift are based upon the County's experience in operating its geriatric programs.

A. Expenditures
2.b. – See exhibit 5b. Salaries are based upon the County's current-year salary schedule.

B. Revenues
2.a. – The Department plans to bill for its MAA expenditures.

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

County(ies): El Dorado | Fiscal Year: 2005-06
Program Workplan # 4 | Date: 11/9/05
Program Workplan Name Project Uplift | Page ____ of ____
Type of Funding 3. Outreach and Engagement | Months of Operation 3
Proposed Total Client Capacity of Program/Service: 10 | New Program/Service or Expansion New
Existing Client Capacity of Program/Service: 0 | Prepared by: Matthew Le Pore
Client Capacity of Program/Service Expanded through MHSA: 10 | Telephone Number: (530) 621-6202

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total	
A. Expenditures					
1. Client, Family Member and Caregiver Support Expenditures					
a. Clothing, Food and Hygiene				$0	
b. Travel and Transportation				$0	
c. Housing					
i. Master Leases				$0	
ii. Subsidies				$0	
iii. Vouchers				$0	
iv. Other Housing				$0	
d. Employment and Education Supports				$0	
e. Other Support Expenditures (provide description in budget narrative)				$0	
f. Total Support Expenditures	$0	$0	$0	$0	
2. Personnel Expenditures					Match Staffing Detail
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0	Yes
b. New Additional Personnel Expenditures (from Staffing Detail)	$6,260			$6,260	Yes
c. Employee Benefits				$0	
d. Total Personnel Expenditures	$6,260	$0	$0	$6,260	
3. Operating Expenditures					
a. Professional Services				$0	
b. Translation and Interpreter Services				$0	
c. Travel and Transportation				$0	
d. General Office Expenditures				$0	
e. Rent, Utilities and Equipment					
f. Medication and Medical Supports				$0	
g. Other Operating Expenses (provide description in budget narrative)				$0	
h. Total Operating Expenditures	$0	$0	$0	$0	
4. Program Management					
a. Existing Program Management				$0	
b. New Program Management				$0	
c. Total Program Management		$0	$0	$0	
5. Estimated Total Expenditures when service provider is not known				$0	
6. Total Proposed Program Budget	**$6,260**	**$0**	**$0**	**$6,260**	
B. Revenues					
1. Existing Revenues					
a. Medi-Cal (FFP only)				$0	
b. Medicare/Patient Fees/Patient Insurance				$0	
c. Realignment				$0	
d. State General Funds				$0	
e. County Funds				$0	
f. Grants					
g. Other Revenue				$0	
h. Total Existing Revenues	$0	$0	$0	$0	
2. New Revenues					
a. Medi-Cal (FFP only)	$3,130			$3,130	
b. Medicare/Patient Fees/Patient Insurance				$0	
c. State General Funds				$0	
d. Other Revenue				$0	
e. Total New Revenue	$3,130	$0	$0	$3,130	
3. Total Revenues	$3,130	$0	$0	$3,130	
C. One-Time CSS Funding Expenditures				**$0**	
D. Total Funding Requirements	**$3,130**	**$0**	**$0**	**$3,130**	
E. Percent of Total Funding Requirements for Full Service Partnerships					

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

County(ies): El Dorado | Fiscal Year: 2005-06

Program Workplan # 4 | Date: 11/9/05

Program Workplan Name Project Uplift | Page ____ of ____

Type of Funding 3. Outreach and Engagement | Months of Operation 3

Proposed Total Client Capacity of Program/Service: 10 | New Program/Service or Expansion New

Existing Client Capacity of Program/Service: 0 | Prepared by: Matthew Le Pore

Client Capacity of Program/Service Expanded through MHSA: 10 | Telephone Number: (530) 621-6202

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
MH Worker II	Outreach worker		0.50	$12,520	$6,260
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	0.00	0.50		$6,260
C. Total Program Positions		0.00	0.50		$6,260

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

Exhibit 5 Budget Narrative

Project Uplift – System Development – Fiscal Year 2006-07

Expenditures and revenues for Project Uplift are based upon the County's experience in operating its geriatric programs.

A. Expenditures
1.e. – The Department will use some flexible funds to assist its older adult clients in this program.
2.b. – See exhibit 5b. Salaries are based upon the County's FY 2005-06 salary schedule with an annual 5% increase.
3.c. – Department staff will travel about the county in support of this program.
5. – The Department plans to contract out for one half-time Friendly Visitor Aide.

B. Revenues
2.d. – The Department will be receiving some Tobacco Settlement funds from the County's Public Health Department to fund the flexible spending costs under this program (see Expenditure A.1.e).

C. One-time CSS Funding

- The Department plans to spend $16,000 in the 1st quarter to purchase a 4-door sedan that will be used for the program.
- The Department plans to spend $50,864 throughout the year on a Project Manager. $10,172 of this amount is attributed to this program.
- The Department plans to spend $5,000 in the 1st quarter for marketing materials. $1,000 of this amount is attributed to this program.

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

County(ies): El Dorado | Fiscal Year: 2006-07

Program Workplan # 4 | Date: 11/9/05

Program Workplan Name Project Uplift | Page ____ of ____

Type of Funding 2. System Development | Months of Operation 12

Proposed Total Client Capacity of Program/Service: 37 | New Program/Service or Expansion New

Existing Client Capacity of Program/Service: 0 | Prepared by: Matthew Le Pore

Client Capacity of Program/Service Expanded through MHSA: 37 | Telephone Number: (530)621-6202

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total	
A. Expenditures					
1. Client, Family Member and Caregiver Support Expenditures					
a. Clothing, Food and Hygiene				$0	
b. Travel and Transportation				$0	
c. Housing					
i. Master Leases				$0	
ii. Subsidies				$0	
iii. Vouchers				$0	
iv. Other Housing				$0	
d. Employment and Education Supports				$0	
e. Other Support Expenditures (provide description in budget narrative)	$56,159			$56,159	
f. Total Support Expenditures	$56,159	$0	$0	$56,159	
2. Personnel Expenditures					Match Staffing Detail
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0	Yes
b. New Additional Personnel Expenditures (from Staffing Detail)	$146,551			$146,551	Yes
c. Employee Benefits				$0	
d. Total Personnel Expenditures	$146,551	$0	$0	$146,551	
3. Operating Expenditures					
a. Professional Services				$0	
b. Translation and Interpreter Services				$0	
c. Travel and Transportation	$4,883			$4,883	
d. General Office Expenditures				$0	
e. Rent, Utilities and Equipment					
f. Medication and Medical Supports				$0	
g. Other Operating Expenses (provide description in budget narrative)				$0	
h. Total Operating Expenditures	$4,883	$0	$0	$4,883	
4. Program Management					
a. Existing Program Management				$0	
b. New Program Management				$0	
c. Total Program Management		$0	$0	$0	
5. Estimated Total Expenditures when service provider is not known	$19,134			$19,134	
6. Total Proposed Program Budget	**$226,727**	**$0**	**$0**	**$226,727**	
B. Revenues					
1. Existing Revenues					
a. Medi-Cal (FFP only)				$0	
b. Medicare/Patient Fees/Patient Insurance				$0	
c. Realignment				$0	
d. State General Funds				$0	
e. County Funds				$0	
f. Grants					
g. Other Revenue				$0	
h. Total Existing Revenues	$0	$0	$0	$0	
2. New Revenues					
a. Medi-Cal (FFP only)				$0	
b. Medicare/Patient Fees/Patient Insurance				$0	
c. State General Funds				$0	
d. Other Revenue	$45,000			$45,000	
e. Total New Revenue	$45,000	$0	$0	$45,000	
3. Total Revenues	$45,000	$0	$0	$45,000	
C. One-Time CSS Funding Expenditures	**$27,172**			**$27,172**	
D. Total Funding Requirements	**$208,899**	**$0**	**$0**	**$208,899**	
E. Percent of Total Funding Requirements for Full Service Partnerships					

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

County(ies): El Dorado | Fiscal Year: 2006-07

Program Workplan # 4 | Date: 11/9/05

Program Workplan Name Project Uplift | Page ____ of ____

Type of Funding 2. System Development | Months of Operation 12

Proposed Total Client Capacity of Program/Service: 37 | New Program/Service or Expansion New

Existing Client Capacity of Program/Service: 0 | Prepared by: Matthew Le Pore

Client Capacity of Program/Service Expanded through MHSA: 37 | Telephone Number: (530)621-6202

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
Coordinator of MH Programs	Program Coordinator		1.00	82468	$82,468
MH Worker II	MH Worker		0.50	52582	$26,291
MH Clinician IB	MH Clinician		0.50	75584	$37,792
MH Aide	Friendly Visitor Aide	0.50	0.50		$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	0.50	2.50		$146,551
C. Total Program Positions		0.50	2.50		$146,551

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

Exhibit 5 Budget Narrative

Project Uplift – Outreach and Engagement – Fiscal Year 2006-07

Expenditures and revenues for Project Uplift are based upon the County's experience in operating its geriatric programs.

A. Expenditures
2.b. – See exhibit 5b. Salaries are based upon the County's current-year salary schedule.

B. Revenues
2.a. – The Department plans to bill for its MAA expenditures.

C. One-time CSS Funding
- The Department plans to spend $16,000 in the 1st quarter to purchase a 4-door sedan that will be used for the program.

Final 1-11-06

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

County(ies): El Dorado | Fiscal Year: 2006-07

Program Workplan # 4 | Date: 11/9/05

Program Workplan Name: Project Uplift | Page ____ of ____

Type of Funding: 3. Outreach and Engagement | Months of Operation: 12

Proposed Total Client Capacity of Program/Service: 17 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: Matthew Le Pore

Client Capacity of Program/Service Expanded through MHSA: 17 | Telephone Number: (530) 621-6202

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total	
A. Expenditures					
1. Client, Family Member and Caregiver Support Expenditures					
a. Clothing, Food and Hygiene				$0	
b. Travel and Transportation				$0	
c. Housing					
i. Master Leases				$0	
ii. Subsidies				$0	
iii. Vouchers				$0	
iv. Other Housing				$0	
d. Employment and Education Supports				$0	
e. Other Support Expenditures (provide description in budget narrative)				$0	
f. Total Support Expenditures	$0	$0	$0	$0	
2. Personnel Expenditures					Match Staffing Detail
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0	Yes
b. New Additional Personnel Expenditures (from Staffing Detail)	$26,291			$26,291	Yes
c. Employee Benefits				$0	
d. Total Personnel Expenditures	$26,291	$0	$0	$26,291	
3. Operating Expenditures					
a. Professional Services				$0	
b. Translation and Interpreter Services				$0	
c. Travel and Transportation				$0	
d. General Office Expenditures				$0	
e. Rent, Utilities and Equipment					
f. Medication and Medical Supports				$0	
g. Other Operating Expenses (provide description in budget narrative)				$0	
h. Total Operating Expenditures	$0	$0	$0	$0	
4. Program Management					
a. Existing Program Management				$0	
b. New Program Management				$0	
c. Total Program Management		$0	$0	$0	
5. Estimated Total Expenditures when service provider is not known				$0	
6. Total Proposed Program Budget	**$26,291**	**$0**	**$0**	**$26,291**	
B. Revenues					
1. Existing Revenues					
a. Medi-Cal (FFP only)				$0	
b. Medicare/Patient Fees/Patient Insurance				$0	
c. Realignment				$0	
d. State General Funds				$0	
e. County Funds				$0	
f. Grants					
g. Other Revenue				$0	
h. Total Existing Revenues	$0	$0	$0	$0	
2. New Revenues					
a. Medi-Cal (FFP only)	$13,146			$13,146	
b. Medicare/Patient Fees/Patient Insurance				$0	
c. State General Funds				$0	
d. Other Revenue				$0	
e. Total New Revenue	$13,146	$0	$0	$13,146	
3. Total Revenues	$13,146	$0	$0	$13,146	
C. One-Time CSS Funding Expenditures	**$16,000**			**$16,000**	
D. Total Funding Requirements	**$29,145**	**$0**	**$0**	**$29,145**	
E. Percent of Total Funding Requirements for Full Service Partnerships					

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

County(ies): El Dorado | Fiscal Year: 2006-07

Program Workplan # 4 | Date: 11/9/05

Program Workplan Name Project Uplift | Page ____ of ____

Type of Funding 3. Outreach and Engagement | Months of Operation 12

Proposed Total Client Capacity of Program/Service: 17 | New Program/Service or Expansion New

Existing Client Capacity of Program/Service: 0 | Prepared by: Matthew Le Pore

Client Capacity of Program/Service Expanded through MHSA: 17 | Telephone Number: (530) 621-6202

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
MH Worker II	Outreach worker		0.50	$52,582	$26,291
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	0.00	0.50		$26,291
C. Total Program Positions		0.00	0.50		$26,291

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

Exhibit 5 Budget Narrative

Project Uplift – System Development – Fiscal Year 2007-08

Expenditures and revenues for Project Uplift are based upon the County's experience in operating its geriatric programs.

A. Expenditures
1.e. – The Department will use some flexible funds to assist its older adult clients in this program.
2.b. – See exhibit 5b. Salaries are based upon the County's FY 2005-06 salary schedule with an annual 5% increase.
3.c. – Department staff will travel about the county in support of this program.
5. – The Department plans to contract out for one half-time Friendly Visitor Aide.

B. Revenues
2.d. – The Department will be receiving some Tobacco Settlement funds from the County's Public Health Department to fund the flexible spending costs under this program (see Expenditure A.1.e).

C. One-time CSS Funding
- The Department plans to spend $53,408 throughout the year on a Project Manager. $10,680 of this amount is attributed to this program.
- The Department plans to spend $127,668 in the 1st quarter to improve the functionality of its IT systems. $25,534 of this amount is attributed to this program. The Department's current systems do not adequately allow for the collection of data needed to properly monitor and evaluate the effectiveness of the CSS programs.
- .

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

County(ies): El Dorado
Fiscal Year: 2007-08
Program Workplan # 4
Date: 11/9/05
Program Workplan Name Project Uplift
Page ____ of ____
Type of Funding 2. System Development
Months of Operation 12
Proposed Total Client Capacity of Program/Service: 74
New Program/Service or Expansion New
Existing Client Capacity of Program/Service: 0
Prepared by: Matthew Le Pore
Client Capacity of Program/Service Expanded through MHSA: 74
Telephone Number: (530) 621-6202

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total	
A. Expenditures					
1. Client, Family Member and Caregiver Support Expenditures					
a. Clothing, Food and Hygiene				$0	
b. Travel and Transportation				$0	
c. Housing					
i. Master Leases				$0	
ii. Subsidies				$0	
iii. Vouchers				$0	
iv. Other Housing				$0	
d. Employment and Education Supports				$0	
e. Other Support Expenditures (provide description in budget narrative)	$59,810			$59,810	
f. Total Support Expenditures	$59,810	$0	$0	$59,810	
2. Personnel Expenditures					Match Staffing Detail
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0	Yes
b. New Additional Personnel Expenditures (from Staffing Detail)	$153,878			$153,878	Yes
c. Employee Benefits				$0	
d. Total Personnel Expenditures	$153,878	$0	$0	$153,878	
3. Operating Expenditures					
a. Professional Services				$0	
b. Translation and Interpreter Services				$0	
c. Travel and Transportation	$5,127			$5,127	
d. General Office Expenditures				$0	
e. Rent, Utilities and Equipment					
f. Medication and Medical Supports				$0	
g. Other Operating Expenses (provide description in budget narrative)				$0	
h. Total Operating Expenditures	$5,127	$0	$0	$5,127	
4. Program Management					
a. Existing Program Management				$0	
b. New Program Management				$0	
c. Total Program Management		$0	$0	$0	
5. Estimated Total Expenditures when service provider is not known	$20,091			$20,091	
6. Total Proposed Program Budget	**$238,906**	**$0**	**$0**	**$238,906**	
B. Revenues					
1. Existing Revenues					
a. Medi-Cal (FFP only)				$0	
b. Medicare/Patient Fees/Patient Insurance				$0	
c. Realignment				$0	
d. State General Funds				$0	
e. County Funds				$0	
f. Grants					
g. Other Revenue				$0	
h. Total Existing Revenues	$0	$0	$0	$0	
2. New Revenues					
a. Medi-Cal (FFP only)				$0	
b. Medicare/Patient Fees/Patient Insurance				$0	
c. State General Funds				$0	
d. Other Revenue	$48,093			$48,093	
e. Total New Revenue	$48,093	$0	$0	$48,093	
3. Total Revenues	$48,093	$0	$0	$48,093	
C. One-Time CSS Funding Expenditures	**$36,214**			**$36,214**	
D. Total Funding Requirements	**$227,027**	**$0**	**$0**	**$227,027**	
E. Percent of Total Funding Requirements for Full Service Partnerships					

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

County(ies): El Dorado
Fiscal Year: 2007-08
Program Workplan # 4
Date: 11/9/05
Program Workplan Name Project Uplift
Page ____ of ____
Type of Funding 2. System Development
Months of Operation 12
Proposed Total Client Capacity of Program/Service: 74
New Program/Service or Expansion New
Existing Client Capacity of Program/Service: 0
Prepared by: Matthew Le Pore
Client Capacity of Program/Service Expanded through MHSA: 74
Telephone Number: (530) 621-6202

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
Coordinator of MH Programs	Program Coordinator		1.00	86590	$86,590
MH Worker II	MH Worker		0.50	55211	$27,606
MH Clinician IB	MH Clinician		0.50	79363	$39,682
MH Aide	Friendly Visitor Aide	0.50	0.50		$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	0.50	2.50		$153,878
C. Total Program Positions		0.50	2.50		$153,878

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

Exhibit 5 Budget Narrative

Project Uplift – Outreach and Engagement – Fiscal Year 2007-08

Expenditures and revenues for Project Uplift are based upon the County's experience in operating its geriatric programs.

A. Expenditures
2.b. – See exhibit 5b. Salaries are based upon the County's current-year salary schedule.

B. Revenues
2.a. – The Department plans to bill for its MAA expenditures.

Final 1-11-06

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

County(ies): El Dorado | Fiscal Year: 2007-08

Program Workplan # 4 | Date: 11/9/05

Program Workplan Name: Project Uplift | Page ____ of ____

Type of Funding: 3. Outreach and Engagement | Months of Operation: 12

Proposed Total Client Capacity of Program/Service: 40 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: Matthew Le Pore

Client Capacity of Program/Service Expanded through MHSA: 40 | Telephone Number: (530) 621-6202

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total	
A. Expenditures					
1. Client, Family Member and Caregiver Support Expenditures					
a. Clothing, Food and Hygiene				$0	
b. Travel and Transportation				$0	
c. Housing					
i. Master Leases				$0	
ii. Subsidies				$0	
iii. Vouchers				$0	
iv. Other Housing				$0	
d. Employment and Education Supports				$0	
e. Other Support Expenditures (provide description in budget narrative)				$0	
f. Total Support Expenditures	$0	$0	$0	$0	
2. Personnel Expenditures					Match Staffing Detail
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0	Yes
b. New Additional Personnel Expenditures (from Staffing Detail)	$27,606			$27,606	Yes
c. Employee Benefits				$0	
d. Total Personnel Expenditures	$27,606	$0	$0	$27,606	
3. Operating Expenditures					
a. Professional Services				$0	
b. Translation and Interpreter Services				$0	
c. Travel and Transportation				$0	
d. General Office Expenditures				$0	
e. Rent, Utilities and Equipment					
f. Medication and Medical Supports				$0	
g. Other Operating Expenses (provide description in budget narrative)				$0	
h. Total Operating Expenditures	$0	$0	$0	$0	
4. Program Management					
a. Existing Program Management				$0	
b. New Program Management				$0	
c. Total Program Management		$0	$0	$0	
5. Estimated Total Expenditures when service provider is not known				$0	
6. Total Proposed Program Budget	**$27,606**	**$0**	**$0**	**$27,606**	
B. Revenues					
1. Existing Revenues					
a. Medi-Cal (FFP only)				$0	
b. Medicare/Patient Fees/Patient Insurance				$0	
c. Realignment				$0	
d. State General Funds				$0	
e. County Funds				$0	
f. Grants					
g. Other Revenue				$0	
h. Total Existing Revenues	$0	$0	$0	$0	
2. New Revenues					
a. Medi-Cal (FFP only)	$13,803			$13,803	
b. Medicare/Patient Fees/Patient Insurance				$0	
c. State General Funds				$0	
d. Other Revenue				$0	
e. Total New Revenue	$13,803	$0	$0	$13,803	
3. Total Revenues	$13,803	$0	$0	$13,803	
C. One-Time CSS Funding Expenditures				**$0**	
D. Total Funding Requirements	**$13,803**	**$0**	**$0**	**$13,803**	
E. Percent of Total Funding Requirements for Full Service Partnerships					

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

County(ies): El Dorado
Fiscal Year: 2007-08
Program Workplan # 4
Date: 11/9/05
Program Workplan Name Project Uplift
Page ____ of ____
Type of Funding 3. Outreach and Engagement
Months of Operation 12
Proposed Total Client Capacity of Program/Service: 40
New Program/Service or Expansion New
Existing Client Capacity of Program/Service: 0
Prepared by: Matthew Le Pore
Client Capacity of Program/Service Expanded through MHSA: 40
Telephone Number: (530) 621-6202

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
MH Worker II	Outreach worker		0.50	$55,211	$27,606
		2,000.00			$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	2,000.00	0.50		$27,606
C. Total Program Positions		2,000.00	0.50		$27,606

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

Exhibit 5 Budget Narrative

Latino Engagement Initiative – System Development – Fiscal Year 2005-06

Expenditures for the Latino Engagement Initiative are based upon cost estimates from local providers that perform outreach services to the Latino community in the County.

A. Expenditures
3.b. – The Department will utilize interpreter services to communicate with Spanish-only speaking individuals.
3.g. – The Department will provide cultural competency training to its staff.
5. – The Department plans to contract out most of the services under this program. The contractors will provide a full-time peer counselor and meals from its mobile van.

Final 1-11-06

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

County(ies): El Dorado | Fiscal Year: 2005-06

Program Workplan # 5 | Date: 11/9/05

Program Workplan Name: Latino Engagement Initiative | Page ____ of ____

Type of Funding: 2. System Development | Months of Operation: 3

Proposed Total Client Capacity of Program/Service: 5 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: Matthew Le Pore

Client Capacity of Program/Service Expanded through MHSA: 5 | Telephone Number: (530)621-6202

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total	
A. Expenditures					
1. Client, Family Member and Caregiver Support Expenditures					
a. Clothing, Food and Hygiene				$0	
b. Travel and Transportation				$0	
c. Housing					
i. Master Leases				$0	
ii. Subsidies				$0	
iii. Vouchers				$0	
iv. Other Housing				$0	
d. Employment and Education Supports				$0	
e. Other Support Expenditures (provide description in budget narrative)				$0	
f. Total Support Expenditures	$0	$0	$0	$0	
2. Personnel Expenditures					Match Staffing Detail
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0	Yes
b. New Additional Personnel Expenditures (from Staffing Detail)				$0	Yes
c. Employee Benefits				$0	
d. Total Personnel Expenditures	$0	$0	$0	$0	
3. Operating Expenditures					
a. Professional Services				$0	
b. Translation and Interpreter Services	$1,500			$1,500	
c. Travel and Transportation				$0	
d. General Office Expenditures				$0	
e. Rent, Utilities and Equipment					
f. Medication and Medical Supports				$0	
g. Other Operating Expenses (provide description in budget narrative)	$799			$799	
h. Total Operating Expenditures	$2,299	$0	$0	$2,299	
4. Program Management					
a. Existing Program Management				$0	
b. New Program Management				$0	
c. Total Program Management		$0	$0	$0	
5. Estimated Total Expenditures when service provider is not known	$7,704			$7,704	
6. Total Proposed Program Budget	**$10,003**	**$0**	**$0**	**$10,003**	
B. Revenues					
1. Existing Revenues					
a. Medi-Cal (FFP only)				$0	
b. Medicare/Patient Fees/Patient Insurance				$0	
c. Realignment				$0	
d. State General Funds				$0	
e. County Funds				$0	
f. Grants					
g. Other Revenue				$0	
h. Total Existing Revenues	$0	$0	$0	$0	
2. New Revenues					
a. Medi-Cal (FFP only)				$0	
b. Medicare/Patient Fees/Patient Insurance				$0	
c. State General Funds				$0	
d. Other Revenue				$0	
e. Total New Revenue	$0	$0	$0	$0	
3. Total Revenues	$0	$0	$0	$0	
C. One-Time CSS Funding Expenditures				**$0**	
D. Total Funding Requirements	**$10,003**	**$0**	**$0**	**$10,003**	
E. Percent of Total Funding Requirements for Full Service Partnerships					

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

County(ies): El Dorado
Fiscal Year: 2005-06
Program Workplan # 5
Date: 11/9/05
Program Workplan Name Latino Engagement Initiative
Page ____ of ____
Type of Funding 2. System Development
Months of Operation 3
Proposed Total Client Capacity of Program/Service: 5
New Program/Service or Expansion New
Existing Client Capacity of Program/Service: 0
Prepared by: Matthew Le Pore
Client Capacity of Program/Service Expanded through MHSA: 5
Telephone Number: (530)621-6202

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
MH Aide	Peer Counselor	1.00	1.00		$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	1.00	1.00		$0
C. Total Program Positions		1.00	1.00		$0

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

Exhibit 5 Budget Narrative

Latino Engagement Initiative – Outreach and Engagement – FY 2005-06

Expenditures for the Latino Engagement Initiative are based upon cost estimates from local providers that perform outreach services to the Latino community in the County.

A. Expenditures
5. – The Department plans to contract out this entire program. The contractors will provide mental health services and will administer $16,000 in flexible spending funds to be used to help support the clients in this program.

C. One-time CSS Funding
- The Department will also be spending $12,111 in the 4th quarter on a Project Manager. $2,422 of this amount is attributed to this program.
- The Department will be spending $5,000 in the 4th quarter to provide Cultural Competency training to staff.

Final 1-11-06

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

County(ies): El Dorado | Fiscal Year: 2005-06

Program Workplan # 5 | Date: 11/9/05

Program Workplan Name: Latino Engagement Initiative | Page ____ of ____

Type of Funding: 3. Outreach and Engagement | Months of Operation: 3

Proposed Total Client Capacity of Program/Service: 10 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: Matthew Le Pore

Client Capacity of Program/Service Expanded through MHSA: 10 | Telephone Number: (530)621-6202

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total	
A. Expenditures					
1. Client, Family Member and Caregiver Support Expenditures					
a. Clothing, Food and Hygiene				$0	
b. Travel and Transportation				$0	
c. Housing					
i. Master Leases				$0	
ii. Subsidies				$0	
iii. Vouchers				$0	
iv. Other Housing				$0	
d. Employment and Education Supports				$0	
e. Other Support Expenditures (provide description in budget narrative)				$0	
f. Total Support Expenditures	$0	$0	$0	$0	
2. Personnel Expenditures					Match Staffing Detail
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0	Yes
b. New Additional Personnel Expenditures (from Staffing Detail)				$0	Yes
c. Employee Benefits				$0	
d. Total Personnel Expenditures	$0	$0	$0	$0	
3. Operating Expenditures					
a. Professional Services				$0	
b. Translation and Interpreter Services				$0	
c. Travel and Transportation				$0	
d. General Office Expenditures				$0	
e. Rent, Utilities and Equipment					
f. Medication and Medical Supports				$0	
g. Other Operating Expenses (provide description in budget narrative)				$0	
h. Total Operating Expenditures	$0	$0	$0	$0	
4. Program Management					
a. Existing Program Management				$0	
b. New Program Management				$0	
c. Total Program Management		$0	$0	$0	
5. Estimated Total Expenditures when service provider is not known	$23,063			$23,063	
6. Total Proposed Program Budget	**$23,063**	**$0**	**$0**	**$23,063**	
B. Revenues					
1. Existing Revenues					
a. Medi-Cal (FFP only)				$0	
b. Medicare/Patient Fees/Patient Insurance				$0	
c. Realignment				$0	
d. State General Funds				$0	
e. County Funds				$0	
f. Grants					
g. Other Revenue				$0	
h. Total Existing Revenues	$0	$0	$0	$0	
2. New Revenues					
a. Medi-Cal (FFP only)				$0	
b. Medicare/Patient Fees/Patient Insurance				$0	
c. State General Funds				$0	
d. Other Revenue				$0	
e. Total New Revenue	$0	$0	$0	$0	
3. Total Revenues	$0	$0	$0	$0	
C. One-Time CSS Funding Expenditures	**$7,422**			**$7,422**	
D. Total Funding Requirements	**$30,485**	**$0**	**$0**	**$30,485**	
E. Percent of Total Funding Requirements for Full Service Partnerships					

Final 1-11-06

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

County(ies): El Dorado

Fiscal Year: 2005-06

Program Workplan # 5

Date: 11/9/05

Program Workplan Name Latino Engagement Initiative

Page ____ of ____

Type of Funding 3. Outreach and Engagement

Months of Operation 3

Proposed Total Client Capacity of Program/Service: 10

New Program/Service or Expansion New

Existing Client Capacity of Program/Service: 0

Prepared by: Matthew Le Pore

Client Capacity of Program/Service Expanded through MHSA: 10

Telephone Number: (530)621-6202

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

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

Exhibit 5 Budget Narrative

Latino Engagement Initiative – System Development – Fiscal Year 2006-07

Expenditures for the Latino Engagement Initiative are based upon cost estimates from local providers that perform outreach services to the Latino community in the County.

A. Expenditures
3.b. – The Department will utilize interpreter services to communicate with Spanish-only speaking individuals.
3.g. – The Department will provide cultural competency training to its staff.
5. – The Department plans to contract out most of the services under this program. The contractors will provide a full-time peer counselor and meals from its mobile van.

Final 1-11-06

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

County(ies): El Dorado

Fiscal Year: 2006-07

Program Workplan # 5

Date: 11/9/05

Program Workplan Name: Latino Engagement Initiative

Page ____ of ____

Type of Funding: 2. System Development

Months of Operation: 12

Proposed Total Client Capacity of Program/Service: 60

New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0

Prepared by: Matthew Le Pore

Client Capacity of Program/Service Expanded through MHSA: 60

Telephone Number: (530)621-6202

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total	
A. Expenditures					
1. Client, Family Member and Caregiver Support Expenditures					
a. Clothing, Food and Hygiene				$0	
b. Travel and Transportation				$0	
c. Housing					
i. Master Leases				$0	
ii. Subsidies				$0	
iii. Vouchers				$0	
iv. Other Housing				$0	
d. Employment and Education Supports				$0	
e. Other Support Expenditures (provide description in budget narrative)				$0	
f. Total Support Expenditures	$0	$0	$0	$0	
2. Personnel Expenditures					Match Staffing Detail
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0	Yes
b. New Additional Personnel Expenditures (from Staffing Detail)				$0	Yes
c. Employee Benefits				$0	
d. Total Personnel Expenditures	$0	$0	$0	$0	
3. Operating Expenditures					
a. Professional Services				$0	
b. Translation and Interpreter Services	$6,300			$6,300	
c. Travel and Transportation				$0	
d. General Office Expenditures				$0	
e. Rent, Utilities and Equipment					
f. Medication and Medical Supports				$0	
g. Other Operating Expenses (provide description in budget narrative)	$3,356			$3,356	
h. Total Operating Expenditures	$9,656	$0	$0	$9,656	
4. Program Management					
a. Existing Program Management				$0	
b. New Program Management				$0	
c. Total Program Management		$0	$0	$0	
5. Estimated Total Expenditures when service provider is not known	$32,355			$32,355	
6. Total Proposed Program Budget	**$42,011**	**$0**	**$0**	**$42,011**	
B. Revenues					
1. Existing Revenues					
a. Medi-Cal (FFP only)				$0	
b. Medicare/Patient Fees/Patient Insurance				$0	
c. Realignment				$0	
d. State General Funds				$0	
e. County Funds				$0	
f. Grants					
g. Other Revenue				$0	
h. Total Existing Revenues	$0	$0	$0	$0	
2. New Revenues					
a. Medi-Cal (FFP only)				$0	
b. Medicare/Patient Fees/Patient Insurance				$0	
c. State General Funds				$0	
d. Other Revenue				$0	
e. Total New Revenue	$0	$0	$0	$0	
3. Total Revenues	$0	$0	$0	$0	
C. One-Time CSS Funding Expenditures				**$0**	
D. Total Funding Requirements	**$42,011**	**$0**	**$0**	**$42,011**	
E. Percent of Total Funding Requirements for Full Service Partnerships					

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

County(ies): El Dorado | Fiscal Year: 2006-07

Program Workplan # 5 | Date: 11/9/05

Program Workplan Name Latino Engagement Initiative | Page ____ of ____

Type of Funding 2. System Development | Months of Operation 12

Proposed Total Client Capacity of Program/Service: 60 | New Program/Service or Expansion New

Existing Client Capacity of Program/Service: 0 | Prepared by: Matthew Le Pore

Client Capacity of Program/Service Expanded through MHSA: 60 | Telephone Number: (530)621-6202

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
MH Aide	Peer Counselor	1.00	1.00		$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	1.00	1.00		$0
C. Total Program Positions		1.00	1.00		$0

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

Exhibit 5 Budget Narrative

Latino Engagement Initiative – Outreach and Engagement – FY 2006-07

Expenditures for the Latino Engagement Initiative are based upon cost estimates from local providers that perform outreach services to the Latino community in the County.

A. Expenditures
5. – The Department plans to contract out this entire program. The contractors will provide mental health services and will administer $16,800 in flexible spending funds to be used to help support the clients in this program.

C. One-time CSS Funding
- The Department plans to spend $22,500 in the 1st quarter to purchase a 7-passenger van to be used for the program.
- The Department plans to spend $50,864 throughout the year on a Project Manager. $10,172 of this amount is attributed to this program.
- The Department plans to spend $5,000 in the 1st quarter for marketing materials. $1,000 of this amount is attributed to this program.

Final 1-11-06

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

County(ies): El Dorado — Fiscal Year: 2006-07

Program Workplan # 5 — Date: 11/9/05

Program Workplan Name Latino Engagement Initiative — Page ____ of ____

Type of Funding 3. Outreach and Engagement — Months of Operation 12

Proposed Total Client Capacity of Program/Service: 35 — New Program/Service or Expansion New

Client Capacity of Program/Service Expanded through MHSA: 0 — Prepared by: Matthew Le Pore

Client Capacity of Program/Service Expanded through MHSA: 35 — Telephone Number: (530)621-6202

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total	
A. Expenditures					
1. Client, Family Member and Caregiver Support Expenditures					
a. Clothing, Food and Hygiene				$0	
b. Travel and Transportation				$0	
c. Housing					
i. Master Leases				$0	
ii. Subsidies				$0	
iii. Vouchers				$0	
iv. Other Housing				$0	
d. Employment and Education Supports				$0	
e. Other Support Expenditures (provide description in budget narrative)				$0	
f. Total Support Expenditures	$0	$0	$0	$0	
2. Personnel Expenditures					Match Staffing Detail
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0	Yes
b. New Additional Personnel Expenditures (from Staffing Detail)				$0	Yes
c. Employee Benefits				$0	
d. Total Personnel Expenditures	$0	$0	$0	$0	
3. Operating Expenditures					
a. Professional Services				$0	
b. Translation and Interpreter Services				$0	
c. Travel and Transportation				$0	
d. General Office Expenditures				$0	
e. Rent, Utilities and Equipment					
f. Medication and Medical Supports				$0	
g. Other Operating Expenses (provide description in budget narrative)				$0	
h. Total Operating Expenditures	$0	$0	$0	$0	
4. Program Management					
a. Existing Program Management				$0	
b. New Program Management				$0	
c. Total Program Management		$0	$0	$0	
5. Estimated Total Expenditures when service provider is not known	$96,865			$96,865	
6. Total Proposed Program Budget	**$96,865**	**$0**	**$0**	**$96,865**	
B. Revenues					
1. Existing Revenues					
a. Medi-Cal (FFP only)				$0	
b. Medicare/Patient Fees/Patient Insurance				$0	
c. Realignment				$0	
d. State General Funds				$0	
e. County Funds				$0	
f. Grants					
g. Other Revenue				$0	
h. Total Existing Revenues	$0	$0	$0	$0	
2. New Revenues					
a. Medi-Cal (FFP only)				$0	
b. Medicare/Patient Fees/Patient Insurance				$0	
c. State General Funds				$0	
d. Other Revenue				$0	
e. Total New Revenue	$0	$0	$0	$0	
3. Total Revenues	$0	$0	$0	$0	
C. One-Time CSS Funding Expenditures	**$33,672**			**$33,672**	
D. Total Funding Requirements	**$130,537**	**$0**	**$0**	**$130,537**	
E. Percent of Total Funding Requirements for Full Service Partnerships					

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

County(ies): El Dorado | Fiscal Year: 2006-07

Program Workplan # 5 | Date: 11/9/05

Program Workplan Name Latino Engagement Initiative | Page ____ of ____

Type of Funding 3. Outreach and Engagement | Months of Operation 12

Proposed Total Client Capacity of Program/Service: 35 | New Program/Service or Expansion New

Client Capacity of Program/Service Expanded through MHSA: 0 | Prepared by: Matthew Le Pore

Client Capacity of Program/Service Expanded through MHSA: 35 | Telephone Number: (530)621-6202

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

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

Exhibit 5 Budget Narrative

Latino Engagement Initiative – System Development – Fiscal Year 2007-08

Expenditures for the Latino Engagement Initiative are based upon cost estimates from local providers that perform outreach services to the Latino community in the County.

A. Expenditures
3.b. – The Department will utilize interpreter services to communicate with Spanish-only speaking individuals.
3.g. – The Department will provide cultural competency training to its staff.
5. – The Department plans to contract out most of the services under this program. The contractors will provide a full-time peer counselor and meals from its mobile van.

Final 1-11-06

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

County(ies): El Dorado
Fiscal Year: 2007-08
Program Workplan # 5
Date: 11/9/05
Program Workplan Name Latino Engagement Initiative
Page ____ of ____
Type of Funding 2. System Development
Months of Operation 12
Proposed Total Client Capacity of Program/Service: 80
New Program/Service or Expansion New
Existing Client Capacity of Program/Service: 0
Prepared by: Matthew Le Pore
Client Capacity of Program/Service Expanded through MHSA: 80
Telephone Number: (530)621-6202

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total	
A. Expenditures					
1. Client, Family Member and Caregiver Support Expenditures					
a. Clothing, Food and Hygiene				$0	
b. Travel and Transportation				$0	
c. Housing					
i. Master Leases				$0	
ii. Subsidies				$0	
iii. Vouchers				$0	
iv. Other Housing				$0	
d. Employment and Education Supports				$0	
e. Other Support Expenditures (provide description in budget narrative)				$0	
f. Total Support Expenditures	$0	$0	$0	$0	
2. Personnel Expenditures					Match Staffing Detail
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0	Yes
b. New Additional Personnel Expenditures (from Staffing Detail)				$0	Yes
c. Employee Benefits				$0	
d. Total Personnel Expenditures	$0	$0	$0	$0	
3. Operating Expenditures					
a. Professional Services				$0	
b. Translation and Interpreter Services	$6,615			$6,615	
c. Travel and Transportation				$0	
d. General Office Expenditures				$0	
e. Rent, Utilities and Equipment					
f. Medication and Medical Supports				$0	
g. Other Operating Expenses (provide description in budget narrative)	$3,524			$3,524	
h. Total Operating Expenditures	$10,139	$0	$0	$10,139	
4. Program Management					
a. Existing Program Management				$0	
b. New Program Management				$0	
c. Total Program Management		$0	$0	$0	
5. Estimated Total Expenditures when service provider is not known	$33,973			$33,973	
6. Total Proposed Program Budget	**$44,112**	**$0**	**$0**	**$44,112**	
B. Revenues					
1. Existing Revenues					
a. Medi-Cal (FFP only)				$0	
b. Medicare/Patient Fees/Patient Insurance				$0	
c. Realignment				$0	
d. State General Funds				$0	
e. County Funds				$0	
f. Grants					
g. Other Revenue				$0	
h. Total Existing Revenues	$0	$0	$0	$0	
2. New Revenues					
a. Medi-Cal (FFP only)				$0	
b. Medicare/Patient Fees/Patient Insurance				$0	
c. State General Funds				$0	
d. Other Revenue				$0	
e. Total New Revenue	$0	$0	$0	$0	
3. Total Revenues	$0	$0	$0	$0	
C. One-Time CSS Funding Expenditures				**$0**	
D. Total Funding Requirements	**$44,112**	**$0**	**$0**	**$44,112**	
E. Percent of Total Funding Requirements for Full Service Partnerships					

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

County(ies): El Dorado | Fiscal Year: 2007-08

Program Workplan # 5 | Date: 11/9/05

Program Workplan Name: Latino Engagement Initiative | Page ____ of ____

Type of Funding: 2. System Development | Months of Operation: 12

Proposed Total Client Capacity of Program/Service: 80 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: Matthew Le Pore

Client Capacity of Program/Service Expanded through MHSA: 80 | Telephone Number: (530)621-6202

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
MH Aide	Peer Counselor	1.00	1.00		$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	1.00	1.00		$0
C. Total Program Positions		1.00	1.00		$0

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

Exhibit 5 Budget Narrative

Latino Engagement Initiative – Outreach and Engagement – FY 2007-08

Expenditures for the Latino Engagement Initiative are based upon cost estimates from local providers that perform outreach services to the Latino community in the County.

A. Expenditures
5. – The Department plans to contract out this entire program. The contractors will provide mental health services and will administer $17,640 in flexible spending funds to be used to help support the clients in this program.

C. One-time CSS Funding
- The Department plans to spend $53,408 throughout the year on a Project Manager. $10,680 of this amount is attributed to this program.
- The Department plans to spend $127,668 in the 1st quarter to improve the functionality of its IT systems. $25,533 of this amount is attributed to this program. The Department's current systems do not adequately allow for the collection of data needed to properly monitor and evaluate the effectiveness of the CSS programs.

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

County(ies): El Dorado | Fiscal Year: 2007-08

Program Workplan # 5 | Date: 11/9/05

Program Workplan Name Latino Engagement Initiative | Page ____ of ____

Type of Funding 3. Outreach and Engagement | Months of Operation 12

Proposed Total Client Capacity of Program/Service: 50 | New Program/Service or Expansion New

Existing Client Capacity of Program/Service: 0 | Prepared by: Matthew Le Pore

Client Capacity of Program/Service Expanded through MHSA: 50 | Telephone Number: (530)621-6202

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total	
A. Expenditures					
1. Client, Family Member and Caregiver Support Expenditures					
a. Clothing, Food and Hygiene				$0	
b. Travel and Transportation				$0	
c. Housing					
i. Master Leases				$0	
ii. Subsidies				$0	
iii. Vouchers				$0	
iv. Other Housing				$0	
d. Employment and Education Supports				$0	
e. Other Support Expenditures (provide description in budget narrative)				$0	
f. Total Support Expenditures	$0	$0	$0	$0	
2. Personnel Expenditures					Match Staffing Detail
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0	Yes
b. New Additional Personnel Expenditures (from Staffing Detail)				$0	Yes
c. Employee Benefits				$0	
d. Total Personnel Expenditures	$0	$0	$0	$0	
3. Operating Expenditures					
a. Professional Services				$0	
b. Translation and Interpreter Services				$0	
c. Travel and Transportation				$0	
d. General Office Expenditures				$0	
e. Rent, Utilities and Equipment					
f. Medication and Medical Supports				$0	
g. Other Operating Expenses (provide description in budget narrative)				$0	
h. Total Operating Expenditures	$0	$0	$0	$0	
4. Program Management					
a. Existing Program Management				$0	
b. New Program Management				$0	
c. Total Program Management		$0	$0	$0	
5. Estimated Total Expenditures when service provider is not known	$101,708			$101,708	
6. Total Proposed Program Budget	**$101,708**	**$0**	**$0**	**$101,708**	
B. Revenues					
1. Existing Revenues					
a. Medi-Cal (FFP only)				$0	
b. Medicare/Patient Fees/Patient Insurance				$0	
c. Realignment				$0	
d. State General Funds				$0	
e. County Funds				$0	
f. Grants					
g. Other Revenue				$0	
h. Total Existing Revenues	$0	$0	$0	$0	
2. New Revenues					
a. Medi-Cal (FFP only)				$0	
b. Medicare/Patient Fees/Patient Insurance				$0	
c. State General Funds				$0	
d. Other Revenue				$0	
e. Total New Revenue	$0	$0	$0	$0	
3. Total Revenues	$0	$0	$0	$0	
C. One-Time CSS Funding Expenditures	**$36,213**			**$36,213**	
D. Total Funding Requirements	**$137,921**	**$0**	**$0**	**$137,921**	
E. Percent of Total Funding Requirements for Full Service Partnerships					

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

County(ies): El Dorado
Fiscal Year: 2007-08
Program Workplan # 5
Date: 11/9/05
Program Workplan Name Latino Engagement Initiative
Page ____ of ____
Type of Funding 3. Outreach and Engagement
Months of Operation 12
Proposed Total Client Capacity of Program/Service: 50
New Program/Service or Expansion New
Existing Client Capacity of Program/Service: 0
Prepared by: Matthew Le Pore
Client Capacity of Program/Service Expanded through MHSA: 50
Telephone Number: (530)621-6202

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

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

Exhibit 5 Budget Narrative

CSS Administration – Fiscal Year 2005-06

Expenditures for Community Services and Supports Administration are based upon the Department's experience in administering all of its programs. Administration costs represent 10% of the total MHSA dollars available for the fiscal year.

A. Expenditures
1.b. – The equivalent of a half-time Administrative Secretary will be used to provide clerical support to the MHSA programs.
1.c.i. – The equivalent of a half-time Senior Fiscal Assistant will be used to provide fiscal support to the MHSA programs.
2.c. – The Department will incur some office supply expense in support of the MHSA programs.
2.d. – The Department will incur rent, utility and equipment expenses in support of the MHSA programs.
3.a. – The Department estimates that it's A-87 cost will increase 10% due to the County's support of the MHSA programs. The budgeted amount is based upon the FY 05-06 A-87 cost to the Department of $306,620.

Final 1-11-06

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

County(ies): El Dorado

Fiscal Year: 2005-06

Date: 11/9/05

	Client, Family Member and Caregiver FTEs	Total FTEs	Budgeted Expenditures
A. Expenditures			
1. Personnel Expenditures			
a. MHSA Coordinator(s)			
b. MHSA Support Staff		0.50	$6,586
c. Other Personnel (list below)			
i. Fiscal Support Staff		0.50	$6,813
ii.			
iii.			
iv.			
v.			
vi.			
vii.			
d. Total FTEs/Salaries	0.00	1.00	$13,399
e. Employee Benefits			
f. Total Personnel Expenditures			$13,399
2. Operating Expenditures			
a. Professional Services			
b. Travel and Transportation			
c. General Office Expenditures			$500
d. Rent, Utilities and Equipment			$14,017
e. Other Operating Expenses (provide description in budget narrative)			
f. Total Operating Expenditures			$14,517
3. County Allocated Administration			
a. Countywide Administration (A-87)			$7,666
b. Other Administration (provide description in budget narrative)			
c. Total County Allocated Administration			$7,666
4. Total Proposed County Administration Budget			**$35,582**
B. Revenues			
1. New Revenues			
a. Medi-Cal (FFP only)			
b. Other Revenue			
2. Total Revenues			**$0**
C. Start-up and One-Time Implementation Expenditures			
D. Total County Administration Funding Requirements			**$35,582**

COUNTY CERTIFICATION

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

Date: ________ Signature ______________________________

Local Mental Health Director

Executed at ______________________________, California

Exhibit 5 Budget Narrative

CSS Administration – Fiscal Year 2006-07

Expenditures for Community Services and Supports Administration are based upon the Department's experience in administering all of its programs. Administration costs represent 10% of the total MHSA dollars available for the fiscal year.

A. Expenditures
1.b. – The equivalent of a half-time Administrative Secretary will be used to provide clerical support to the MHSA programs.
1.c.i. – The equivalent of a half-time Senior Fiscal Assistant will be used to provide fiscal support to the MHSA programs.
2.c. – The Department will incur some office supply expense in support of the MHSA programs.
2.d. – The Department will incur rent, utility and equipment expenses in support of the MHSA programs.
3.a. – The Department estimates that it's A-87 cost will increase 10% due to the County's support of the MHSA programs. The budgeted amount is based upon the FY 05-06 A-87 cost to the Department of $306,620.

Final 1-11-06

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

County(ies): El Dorado

Fiscal Year: 2006-07

Date: 11/9/05

	Client, Family Member and Caregiver FTEs	Total FTEs	Budgeted Expenditures
A. Expenditures			
1. Personnel Expenditures			
a. MHSA Coordinator(s)			
b. MHSA Support Staff		0.50	$27,662
c. Other Personnel (list below)			
i. Fiscal Support Staff		0.50	$28,616
ii.			
iii.			
iv.			
v.			
vi.			
vii.			
d. Total FTEs/Salaries	0.00	1.00	$56,278
e. Employee Benefits			
f. Total Personnel Expenditures			$56,278
2. Operating Expenditures			
a. Professional Services			
b. Travel and Transportation			
c. General Office Expenditures			$2,100
d. Rent, Utilities and Equipment			$58,874
e. Other Operating Expenses (provide description in budget narrative)			
f. Total Operating Expenditures			$60,974
3. County Allocated Administration			
a. Countywide Administration (A-87)			$32,195
b. Other Administration (provide description in budget narrative)			
c. Total County Allocated Administration			$32,195
4. Total Proposed County Administration Budget			**$149,447**
B. Revenues			
1. New Revenues			
a. Medi-Cal (FFP only)			
b. Other Revenue			
2. Total Revenues			**$0**
C. Start-up and One-Time Implementation Expenditures			
D. Total County Administration Funding Requirements			**$149,447**

COUNTY CERTIFICATION

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

Date: ________ Signature ______________________

Local Mental Health Director

Executed at ______________________, California

Exhibit 5 Budget Narrative

CSS Administration – Fiscal Year 2007-08

Expenditures for Community Services and Supports Administration are based upon the Department's experience in administering all of its programs. Administration costs represent 10% of the total MHSA dollars available for the fiscal year.

A. Expenditures
1.b. – The equivalent of a half-time Administrative Secretary will be used to provide clerical support to the MHSA programs.
1.c.i. – The equivalent of a half-time Senior Fiscal Assistant will be used to provide fiscal support to the MHSA programs.
2.c. – The Department will incur some office supply expense in support of the MHSA programs.
2.d. – The Department will incur rent, utility and equipment expenses in support of the MHSA programs.
3.a. – The Department estimates that it's A-87 cost will increase 10% due to the County's support of the MHSA programs. The budgeted amount is based upon the FY 05-06 A-87 cost to the Department of $306,620.

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

County(ies): El Dorado

Fiscal Year: 2007-08

Date: 11/9/06

	Client, Family Member and Caregiver FTEs	Total FTEs	Budgeted Expenditures
A. Expenditures			
1. Personnel Expenditures			
a. MHSA Coordinator(s)			
b. MHSA Support Staff		0.50	$29,045
c. Other Personnel (list below)			
i. Fiscal Support Staff		0.50	$30,047
ii.			
iii.			
iv.			
v.			
vi.			
vii.			
d. Total FTEs/Salaries	0.00	1.00	$59,092
e. Employee Benefits			
f. Total Personnel Expenditures			$59,092
2. Operating Expenditures			
a. Professional Services			
b. Travel and Transportation			
c. General Office Expenditures			$2,205
d. Rent, Utilities and Equipment			$61,817
e. Other Operating Expenses (provide description in budget narrative)			
f. Total Operating Expenditures			$64,022
3. County Allocated Administration			
a. Countywide Administration (A-87)			$33,805
b. Other Administration (provide description in budget narrative)			
c. Total County Allocated Administration			$33,805
4. Total Proposed County Administration Budget			**$156,919**
B. Revenues			
1. New Revenues			
a. Medi-Cal (FFP only)			
b. Other Revenue			
2. Total Revenues			**$0**
C. Start-up and One-Time Implementation Expenditures			
D. Total County Administration Funding Requirements			**$156,919**

COUNTY CERTIFICATION

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

Date: ________ Signature ______________________________

Local Mental Health Director

Executed at ______________________________, California

EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT
Estimated/Actual Population Served

County: El Dorado
Program Work Plan #: 1
Program Work Plan Name: Family Centered Services
Fiscal Year: FY 05-06 *(please complete one per fiscal year)*

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	**Description of Initial Populations**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
Child/Youth	Uninsured at risk of out-of home placement	0	0	0	0	0	0	2		2	
Transition Age Youth		0	0	0	0	0	0	0	0	0	0
Adults		0	0	0	0	0	0	0	0	0	0
Older Adults		0	0	0	0	0	0	0	0	0	0
System Development		**Qtr 1**		**Qtr 2**		**Qtr 3**		**Qtr 4**		**Total**	
Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
2		0	0	0	0	0	0	2	0	0	0
Outreach and Engagement		**Qtr 1**		**Qtr 2**		**Qtr 3**		**Qtr 4**		**Total**	
Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
0		0	0	0	0	0	0	0	0	0	0

EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT
Estimated/Actual Population Served

County: El Dorado
Program Work Plan #: 1
Program Work Plan Name: Family Centered Services
Fiscal Year: FY 06-07 *(please complete one per fiscal year)*

	Full Service Partnerships		**Qtr 1**		**Qtr 2**		**Qtr 3**		**Qtr 4**		**Total**	
	Age Group	**Description of Initial Populations**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
	Child/Youth	Uninsured at risk of out-of home placement	4		6		8		12		12	
	Transition Age Youth		0	0	0	0	0	0	0	0	0	0
	Adults		0	0	0	0	0	0	0	0	0	0
	Older Adults		0	0	0	0	0	0	0	0	0	0
	System Development		**Qtr 1**		**Qtr 2**		**Qtr 3**		**Qtr 4**		**Total**	
	Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
	12	Parent Partner	4		6		8		12		12	
	Outreach and Engagement		**Qtr 1**		**Qtr 2**		**Qtr 3**		**Qtr 4**		**Total**	
	Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
	0		0		0		0		0		0	

EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT
Estimated/Actual Population Served

County: El Dorado
Program Work Plan #: 1
Program Work Plan Name: Family Centered Services
Fiscal Year: FY 07-08 *(please complete one per fiscal year)*

	Full Service Partnerships		**Qtr 1**		**Qtr 2**		**Qtr 3**		**Qtr 4**		**Total**	
	Age Group	**Description of Initial Populations**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
	Child/Youth	Uninsured at risk of out-of home placement	13		14		16		18		18	
	Transition Age Youth		0	0	0	0	0	0	0	0	0	0
	Adults		0	0	0	0	0	0	0	0	0	0
	Older Adults		0	0	0	0	0	0	0	0	0	0
	System Development		**Qtr 1**		**Qtr 2**		**Qtr 3**		**Qtr 4**		**Total**	
	Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
	18	Parent Partner	13		14		16		18		18	
	Outreach and Engagement		**Qtr 1**		**Qtr 2**		**Qtr 3**		**Qtr 4**		**Total**	
	Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
	0		0	0	0	0	0	0	0	0	0	0

EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT
Estimated/Actual Population Served

County: El Dorado
Program Work Plan #: 2
Program Work Plan Name: Mental Health Court
Fiscal Year: FY 05-06 *(please complete one per fiscal year)*

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	**Description of Initial Populations**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
Child/Youth		0	0	0	0	0	0	0	0	0	0
Transition Age Youth	Age 16-25, inappropriately served, incarcerated	0	0	0	0	0	0	0	0	0	0
Adults	Age 18+, inappropriately served, incarcerated	0	0	0	0	0	0	0	0	0	0
Older Adults		0	0	0	0	0	0	0	0	0	0

System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
2	Intensive case mgmt	0	0	0	0	0	0	2		2	

Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
0		0	0	0	0	0	0	0	0	0	0

Final 1-11-06

EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT
Estimated/Actual Population Served

County: El Dorado
Program Work Plan #: 2
Program Work Plan Name: Mental Health Court
Fiscal Year: FY 06-07 *(please complete one per fiscal year)*

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	**Description of Initial Populations**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
Child/Youth		0	0	0	0	0	0	0	0	0	0
Transition Age Youth	Age 16-25, inappropriately served, incarcerated	0	0	0	0	0	0	0	0	0	0
Adults	Age 18+, inappropriately served, incarcerated	0	0	0	0	0	0	0	0	0	0
Older Adults		0	0	0	0	0	0	0	0	0	0

System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
10	Intensive case mgmt	4		6		8		10		10	

Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
0		0	0	0	0	0	0	0	0	0	0

EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT
Estimated/Actual Population Served

County: El Dorado
Program Work Plan #: 2
Program Work Plan Name: Mental Health Court
Fiscal Year: FY 07-08 *(please complete one per fiscal year)*

Full Service Partnerships		**Qtr 1**		**Qtr 2**		**Qtr 3**		**Qtr 4**		**Total**	
Age Group	**Description of Initial Populations**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
Child/Youth		0	0	0	0	0	0	0	0	0	0
Transition Age Youth	Age 16-25, inappropriately served, incarcerated	0	0	0	0	0	0	0	0	0	0
Adults	Age 18+, inappropriately served, incarcerated	0	0	0	0	0	0	0	0	0	0
Older Adults		0	0	0	0	0	0	0	0	0	0
System Development		**Qtr 1**		**Qtr 2**		**Qtr 3**		**Qtr 4**		**Total**	
Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
20	Intensive case mgmt	12		14		16		20	0	20	
Outreach and Engagement		**Qtr 1**		**Qtr 2**		**Qtr 3**		**Qtr 4**		**Total**	
Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
0		0	0	0	0	0	0	0	0	0	0

EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT
Estimated/Actual Population Served

County: El Dorado
Program Work Plan #: 3
Program Work Plan Name: Wellness Program
Fiscal Year: FY 05-06 *(please complete one per fiscal year)*

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	**Description of Initial Populations**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
Transition Age Youth	Age 18-25, aging out of the systems and/or at risk of homelessness	0	0	0	0	0	0	1	0	1	0
Adults	Age 18+, homeless or at risk of homelessness	0	0	0	0	0	0	1	0	1	0
Older Adults		0	0	0	0	0	0	0	0	0	0

System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
2	Peer Support	0	0	0	0	0	0	2	0	0	0

Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
10	Unique outreach contacts	0	0	0	0	0	0	10	0	10	0

EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT
Estimated/Actual Population Served

County: El Dorado
Program Work Plan #: 3
Program Work Plan Name: Wellness Program
Fiscal Year: FY 06-07 *(please complete one per fiscal year)*

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	**Description of Initial Populations**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
Transition Age Youth	Age 18-25, aging out of the systems and/or at risk of homelessness	2		3		5		7		7	
Adults	Age 18+, homeless or at risk of homelessness	2		4		8		14		14	
Older Adults		0	0	0	0	0	0	0	0	0	0

System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
21	Peer Support	4		7		13		21		21	

Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
30	Unique outreach contacts	7		7		8		8		30	

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

Estimated/Actual Population Served

County: El Dorado
Program Work Plan #: 3
Program Work Plan Name: Wellness Program
Fiscal Year: FY 07-08
(please complete one per fiscal year)

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	**Description of Initial Populations**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
Transition Age Youth	Age 18-25, aging out of the systems and/or at risk of homelessness	8		9		10		12		12	0
Adults	Age 18+, homeless or at risk of homelessness	16		18		20		23		23	0
Older Adults		0	0	0	0	0	0	0	0	0	0

System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
35	Peer Support	24		27		30		35		35	

Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
45	Unique outreach contacts	11		11		11		12		45	

EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT
Estimated/Actual Population Served

County: El Dorado
Program Work Plan #: 4
Program Work Plan Name: Project Uplift
Fiscal Year: FY 05-06 *(please complete one per fiscal year)*

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	**Description of Initial Populations**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
Child/Youth		0	0	0	0	0	0	0	0	0	0
Transition Age Youth		0	0	0	0	0	0	0	0	0	0
Adults		0	0	0	0	0	0	0	0	0	0
Older Adults	60+ at risk of institutionalization	0	0	0	0	0	0	0	0	0	0

System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
5	Intensive case mgmt	0	0	0	0	0	0	5		5	

Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
5	Senior outreach	0	0	0	0	0	0	5		5	

EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT
Estimated/Actual Population Served

County: El Dorado
Program Work Plan #: 4
Program Work Plan Name: Project Uplift
Fiscal Year: FY 06-07
(please complete one per fiscal year)

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	**Description of Initial Populations**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
Child/Youth		0	0	0	0	0	0	0	0	0	0
Transition Age Youth		0	0	0	0	0	0	0	0	0	0
Adults		0	0	0	0	0	0	0	0	0	0
Older Adults	60+ at risk of institutionalization	0	0	0	0	0	0	0	0	0	0

System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
37	Intensive case mgmt	10		15		20		37		37	

Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
17	Senior outreach	4		4		4		5		17	

EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT
Estimated/Actual Population Served

County: El Dorado
Program Work Plan #: 4
Program Work Plan Name: Project Uplift
Fiscal Year: FY 07-08 *(please complete one per fiscal year)*

Full Service Partnerships		**Qtr 1**		**Qtr 2**		**Qtr 3**		**Qtr 4**		**Total**	
Age Group	**Description of Initial Populations**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
Child/Youth		0	0	0	0	0	0	0	0	0	0
Transition Age Youth		0	0	0	0	0	0	0	0	0	0
Adults		0	0	0	0	0	0	0	0	0	0
Older Adults	60+ at risk of institutionalization	0	0	0	0	0	0	0	0	0	0
System Development		**Qtr 1**		**Qtr 2**		**Qtr 3**		**Qtr 4**		**Total**	
Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
74	Intensive case mgmt	45		55		65	0	74		74	
Outreach and Engagement		**Qtr 1**		**Qtr 2**		**Qtr 3**		**Qtr 4**		**Total**	
Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
40	Senior outreach	10		10		10		10		40	

EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT
Estimated/Actual Population Served

County: El Dorado
Program Work Plan #: 5
Program Work Plan Name: Latino Engagement Initiative
Fiscal Year: FY 05-06 *(please complete one per fiscal year)*

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	**Description of Initial Populations**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
Child/Youth	Problems w/families	0	0	0	0	0	0	0	0	0	0
Transition Age Youth	Disparate access to mental health	0	0	0	0	0	0	0	0	0	0
Adults	Disparate access to mental health	0	0	0	0	0	0	0	0	0	0
Older Adults	Isolated	0	0	0	0	0	0	0	0	0	0

System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
5	Promotora	0	0	0	0	0	0	5		5	

Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
10	Bilingual/bicultural services	0	0	0	0	0	0	10	0	10	

EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT
Estimated/Actual Population Served

County: El Dorado
Program Work Plan #: 5
Program Work Plan Name: Latino Engagement Initiative
Fiscal Year: FY 06-07 *(please complete one per fiscal year)*

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	**Description of Initial Populations**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
Child/Youth	Problems w/families	0	0	0	0	0	0	0	0	0	0
Transition Age Youth	Disparate access to mental health	0	0	0	0	0	0	0	0	0	0
Adults	Disparate access to mental health	0	0	0	0	0	0	0	0	0	0
Older Adults	Isolated	0	0	0	0	0	0	0	0	0	0
System Development		**Qtr 1**		**Qtr 2**		**Qtr 3**		**Qtr 4**		**Total**	
Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
60	Promotora	15		15		15		15		60	
Outreach and Engagement		**Qtr 1**		**Qtr 2**		**Qtr 3**		**Qtr 4**		**Total**	
Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
35	Bilingual/bicultural services	5		10		10		10		35	

EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT
Estimated/Actual Population Served

County: El Dorado
Program Work Plan #: 5
Program Work Plan Name: Latino Engagement Initiative
Fiscal Year: FY 07-08 *(please complete one per fiscal year)*

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	**Description of Initial Populations**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
Child/Youth	Problems w/families	0	0	0	0	0	0	0	0	0	0
Transition Age Youth	Disparate access to mental health	0	0	0	0	0	0	0	0	0	0
Adults	Disparate access to mental health	0	0	0	0	0	0	0	0	0	0
Older Adults	Isolated	0	0	0	0	0	0	0	0	0	0
System Development		**Qtr 1**		**Qtr 2**		**Qtr 3**		**Qtr 4**		**Total**	
Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
80	Promotora	20		20		20		20		80	
Outreach and Engagement		**Qtr 1**		**Qtr 2**		**Qtr 3**		**Qtr 4**		**Total**	
Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
50	Bilingual/bicultural services	12		12		13		13		50	